

## TRUST BOARD MEETING

30 May 2019

|                 |  |
|-----------------|--|
| Paper Title:    | Annual CQC Activity Assurance Report                   |
| Lead Director:  | Debra Gilderdale, Director of Nursing and Professions  |
| Paper Author:   | Louise Hussain, Interim Head of Quality and Governance |
| Agenda Item:    | <b>14</b>  |
| Presented For:  | Assurance  |
| Paper Category: | Quality  |

### Executive Summary:

The purpose of this paper is to inform Trust Board of CQC-related activity in 2018/19. Section 1 details the routine CQC activity through this period, Section 2 provides an update on the latest CQC inspection and Section 3 details the governance arrangements on the CQC.

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 section 2.2 below.

### Recommendations:

That the Board

- Agrees the report provides an accurate summary of 2018/19 CQC-related activity as well as assurance that robust systems and processes exist to respond to all findings and recommendations

**Governance/Audit Trail:**

| <b>Meetings where this item has previously been discussed (please mark with an X):</b> |  |                                       |  |                                    |   |
|--|--|---------------------------------------|--|------------------------------------|---|
| <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>   |  | <b>Directors</b>                      |  | <b>Chair of Committee Meetings</b> | <b>Mental Health Legislation Committee</b>          |
| <b>Council of Governors</b>  |  |                                       |  |                                    |   |

| <b>This report supports the achievement of the following strategic aims of the Trust:</b><br>(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   |   |

| <b>This report supports the achievement of the following Regulatory Requirements:</b><br>(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>  |   |

| <b>Equality Impact Assessment :</b> |
|-------------------------------------|
| N/A                                 |

| <b>Freedom of Information:</b>   |
|--|
| <p><b>Publication Under Freedom of Information Act</b></p> <ul style="list-style-type: none"> <li>This paper has been made available under the Freedom of Information Act</li> </ul> |

## **CQC Update Report – May 2019**

### **1. Background and Context**

#### **Routine CQC Activity**

There are a number of CQC-related activities throughout the year. These are detailed below.

#### **Insight Reports**

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

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 reports are shared and are published every 2 months. The insight reports are discussed at the quarterly engagement meetings with the CQC. Prior review and analysis of any outlying performance is led by the Interim Head of Quality Governance and Compliance Monitoring Group.

#### **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 content of the submission and to discuss any other topics of mutual interest.

#### **Events**

The CQC have attended various Trust events in year, notably:

- Nursing Celebration Event
- The CLEAR research and development study day
- SystemOne care record demonstration
- Site visit to CAMHS
- Mortality Review Group
- Adult Physical Health celebration event
- Trust Wide Involvement Group (TWIG)
- Thornton Ward
- In-patient walkabout with the Safeguarding Lead
- Meeting with Student Learners

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

## **CQC Mental Health Act Unannounced Visits**

The CQC undertook unannounced Mental Health Act visits in 2018/19 as follows:

| Ward          | Date of visit |
|---------------|---------------|
| Oakburn Ward  | 25/07/2018    |
| Heather Ward  | 22/10/2018    |
| Fern Ward     | 26/11/2018    |
| DAU           | 22/01/2019    |
| Thornton Ward | 28/01/2019    |
| Clover Ward   | 29/01/2019    |

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

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

### **Other CQC-related Activity**

The collaborative action plan, led by the CQC in relation to the Children Looked After and Safeguarding CQC system wide review, has now been sent to the Bradford Wellbeing Board for approval. Ongoing collaboration and partnership working is required to support the delivery of the action plan.

Ongoing questions in relation to specific CQC enquires and Serious Incidents are overseen by the Interim Head of Quality Governance and is now supported by a regular booked telephone call to discuss each case.

### **CQC Consultations**

The Trust has been asked by the CQC to submit information for their Thematic Review of restraint, seclusion and segregation data. The outcome of the review has not yet been published.

### **CQC Self-assessment Process**

The Trust commenced 'Peer Reviews' in January 2019. These were undertaken by staff external to the team and based upon the Key Lines of Enquiry (KLOE). Teams found this helpful to address issues locally. It has been acknowledged that undertaking Quality Reviews, in line with the CQC KLOE's is helpful but often undertaken in preparation of an inspection. In 2019/20 a programme will be rolled out for a more systematic review of areas that is rolled out throughout the year and is used to support Quality Improvement.

In addition to this teams were provided with a 'self-assessment' which teams were able to consider in meetings. Feedback from teams was this document was helpful in preparation for the CQC.

## NHSI Moving to Good Programme

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

| Objectives  | Support offer from NHS Improvement  | Trust Progress   |
|---|---|--|
| 1 Review & where required improve how we collate, analyse and use data to improve quality                                       | <ul style="list-style-type: none"> <li>• Use of SPC and measurement for improvement masterclass (TBC with Susan Ince)</li> <li>• Pairing offer with Northumberland, Tyne and Wear (review of their approach to data collation and reporting)</li> </ul> | <p>Continued use of SPC charts for incident reporting and improvement projects (criteria led discharge).</p> <p>Piloted use of SPC approach for selected national/ contractual indicators (IAPT access, IAPT recovery rate, EIP)</p> <p>Planned for staff to attend Master classes</p> <ul style="list-style-type: none"> <li>•</li> </ul> |
| 2 Introduce a formal QI methodology   | <ul style="list-style-type: none"> <li>• Offer of one/ two days consultancy around the new QI Strategy</li> <li>• Offer of Board QI support</li> </ul>  | <p>QI methodology has been agreed and the Head of Kaizen appointed.</p>  |
| 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"> <li>• Staff engagement workshop</li> <li>• One/ two days consultancy on multi-site staff engagement</li> </ul>   | <p>Currently using crowdsourcing approach to engagement</p>  |

Following a competitive process, BDCFT was accepted onto the 'Moving to Good' programme run by NHS Improvement. This programme is nationally-led and regionally focussed and we are one of ten trusts in the north region to be accepted.

Moving to Good is designed to support trusts to achieve a 'Good' rating at their next CQC inspection and, over a period of nine months, features a mix of expert-led, practically focussed workshops on specific topics, on-site specialist consultations on defined topics, an opportunity to pair with and visit other trusts in the region, interactive learning and talks plus a dedicated regional programme team and access to ongoing support.

One benefit of this programme has been our 'buddying' with Newcastle, Tyne & Wear FT (an outstanding trust). A small team spent a day at NTW learning about their approach to service development and continuous improvement.

They have been on a 12-year journey of radical redesign and were able to showcase some truly inspiring practice. Much of what they have achieved is based around the elimination of non-value adding activities and this will be the focus of our own Quality Improvement system going forwards.

## CQC Inspection 2019

### **Inspections**

On 26 February 2019 the Core Inspections commenced. They took place in the following services:

- Older Persons Community Mental Health Team
- Forensic In-patient
- Acute In-patients
- Crisis Services
- Older Persons In-patient Services
- 0-19 Services
- End of life services

The Well-led part of the inspection took place on 9 & 10 April. During this part of the inspection, all the Executive Directors were seen and Non-Executive's with responsibility for chairing Quality and Safety, Mental Health Legislation Committee and Audit Committee. The CQC also met with the Trust's Chair and Governors.

The CQC also met/spoke with

- Equality & Diversity Lead
- Serious Incident Lead
- Complaints Manager
- Staff side representatives
- Staff networks representatives
- Chief Pharmacist
- MHA office

### **Warning Letter**

The Care Quality Commission has taken enforcement action against Bradford District Care NHS Foundation Trust. The Trust received a Section 29a Warning Notice on 28 March 2019. This notified us of concerns about the quality of care for the Regulated Activities we provide for the Assessment or Treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury.

Following receipt of the warning notice the Trust commenced a significant and immediate Executive-led response. During the week commencing 1st April around 100 clinical and corporate staff members were engaged in a 5-day Rapid Improvement Workshop. This utilised approaches from our newly introduced Quality Improvement System. We sought support from NHSI, local Trusts, social care representatives, and local CCG colleagues, to establish and progress workstreams focussed on area of concern.

A joint Quality and Safety/Mental Health Legislation Committee meeting took place on 16 April to review the draft response and action plan.

This was presented to Trust Board 25 April 2019 for submission to the CQC on 26 April 2019. The Trust has submitted evidence of the improvements to the CQC and will continue to do so.

### Assurances in Relation to the CQC 2017 Action Plan

Since the original CQC action was produced in February 2018 produced, there have been changes to the action plan format, this was revised to a thematic action plan in June 2018 and progress was monitored through the Improving Quality Steering Group.

A full review of the action plan has taken place in response to CQC inspections, including the recent feedback from core inspections and the warning letter.

### Governance Arrangements

The CQC action plan has been reported to Quality and Safety Committee and Trust Board quarterly. The Quality and Safety Committee will continue to maintain oversight of CQC related activity. The Mental Health Legislation Committee also received a paper on the CQC related activity that is specific to the Mental Health Acts and related regulated activity.

In 2019/20 the Director of Nursing and Professions will hold a weekly review of progress on CQC actions. To support the monitoring of the CQC action plan, and compliance with regulations, a 'Compliance Group' has been established. They will have a clear focus on monitoring progress and escalating exceptions to the relevant Committee. The first meeting took place in April 2019.

A Patient Safety and Learning group has also been established. This group will have a focus on organisational learning, highlighting themes and trends and recommending actions to address issues.

The Director and Deputy Director of Nursing and Professions and Interim Head of Quality Governance have met and reviewed all outstanding actions from the CQC 2018 action plan. Any outstanding actions will be transferred to one overarching action plan on receipt of the Well Led and Core Inspection report. NHSI have offered support in developing an action plan in response to the 2019 report once received.

## **2. Implications**

### **2.1 Legal and Constitutional**

None

### **2.2 Resource**

None

### **2.3 Quality and Compliance**

This paper provides oversight on meeting CQC regulations.

### 3. Risk Issues Identified

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

### 4. Communication and Involvement

None

### 5. Monitoring and review

CQC activity will be reported to each Quality and Safety Committee and Mental Health Legislation Committee. Trust Board will receive quarterly updates unless otherwise requested.

### 6. Timescales/Milestones

This is an annual assurance paper to Trust Board. CQC updates are presented at every Quality and Safety Committee and Mental health Legislation Committee.