

BOARD MEETING
25 May 2017

Paper Title:	Assurances in relation to Care Quality Commission Quality (CQC) requirements
Section:	Public
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Agenda item:	10
Presented For:	Assurance

1. Purpose of this Report:

The purpose of this paper is to present to the Board assurances against the CQC five key questions throughout 2016/17.

2. Summary of Key Points

The CQC inspects and rates against the five key questions: are services safe, caring, responsive, effective and well-led? The Trust is currently rated as 'good' for each of the five key questions and as 'good' overall.

The Trust implemented an assurance process during 2015/16 in relation to meeting and exceeding CQC requirements. Following this established process, this paper provides assurances for 2016/17.

3. Board Consideration

Board is asked to consider whether the information provided gives assurance that the Trust met CQC requirements during 2016/17.

4. Financial Implications

None

5. Legal Implications

The Health and Social Care Act 2008 (amended) regulations include the CQC requirements.

6. Assurance

	Assurance provided?
Board Assurance Framework	Yes against risk 1.3
CQC Themes (see below)	Yes; overall assurance re compliance with the five key questions
Monitor Risk Assessment Framework	No
Other (please specify):	

This paper provides assurance in relation to the following CQC Key Questions:

Safe:	Are people who use our services protected from abuse and avoidable harm?
Caring:	Do staff involve people who use our services and treat them with compassion, kindness, dignity and respect?
Responsive:	Are services organised to meet the needs of people who use our services?
Effective:	Do care, treatment and support achieve good outcomes, help to maintain quality of life for people who use our services and is it based on the best available evidence?
Well led:	Do the leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture?

6. Equality Impact Assessment

Compliance with the CQC requirements supports equality delivery.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee	<input type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	FB&I Committee	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

Assurance papers underpinning this report have been submitted to the committees identified above.

8. Risk Issues Identified for Discussion

Failure to maintain vigilance of CQC standards could result in reduced performance in any or all of the five key domains, leading to poorer patient experience, poorer outcomes, reduced public confidence and a downgraded CQC rating.

9. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
Meeting CQC standards ensures that high quality services, centred on the needs of service users are delivered.		There are no specific financial issues however the provision of quality services that improve the patient experience at no extra cost supports the VFM agenda.	Effective relationships with the Care Quality Commission are an important and positive element of this work

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

11. Recommendations:

That the Board:

- **Recognises** the improved process and continuing work to provide assurances against the CQC requirements
- **Confirms** that it is sufficiently assured with performance against the five key questions as reflected in this report

ASSURANCES IN RELATION TO CARE QUALITY COMMISSION (CQC) REQUIREMENTS

1. BACKGROUND

1.1 Assurance process during 2016/17

An assurance process agreed by the Trust Board was established in 2015/16 to ensure that the Trust was able to self-assess compliance with the CQC's 5 key questions and this has been continued throughout 2016/17. A summary of the CQC's 5 key questions can be found on the CQC's web site (click [here](#)).

1.3 Implications of revised CQC strategy and approach to inspections.

On 24/05/2016, the CQC published its new strategy for the period 2016-2021. The CQC also undertook a consultation with regard to the principals and processes for future CQC inspections, with a closing date for responses by 14/02/2017. Whilst the response to the consultation has not been published to date, both documents detail the ambition of a more targeted, responsive and collaborative approach to regulation; the purpose, role and operating model will remain the same but the following will be done differently:

- Support innovation by working with providers delivering care in new ways.
- Focus on quality of care for population groups and coordination across organisations.
- Rate how well NHS trusts are using their resources.
- Focus resources towards higher-risk applications at registration.
- Build and use insight to target inspections where risk is greatest/ quality improving.
- Share data sets with partners.
- Move as many interactions with providers and the public as possible online.

For hospitals (understood to be all hospitals) this will mean:

- Focus on core services that require improvement.
- Updating ratings based on smaller, more focused inspections, using more unannounced inspections.
- Expecting providers to describe their own quality against the five themes.
- Working with NHS Improvement to give new ratings on efficient use of resources.
- Holding an annual review of each provider to determine where to focus inspection activity for the year ahead.

2. DID WE MEET CQC REQUIREMENTS DURING 2016/17?

There are three main sources of assurance within this report:

- Assurances received from the CQC itself (Section 2.1),
- Self-assessments completed by services (Section 2.2),
- Reports submitted to committees (Section 2.3),

To allow the Board to see links across these three sources of assurance, a matrix has been developed which provides a high level summary (see Appendix 1).

2.1 Assurances received from the Care Quality Commission (CQC)

2.1.1 CQC inspection

The CQC last undertook a full inspection of the Trust's services in June 2014, rating us against each of the five key questions; this inspection resulted in:

- Identification of two 'must do' actions (relating to the continuous care medical model and health based places of safety)
- Identification of numerous 'should do' actions
- A rating of 'requires improvement' for the safe question
- A rating of 'good' for all other questions and a rating of 'good' overall.

Action plans were developed and a process for monitoring progress was implemented with all actions being 'signed off' by September 2015 (many actions were signed off earlier than this). During December 2015 a number of the actions were revisited by a small team of staff to ensure that there was evidence of sustained improvement.

In January 2016 the CQC undertook an announced focussed re-inspection; this was essentially a 'follow up' of the June 2014 inspection. The visits during this inspection focussed on the acute wards and acute mental health community services, however the CQC also sought a wide range of evidence relating to the recommendations from the 2014 report including evidence that actions had been identified and monitored.

This inspection resulted in the safe question being up-rated to 'good', giving the Trust a rating of 'good' across all five key questions; the current ratings are represented in the matrix at [Appendix 1; reference line 1.](#)

The CQC did not identify any recommendations or actions for the Trust to progress.

Since this time:

- The Trust has begun to collate a quarterly update template for CQC consideration and discussion at our quarterly relationship meetings
- CQC has continued with regular, unannounced Mental Health Act inspections, all of which are reported formally to the Mental Health Legislation Committee.
- CQC visited clinical teams as part of planned extensions of the relationship meetings
- CQC attended various Trust events and observed Trust Board

2.1.1 CQC Intelligent Monitoring and CQC Insight

The CQC's Intelligent Monitoring Report is in the process of being replaced by CQC Insight. No Intelligence Monitoring reports about BDCFT were published by CQC in 2016/17.

CQC Insight will monitor quality as part of an intelligence driven approach against the 5 key questions the CQC will ask when it inspects, i.e. is it safe, caring, responsive, effective and well-led. Its purpose will be to better monitor changes in quality by bringing together what people who use services are telling CQC about them, knowledge from CQC inspections and data from CQC partners. CQC will inspect all new services, but then focus follow-up inspections on areas where insight suggests risk is greatest or quality is improving. CQC Insight will:

- Bring together all information CQC holds in one risk model
- Combine quantitative and qualitative data.
- Identify sentinel indicators to follow up directly as well as those that need routine monitoring as a theme.

CQC will continue to develop its Insight monitoring model throughout 2017 to 2021 but has not published any prototype reports as yet.

The outcomes of this aspect of the assurance process and any exceptions identified are represented in the matrix at [Appendix 1; reference line 2.](#)

2.2 Self-assessments completed by services

The CQC 5 key questions are underpinned by a set of 'Key Lines of Enquiry' (KLOEs); it is essential that operational staff are aware of, and self- assess against these KLOEs.

BDCFT's process for self-assessment by services against the CQC's KLOEs was introduced in 2015 and the first set of self-assessments were completed and reported to Board in spring 2016. Since then, repeat self-assessments were carried out in autumn 2016 and spring 2017, the latter being reported to Board through this paper.

Deputy Directors determine which services should be included in the self-assessment process. A self-assessment form was created for each of the 5 key questions and services were required to assess their compliance with each KLOE and for the named senior manager to sign these off. The self-assessment form already included corporate level evidence against the KLOE and services identified what evidence they had to support their local compliance. Where gaps were identified services were expected to state any actions they were taking to close these. Services are asked to refresh their self-assessments every six months.

Analysis of the 31 service self-assessments against the 24 KLOEs shows that:

- 0 (0.0%) were rated as red. This is the same position as in spring 2016.
- 7 (0.9%) were rated as amber and an action plan is in place to ensure compliance. This is an improvement compared to spring 2016 when 2.3% were rated as amber.
- 722 (97.0%) were rated as green. This is an improvement compared to spring 2016 when 88.4% were rated as green.
- 15 (2.0%) were not rated because they were not applicable to the service.

The 7 KLOE rated as amber pertaining to the 5 key questions were in the following areas:

- Caring (3) – all Inpatient Services, Dental Services & Admin Hubs business unit (Assessment and Treatment Unit Learning Disability and Step Forward Centre).
- Responsive (2) - both Mental Health Acute & Community Services including CAMHS business unit (Psychological Therapies Inc. Helios Centre and Improving Access to Psychological Therapies).
- Well-Led (2) - Adult Physical Health (Substance Misuse Services) and the Mental Health Acute & Community Services including CAMHS (Learning Disabilities) business units.

The outcomes of this aspect of the assurance process and any exceptions identified are represented in the matrix at [Appendix 1; reference lines 3-7.](#)

Amber rated KLOE's will be picked up and monitored as part of the ongoing CQC work the Trust is undertaking.

2.3 Reports submitted to committees

The template for committee papers includes the requirement for authors to identify on the cover page whether the content provides assurance against any of the CQC's 5 key questions, i.e. is it safe, caring, responsive, effective or well-led.

Almost a quarter (22.2%) of material considered by committees did not have standard cover sheets. Documents which did not normally have cover sheets were PowerPoint presentations, Excel spread sheets and externally provided Adobe Acrobat pdf presentation documents, e.g. deep dive presentations, key performance indicator and dashboard information.

77.8% of material considered by committees did have a cover sheet; this was split evenly between those using the current BDCFT cover sheet template (36.8%) which includes the requirement to declare which CQC inspection domains the paper provided assurance against and those using an older format (41.0%) which did not. The Quality & Safety Committee and the Mental Health Legislation Committee predominantly used the current BDCFT cover sheet template whereas the Audit Committee and Finance, Business & Investment Committee (FBIC) did not.

The Executive Management Team has noted the discrepancy and there will be a clear expectation that only the current format will be accepted from now on, with old version cover sheets being returned to the author for replacement prior to their paper being received by committee.

The Trust Secretary and Director of Finance retrospectively reviewed the papers received in 2016/17 by the Audit Committee and the FBIC respectively and determined against which of the CQC's 5 key questions those which did not have a current BDCFT template cover page provided assurance. This data was incorporated into the analysis below.

Papers to all Committees of the Board provided assurance against the CQC's 5 key questions as follows:

- Safe – 67 (25.2%)
- Caring – 35 (13.2%)
- Responsive – 40 (15.0%)
- Effective – 67 (25.2%)
- Well-Led – 157 (59.0%)

Different committees showed different distributions against the CQC's 5 key questions to which papers were allotted and this was as follows.

- Audit Committee papers were almost exclusively concerned with Well-Led (87.7%).
- FBIC papers were predominantly concerned with Well-Led (56.6%).
- MHLC papers were predominantly concerned with Effective (79.4%) with lesser coverage of Safe (44.1%) and Caring (38.2%)
- QSC papers were equally spread across Well-Led (52.9%), Safe (51.5%), Effective (47.1%) but also had coverage of Responsive (36.8%) and Caring (27.9%).

The outcomes of this aspect of the assurance process and any exceptions identified are represented in the matrix at [Appendix 1; reference lines 8-12.](#)

3. Risk Implications

Risk	Likelihood	Implication	Mitigation
Risk of non-compliance with CQC requirements	Low	Risk to reputation and registration status Fines imposed	Assurance process in place to identify and address potential issues Positive working relationship with the CQC is maintained

4. Monitoring and review

Assurance processes will continue throughout 2017/18 with an assurance report to Board in June 2018.

5. Timescales/Milestones

There are no critical timescales in relation to this report other than assurance reporting as outlined above.

6. Recommendations

It is recommended that the Board:

- **Recognises** the improved process and continuing work to provide assurances against CQC requirements
- **Confirms** that it is sufficiently assured with performance against the five key questions as reflected in this report.

APPENDIX 1

SOURCE			CQC THEME						OVERALL/ TOTAL (24 KLOEs)	
			SAFE (5 KLOEs)	CARING (3 KLOEs)	RESPONSIVE (4 KLOEs)	EFFECTIVE (7 KLOEs)	WELL-LED (5 KLOEs)	CROSS CUTTING		
CQC ASSESSMENTS	1	CQC Inspection	Jan-16	Good	Good	Good	Good	Good	Good	
	2	CQC Insight No reports published in 2016/17								
SELF-ASSESSMENTS	3	Adult Physical Health Community Services (9 services)	Red	0	0	0	0	0		0
			Amber	0	0	0	0	1		1
			Green	45	27	36	54	44		206
			Not applicable	0	0	0	9	0		9
			Not Rated	0	0	0	0	0		0
			Not Received	0	0	0	0	0		0
			Total	45	27	36	63	45		216
	4	Children's Services (7 services)	Red	0	0	0	0	0		0
			Amber	0	0	0	0	0		0
			Green	35	21	28	44	35		163
			Not applicable	0	0	0	5	0		5
			Not Rated	0	0	0	0	0		0
			Not Received	0	0	0	0	0		0
			Total	35	21	28	49	35		168
	5	Inpatient Services, Dental Services & Admin Hubs (6 services)	Red	0	0	0	0	0		0
			Amber	0	3	0	0	0		3
			Green	30	15	24	42	30		141
			Not applicable	0	0	0	0	0		0
			Not Rated	0	0	0	0	0		0
			Not Received	0	0	0	0	0		0
			Total	30	18	24	42	30		144
	6	Mental Health Acute & Community Services (including CAMHS) (9 services)	Red	0	0	0	0	0		0
			Amber	0	0	2	0	1		3
			Green	45	27	34	62	44		212
			Not applicable	0	0	0	1	0		1
			Not Rated	0	0	0	0	0		0
			Not Received	0	0	0	0	0		0
Total			45	27	36	63	45		216	
7	Trust (31 services)	Red	0	0	0	0	0		0	
		Amber	0	3	2	0	2		7	
		Green	155	90	122	202	153		722	
		Not applicable	0	0	0	15	0		15	
		Not Rated	0	0	0	0	0		0	
		Not Received	0	0	0	0	0		0	
		Total	155	93	124	217	155		744	

SOURCE				CQC THEME								
				SAFE (5 KLOEs)	CARING (3 KLOEs)	RESPONSIVE (4 KLOEs)	EFFECTIVE (7 KLOEs)	WELL-LED (5 KLOEs)	CROSS CUTTING	OVERALL/ TOTAL (24 KLOEs)		
CQC INSPECTION THEMES ASSURANCE MATRIX: COMMITTEE ASSURANCES	8	Audit Committee	No. meetings	5	7 8.6%	1 1.2%	4 4.9%	6 7.4%	71 87.7%			
			Total no. papers	81								
			No cover paper	21								25.9%
			Cover but not CQC	50								61.7%
			CQC cover paper	10								12.3%
	9	Finance, Business & Investment Committee (FBIC)	No. meetings	9	10 12.0%	2 2.4%	6 7.2%	2 2.4%	47 56.6%			
			Total no. papers	83								
			No cover paper	16								30.1%
			Cover but not CQC	50								49.4%
			CQC cover paper	17								20.5%
	10	Mental Health Legislation Committee (MHLC)	No. meetings	4	15 44.1%	13 38.2%	5 14.7%	27 79.4%	3 8.8%			
			Total no. papers	34								
			No cover paper	5								14.7%
			Cover but not CQC	1								2.9%
			CQC cover paper	28								82.4%
	11	Quality & Safety Committee (QSC)	No. meetings	8	35 51.5%	19 27.9%	25 36.8%	32 47.1%	36 52.9%			
			Total no. papers	68								
			No cover paper	17								25.0%
			Cover but not CQC	8								11.8%
			CQC cover paper	43								63.2%
12	Totals	No. meetings	26	67 25.2%	35 13.2%	40 15.0%	67 25.2%	157 59.0%				
		Total no. papers	266									
		No cover paper	59								22.2%	
		Cover but not CQC	109								41.0%	
		CQC cover paper	98								36.8%	

Commentary

- See section [2.2 Self-assessments completed by services](#) for information about how services self-assessed themselves. All 'Amber' rated KLOE have actions in place to close gaps identified to bring the rating to 'Green' (see embedded document).
- See section [2.3 Reports submitted to committees](#) for information about assurance provided by papers to Board committees.