

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 23 March 2016

Title and Author of Paper:

CQC Registration Update

Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Compliance Visits

1. Work is ongoing to prepare for the forthcoming CQC comprehensive inspection (commencing 31.5.2016).
2. A second provider information request has been received and is due to be submitted to the CQC by 24th March 2016, comprising a significant amount of information covering all aspects of trust business.
3. An external mock visit to the Trust took place in early March covering Northgate inpatient services, Greenacres, Hopewood Park and inpatient adult forensic services at St Nicholas Hospital, along with staff focus groups and interviews.

Registration & Notifications Update

No changes to registration have been submitted since the last update.

CQC Intelligent Monitoring Report

The latest version of the Intelligent Monitoring report was published on the CQC website on 25 February 2016, highlighting a number of risks identified.

Outcome required: for information only

BOARD OF DIRECTORS MEETING

23 March 2016

CQC Registration Update

Purpose

To provide the Board with an update of recent actions and issues relating to CQC registration.

Compliance Inspection Visits

1. Work is ongoing to prepare for the forthcoming CQC comprehensive inspection (commencing 31.5.2016) and continues to be overseen by the CQC steering group. It has been confirmed that as well as mental health services, the inspection will encompass neuro rehabilitation services, substance misuse services and adult social residential care (ie Easterfield Court).
2. Regular progress updates are being provided to staff via a dedicated intranet page.
3. Monthly engagement meetings continue with local CQC lead inspectors and members of the steering group.
4. A second provider information request has been received and is due to be submitted to the CQC by 24th March 2016, comprising a significant amount of information covering all aspects of trust business. The information submitted will form the basis of the data pack that will be used by members of the CQC inspection team, there will be an opportunity to conduct an accuracy check of the draft data pack.
5. An external peer mock visit to the Trust took place in early March covering Northgate inpatient services, Greenacres, Hopewood Park and inpatient adult forensic services at St Nicholas Hospital, along with staff focus groups and interviews to evaluate the well led domain. The visits were undertaken jointly by TEWV NHSFT, Leeds Partnership NHS FT and Capsticks and their findings are anticipated shortly. The steering group will also consider lessons learned from the process.
6. The CQC report following the unannounced focused CQC inspection visit to Ferndene (Stephenson) on 18 January 2016 has not yet been received (as at 8/3/16).

Registration & Notifications Update

No changes to registration have been submitted since the last update.

CQC Intelligent Monitoring Report

7. The latest version of the Intelligent Monitoring report was published on the CQC website on 25 February 2016.
8. The Intelligent Monitoring tool has been developed to give CQC inspectors a clear picture of the areas of care that need to be followed up in trusts providing mental health services. The system is built on a set of indicators that look at a range of information including patient experience, staff experience and performance.
9. The Intelligent Monitoring report is publicly available in line with the CQC commitment to transparency and we were provided with an opportunity to comment on the accuracy of a draft version of the report.
10. NTW data from a range of sources has been assessed against 70 indicators within this latest iteration of the report (shown at Appendix 2), of which 18 are brand new indicators.
11. The CQC previously assigned an overall risk banding to each mental health provider, however this approach is no longer used.
12. The report finds five risks applicable to NTW, of which one is classed as an “elevated” risk. This is an increase from the last version of the report (published June 2015), at which point NTW had two identified risks (neither of which were elevated risks).
13. One identified risk is a continuation from the last report, four risks are existing risks however this is the first time they have been flagged as risks for NTW, and one risk is a brand new risk
14. The overall proportional score has increased from 1.6% to 4.23% as a result of the increased number of risks identified.
15. The full report is attached as Appendix 1 (provided separately).
16. Summary details of the risks identified are included in the table below:

Identified NTW risks and data sources		
Category	June 2015 Report	February 2016 Report
Safe	Proportion of reported patient safety incidents that are harmful – NRLS	
	Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the MHA – MHLDDS/MHAdb	Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the MHA – MHLDDS/MHAdb
Effective		Proportion of wards visited where there were difficulties in arranging GP services for detained patient – MHA database
Response		Mental Health Act complaints received by CQC as a ratio to MHA activity – MHA Database/KP90
		Fully and partially upheld investigations into complaints – PHSO Nb this is an elevated risk
Well-led		Composite indicator: proportion of MHA and hospital inpatient episodes closed by the provider – MHLDDS NB This is a brand new indicator

Recommendations

The Board is requested to note the information included within this report and associated documents.

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
March 2016