

BOARD OF DIRECTORS MEETING

Date: 14th February 2018

Item Ref: **12a**

TITLE OF PAPER	Short Briefing on CQC Inspections / Methodology Changes
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing Professions & Care Standards
ACTION REQUIRED	Members to receive for information.

OUTCOME	Members are updated on changes to CQC inspection methodology and key priorities for compliance with Care Standards over the next 24 months, including actions taken by the Care Standards Team.
TIMETABLE FOR DECISION	February 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Reports to Executive Directors Group Trust Management Group Quality Assurance Committee
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality & Safety Strategic Objective: A1 01 Effective Quality Assurance and Improvement will underpin all we do. BAF Risk No: A1 01i: Inability to provide high quality care due to failure to meet regulatory standards.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with Health & Social Care Act 2008 (Regulated Activities 2014) and other Mental Health & Relevant Legislation (Mental Health Act 1983, Mental Capacity Act, Safeguarding, Prevent & Infection Prevention & Control).
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Failure to comply with CQC Regulatory Standards could affect the Trust's registration, negatively affect care delivery and require additional funding to address.
CONSIDERATION OF LEGAL ISSUES	Failure to meet regulations exposes the Trust to CQC enforcement action, either Civil (regarding possible registration conditions/cancellation) or even liable to prosecution depending on the gravity of any failure.

Author of Report	Liz Lightbown & Julie Walton
Designation	Interim Head of Care Standards
Date of Report	6 th February 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 14th February 2018

Subject: Short Briefing on CQC Inspections / Methodology Changes

Presented by: Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

Author: Liz Lightbown & Julie Walton, Interim Head of Care Standards

1 Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	
<p><u>To update Board on the:</u></p> <ul style="list-style-type: none"> • Key changes in the Care Quality Commission (CQC) inspection methodology for 2018. • Sheffield 'Local System Review'. • NHS Improvement's intention to assess Trusts on a new measure, the 'Use of Resources'. • Key Functions of the Care Standards Team. • Next Steps. 					

2 Summary

Comprehensive Inspection

The interim Care Standards Team was created in July 2016 to prepare for the Comprehensive Inspection in November 2016, the outcome of which was 89 actions identified across 10 core services: 39 classed as 'Must do' (breaches of regulation) and 50 'Should do'. The Care Standards Team was responsible for working with frontline teams & senior managers, overseeing completion of the subsequent actions and to support staff and the Trust with the necessary on going CQC engagement.

Inspections / Reviews / Reports Anticipated in 2018

The CQC inspection methodology has further developed since the 2016 comprehensive inspection with the introduction of a focussed Well-Led Inspection. This includes the inspection of a / some core services.

CQC inspections and reviews expected in 2018 are as follows:

- The Trust was selected as one of the case studies for a national CQC Mental Health 'Driving Improvement Report'. These showcase how improvements in ratings were made between comprehensive CQC inspections. The process involved staff interviews in November 2017 and publication is anticipated in March 2018.
- The Trust is expecting a new style annual 'Well-Led Inspection' in 2018 with an unannounced inspection(s) of at least one core service.
- As part of a themed review the CQC are undertaking a series of 'Local System Reviews' focussing on Local Authority areas and Acute Trusts and the flow of care for people over 65 years of age. Areas are assessed based on six metrics relating to flow and transfers of care and Sheffield, one of the lower performing Local Authority areas on the six metrics, is one of eight additional areas that has been selected for a review of: *"How well do older people move through the health and social care system, with a particular focus on the interface, and what improvements could be made?"* The preparatory work is being led by the Local Authority Adult Social Care Director in collaboration with the Acute Trust and SHSC is involved in this review. Visits will take place in Sheffield W/C 5th March. Findings will be added to the twelve reviews that have already been undertaken with a local and national report published later in 2018.
- NHS Improvement is introducing a separate one day assessment dedicated to the 'Use of Resources'. This is being developed in collaboration with CQC, with the intention of Trusts being rated for their use of resources, creating a sixth domain. It is anticipated that these will be rolled out to the acute sector during 2018 in the first instance then to Mental Health providers in 2019.

Key Changes: Methodology and Well-Led Inspections:

- Following the consultation in 2016, CQC has reviewed the Key Lines of Enquiry (KLOEs) and now has one set, which covers all types of regulated services. Previously there were separate ones for primary care, adult social care and hospitals (including ambulances).
- Engagement has also evolved with more contact, including observing Board meetings (at least two per year) holding focus groups and interviewing key members of staff throughout the year. CQC engagement meetings are also moving to monthly with opportunities to show case good practice.
- CQC Insight reports will be produced containing information on performance and risk. These will be shared with the Trust. These are not yet available for mental health services but are expected soon.
- There will be a greater emphasis on accreditation schemes (such as the Royal College of Psychiatrists). It is envisaged that these schemes could provide evidence of compliance, negating the need to inspect the service unless there are other concerns.

- There will be a greater emphasis on the Caring Domain, information governance, medicines, technology, and end of life care, personalisation, social inclusion and volunteers.
- CQC will hold Regulatory Planning Meetings for determining the Trust's inspection regime for the year. Annual Provider Information Requests (PIR) - an intensive data gathering exercise will be required, with around three weeks to complete, although some aspects may be expected with 72 hours. An inspection is anticipated to take place within six months of the PIR being received.
- It is expected that there will be annual announced Well-led inspections, focussing on central functions, governance and leadership. These are expected to last two to three days and involve smaller inspection teams, with specialist expertise. Reporting is expected to be more concise with summaries. The Quality Summit will no longer take place.
- There will be an eight week written notice period, during which time unannounced inspections of at least one core service will take place. It is likely that where ratings are low and/or risks are identified that these will be included in the core services inspected. Community teams may get very short notice such as the night before or even the morning of the visit.
- The change in methodology has not altered the CQC approach on undertaking responsive reviews; where there are concerns CQC reserve the right to undertake unannounced inspections to any registered services. There may be a change in the reporting of these, with a regulatory action letter taking the place of an inspection report.

Implications for Trusts with Combined Services

The CQC has streamlined and simplified its methodology across its Key Lines of Enquiry, moving from three to one set. However, the three service provision areas remain the same these are: Hospital; Primary Care; and Adult Social Care. There will continue to be a different approach to these, proportionate to the size of services provision.

Hospital Services: The Trust will be required to submit a PIR as above and it is likely that those services rated as Requires Improvement (RI) will receive an unannounced inspection for example:

- Health Based Place of Safety (HBPoS)/ Crisis and Liaison Psychiatry
- Rehabilitation (Forest Close and Community Enhancing Recovery Team, CERT)
- Other services can be included and may be based on risk or intelligence received from stakeholders, service users and staff.

Adult Social Care & Primary Care: These will receive a focus on the well-led question but the previous methodology for inspection remains. The service likely to be included for inspection based on an RI rating is Wainwright Crescent.

The Key Functions / Role of Care Standards is to

- Enable the Trust to achieve its strategic quality & people objectives and ensure full compliance with all regulatory care & legislative requirements.

- Ensure that all CQC processes and procedures such as enquiries, preparing for the PIR and dealing with registration issues are completed & effective communications are produced.
- Provide a quality assurance and improvement framework, further developing & improving the Care Standards Peer Inspection (CSPI).
- Extend the number of services accredited with the Royal College of Psychiatry Accreditation system promoting best practice and robust assurance from Ward to Board.
- Support the new Clinical Care Networks with the monitoring and governance of CQC Domain plans.
- With Executive Nurse & the Operations Directors, establish an internal accreditation system, similar to that used by Salford Royal's in-house inspection & quality assurance programme called Nursing Assessment and Accreditation System (NAAS) where wards/teams can achieve accreditation called SCAPE (Safe Clean and Personal Care Every time).

3 Next Steps

- i. A substantive discussion on the implications of the change in inspection methodology & preparation for a Well Led Inspection is scheduled for the Executive Directors Group.
- ii. The foundation for quality assurance & improvement, through Care Standards & Peer Inspection has been laid. The next phase will be to sustain & embed these arrangements to enable a consistent care standards and quality improvement culture in every clinical & corporate team leading to greater patient safety, quality of care and outstanding ratings.
- iii. Completion of a Business Case for a substantive Care Standards & Quality Assurance function (to be considered by Business Planning Group & Executive Directors Group, EDG).

4 Required Actions

- i. Board members are asked to receive the briefing for information.
- ii. Decide if/when a Board Development Session on Board's preparation for our CQC Well Led Inspection is required.

5 Monitoring Arrangements

Members of the Executive Director Group are champions for the each CQC domain and responsible for the delivery of CQC domain plans. The interim Care Standards Team work in collaboration with the directorates to ensure the delivery of the regulatory responsibilities reported through the EDG and QAC.

6 Contact Details

Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
Liz.lightbown@shsc.nhs.uk 271 6713

Julie Walton, Interim Head of Care Standards and Quality Assurance
julie.walton@shsc.nhs.uk 271 8378