

Update on the CQC visit to LYPFT 11-15th July 2016

Background

LYPFT received a comprehensive visit from the CQC between 11th and 15th July 2016. The final report was received in November 2016 with the action plan having to be submitted by 16th December 2016. A Quality Summit was held on 8th December 2016 where the CQC presented the findings of their report and the Trust were able to give a response. NHS Improvement then facilitated discussion between all the stakeholders present as to how to support the Trust moving forward.

Key Findings

The Trust was rated as “Requires Improvement” with the individual domains that the CQC uses to assess services rated as below.

Five key questions	Ratings at Trust level
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well led?	Requires improvement
Overall Trust Rating	Requires Improvement

Appendix 2 shows how each individual service rated in the inspection against each domain..

The Trust received twenty Regulatory requirements against six Regulations for the provider as a whole and against individual services. Appendix 1 has these listed.

In summary the trust was required to :

Review the statement of purpose for the Crisis Assessment Unit (Regulation 9)

Meet single sex requirements on the Yorkshire Centre for Psychological Medicine (Regulation 10)

Ensure care plans were updated and medicines managed safely (Regulation 12)

Review the seclusion and search policies (Regulation 13)

Improve Governance and reporting procedures (Regulation 17)

Improve compliance rates with training and appraisals amongst staff (Regulation 18)

Actions already completed

The Trust was already aware of many of the issues highlighted and work was already in progress to address the issues. Since the visit the following actions have already been completed:

1. Electronic prescribing has been rolled out across the Trust which ensures safer recording of medicines administration.
2. Reporting of patient safety incidents to the national Reporting and learning System are now completed in seventeen days which is above the national average.
3. A system has been introduced to monitor the reading of patient rights who are detained to ensure best practice.

Internal Governance

An action plan (attached) was submitted to the CQC in December 2016. The action plan contains the “Must do” actions and the “Should do” actions required by the CQC. The “Must do” actions incorporate the Regulatory requirements and so these are not included in the action plan. They are listed in Appendix 1.

The Trust’s CQC Fundamental Standards Group (CQCFSG) will monitor the progress against the action plan through a bespoke electronic tracker that has been developed. This will allow the monitoring of completed actions which will all have had to be signed off by the relevant service governance committee. Actions will not be allowed to be signed off unless specific evidence is provided. The CQC FSG will seek assurance on completion of actions and report to the Board on progress.

Next steps

The Trust is also keen to go beyond meeting CQC requirements and so is developing a Quality Strategy to define what Good should look like. Engagement with key stakeholders is taking place through January, February and March to seek views on what should be in such a strategy and how this should be measured.

Conclusion

The Scrutiny Committee is asked to note the rating applied to the Trust of Requires Improvement. The Committee is also asked to note all the great work that has been recognised in the reports. The Committee is also asked to note the progress made against the action plan so far. Continued progress will be monitored by the CQCFSG and any further reports will come to the Committee as requested.

Mark Gallacher

Interim Head of Performance and Quality, January 2017