

BOARD MEETING

27 September 2018

Paper Title:	CQC Update Report
Section:	Public
Lead Director:	Medical Director
Paper Author:	Margaret Waugh, Deputy Director of Quality Improvement
Agenda Item:	9
Presented For:	Assurance
Paper Category:	Governance & Compliance

Executive Summary:

This paper details:

(i) Actions taken and planned in response to the Trust's CQC inspection report published February 2018 and other ongoing quality work streams.

(ii) Governance arrangements for all CQC-related activity.

Points of note in this paper include:

- Section 3 - progress to date with CQC action plan
- Section 4.4 - update on NHSI 'Moving to Good' Programme
- Section 4.7 - new CQC Insight Report
- Section 6 - planning for next inspection

Due to the retirement of the Deputy Director of Quality Improvement, all CQC-related work will be taken over by the Interim Head of Quality Governance on 1 October 2018.

Recommendations:

That the Board

- Agrees that the paper provides assurance that all CQC-related work streams are being delivered as required
- Agrees that the paper provides assurance that the CQC action plan is now embedded and progressing successfully

Governance/Audit Trail:

Meetings where this item has previously been discussed (<i>please mark with an X</i>):							
Audit Committee		Quality & Safety Committee		Remuneration Committee		Finance, Business & Investment Committee	
Executive Management Team		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: (<i>please mark those that apply with an X</i>):	
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: (<i>please mark those that apply with an X</i>):	
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 – September 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 initial action plan was formally closed at the Improving Quality Programme Board in June 2018 and was 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 by a relevant Committee. Lead Directors will ensure that any resources required to deliver actions are identified and prioritised. ‘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.

1.1 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:

Meeting title	Chair/Lead	Function	Frequency
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 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.	4 th week of month
Quality and Safety Committee	G Armitage (NED)	To seek specific assurance on progress and impact of specific themes in the action plan. To report assurances or escalate concerns to Trust Board; the first of these CQC reports was tabled at QSC Friday, 23 March.	6 weekly
Mental Health Legislation Committee	Z Hussain (NED)		Quarterly (6 weekly from November)
Finance, Business and Investment Committee	R Vincent (NED)		6 weekly
Trust Board	Chair	To receive assurance	Quarterly
Others	Various	The monthly finalised action plan is sent to the CQC and Internal Audit. CCG's and commissioners can request copy of the action plan as required Bradford District Metropolitan Council Overview and Scrutiny Committee have requested an update on the action plan and related work in October 2018.	Various

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 that staff can take to support delivery of the action, such as completion of the supervision database. This has also been supported by a range of specific screensavers.

The 'Improving Quality Hub' on Connect, available to all staff, has also been updated to support the communication of key messages.

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

3. Progress to date with the CQC action plan

The Trust anticipated that some themes within the action plan would be quickly completed, with a short check-in date, such as business continuity plan upkeep, while other themes required more significant change and longer timescales, such as implementing the Trust's policy on Disclosure and Barring Service changes.

Progress against a number of themes has also been supported by the recent move from Rio to SystemOne in July 2018.

As such, whilst strict target dates for the completion of themes were not set, an ongoing assessment of progress, risk and evaluation by the lead Directors, Committees and EMT ensures robust oversight and governance. Any delays or barriers are scrutinized by Improving Quality Programme Board and escalated via the Executive Management Team if necessary to ensure resolution.

As the action plan has now been in place for 6 months, a full progress update is reported for the position as at the end of August 2018. The summary position is as below, as discussed and agreed and the Improving Quality Programme Board in August 2018:

3.1 Themes progressing well and near completion:

Medication (Theme 15)

No outstanding medication related issues

Freedom to speak up (17)

Progressing positively with over 30 champions in the Trust.

Feedback on complaints (22)

Feedback and learning systems and processes confirmed via staff survey

Regular team meetings (23)

Process to track that meetings are taking place embedded and escalation process confirmed

Business Continuity plans for community (24)

All electronic BCP available on Connect with robust review process in place

3.2 Themes progressing well and ongoing

Staffing (Theme 1)

Safer Staffing initiative in Community services and remodeling currently underway across Acute Inpatient Services to support skill mix reflective of need. The Safer Staffing Steering Group meeting on a regular basis.

Personalised care plans (2)

Supported by the recent move to SystemOne

Care in general (3)

Ward Managers now have allocated daily time to review progress note entries, care plans and risk assessments.

Estates and 'risk' environment (4)

Work on the therapy kitchen and Waddiloves garden will be completed this month. Folders on each ward now contain all risk and health and safety reports.

Blanket restrictions & Restrictive interventions (7)

Significant work is ongoing with both blanket restrictions and use of restrictive practices

Quality and safety (5)

External review of the Mental Health Legislation Committee has been completed and recommendations implemented. The new QI methodology and approach has been confirmed by Trust Board in July 2018 and an external well led review will begin in autumn 2018.

Duty of Candour (6)

Work ongoing and internal audit underway

Safeguarding (9)

Currently above target for Safeguarding Adult training. In relation to staff considering Safeguarding in connection with service user on service user, this has now been included in training and reiterated during Quality & Safety meetings with a bespoke training session delivered to Ward Managers.

Mental Health Act/ Mental capacity Act (10)

All related policies have been updated and new templates in SystmOne support this theme.

Fit and proper (11)

New policy ratified and all relevant checks completed. Internal audit to take place in Q3.

Supervision (12)

Database in place with reporting established to team leaders and committees

Local audit & outcome measures (14 & 21)

Update provided to Quality and Safety Committee in relation to a Deep Dive into Local Ward Audits. Existing 'audits' were reviewed, and duplication removed thus providing a refined set of checklists. Some wards have additional requirements that are service area specific. Improvements are also supported by Clinical Managers dedicating 1 day per week to clinical practice and the Ward Daily Routine.

Accreditation (19)

A single list of all current clinical and non-clinical accreditation has been collated and a paper recommending next steps for accreditation has been tabled at Quality and Safety Committee in September 2018.

Protective and emergency equipment (20)

Community teams, such as District Nurses, have reviewed PEE requirements and a ward based audit on resuscitation equipment is planned.

Access to records/single record keeping (18)

Supported by the recent move to SystmOne.

3.3 Themes requiring additional support/scrutiny

Disclosure and Barring Service (8)

Whilst the DBS trajectory is on track for completion by December 2018 this must be rigorously monitored, and any concerns escalated accordingly.

Serious Incidents (16)

Currently the SI team not meeting the 12 week completion target for SI reports, partly due to capacity within the team and the recent increase in the number of SI's. Work is ongoing to complete outstanding SI reports and the extension of report timelines has been agreed with relevant commissioners.

Risk in risk registers(25)

A risk paper to Quality and Safety Committee in September 2018 notes the high number of risk registers with no live risks. This needs further consideration and a possible audit to ensure risks for services are entered into risk registers, which will be led by relevant Deputy Directors.

Mandatory Training (13)

Whilst mandatory training performance continues to increase, some trainers do not have the capacity to meet demand and the finding of suitable training venues continues to be a challenge. A new working group has been established to support/address training issues.

Themes identified above as needing additional support will be monitored closely by Executive Management Team.

4. Routine CQC activity

The Deputy Director of Quality Improvement leads the annual routine CQC work stream and this is now formally overseen at Improving Quality Programme Board with detail additionally provided to Mental Health Legislation Committee and Quality and Safety Committee as part of the new reporting and governance arrangements.

4.1 Reporting and governance

A routine reporting timeline is in place, including:

- CQC reports to each Quality and Safety Committee and Mental Health Legislation Committee.
- Quarterly paper to Trust Board - next paper December 2018

4.2 Quarterly engagement meeting

The Trust meets formally with the CQC 4 times a year. The quarter 4 CQC engagement meeting template was submitted by the Trust as per the agreed timeline.

The quarter 1 timeline is as follows:

CQC engagement meeting template submission	Tuesday 7 August 2018
CQC engagement meeting	Friday 28 th September 2018

NHSI also attend the CQC engagement meetings and the September 2018 meeting will include a focus on equality and diversity.

4.3 Events

The CQC have been invited to attend:

- TWIG – 7th November
- An Adult Physical Health business unit celebration event in October 2018
- Mortality and Duty of Candour Review Group – 31st October
- 2 events with student learners arranged by the Nursing Development Team in November 2018

Following a successful site visit to CAMHS on 9 July 2018, the CQC would also like to arrange a site visit before the Mortality Review Group meeting and this is planned to take place on Thornton Ward.

4.4 Moving to Good, with NHSI

Following the launch of the NHSI 'Moving to Good' Programme on 4th June, a successful site visit has been undertaken by NHSI on 16th July. Supporting this programme, the Trust has identified 3 key areas to progress:

Objectives:		Support offer from NHS Improvement:
1	Review & where required improve how we collate, analyse and use data to improve quality	<ul style="list-style-type: none"> • Use of SPC and measurement for improvement masterclass • Pairing offer with Northumberland, Tyne and Wear (review of their approach to data collation and reporting)
2	Introduce a formal QI methodology	<ul style="list-style-type: none"> • Offer of one/ two days consultancy around the new QI Strategy • Offer of Board QI support
3	Using a variety of tools, drive meaningful improvements in staff engagement so that staff feel valued, included & listened to	<ul style="list-style-type: none"> • Staff engagement workshop • One/ two days consultancy on multi-site staff engagement

Key staff are planning to attend joint learning sessions offered by NHSI on;

- staff engagement in September 2018
- organisational culture on 4th October.

4.5 CQC Mental Health Act Unannounced Visits

The last CQC Mental Health Act unannounced visit was to the following ward:

Ward	Date of visit
Oakburn Ward	25/07/18

After each Mental Health Act unannounced visit, the CQC provides a report and a template for the Trust to complete and return to a given deadline. The Trust has fully complied with these requirements and met all deadlines.

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

4.6 Other CQC related activity

Formal notification has been sent to the CQC confirming the recent changes to the Chief Executive role.

Ongoing questions in relation to specific CQC enquires and Serious Incidents are over seen by the Deputy Director of Quality Improvement.

Leeds and York Partnership Trust (LYPT) moved all their inpatients out of the ITC in August 2018, the CQC have been informed and LYPT are in the process of de-registration of the ward.

Planning for routine in-patient CQC forums is complete (week beginning 24th September 2018).

Planning for routine bi-annual CQC staff forums is ongoing (week beginning 8th October 2018)

4.7 CQC publications - Insight Reports

The CQC announced that community and mental health insight reports (data intelligence) would be published in late July 2018.

The 68-page report for BDCFT contained information known to the Trust, sourced from national agencies and programmes such as NHS Digital and the annual staff survey. The report was shared with key trust staff and a number of BDCFT staff joined in the CQC webinar on 22 August to understand the rationale behind the insight reports, data sources and potential use of the report. Slides from the webinar will be published by the CQC in due course and will be made available as required.

It is understood that the report will be published every 2 months and it is helpful to see all the information about the Trust contained in one single report. The insight report will be discussed at the ¼ engagement meetings with the CQC and so prior

review and analysis of any outlying performance will be led by the Deputy Director of Quality Improvement.

4.8 Update from Improving Quality Steering group

The following items were discussed at the meeting on 17 Aug 2018 and escalated to Improving Care Programme Board:

- Steady progress being made in the recording of supervision
- Improvement made by the estates team in relation to CQC action plan requirements
- An update from the Freedom to Speak Up guardian

The group also reviewed its annual workplan and added in more updates on themes related to the CQC action plan and other quality initiatives in the trust.

4.9 Update from the Improving Quality Programme Board

The Improving Quality Programme Board took place on 20 August 2018 and

- Thoroughly reviewed the content of the themed CQC action plan

5. Update on Well Led review

The Trust is procuring an external consultancy firm to undertake a well-led review of the Trust in Q3/4. All Board members are currently completing a series of self-evaluation questionnaires against the well-led review framework and a paper will be presented to the Board in October in preparation for the external review.

6. Activity related to preparedness for Inspection

The PIR (Provider Information Return) that the CQC requires each provider to supply pre-inspection has been refreshed and national publication is still awaited. Once this is available, scoping and planning work will commence to begin population of a revised PIR for the Trust, as it is a significant undertaking in terms of time and requirements.

As requested by the CQC, a full list of all the sites and services provided by the Trust was formally provided in August 2018.

Since the last report to Trust Board, the CQC have published several inspection reports on local Trusts and combined Community and Mental Health Trusts, such as;

- South West Yorkshire Foundation Trust inspection report (requires improvement)
- Bradford Teaching Hospitals Foundation Trust inspection report (requires improvement)

Summary 'must do's /should do's' reports for each inspection have been circulated to key staff to support learning.

The CQC publish a number of 'guides' that support understanding of the inspection process and focus, such as brief guides and inspection frameworks and these are to be discussed in detail at the next Improving Quality Programme Board with regard to agreeing any pre-work in relation to the next inspection.

7. Other related actions

Due to the retirement of the Deputy Director of Quality Improvement, all future CQC activity will be undertaken by the replacement 'Interim Head of Quality Governance'. An updated position statement for all CQC activity is included in appendix 1.

Several celebration events are planned to showcase good and outstanding quality care and services in the next few months and the promotion of learning and good practice has also been supported by recent improvements to the trust wide learning hub on connect.

8. Summary

This paper details

- Continued good progress with ongoing annual routine CQC activity
- Good progress with the CQC action plan, with additional support/scrutiny in place where required
- Initial activity to prepare for the next inspection including an external well led review.
- Overarching governance and monitoring arrangement for all CQC related activity

9. Implications

9.1 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.

9.2 Resource

Resource and capacity to deliver the CQC annual work streams 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

9.3 Quality and Compliance

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

10. 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.

11. Timescales/Milestones

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

Appendix 2 - CQC summary position as at September 2018

Annual ongoing activity

Item	Status
¼ template for CQC	Ongoing – next submission November 2018
¼ engagement meetings	Ongoing – next meeting 28 th September 2018
Site visits/Invitation to events	Numerous and proactive invitations being sent to the CQC
Monthly phone call	Now booked with Interim Head of Quality Governance
Serious Incident liaison	Ongoing – monthly update process in place
Complaints via CQC call center	Ongoing with BDCFT complaints team
Concerns via CQC call center	Ongoing with BDCFT raising concerns team
Staff forums	Planned for week of 8 th October – staff to book places to attend
In patient forums	Ready for week on 25th September 2018
Registration	UpToDate
Notifications	Guidance reviewed and to be re-issued to key staff and included in the on-call folder
Consultations	Pro-active contributions to consultations if relevant
Publications	Pro-active review of CQC website to identify and distribute any relevant publications e.g. recent report on QI
CQC online communities	Member of this forum
CQC newsletter	Received monthly and items of note distributed to key staff
CQC portal	Review of staff able to access CQC portal underway
Insight model	First BDCFT version received, Improving Quality Programme Board to approve oversight and management processes.
Contract changes	Process established to update CQC if there are any contract/service changes e.g. loss of contract/winning of tender, to ensure all CQC related requirements are undertaken e.g. review of registration
General queries	Ongoing management of ad hoc CQC enquires
General good news	Good news items sent to CQC
Regulation 28	Discussed with CQC and next steps agreed
Staff communications	Current staff comms in place and Chief Executive recent blog – next steps to be agreed
Moving to good	Ongoing with NHSI
Annual MH community survey	Planned publication in autumn 2018 (data will also be included in Insight Report)
CQC MH unannounced visits	Ongoing – none at present

Improving Quality Steering Group (IQSG)	Ongoing workplan includes safeguarding update and R&D presentation
Improving Quality Programme Board (IQPB)	To review Insight Report and supporting documentation for future inspections
Improving Quality hub on Connect	Ongoing upkeep
Well led external review	Planned for Autumn 2018, working with Director of Corporate Affairs as required
Links with NHSI	Ongoing – NHSI invited to IQSG and IQPB
Update CCG/commissioners	Ongoing – links via CCG quality team and regular agenda item at CCG Quality and Performance Group
Papers to QSC	Ongoing each meeting
Papers to MHLC	Ongoing each meeting
Papers to Trust Board	Next paper due in December 2018
Papers to BDMC Overview and Scrutiny Committee	Next paper due in October 2018
Annual assurance paper to trust board	Next paper due in May 2019

Inspection related activity

Item	Status
CQC action plan	Ongoing – monthly reporting and oversight at EMT
Mock inspections/self-assessment	Plan to learn from last year self/peer assessment process and agree next steps
Learning from other inspection reports	Details sent to key staff, need to review impact/related actions
Provider inspection report (PIR)	New version now published and review underway, to report to Medical Director
Brief guides	To discuss at IQPB
Regulation breaches	To review all regulation breaches detailed in inspection report and review all actions taken to ensure compliance
Freedom To speak up Guardian	In Correspondence to meet with CQC in Freedom To speak up month (October 2018)
Pharmacy meeting	Will be planned as part of CQC well led interviews
Sites and services list	Updated and provided to the CQC in August 2018
Inspection frameworks	To discuss at IQPB
Additional Data Requests	This is part of inspection, process in place
Live Planning for core services inspections	This is part of inspection, joint working with CQC during inspection
Live planning for CQC well led interviews	This is part of inspection, joint working with CQC during inspection
Live planning feedback	This is part of inspection, joint working with CQC during inspection
Pre and live	This is part of inspection, before and during

communications to staff	inspection
Factual Accuracy Checking	Occurs once draft Inspection report is received
Publication activity	Occurs once Trust is notified of publication date of final inspection report

Other related CQC/regulator inspections

Item	Status
Bradford LA over 65's system wide review	Actions embedded into local health and social care governance arrangements, with key BDCFT staff at related meetings.
LA Children's services review	Underway, BDCFT contributing as required.