Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	27 November 2019	
Agenda Item:	P1/207/19	
Title:	Improvement and Assurance Plan – CQC	
Report prepared by:	Gill Murphy, Associate Director for Improvement	
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality	
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Monthly paper which is presented through IGC, Quality Committee and Board
Date & Decision:	IGC: 4 November 2019 – Noted Quality Committee - Noted

Purpose of the Paper/Key Points for Discussion:	The committee is asked to note the progress made against implementation of regulatory actions and recommendations made by the CQC following the publication of their report on 16th April 2019. The aim is to deliver the changes required to address the issues raised by the CQC during the unannounced inspection in December 2018 and 'well-led' review in January 2019. Specifically four regulatory actions requiring immediate action, 14 'must do' actions and 19 'should do' actions. The trust submitted a detailed report to CQC on 10th May 2019, identifying the immediate actions taken in response to the four regulatory actions. Regular engagement meetings continue with the CQC. Progress continues on the implementation of the improvement plan with **1 Must do and 4 should do actions off track with recovery plan in place to deliver.** At the weekly meeting on 6th July 2019, the DON and members agreed for the meetings to revert to monthly as such good progress has been made. This update follows the meeting which took place on 25th October 2019.

Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	

The paper links to the following strategic priorities (please tick)

Deliver **outstanding care locally**	X	Collaborative system **leadership** to **deliver better** patient **care**	X
Retain and **develop outstanding staff**	X	Be **enterprising**	
Invest in **research & innovation** to deliver **excellent** patient **care** in the future		Maintain **excellent** quality, operational and financial **performance**	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

Progress Update Report

November 2019

Introduction.
The CQC inspect and regulate healthcare service providers in England. Their aim is to get to the heart of patients' experience of care and treatment and they ask all providers the same five questions: are services safe, effective, caring, responsive to peoples' needs and well-led?

The CQC completed an unannounced visit in December 2018 and a 'well led' review in January 2019. The CQC published their final report on 16th April 2019, rating the trust overall as **GOOD.**

This was a change in the rating which was previously outstanding in 2016.
This rating was determined by a number of breaches in legal requirements which meant that the Trust was rated as requires improvement in the well led domain, with an overall Trust rating of Good.

Findings
The CQC inspected three of the acute services provided by the trust as part of its continual checks on the safety and quality of healthcare services. They also inspected the well led key question for the trust overall.

Their comprehensive findings described in their report published in April 2019, identified:

Four regulatory requirement notices:
Regulation 5 HSCA (RA) Regulations 2014 – Fit and proper persons: Directors
Regulation 17 HSCA (RA) Regulations 2014 – Good Governance
Regulation 18 HSCA (RA) Regulations 2014 – Staffing (BLS / ILS training)
Regulation 12 HSCA (RA) Regulations 2014 – Safe Care and Treatment
                                                                    (ID / safety checks)

14 'must do' actions:
         8 – Trust wide
         4 – Medicine services
         2 – Diagnostic services

19 'should do' actions:
         12 – Trust wide
          2 – Medicine services
          4 – Diagnostic services
          1 – Outpatient services

As stipulated by the CQC the trust submitted a detailed report on the immediate actions taken in response of the four breeches of regulations on 10th May 2019. No formal feedback has yet been received but an engagement meeting with the CQC took place on 25th June and positive feedback received. A further engagement meeting is planned 7th October 2019 to discuss the trust improvement plan and present evidence to support compliance to Regulation 18 HSCA (RA) Regulations 2014 – Staffing (BLS / ILS training)

Improvement plan
Following initial feedback from the CQC, following their visits in December 2018 and January 2019 and to support the implementation of the recommendations described in

the final CQC report, the trust invested in a project manager to provide expert project management knowledge and skills and support the development of an improvement plan.

A detailed Project Initiation Document (PID) is in place together with a detailed SMART action plan, monitored through a monthly meeting chaired by the executive lead. This plan is accessible, on a shared drive, by all leads

Further to this a Standard Operational Procedure (SOP) has been developed – *Management of Improvement Plan(s) Following Regulatory Visit(s)* to further support staff, strengthen systems and processes and maintain good governance and assurance.

Progress to date

All actions to regain compliance relating to the four regulatory requirement notices have been completed. Audit plans are in place to ensure improvements have been embedded and will be reported through the Audit Committee.

Table 1 Status of 'must' and 'should' do actions (25th October 2019)

	Compromised / significantly off track	Experiencing problems/ off track but recoverable	On track	Completed
Regulatory Actions* (4)	-	-	-	4
Must do actions (14)	-	1↑	1 ↓	12↑
Should do actions (19)	-	4↓		15 ↑

*Please note the regulatory actions were a composite of all actions overall

Table 2 Summary of 'off track' actions and recovery plans.

Action	Must or Should do	Recovery plan
Staff competencies: The Trust must ensure all staff have relevant competencies allocated to them and an effective system to monitor them. Regulations 17 &18 Identify total time required to complete role-essential training per employee (medical staff)	Must do	This has now been completed for mandatory training. The work to determine timeframe for role essential training continues and is expected to be completed by end November 2019
Governance: The Trust should ensure that it implements a revised governance structure. Regulation 17 Develop education plan for staff	Should do	Education pack in development with plans to launch December 2019

Radiation regulations: The service should continue to increase awareness and understanding of the application of relevant radiation regulations. Develop audit to assess understanding	Should do	Internal audits have taken plac on 15th and 24th October 2019. No issues were identified which require escalation, some minor concerns but in the main evidence of good practice and a safety culture was observed. A review by an external colleague is still planned before the end of 2019.
Staff training: The Trust should consider how it can enable all staff to access training and development opportunities. Regulation 18 Review process for staff access to training and development opportunities Training needs analysis	Should do	TNA (data pulled from E-PDR system) has now been completed, for role out 8th November 2019. The Trust is launching its apprenticeship strategy in January 2020, to ensure the Trust is fully utilizing its apprenticeship levy as a pathway for staff development and will be launching a training prospectus in January 2020. A Leadership at all Levels Development Framework is currently in Development and will go live in April 2020
Development opportunities: The Trust should consider developing a documented talent map or succession plan. Develop documented talent map/succession plan	Should do	This is a project as part of the newly appointed Head of Learning and OD who commenced in post in September 2019. It is expected to be completed end of 19/20.

Assurance

Internal assurance is provided through the relevant sub-committee to the board and their individual sub groups. All actions have the relevant executive lead to support implementation and following completion a formal 'sign off' process is in place. Formal audits are planned to support actions / changes in practice being embedded. To date 27 formal 'sign off' meetings have taken place with action leads to formally close completed actions as required evidence was presented and approved.

External assurance is provided by commissioners through formal reporting at the 'Quality Focus' – monthly contract review meetings.
MIAA have been engaged to complete formal audit of out approach to implementing CQC reommendations. This is planned throughout November 2019. An engagement visit with CQC was planned for 9th September, rearranged for 7th October 2019 but has again been rearranged by CQC on 12th November 2019. This report, following receipt by the board at the end of November, will be shared with commissioners, CQC engagement lead and our NHSI quality lead.

Planning for future regulatory visits
It is expected that the CQC will visit within the next few months to conduct a well led visit.

The associate director for improvement is working with teams to ensure 'we are ready every day and any day' to accept any regulatory body.

It is expected that a provider information return (PIR) will be requested by the CQC prior to the visit. The clinical teams are in the process of collating this data a part of their business as usual, feeding through meetings structures to provide assurance in accuracy. The CQC will as a matter of course want to see evidence to support change in practice following implementation of their recommendations following their visit in December 2018, and January 2019.

Any concerns in providing data will be escalated accordingly through committee structures with executive oversight for their specific action areas.

CQC Monthly Insight Report
On a monthly basis the CQC release a report - *CQC Insight for Acute NHS Trusts.* CQC Insight is a tool that brings together and analyses the information the CQC hold about CCC.

It uses indicators that monitor potential changes to the quality of care that we provide. CQC Insight supports the CQC to decide what, where and when to inspect and provide analysis to support the evidence in their inspection reports.

What CQC Insight reports demonstrate:

- contextual and descriptive information about providers
- current and historic ratings
- an indication of performance, including comparison with similar registered services, changes over time, and whether latest performance has improved, deteriorated or is about the same as a previous equivalent period.

Sources of information

CQC Insight analyses information from a range of sources, which is tailored to each sector or type of service. For example, CQC Insight presents findings from relevant national clinical audits and where possible, presents analysis relating to services and key lines of enquiry (KLOEs).

When new data becomes available, the CQC refresh Insight as soon as possible.

The content of CQC Insight focuses on existing data collections. However, the CQC continue to develop indicators and look at ways to improve how to use qualitative information, including what patients tell us about a service. In time, the CQC plan to include indicators using information they collect directly from services through provider information requests (PIR).

The CCC insight report released on 12th October 2019 has been circulated to members of IGC.
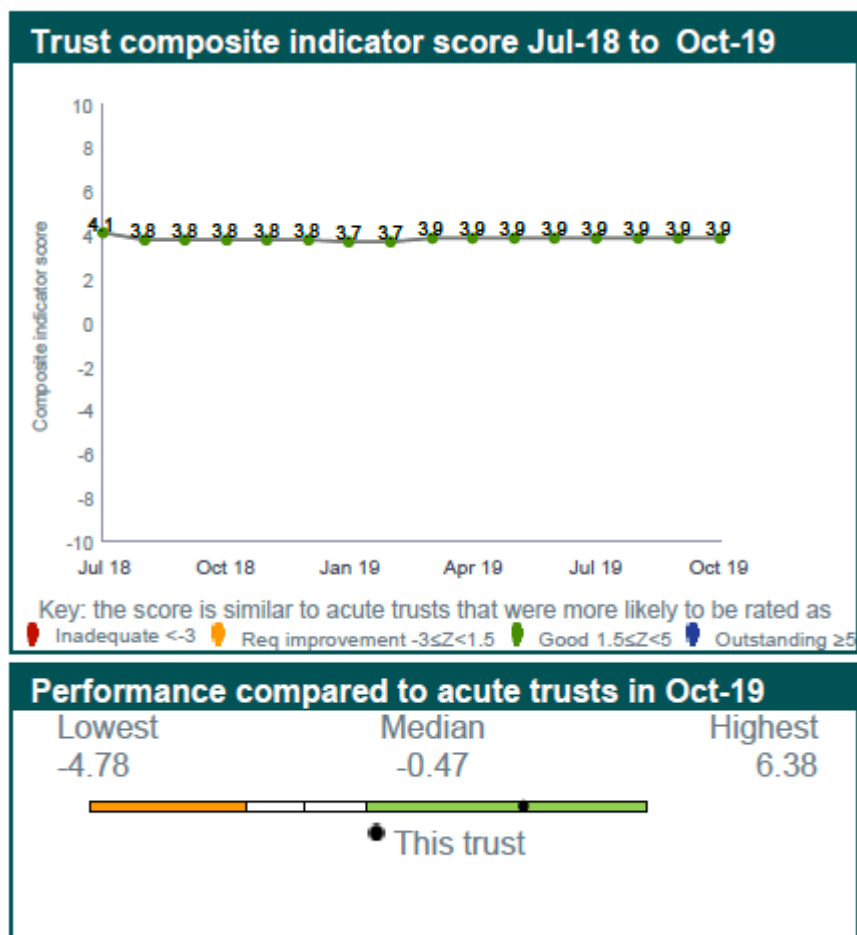
Summary of October 2019 Insight report
The report is presented in four sections, with each section reported by the service category provided:

- Facts, figures and ratings
- Trust and core service analysis

- Featured data sources
- Definitions

Each month, the report identifies which indicators, data analysis has changed / updated and gives an overview, position statement in the form of composite indicator score.

Table 3. CCC composite indicator score July 18 – Oct 19

The current composite indicator score is similar to other acute trusts that are likely to be rated good.

Of the 64 trust wide indicators, 5 (8%) are catagorised as much better, 17 (27%) as better.

49 indicators have been compared to data from 12 months previous, of which 11 (22 %) have shown an improvement and 1 (2%) has shown a decline

Much better compared nationally

- Ratio of occupied beds to other clinical staff
- Ratio of consultant to non-consultant doctors
- Safe Environment - Violence
- Sick days due to back problems (%)
- Ratio of occupied beds to nursing staff

Improved – compared nationally

- Digital maturity capabilities score (%)
- Flu vaccination uptake (%)
- Patient-led assessment of privacy, dignity, and well being (%)
- Digital maturity infrastructure score (%)
- Digital maturity readiness score (%)
- Patient-led assessment of environment for dementia care (%)
- Ratio of occupied beds to nursing staff
- Inpatient response rate (%)
- Stability of Nursing and Midwifery staff
- Quality of appraisals
- Ward staff who are registered nurses (%)

Declined – compared nationally

- Ratio of delayed transfers and number of occupied beds