

BOARD MEETING

28th June 2018

Paper Title:	CQC Update Report
Section:	Public
Lead Director:	Medical Director
Paper Author:	Margaret Waugh, Deputy Director of Quality Improvement
Agenda Item:	10
Presented For:	Assurance
Paper Category:	Governance & Compliance

Executive Summary:

This paper details the actions taken and planned in response to the Trust's CQC inspection report published February 2018 and other ongoing quality workstreams.

The governance arrangements for all CQC related activity is now fully embedded and has been well received by the Quality and Safety Committee and Mental Health Legislation Committee.

Recommendations:

That the Board

- Agrees that the paper provides continued assurance that all CQC workstreams are being delivered as required
- Notes that the new CQC thematic action plan is now in place and progressing successfully

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	

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 Update Report – June 2018

1. CQC action plan – update

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.

This action plan was formally closed at the Improving Quality Programme Board in June and replaced by a new thematic action plan that combines the 51 must do's and the 43 should do's from our inspection report. The new thematic action plan is easier to understand for all staff and reduces some duplication of effort to complete.

Each of the 25 themes are allocated to a lead Director for executive oversight and also allocated for review at the relevant Committee. Lead Directors will ensure that any resources required to deliver actions are identified and prioritised.

Key actions progressed, since the last paper to Trust Board, include:

- The development of a centralised data base to report all types of supervision, with formal reporting to Business Unit Performance meetings, Improving Quality Steering Group and planned for Quality and Safety Committee at quarter 1
- A full review of mandatory and role-specific mandatory training, with formal reporting to Quality and Safety Committee, Mental Health Legislation Committee and Trust Board
- Additional training opportunities offered to staff to support new training requirements e.g. in Mental Health Act and Mental Capacity Act
- Expanded the mandatory sections for the recording of use of restrictive practices in the electronic incident management system, with formal reporting to Mental Health Legislation Committee.
- Completion of the external review of the Mental Health Legislation Committee.
- Completion of the actions required in relation to Fit and Proper Persons
- Identified policies updated to reflect 2015 revisions to the Mental Health Act Code of Practice

'Check in' review dates are included in the revised CQC action plan, to be agreed by the nominated operational staff and lead Directors. This ensures a timely review of progress, review of supporting evidence and an opportunity for site visits etc to ensure learning is

embedded. Some themes can be actioned quickly, with a short check-in date, such as business continuity plan upkeep, while other themes require some degree of cultural change and longer timescales, such as implementing the Trusts policy on Disclosure and Barring Service changes. A number of themes will also be supported by key events, such as the link to the move from Rio to SystmOne in July 2018. As such, whilst the completion of themes has not been formally prioritised, an ongoing assessment of progress, risk and evaluation by the lead Directors, Committees and EMT ensures robust oversight and governance.

All themes 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.

2. Communication and Involvement

To support the new CQC action plan, targeted communications have been sent to all staff via the weekly e-comms bulletin, detailing a specific theme each week and identifying the particular activity they can take to support delivery of the action, such as completion of the supervision database.

The 'Improving Quality Hub' on Connect, available to all staff, has been updated and screensavers are being sent out on a regular basis, to support the communication of key messages.

The CQC action plan is also discussed as part of EMT staff briefings.

3. Governance Arrangements

The reporting and governance arrangements for all CQC related activity and in particular the monitoring of progress against the CQC action plan is well embedded. 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 action plan and specific themes with a 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	Medical Director	To review and provide scrutiny of the action plan, note progress , resolve any escalations and provide assurance	3 rd week of month

Board		to Committees and Board	
Executive Management Team (EMT)	Medical Director	To provide oversight of the action plan on behalf of the Board.	4 th week of month
Quality and Safety Committee	S Butler (NED)	To seek specific assurance on progress and impact of specific themes in the action plan.	Every 6 weeks
Mental Health Legislation Committee	Z Hussain (NED)	To report assurances or escalate concerns to Trust Board	Quarterly (moving to every 6 weeks)
Finance, Business and Investment Committee	D Banks (NED)	The first of these CQC reports was tabled at Quality and Safety Committee on Friday, 23 March.	Every 6 weeks
Trust Board	Chair	To receive assurance	Quarterly

4. 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 with detail additionally provided to MHLC and QSC as part of the new reporting and governance arrangements.

The next routine quarterly CQC engagement meeting is planned for July and NHS Improvement will now also be attending this meeting.

Planning for routine bi-annual CQC staff forums in (July 2018) and routine in-patient forums (September 2018) is ongoing and the CQC are also invited to events run by the Trust, through the year

The Trust has also been successfully in obtaining a place on 'Moving to Good'.

'Moving to Good' is a free to join, NHS Improvement-led, national programme designed to support trusts to achieve a 'Good' or 'Outstanding' rating at their next CQC inspection. It is co-ordinated and delivered through regional teams. In 2018/19 ten trusts from the North, including BDCFT, are participating in the programme which will run until March 2019.

The launch event took place on 4th June and was attended by the Medical Director (executive lead), Director of Nursing, Deputy Director of Quality Improvement, Deputy Director of Acute & Community Mental Health Services, Head of Children's Services and Head of PMO.

Following presentations by two trusts who moved to 'Good', after participating in last year's programme (North Tees and Barnsley), each organisation worked to identify a small number of objectives. Ours are around improving our understanding of and use of data, adopting a formal QI methodology and taking our staff involvement to a whole new level.

We are expecting a half-day site visit from NHSI during July and, following on from this, will have a co-designed programme of support available, which could include:

- Expert-led, practically focussed workshops on specific topics
- On site specialist consultations on defined topics, including production of supporting documentation
- An opportunity to pair with and visit other trusts in the region
- Interactive learning and talks
- Dedicated regional programme team and access to ongoing support

5. Other CQC related activity

In recent months the Trust has 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.

A CQC summit meeting took place on 24th May, and was attended by the Deputy Director of Quality Improvement and the Deputy Director of Adult Physical Health. The final report was published on 25th May 2018 and whilst the report was very positive, there are still recommendations for consideration. The action panning phase of work has just commenced and the impact on BDCFT will be included in the next paper to Trust Board

<http://www.cqc.org.uk/news/releases/cqc-publishes-review-how-local-health-social-care-systems-work-together-bradford>

6. Implications

6.1 Legal and Constitutional

BDCT is currently compliant with all CQC registration regulations (2009).

The trust is not compliant with all regulated activities regulations (2014) as detailed in the inspection report and full delivery of the CQC action plan will contribute to compliance.

6.2 Resource

Resource and capacity to deliver the CQC annual workstreams is being reviewed by the Medical Director.

Costs to deliver the CQC action plan should be minimal apart from the two identified themes below, which will require additional funding:

- Implementation of a single unified approach to Quality Improvement
- Increased number of service accreditation schemes

6.3 Quality and Compliance

All workstream related to the CQC ensure high quality care and services. Delivery of the CQC action plan ensures the trust is fully compliant with CQC regulations and registration.

7. Monitoring and review

As set out in the governance arrangements, Committees and Directors will receive regular progress reports and Trust Board will receive a quarterly update report.

8. Timescales/Milestones

The next paper regarding the CQC action plan will be tabled at Trust Board in September 2018.