

BOARD MEETING
30 June 2016

Paper Title:	Assurance in relation to Care Quality Commission Quality (CQC) requirements
Section:	Public
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Agenda item:	14
Presented For:	Assurance

1. Purpose of this Report:

The purpose of this paper is to present to the Board assurance against the CQC five key questions throughout 2015/16.

2. Summary of Key Points

The Trust implemented an assurance process during 2015 / 16 in relation to meeting and exceeding CQC requirements and has also been subject to a focussed re-inspection by the CQC.

The CQC inspects and rates against the five key questions: are services safe, effective, caring, responsive and well-led?

The Trust has now been rated as 'good' for each of the five key questions and as 'good' overall.

3. Board Consideration

Board is asked to consider whether the information provided gives assurance that the Trust met CQC requirements during 2015 /16.

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	No
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 checked="" type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	FB&I Committee	<input checked="" 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 checked="" type="checkbox"/>

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

8. Risk Issues Identified for Discussion

The Board are reminded of the potential fines and reputational damage associated with the regulations within the Health & Social care Act 2008 (amended).

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

ASSURANCE IN RELATION TO CARE QUALITY COMMISSION (CQC) REQUIREMENTS

1. BACKGROUND

1.1 Assurance process during 2015 / 16

An assurance process agreed by the Trust Board was established in 2015 / 16 to ensure that the Trust was able to assess compliance with the CQC Fundamental Standards. Particular aspects of the assurance approach which were newly implemented in 2015 / 16 included:

- Clearer reference to the standards in committee papers (Section 2.1)
- Removal of the requirement for authors to identify whether they were providing 'primary' or 'secondary' assurance
- Development of an assurance matrix to provide an overview of assurance / exceptions

A summary of the Fundamental Standards is provided here for reference.



Definitions_Of_CQC_
Fundamenta_Standards

1.2 Amendments made to the assurance process for 2016 / 17

The approach taken in 2015/16 led to a disconnect between CQC-related assurances provided by committee papers (against the fundamental standards), and the assurances provided by CQC itself and our self-assessment exercises (against the five key questions). It has been agreed to utilise the five key questions in Board and committee papers during 2016 / 17.

1.3 Implications of revised CQC strategy

On 24/05/2016, the CQC published its new strategy for the period 2016-2021. The ambition is 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 (we understand this 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 2015 / 16?

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; additional information in relation to any exceptions is also provided within the document (see Appendix 1).

2.1 Assurances received from the Care Quality Commission (CQC)

2.1.1 CQC inspection

The CQC 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.

2.1.1 Intelligent Monitoring Report

The CQC 'Intelligent Monitoring' is a model for monitoring a range of key indicators about Trusts; the reports are published on the CQC's web site and are therefore publicly available.

The indicators (linked to the 5 key questions) enable the CQC to understand which Trusts may not be providing safe or high quality care and are used alongside other intelligence that the CQC holds. The CQC analyses each indicator to identify two possible levels of risk, "risk" and "elevated risk".

Two Intelligent Monitoring reports were issued for BDCFT in 2015/16 the latest being in February 2016; information relating to the content of the Intelligence Monitoring Report has been submitted to the Directors' meeting as a part of the monthly Quality & Safety report.

The BDCFT report currently shows 3 'risks' but no 'elevated risks'; the total number of indicators included is 73.

The February 2016 report was the last as the CQC is currently developing 'Insight reports' to replace the Intelligent Monitoring report. The CQC intends to develop its Insight approach to include mental health, substance misuse, residential rehabilitation and community health services. It is currently trying to identify suitable indicators for this purpose; no timescale has been provided by the CQC although it is likely to be piloted in 2016/17.

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 five key questions have beneath them a set of 'Key Lines of Enquiry' (KLOEs); it is essential that operational staff are aware of, and self- assess against these KLOEs.

An engagement event was held for staff on the 17/07/2015 to commence work on determining a self-assessment process. Self-assessments occurred between September 2015 and May 2016 following consultation with Deputy Directors to determine which services should be included. A self-assessment form was created for each of the five 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 taken to close these. Services will be asked to refresh their self-assessments six monthly.

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.](#)

2.3 Reports submitted to committees

The template for committee papers included the requirement to identify on the front page whether the content provided assurance against any specific CQC Fundamental Standard; this was the responsibility of the author. Authors were also required to include a recommendation that the committee confirmed whether the paper provided assurance; this

ensured that the committee considered the assurances provided and that this was recorded.

It should be noted that minor improvements were made to the approach for providing committee assurance for 2015 / 16 as outlined below;

- To assist authors in ensuring that all potential assurances are captured, the committee report template was amended to include a full list of the Fundamental Standards on the front sheet. Authors were asked to select from this list (rather than insert the standards themselves); this ensured authors were aware of and considering the standards.
- Additionally each committee member was provided with a summary of each of the standards / regulations to support members in confirming whether the appropriate assurances are provided.

Further work is required during 2016 / 17 to ensure that authors are more aware of how to provide effective assurances within papers submitted to committees and Board; this does not relate only to assurance against CQC requirements.

The outcomes of this aspect of the assurance process and any exceptions identified are represented in the matrix at [Appendix 1; reference lines 8-11.](#)

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 2016 / 17 with an assurance report to Board in June 2017.



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.

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 ASSESSMENTS	1	CQC Inspection	Jan-16	Good	Good	Good	Good	Good		Good
	2	CQC Intelligent Monitoring Feb 2016: Proportional Score = 2.08%  IM_Report_February_2016.docx	Elevated risk	0	0	0	0	0	0	0
			Risk	0	0	2	1	0	0	3
			No evidence of risk	17	9	7	19	16	2	70
		Total	17	9	9	20	16	2	73	
SELF-ASSESSMENTS	3	Adult Physical Health Community Services (10 services)	Red	0	0	0	0	0		0
			Amber	0	0	0	0	1		1
			Green	50	30	40	60	49		229
			Not applicable	0	0	0	10	0		10
			Total	50	30	40	70	50		240
	4	Children's Services (7 services)	Red	0	0	0	0	0		0
			Amber	0	0	0	1	2		3
			Green	35	21	28	43	33		160
			Not applicable	0	0	0	5	0		5
			Total	35	21	28	49	35		168
	5	Inpatient Services, Dental Services & Admin Hubs (8 services)	Red	0	0	0	0	0		0
			Amber	0	2	3	0	2		7
			Green	40	22	29	55	38		184
			Not applicable	0	0	0	1	0		1
			Total	40	24	32	56	40		192
	6	Mental Health Acute & Community Services (including CAMHS) (8 services)	Red	0	0	0	0	0		0
			Amber	0	0	3	2	1		6
			Green	40	24	29	53	39		185
			Not applicable	0	0	0	1	0		1
			Total	40	24	32	56	40		192
	7	Trust (33 services)  CQC_Key_Lines_Of_Enquiry_Amber_Ratir	Red	0	0	0	0	0		0
Amber			0	2	6	3	6		17	
Green			165	97	126	211	159		758	
Not applicable			0	0	0	17	0		17	
Total			165	99	132	231	165		792	

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).

Fundamental Standards Assurance Matrix; committee assurances													
	STANDARD →	1	2	3	4	5	6	7	8	9	10	11	12
	COMMITTEE ↓	Person Centred Care	Dignity & Respect	Consent	Safe Care & Treatment	Safeguard Against Abuse	Meeting Nutritional Needs	Premises and Equipment	Complaints handling	Good Governance	Staffing (numbers & skills)	Fit & proper persons employed	Duty of Candour
8	QSC	10 1	8	1	12 2	2		1	2	20 2	3	3	3
9	FBIC		1		4		2	5		4			
10	MHLC	8	6	4	8	2		1		3	2		2
11	AUDIT				2			1		3			

Commentary:

- It should be noted that, in relation to papers submitted to the FBIC and the Audit Committee, it was not possible to make a full assessment as the approved trust committee report template had not been routinely used and therefore the CQC standards were not referenced.
- Where a report is received regularly (e.g. complaints quarterly) it is only counted once as a source of assurance.

Assurance issues in relation to amber rated items:

Person centred care assurance issues;

- The NICE report to QSC indicated negative assurance against this standard as the Trust has further work to progress in relation to meeting NICE guidance.

Safe Care & Treatment assurance issues;

- The NICE report to QSC indicated negative assurance against this standard (see above)
- The internal audit report on cold chain medicines management indicated a negative assurance against this standard due to the 'limited assurance' rating of the audit report and the actions required.

Good governance assurance issues;

- The NICE report to QSC indicated negative assurance against this standard (see above)
- The internal audit report on cold chain medicines management indicated negative assurance against this standard (see above)

Actions being taken in response to amber items:

- NICE; work continues to progress and the QSC noted an increase in the number of guidance met by the Trust in March 2016
- Cold Chain; a full action plan is in place to address the issues raised and this is reported via the Audit Committee

The list of papers submitted to each committee can be found here.



Committee_Reports_
Providing_CQC_Assu