

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26 October 2016

Title and Author of Paper: CQC Quality Summit

Executive Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

The Trust's Quality Summit will take place on Thursday 20 October 2016 and is the final part of the inspection process following our comprehensive inspection in May/June 2016.

This paper outlines the purpose of the Quality Summit and roles of all attendees.

Risks Highlighted to Board:

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

No

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required:

Link to Policies and Strategies: N/A

CQC Quality Summit

The Trust's Quality Summit will take place on Thursday 20 October 2016 and is the final part of the inspection process following our comprehensive inspection in May/June 2016.

Purpose of the Quality Summit

The purpose of the Quality Summit is to consider and develop a plan of action and recommendations based on the inspection team's findings set out in the inspection reports.

Quality Summit Attendees and Roles

Attendance will include the following people:

Role	Purpose
Inspection Chair	Chair part 1 of the Quality Summit. Provide professional input on the findings of the inspection from a clinical perspective. Ensure that the Quality Summit process is followed.
CQC Inspection Team Leader / Head of Hospital Inspection	Provide professional input on the findings of the inspection from a regulatory perspective. Responsible for circulating minutes of the Quality Summit to all attendees.
Regional Director for the relevant CQC region or CQC relationship holder (if not the Head of Hospital Inspections)	Provide professional input on the findings of the inspection from a regulatory perspective.
Clinical Expert from Inspection Team	Provide specialist input on the findings of the inspection for a specific clinical area if needed. This should include MHA Operations for mental health service inspections.
Expert by Experience; representative from people using services or carers who were part of the Inspection Team	Provide input from people using services / carer / public
Provider representatives (i.e. Chair, Chief Executive, Medical Director, Director of Nursing)	The provider perspective on the inspection findings. Set out what the provider is doing to address the issues raised and where they feel additional support will be needed.
NHS Improvement representative	Recommend where the provider can become more effective, efficient and economic whilst maintaining or improving the standard of services, in accordance with their statutory roles, and support the provider in developing and taking forward their action plan.

NHS England Area Team representative	Provide a regional perspective on both the issues raised and additional support available to the provider, in accordance with their statutory roles.
Clinical Commissioning Group representative	Provide input from a commissioning perspective, in accordance with their statutory roles, and support the provider in developing and taking forward their action plan.
Overview and Scrutiny Committee representative	Provide input from a social care perspective and support the provider in developing and taking forward their action plan.
Local Healthwatch representative	Provide input from a patient/public perspective, in accordance with their statutory roles, and support the provider in developing and taking forward their action plan.
Health and Wellbeing Board representative	Provider input from a healthcare system point of view and identify where opportunities for cross sector working may help address the findings, in accordance with their statutory roles.
Local Authority representative	Provide input from a local authority perspective, in accordance with their statutory roles, and support the provider in developing and taking forward their action plan. (In the case of large or complex NHS providers, this may include representatives from a number of different local authorities).

Quality Summit Agenda

The session will last approximately 3 hours and will be split into three parts:

Part one – The CQC Inspection Team Leader / Head of Hospital Inspections and Inspection Chair will summarise the results of the provider Inspection Report to the Quality Summit with input from clinical experts and/or experts by experience if needed.

Part two – The provider Chief Executive will present the provider's response to the inspection findings, what the provider is doing to address the issues raised and where they feel additional support will be needed.

Part three – The third part will be facilitated by a representative from NHS Improvement and will focus on the high level action plans in response to the findings of the inspection. The summit will provide a robust challenge to ensure that actions are not short term but are focused on sustainable change. The actions should be agreed by the provider, CQC and other regulators and professional partners.

This part of the summit will consider:

- Whether planned action by the provider to improve quality is adequate and whether additional steps should be taken.
- Whether support should be made available to the provider from other stakeholders such as commissioners to help them improve.
- Any areas that may require regulatory action in order to protect patients.

After the Quality Summit

Recommendations and agreed action plans will be monitored.

Lisa Quinn
Executive Director of Commissioning and Quality Assurance

17th October 2016