

BOARD MEETING

29th March 2018

Paper Title:	CQC Inspection – Update Report
Section:	Public
Lead Director:	Medical Director
Paper Author:	Margaret Waugh, Deputy Director of Quality Improvement
Agenda Item:	11
Presented For:	Assurance
Paper Category:	Governance & Compliance

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.

Recommendations:

That the Board

- Agrees that the paper provides continued assurance that all areas for improvement will be addressed in a robust and timely manner
- Agrees that relevant committees should have oversight of specific areas for improvement, as set out in the action plan
- Agrees to receive quarterly progress updates until all areas for improvement have been fully addressed

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team	x	Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	x
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	x
Responsive: Services are organised to meet the needs of people who use our services	x
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: 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.	x
NHSI Single Oversight Framework	x

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>This paper has been made available under the Freedom of Information Act</p>

CQC Inspection- Update Report

1. 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.

No response or observations have been received from the CQC since we submitted our action plan to them.

2. Stakeholder engagement

The Trust has worked closely with staff to ensure they understand the CQC inspection report and in particular the actions required 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 has been 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.

3. 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. The table below summarises these governance arrangements:

BDCFT CQC action plan governance and management arrangements – March 2018			
Meeting title	Chair/Lead	Function	Frequency
Weekly Deputy Director catch up	Deputy Director of Quality Improvement	To discuss action plans with Deputy Directors, identify progress , identify any bottlenecks and agree any issues to escalate etc.	Weekly
Improving Quality Steering Group	Deputy Director of Quality Improvement	To discuss the CQC report action plan and specific action plans with broad range of staff from clinical and corporate services , to progress actions and agree any issues to escalate etc.	2 nd week of month
Improving Quality Programme Board	Medical Director	To review and provide scrutiny of the action plan, note progress , resolve any escalations and provide assurance to Committees and Board	3 rd week of month
Executive Management Team (EMT)	Medical Director	To provide oversight of the action plan on behalf of the Board and agree the formal sign off for any completed must do's	4 th week of month
Quality and Safety Committee	Dr Butler (NED)	To seek assurance on progress and impact of specific actions in the action plan. The first of these CQC reports was tabled at Quality and Safety Committee on Friday, 23 March.	Every 6 weeks
Mental Health Legislation Committee	Dr Hussain (NED)		Quarterly
Trust Board	Chair	To receive assurance	Quarterly

4. BDCFT CQC action plan

The CQC inspection report contains 'must do's' and 'should do's' to ensure that the Trust meets the requirements of the Health and Social Care Act (2008) and associated regulations .

The CQC action plan (appendix 1) contains the 51 must do's from the inspection report, which have been identified as a priority to implement. Each must do is 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.

The action plan includes a specific column to ensure that evidence is provided to confirm that each must do is complete and this will be 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.

A number of key pieces of work to support the implementation of the CQC action plan are underway and include;

- A review of the dashboards that support Quality and Safety Committee, Mental Health Legislation Committee and Finance, Business & Investment Committee.
- Progress to undertake an external review of the Mental Health Legislation Committee.
- As a Foundation Trust, the Board will also be considering the commissioning of an independent review against the well-led framework, with a view agreeing a suitable process in Quarter 1 of the new financial year.
- A review of the 2018/19 Internal Audit work plan to ensure specific audits can be undertaken to obtain additional assurances in relation to some of the must do's.
- A review of the membership of Improving Quality Steering Group and Improving Quality Programme Board

This week signals the start of the newly developed monthly review process to review and update the CQC action plan. The process to populate the action plan has been simplified based on feedback and learning from the initial collation of the action plan and a two phase approach has been devised to allow business unit leads to draft an update and for executive director leads to sign off the narrative. Lead directors are providing oversight and challenge throughout each month and any issues of concern requiring escalation will be acted upon immediately.

The monthly completion of the overarching action plan and all associated governance arrangements are a significant undertaking and timelines and deadlines are challenging but the process will be overseen and driven by the Deputy Director of Quality Improvement.

As progress against the must do action plan is consolidated, EMT will review the 43 should do's that are also listed within the CQC inspection report. It is likely that a number of should do's will be met by the successful implementation of actions in relation to must do's.

5. Routine CQC activity

The Deputy Director of Quality Improvement leads the annual routine CQC workstream and this is now formally overseen at Improving Quality Programme Board and detail provided to MHLC and QSC as part of the new reporting and governance arrangements.

The routine quarterly CQC engagement meeting planned for late March 2018 was cancelled due to bad weather and has been rearranged in mid-April 2018.

6. Outstanding Practice

The CQC found several examples of outstanding practice during the core service inspections. It is important to share these examples both internally and externally and teams will be encouraged to promote this outstanding practice.

7. Positive Practice

The CQC inspection report contains numerous examples of positive practice. The Improving Quality Steering Group has been tasked to develop a systematic approach to

the collection of this good practice and to develop a central Connect site where staff can go to read about good practice across the Trust.

This Connect site may replicate the Learning Network site which is already a well-established focal point for staff to learn from serious incidents claims complaints and other the events. The new good practice site would also aim to include details of Trust innovations and successes.

8. 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.

9. Timescales/Milestones

Progress review dates are set out in the accompanying action plan. All 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.