

Board of Directors

Subject:	Care Quality Commission Preparations Update Report	Date: 20/12/18		
Prepared By:	Elaine Jeffers – Deputy Director of Governance & Quality Improvement			
Approved By:	Richard Mitchell, Chief Executive Officer			
Presented By:	Elaine Jeffers – Deputy Director of Governance & Quality Improvement			
Purpose				
The purpose of the report is to provide the Board of Directors with an update in relation to preparations to date for the next phase of inspection by the Care Quality Commission			Approval	
			Assurance	
			Update	x
			Consider	
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
x	x	x		
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial	None identified			
Patient Impact	Improved safety and quality of care delivered to patients			
Staff Impact	Improved safety and quality of care delivered to patients			
Services	The outcome of CQC intervention could have a positive or negative impact on the delivery of services			
Reputational	The outcome of CQC intervention could have a positive or negative impact on the reputation of the Trust			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The Trust continues to work in partnership with external regulators, in particular to meet the requirements of the Care Quality Commission (CQC), to ensure we deliver safe, high quality care at all times.</p> <p>A six-weekly engagement meeting is held with the relationship manager from CQC where we have the opportunity to share examples of excellent practice but also discuss the progress made when incidents and concerns have been raised.</p> <p>Work with CQC is now divided into 3 phases:</p> <ol style="list-style-type: none"> 1. Lessons learned and actions to address issues identified within the 2018 CQC Inspection Report 2. Preparations for the 2019 inspection visit 3. Correlation of required improvements with the ongoing development of the Quality Strategy <p>The purpose of this paper is to provide the Board of Directors with a progress report on point two above.</p>				

The Board of Directors is asked to:

- Note the content of the report
- Note the preparations for the 2019 Inspection

1. Lessons learned 2018

- 1.1 There were a number of lessons learned in the preparations for and during the 2018 inspection process.
- 1.2 The dry run of the Provider Information Request (PIR) in July 2017 gave the Trust an insight into the information CQC required.
- 1.3 The PIR is the start of the inspection cycle and is the only part of the process we have full control over.
- 1.4 Regardless of the short timescale allowed for the return of information it was clear that there had already been a significant improvement in the quality and accuracy of documentation submitted.
- 1.5 Had we not undertaken this trial it would have been a much more difficult task to achieve when the formal request was received in January 2018.
- 1.6 A robust quality assurance process was instigated to ensure Executive approval of all information submitted to CQC. This fell in the main to the Medical Director and Chief Nurse. For 2019 it is proposed to share this task more widely across the leadership team.
- 1.7 The time commitment to meet the timeframe and requirements of CQC was underestimated – both in the pre-work required and during the core service and well-led visits. The logistics of managing an inspection is not insignificant thus consideration needs to be given to the allocation of some dedicated time.
- 1.8 The logistics at the time of the visit worked well, in particular the:
 - WhatsApp/Daily ‘wash-up’
 - Final feedback and speedy response
 - Comprehensive response to the serious issues raised
- 1.9 However the factual accuracy checking of the report was compromised somewhat due to an intense focus on one specific area and core service resulting in a lost opportunity for further challenge.
- 1.10 In addition to the provision of the documents and information through the PIR an additional 213 data requests were made at the time of the core service inspection and well-led review. An analysis of the requests demonstrated that on the whole they fell into one of four categories:
 - Training
 - Safe Staffing
 - Audit
 - Incidents
- 1.11 In addition to the core service self-assessment process outlined in section three below consideration will be given as to how we can prepare this information in advance so that we are much more prepared and able to provide evidence of how we assure ourselves we have the right people, with the right skills, in the right place at the right time and we are adhering to best practice and compliance with external guidance wherever relevant.

2. Intelligence gathering 2019

- 2.1 Meeting the requirements of external regulators must become ‘business as usual’ and be owned at core service level. This concept is a key component of the preparations for any external accreditation visit going forward.
- 2.2 A key component of any CQC Inspection process is the provision of accurate, timely data. This is achieved via a number of ways – the Provider Information Request (PIR), the Provider Document Log (both of which are requested in the weeks prior to the Inspection), information requested at the time of a visit but most importantly the narrative that clearly tells our story.

2.3 The Trust is in full control of this information and it was clear to see that there had been a significant improvement in the quality of documents submitted to the CQC in 2018 compared to previous inspections.

2.4 A thorough review of the information provided to the PIR and Document Log will be undertaken in order that we are fully prepared for when the 2019 request is made.

2.5 Intelligence denotes that we are most likely to expect the second phase of visit in the summer of 2019 thus it is proposed to complete a full review of the current PIR in early spring rather than December 2018 as previously suggested.

3. CQC Assessment 2019

3.1 As indicated in the CQC Report to the Board of Directors in October 2018 not all core service areas were visited during 2018.

3.2 The services listed below are most likely to be visited at a point in 2019, due mainly to the fact that for the majority of them they have not been subject to a formal visit since 2014/15:

- Critical Care (King's Mill Hospital)
- Surgery, including Theatres & Anaesthetics (King's Mill Hospital, Newark Hospital)
- Children and Young People (King's Mill Hospital)
- Gynaecology (likely to be visited in conjunction with Surgery)
- End of Life (Newark Hospital)
- Diagnostic Imaging (Newark Hospital)

3.3 Given specific pressures on the core services of Urgent and Emergency Care and Medicine, including older person's care, specifically during the winter period, it is not beyond the bounds of possibility that a team will visit the Emergency Department at King's Mill Hospital and Urgent Care Centre at Newark Hospital and re-visit some of the issues raised in relation to Medicine at Mansfield Community Hospital. It would be prudent to expect a visit to these two areas earlier than the core services the CQC will plan to visit in 2019.

3.4 It is highly likely that the visit in 2019 will be unannounced but intelligence to date suggests this will be possibly mid-year rather than during or immediately after the winter period.

3.5 As in 2018 a separate well-led review will follow the core service review approximately four weeks later.

3.6 Work has commenced with core services to complete their initial self-assessment. A revised Core Service Inspection Framework was published by CQC in October 2018 and has been shared with each core service as a tool to aid further understanding of the evidence required, enabling an accurate gap analysis and action plan at core service level to be developed. Each core service has identified their key points of contact or have developed an improvement team who will take the overall lead for the self-assessment working closely with the central team.

3.7 The inspection frameworks have been designed around the specific service and clinical standards relevant to each Core Service so will serve as an opportunity to fully assess compliance with these standards but also negate the requirement to undertake separate pieces of work. This work identifies where the focus of attention needs to be, where areas of exemplar practice have been identified but also those areas where further attention is required.

3.8 The Core Service Self-assessment will be challenged and validated by the Chief Nurse and Medical Director as part of the Trust Quality Assurance process during Quarter Four of 2018/19.

3.9 In addition to the core service assessment consideration will be given to the cross cutting items, for example where does the Patient Experience and Involvement, Speaking Up, Equality and Inclusion and Staff Engagement and Development agendas support the delivery of care to our patients and how well can our staff across the organisation articulate this?

3.10 To further support the assessment of our core services we are in the process of identifying 'buddy' arrangements with core services from other Trusts who have been assessed as *outstanding* under the revised CQC methodology. Wherever possible we are attempting to match services that most represent our service models – i.e. a similar service in a District General Hospital environment in order to make a like for like comparison. This has not been possible for all services so as close a match as possible will be made.

4. CQC ambition 2019

4.1 As part of the Board of Director's Time Out session on Friday 9 November consideration was given to the potential to further improve the overall ratings of the Trust.

4.2 The discussion at the Time Out session reinforced the Trust's *Journey to Outstanding* remains on track.

4.3 The strategic direction of travel is moving the organisation in the right direction, however the investment in resource and time for staff at all levels in the Trust to focus on preparing for a CQC inspection should not be underestimated. Although it is recognised that the achievement and delivery of safe, high quality services should be everyone's core business it is easy to be distracted, particularly through difficult winter months and given the current financial challenges.

4.4 We took the opportunity at the CQC Engagement meeting in November to reiterate the importance to the Trust of having the core services listed at 3.2 above included within our 2019 inspection cycle as these have the greatest potential to positively impact on the overall position of the Trust. We will continue to make our case over the coming months.

5. Summary

5.1 The Trust continues to work closely with CQC and other external regulators to ensure we provide safe, high quality care to our patients. There has been a recent change of CQC Relationship Manager; however we will strive to maintain a professional, productive relationship as we progress further on our journey to outstanding.

5.2 Following the publication of our 2018 Inspection Report and the wider acknowledgement of the improvement journey our Trust has been on, we have been approached by a number of organisations for support, advice and guidance on how we achieved our current position.

5.3 We have formally entered into a 'buddying' arrangement with the Queen Elizabeth NHS Trust in King's Lynn. The Trust was placed into Special Measures with an Inadequate CQC Rating in September 2018 and we have been asked to provide some support to help them on their recovery journey. Although we see this as a positive endorsement of our own story we are keen that it will not distract us from continuing to move forward. Details of our offer will be agreed in the near future.