

## TRUST BOARD

**24 May 2018**

Paper Title:	Annual CQC activity assurance report
Section:	Public
Lead Director:	Andy McElligott, Medical Director
Paper Author:	Margaret Waugh, Deputy Director of Quality Improvement
Agenda Item:	
Presented For:	Assurance
Paper Category:	Quality

### Executive Summary:

The purpose of this paper is to inform Trust Board of all CQC-related activity in 2017/18 and to provide assurance that this is well governed and robustly managed.

The new CQC inspection approach has had a marked impact on the amount of and frequency of CQC-related activity in the Trust, which is detailed in the section one of the paper. The new Trust governance arrangements and the routine annual CQC activities are also summarised.

Section two of the paper details the activities in relation to the recent CQC inspection report published on 8 February 2018.

Following the CQC inspection, the Trust is compliant with all CQC registration regulations (2009) and this is included in the Annual Governance Statement and the Quality Report/Annual Report. However the Trust is not compliant with all regulated activities regulations (2014) as detailed in the inspection report and will remain as such until a further inspection is undertaken.

An Internal Audit (reference BDCFT02/2018) found significant assurance for CQC compliance and the recommendations from the audit all been completed and the audit closed by the Improving Quality Programme Board.

**Recommendations:**

That Trust Board :

- Agrees that the report provides an accurate summary of 2017/18 CQC-related activity plus assurance that robust systems and processes exist to respond to all findings and recommendations

**Governance/Audit Trail:****Meetings where this item has previously been discussed (please mark with an X):**

<b>Audit Committee</b>		<b>Quality &amp; Safety Committee</b>		<b>Remuneration Committee</b>		<b>Finance, Business &amp; Investment Committee</b>	
<b>Executive Management Team</b>	x	<b>Directors</b>		<b>Chair of Committee Meetings</b>		<b>Mental Health Legislation Committee</b>	
<b>Council of Governors</b>							

**This report supports the achievement of the following strategic aims of the Trust:***(please mark those that apply with an X):*

<b>Quality and Workforce:</b> to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	X
<b>Integration and Partnerships:</b> to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
<b>Sustainability and Growth:</b> 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):*

<b>Safe:</b> People who use our services are protected from abuse and avoidable harm	X
<b>Caring:</b> Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	X
<b>Responsive:</b> Services are organised to meet the needs of people who use our services	X
<b>Effective:</b> 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
<b>Well Led:</b> 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
<b>NHSI Single Oversight Framework</b>	

**Freedom of Information:****Publication Under Freedom of Information Act**

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

## CQC Update Report – May 2018

### Section 1 – Routine CQC activity

#### 1.1 Annual CQC Workplan

The amount of routine work related to CQC activity has increased substantially in year.

Ongoing CQC activities have included:

- Staff forums - planned to occur twice a year
- Service user and carer forums - planned to occur twice a year
- Annual meeting between the CQC and pharmacy lead
- Annual meeting between CQC and Freedom to Speak Up Guardian
- Quarterly CQC paper to Trust Board

Next step activities include:

- Planning for next routine, twice-yearly staff forums (June 2018)
- Planning for next routine patient forums (September 2018)

#### 1.2 Quarterly engagement meeting

Each quarter the Trust submits a template of information to the CQC. This template contains routine reports, such as incidents and safeguarding, as well as good news and general updates.

The Trust also meets with the CQC every quarter to review the quarterly template and to discuss any other topics of mutual interest. The Medical Director, Deputy Director of Quality Improvement and the Director of Operations and Nursing attend these meetings on behalf of the Trust.

#### 1.3 Events

The CQC have attended various Trust events in year, most recently:

- Nursing Celebration Event on Friday, 4 May 2018
- the CLEAR research and development study day on May 17th 2018

The CQC would also like to reinstate Site Visits after each engagement meeting and these will be planned accordingly.

#### 1.4 CQC Mental Health Act Unannounced Visits

The CQC undertook unannounced Mental Health Act visits in 2017/18 as follows:

Ward	Date of visit
Fern Ward	04/05/2017
Ilkley Ward	07/06/2017
Baildon Ward	07/06/2017
Clover Ward	22/07/2017
DAU	05/09/2017
Step Forward Centre	27/11/2017
Bracken Ward,	11/12/2017

Maplebeck Ward,	14/12/2017
Ashbrook Ward,	15/12/2017
Assessment & Treatment Centre	26/02/2018

After each visit, the CQC provides a report and an action plan for the Trust to complete and return to a given deadline.

The Trust has fully complied with these requirements and has met all deadlines.

Details of CQC Mental Health Act unannounced visits are discussed in detail at Mental Health Legislation Committee.

## **1.5 Other CQC related activity**

In quarters three and four the Trust contributed to the Local Authority CQC system wide review. This involved interviews with a number of executive team members, a small number of staff and significant involvement in the planning of the CQC timetable and process.

The draft report has now been received (but is embargoed) and a CQC summit is planned for 24<sup>th</sup> May 2018, which will be attended by the Deputy Director of Quality improvement and the Deputy Director of Adult Physical Health and Children's Services.

Ongoing questions in relation to specific CQC enquires and Serious Incidents are over seen by the Deputy Director of Quality Improvement and is now supported by a regular booked telephone call to discuss each case.

## **1.6 CQC publications**

All publications are shared with relevant Directors and Deputy Directors. A significant number of recent publications relate to mental health services including:

- 'Driving Improvement' – a study of seven Trusts which have improved their ratings,
- 'Are we listening?' - a review of children's and young people's mental health services
- 'Mental health rehabilitation inpatient services'
- 'Monitoring the Mental Health Act in 2016/17' – an annual review of how health services in England apply the Mental Health Act

Also, as more CQC inspection reports are published, a process to review and learn from similar Trusts is being established.

## **1.7 CQC consultations**

There have a small number of CQC consultations in year that the Trust has contributed to with all submissions overseen by lead Directors.

## **1.8 New Governance arrangements**

- **Improving Quality Steering Group**

The Improving Quality Steering group meets each month and it is chaired by the

Deputy Director of Quality Improvement. The group is responsible for the delivery of the CQC action plan and related actions, as well as oversight of the routine CQC annual activity. The group consists of a range of members from clinical and corporate services and escalates any items of concern to Improving Quality Programme Board if required.

- **Improving Quality Programme Board**

The Improving Quality Programme Board is chaired by the Medical Director and reports formally to the Quality and Safety Committee. The Programme Board is responsible for oversight of all CQC related activities and the membership consists of Directors and Deputy Directors.

- **Quality and Safety Committee (QSC)**

QSC have reviewed their Terms of Reference to reflect their enhanced role in the relation to oversight of all CQC related activity. The committee also receives a paper at each meeting outlining the progress against specific CQC action plan actions allocated to committee.

- **Mental Health Legislation Committee (MHLC)**

MHLC receives a paper at each meeting outlining the progress against specific CQC action plan actions allocated to committee as well as a report on CQC MHA unannounced visits as outlined above.

## **1.9 CQC Self-assessment process**

For a number of years the Trust has completed a self-assessment against the CQC Key Lines of Enquiry (KLOEs).

Following a consultation, the CQC made some minor amendments to the KLOEs and, at the same time, the Trust reviewed this paper-based form of self-assessment and introduced a peer led review process in its place. This was carried out in the summer of 2017 prior to the CQC inspection. Feedback from staff who participated was positive and learning from this event will be considered at the Improving Quality Steering Group going forward.

## **2.0 Internal Audit**

An Internal Audit (reference BDCFT02/2018) found significant assurance for CQC compliance and the recommendations within the audit have all been completed and the audit signed off by the Improving Quality Programme Board.

## **Section 2 – Assurances in relation to the CQC Inspection Report and action plan**

### **2.1 CQC action plan**

The CQC action plan, containing the 51 must do's, has been reviewed by CCG commissioners and also discussed at Overview and Scrutiny Committee and has now been formally signed off by the CQC.

The action plan is discussed on a weekly basis with the Medical Director and lead Deputy Directors. On a monthly cycle progress against the action plan is reviewed by:

- Improving Quality Steering Group

- Improving Quality Programme Board
- Executive Management Team (EMT) – for review and challenge discussion before sign off of any completed actions

Specific actions are also reviewed at QSC and MHLC as detailed above. Routine papers are also tabled at Trust Board and Council of Governors

Since the original governance arrangements were produced, a minor amendment has been implemented so that the CQC action plan is now tabled at (EMT) on the first Tuesday of every month so that EMT can sign off actions that are completed in a more timely manner.

EMT has now also requested that the 43 ‘should do’s’, from the inspection report, are incorporated into the action plan and, rather than construct a 94-point plan the Deputy Director of Quality Improvement has been asked to convert the existing plan to one based across twenty-four themes which will capture all of the 94 actions without losing any of the work undertaken already.

## 2.2 Inspection Report

Since the publication of the CQC inspection report, the CQC ratings posters in all Trust owned buildings have been updated and the full Inspection report is available on the Trust website.

## 3.0 Risk Issues Identified

<b>Risk</b>	<b>Likelihood</b>	<b>Implication</b>	<b>Mitigation</b>
If regulatory standards are not met we may experience intervention from regulators (BAF risk 1973)	Possible	Reduced quality of services  Reduced confidence of service users and commissioner  Reputational damage	This paper details the processes in place to ensure that the trust remains compliant with CQC registration requirements.

## 4.0 Timescales/Milestones

This is an annual assurance paper to Trust Board.

The next detailed update of progress against the CQC action plan will be presented to the June 2018 Board meeting in public.