

Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

April 2018

Commissioner Monitoring and Supporting Quality & Safety Improvements.

Introduction/Background

1. Findings from the recent Care Quality Commission (CQC) inspection were published in January 2018. This followed an inspection of five Core Services (October 2017) and completion of a 'Well-led' inspection (November 2017). The Trust has responded to the six Requirement Notices, which resulted in 19 'must-do' statutory actions with a range of improvement measures. These actions have been combined with the remaining seven actions from 2016 to establish a CQC Action Plan which has been shared with commissioners.
2. Commissioner assurance is received through the Clinical Quality Review Group (CQRG) originally on a monthly basis; however this has now been revised to align with the Trust's assurance systems and processes for delivering assurance against CQC actions. Following the conclusion of the Trust Compliance Assurance (CompAss) task and finish group, this is now monitored by the Trust Quality Assurance Committee, and has attendance from commissioners. Accountability for delivery of required improvements is at directorate level with designated senior responsible owners (SRO).

Aim

3. This paper outlines in summary the Commissioners' processes for monitoring Trust actions for assurance purposes against the CQC inspection action plan.

Recommendations

4. Note Commissioners' processes for monitoring quality assurance against the Trust CQC inspection action plan.

Discussion

5. The Trust CQC action plan is submitted to the commissioner Clinical Quality Review group (CQRG) for discussion and scrutiny. This is now on a quarterly basis to align with the Trust Quality Assurance Committee (QAC) review and acceptance of the report. Commissioners are also informed of outcomes following the quarterly review meetings between LPT and the CQC.
6. There is regular commissioner attendance at the Trust QAG; this means that there are opportunities for initial challenge and sight of areas of concern or continued lack of progress with quality improvements.
7. Quality monitoring continues through CQRG, which enables commissioners to have full oversight of contractual quality requirements, thus providing more detail around service delivery in conjunction with delivery of CQC improvements.
8. Other quality intelligence, such as reported GP concerns, Serious Incidents and other provider reported issues (e.g. care homes) are triangulated and reviewed to ascertain a full quality overview.
9. Commissioners undertake a regular programme of quality visits to various Trust clinical services; clinical services of concern identified through the CQC action plan scrutiny are

prioritised. These quality visits facilitate action plans to address immediate operational concerns, and where commissioners are able to offer support to enable these.

10. Potential risks to patients are recognised by commissioners:

- Increased risk to patients due to non-compliance with CQC fundamental standards.
- Inability to maintain safe staffing and staff recruitment to drive CQC improvement actions.
- Impact on quality and safety of services.
- Inability to sustain quality improvements across the services.

Conclusion

11. This paper provides assurance to the Committee that systems for effective governance are in place for the oversight and scrutiny of CQC actions. Commissioners continue to have oversight and scrutiny both on a formal and informal basis, with engagement from the Trust.