**Council of Governors**

**10 May 2018**

Paper Title: CQC Inspection – Update Report

Lead Director: Medical Director

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Agenda Item:

Presented For: Assurance

Paper Category: Governance & Compliance

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| **Executive Summary:** |
| Following an inspection of nine, out of fourteen, core services the CQC published an updated report on Bradford District Care NHS Foundation Trust on 12th February 2018.  The Trust has been rated as ‘Requires Improvement’ overall which is a deterioration from our previous rating of ‘Good’. Community services have been rated as ‘Good’ with some aspects of care rated ‘Outstanding’. Mental health services have been rated as ‘Requires Improvement’.  This paper details the actions already taken and planned future actions to:   * address the issues identified by the CQC, * share good practice identified by the CQC * plan for routine annual CQC inspection activity   The governance arrangements for all CQC related activity has also been enhanced , with oversight provided by the Improving Quality Programme Board (formerly the Outstanding Care Programme Board), chaired by the Medical Director, reporting to the Quality and Safety Committee. |

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| **Recommendations:** |
| * Governors are asked to note progress in responding to the findings of the recent CQC inspection |

**CQC Inspection- Update Report**

## Background and Context

The CQC inspection report for the Trust was published on 12th February 2018 and, whilst it contained many positive findings, the overall rating for the Trust and a number of individual service ratings had deteriorated to ‘Requires Improvement’.

The full report can be accessed here:

<http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0101.pdf>

The Trust was required to update the CQC on immediate actions taken following receipt of the final report and a letter from the Chief Executive and the initial Trust CQC action plan was formally submitted to the CQC as required on 9th March 2018.

The CQC formally accepted our action plan on 16 April 2018. .

## Stakeholder engagement

The Trust has worked closely with staff to ensure they understand the CQC inspection report and in particular the areas identified for improvement. Council of Governors has also seen and discussed the report.

The CQC action plan has been shared with NHS Improvement and local commissioners and the Trust was also invited to discuss both the inspection report and action plan with Bradford Metropolitan District Council Overview and Scrutiny Committee.

As legally required, the Trust has updated the CQC rating posters that are on display in receptions and wards and the full report is available on the Trust website.

## Governance Arrangements

Executive management team (EMT) has reviewed and refined the reporting and governance arrangements for all CQC related activity and in particular the monitoring of progress against the CQC action plan.

## BDCFT CQC action plan

The CQC inspection report is put together in quite a ‘mechanistic’ way with lists of specific ‘must do’s’ and ‘should do’s’ within each core service to ensure that the Trust meets the requirements of the Health and Social Care Act (2008) and associated regulations .

As a result, the initial action plan (seen by governors in March) can also appear as quite a ‘mechanistic’ response: it sets out specific actions which are being taken in response to each of the 51 must do’s with each allocated to a lead Director for executive oversight and also allocated for review at one of two main Committees; Quality and Safety Committee and Mental Health Legislation Committee. Lead Directors will ensure that any resources required to deliver must do’s are identified and prioritised.

Operational Deputy Directors are providing evidence to confirm that each must do is complete and these are being signed off by each lead Director and formally challenged and agreed at EMT each month. The first 5 completed must dos were tabled at EMT on Tuesday 27th of March for challenge & sign off, with a second set of completed must do’s tabled at EMT on Tuesday 1st May. An additional element has now been added to the action plan to ensure ongoing assurance is mapped and monitored.

On 1st May EMT considered a proposal to develop the current CQC action plan into a themed action plan, that would include both must do and should do. For example one line of the action plan would contain all the should do’s and must do’s related to supervision. This would mean that staff could look in one place for all related actions, simplify the updating of the action plan and ensure the impact of actions is trust wide and not just related to specific core services.

The Board recognizes that simply refining processes or reiterating the need for compliance with existing policy, in the context of a very hard-pressed workforce, is not a satisfactory response to the CQC report and that it actually demands a more fundamental response which considers the culture of our organization and ‘how we do things around here’. To that end, a number of key pieces of work have commenced:

* A review of the dashboards that support Quality and Safety Committee and Mental Health Legislation Committee.
* An external review, of the Mental Health Legislation Committee, was undertaken by Humber FT in April and has made a number of recommendations to improve its effectiveness which should lead to sustainable, long term improvements in how the Mental Health Act and Mental Capacity Act are implemented within the Trust.
* The Board will commission an independent review of its performance when measured against NHSI’s well-led framework.
* A revised 2018/19 Internal Audit work plan has been agreed with increased focus on those areas for improvement identified in the CQC report.

In addition, two very significant pieces of improvement activity are being taken forward:

Firstly, after a call, for expressions of interest, the Trust has just been selected to be one of nine trusts in the North, to participate in a ‘Moving to Good’ programme run by NHS Improvement.

This programme is nationally-led and regionally focused and is designed to support trusts to achieve a ‘Good’ rating at their next CQC inspection. This year’s cohort starts on Monday 4th June 2018 and over the next nine months it will feature a mix of on-site visits, workshops and peer learning.

Secondly, the Board has committed to the adoption of a formal Quality Improvement (QI) methodology. QI, with its underpinning ethos of staff and patient led change, is now recognized as being a major driver of outstanding services and high staff satisfaction. Staff have visited two very high performing Trusts (Tees, Esk & Wear Valley FT and East London FT) to observe and learn from their approach to QI. Our new Chief Executive hails from TEWV and, we hope, will bring a wealth of knowledge of and experience in this area. We have also held three workshops, (for Board, clinicians and managers) facilitated by NHS Improvement, to consider various QI methodologies and how they can help.

Building on learning from these visits and events, the Medical Director and Nursing Director recently facilitated a workshop whose focus was on how to make our inpatient wards as safe as possible for patients, staff and visitors. The workshop was attended by a large number of front-line clinicians and generated an excellent response.

The Board will work towards a decision, around which methodology is right for BDCFT, over the next few months.

The optimal implementation of QI takes time (the Trusts mentioned above have been at it for many years) but results in genuine and positive cultural change and sustainable improvements to the quality of services; this will be the legacy of our disappointing CQC report when we look back in years to come.

## Monitoring and review

As set out in the governance structure, Committees will receive regular progress reports against specific actions and Trust Board will receive a quarterly progress report. The next paper regarding the CQC action plan will be tabled at Trust Board in June 2018.

## Timescales/Milestones

All CQC actions will be completed as soon as practicable; any delays will be scrutinized by Improving Quality Programme Board with barriers to progress escalated via the Executive Management Team if necessary to ensure resolution.