

HEALTH AND WELLBEING SCRUTINY COMMISSION – 4TH JANUARY 2017

2015 CQC INSPECTION ACTION PLAN PROGRESS REPORT AND FEEDBACK FROM 2016 INSPECTION

Introduction/Background

Following the Care Quality Commission (CQC) comprehensive inspection in March 2015 the Trust has responded to both the initial concerns raised shortly after the inspection, as well as the comprehensive inspection reports published in July 2015 with a range of improvement measures collated as formal action plans.

CQC subsequently re-inspected the Trust in November 2016.

Aim

This paper provides an overview of the progress made to date in addressing the CQC ‘Requirement Actions’ as well as describing systems in place for governance of those actions. CQC re-inspected the Trust in November 2016, this paper outlines summary feedback received to date from CQC.

Discussion

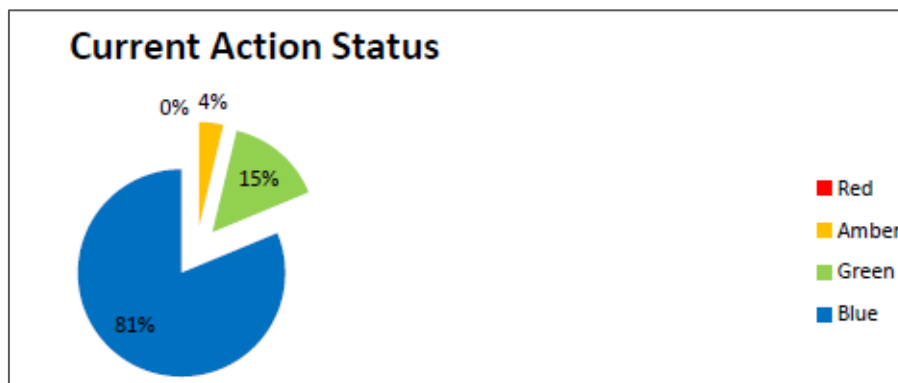
The CQC Comprehensive Inspection commenced on 9th March 2015, followed by initial verbal feedback on Friday 13th March 2015.

The CQC published 16 Core Service Reports, plus the overall provider-level report on Friday July 10th 2015.

Overall Compass has received and accepted evidence of completion for 54 actions (Blue), 22 actions remain on track for completion with an additional four rated as potentially slipping their target date with assurance that a robust remedial plan is in place to deliver (amber) there are no actions past their deadline with delivery concerns (red).

Summary Position and Progress

RAG Colour	Actions THIS Month November	Movement from last update	November RAG	August RAG	July RAG	June RAG	May RAG	April RAG	March RAG	February RAG	January RAG	December RAG	November RAG
Red	0	0		0	0	1	1	1	1	5	1	1	4
Amber	3	0	3	4	3	17	22	23	25	20	26	22	12
Green	12	-1	13	22	31	31	30	33	35	44	44	53	61
Blue	65	1	64	54	46	31	27	23	19	11	9	4	3
	80												



Further action, mitigation and risk

CQC Action Plan Ref.	Current RAG Rating	Summary of Action	Assurance discharged to	Lead Director
Actions 13.1-13.3	Amber	clinical risk assessment and care planning	Lead Nurses Group via CEG	Chief Nurse
<p><i>The November 2016 Clinical Effectiveness Group (CEG) received a record keeping and care planning update covering details from each directorate for triangulation against the requirements of CQC action plan items 13.1-13.3. The directorates continue to complete regular record keeping and care planning audits; these will be reported on a quarterly basis. A communication campaign is underway reinforce the importance of effective care planning and record keeping.</i></p>				
Actions 14.1-14.10	Amber	ensuring that assessment of capacity is both undertaken and recorded within patient notes	Safeguarding Committee	Chief Nurse
<p><i>A trust wide case note audit has been completed identifying that MCA and DoLS is a significant area for improvement. A corporate risk has been identified and this will be reviewed at the MCA Clinical Forum for clarification of controls and actions. Directorates are requested to consider the development of T1 and T2 risks.</i></p> <p><i>Evidence has been received against all actions in preparation for approval and closure.</i></p>				
Action 20.1	Amber	the development of a Trustwide Mental Capacity Act assurance framework	Safeguarding Committee	Chief Nurse
<p><i>A Mental Capacity Act Clinical Forum (MCA Forum) and Mental Capacity groups have been established. The MCA Clinical Forum reports to the Safeguard Committee on a bi-monthly basis.</i></p> <p><i>The MCA Clinical Forum is responsible for the trust wide case note audit; findings to be reported to the Safeguarding Committee in November 2016.</i></p> <p><i>MCA Champions have received an interactive training session on MCA.</i></p>				

CQC Action Plan Ref.	Current RAG Rating	Summary of Action	Assurance discharged to	Lead Director
<p><i>The training for MCA and DoLS has been reviewed. An e-learning module via ULearn for DoLS application has been created. Programmes of review have commenced to ensure that mandatory and clinical specific training include the principles of MCA. This will enhance the practical application of the MCA principles.</i></p>				
Actions 23.1-23.4	Green	review of record keeping procedures	Records and Information Governance	Chief Nurse
<p><i>One remaining action remains under 23.1-23.4 – the production of a Trustwide Electronic Patient Records Policy – this is on track for delivery in November 2016 – a draft version of this new policy will begin a short consultation at the beginning of November 2016 with a review at Records and Information Governance Group (RIGG) on 8th November. Anticipated to be with Policy Review Team after this and virtual approval of RIGG soon after.</i></p>				
Action 26.1	Green	Provision of a CAMHS Crisis Service	FYPC Full Business Day Meeting	Director FYPC
<p><i>Crisis development is as follows;</i></p> <ol style="list-style-type: none"> 1. <i>Service Specs being agreed between LPT and Commissioners</i> <ul style="list-style-type: none"> - <i>Service Spec was received by the service w/c 31st October 2016. It is being reviewed by Clinical Leads and Managers and comments will be with Commissioners by the end of October 2016.</i> - <i>Commissioners need to sign off any changes and have indicated that, assuming there is no disagreement, specs were to be signed off by the end of November 2016 and full monies CV'd into the contract by end of March 2017 however this timeline has slipped as changes were requested to the KPI's within the service spec by the FYPC Business team, commissioners are considering these proposals Timeline for sign off now End of December 2016.</i> 2. <i>Accelerator Funding released to recruit to Crisis element of the team (x1 Band 7 and x3 band 6 practitioners recruited with a further x4 band 6 practitioners being interviewed this week.)</i> <ul style="list-style-type: none"> - <i>Accelerator funding has enabled recruitment of x 8 practitioners (all complete)</i> - <i>X1 Team Leader took up post 1st October 2016</i> - <i>X3 practitioners took up post 1st October 2016</i> - <i>X4 practitioners have start dates for end of December 2016</i> 3. <i>Full home treatment team (plus consultant) will be released when service specs are agreed..</i> <ul style="list-style-type: none"> - <i>Due for End of March 2017</i> 				

2016 Inspection – feedback to date

The November 2016 inspection saw 86 inspectors across four teams – Community Health Service, End of Life, Mental Health – community and Inpatient. CQC inspectors visited in excess of 79 wards, teams and services, inspecting the same 15 “Core Services” as they did in 2015.

During the week CQC facilitated 17 focus groups with our staff, asking their opinion on such things as safety, culture, leadership and Trust values, as well as asking them what had changed in the Trust since the 2015 inspection.

CQC also held 36 formal interviews with clinical leads, Heads of clinical and corporate services as well as Directors. Questions ranged from ‘How are you personally assured?’ to ‘what are relationships with partner organisations like?’ and ‘How would a staff member escalate their concerns?’

Formal requests for Information:-

	2015	2016
Pre-Inspection Request 1	11	14
Pre-Inspection Request 2	17	56
Inspection Enquiries	85	278 (at 30/11/2016)

A change of note since the last inspection was the volume of telephone contacts with patients and carers – CQC requested contact lists for a range of services including End of Life, MHSOP community and AMH community. There was significant scrutiny on Mental Health Act with two reviewers based on the Bradgate wards most of the week with a whole day spent in the MHA Office reviewing records.

At the feedback meeting on Friday November 18th CQC were very positive about our staff, noting the warm welcome received across the Trust. CQC commented that there is evidence of much positive practice across the Trust, and it was clear that much had been done since the 2015 inspection, and there had been a lot of hard work.

CQC recognised that all staff across the Trust are very busy and working under a lot of pressure, they noted this from ward staff to administrators and domestic staff, right up to the senior leadership of the Trust.

CQC noted some positive practice across the organisation citing examples from each clinical directorate to evidence their observations as well as from some enabling functions.

There were however some concerns noted across the Trust; some of these relate to very specific services and issues, others are more wide ranging.

LPT Next-steps

The Regulation and Assurance Team continue to gather feedback from services and triangulate all intelligence ahead of receipt of the inspection reports.

We have responded to the initial concerns letter outlining actions underway to address where possible the CQCs immediate concerns

Preparatory work for a 2016 comprehensive inspection action plan is underway, this will be;

- Locally –led with corporate facilitation
- triangulated with 2015 and 2016 intelligence
- locally governed with corporate oversight

A proposed governance framework to monitor progress against the 2016 inspection reports will be established in the New Year once the reports have been received, QAC (Quality Assurance Committee) will retain oversight on behalf of the Trust Board.

CQC Next-steps:

- Draft reports are expected in early January 2017
- LPT will have 10 days for factual accuracy checking the draft reports before CQC publish during the first week of February 2017
- CQC will convene a Quality Summit with key stakeholders in early March 2017

Conclusions

This paper provides assurance that systems and processes are in place to respond to the CQC Inspection of March 2015 and provides the available feedback on the November 2016 Inspection. The establishment of a task and finish group to internally govern this process has provided QAC with assurance via a monthly highlight report.

Dr Peter Miller
Chief Executive

December 2016