NHS
The Clatterbridge
Cancer Centre
NHS Foundation Trust

Report Cover Sheet

Report to:	Board of Directors
Date of the Meeting:	29th January 2020
Agenda Item:	P1-010-20
Title:	Improvement and Assurance Plan – CQC
Report prepared by:	Gill Murphy, Associate Director for Improvement
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality (DON&Q)
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Monthly paper which was presented through IGC , TEC and Quality committee
Date & Decision:	IGC 7.1.20 TEG 13.1.20 QC 23.01.20

Purpose of the Paper/Key Points for Discussion:	The board 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. An engagement meeting with the CQC took place on 12th November to discuss the trust improvement plan. Positive feedback was received.

The next engagement meeting is planned for March 20 and will take place in CCC-L.
The CQC will be attending to complete a service review in radiation services on 24th February and Chemotherapy services on 25th February 2020.

Progress continues on the implementation of the improvement plan with **1 Must do and 5 should do actions off track with recovery plan in place to deliver.**

At the weekly meeting on 6th July 2019, the DON&Q and members agreed for the meetings to revert to monthly as such good progress has been made. This update follows a review which took place on 20th December 2019. |

| | We have been informed by the CQC that they plan to visit, unannounced, the Clatterbridge Private Clinic (CPC) during the next 3 months. In preparation for this visit the CPC have to submit by 28th January 2020 the Provider Information Request (PIR).

MIAA have completed a formal audit of the approach taken to implementing CQC recommendations. The report was received in January and has been presented through quality committee in full, with a summary to Audit committee. MIAA rated the review as substantial assurance. There are 2 minor actions, both with plans in place to delivery by end Feb 2020. |
|---|---|

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

	YES	NO
Are there concerns that the policy/service could have an adverse impact on:		
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.

CCC Improvement plan following regulatory visit and published CQC report April 2019

Progress Update Report

December 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.

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 (20th December 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)	-	5 ↑		14 ↓

*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 and all Role Essential Training (with the exception of Medical staff requirements). Role essential training has now been assigned in ESR and reporting, as part of the Trust's dashboards, will commence from January 2020. Staff will be given a 3 month period (January - 31st Match 2020) to meet the new requirements. Medical staff requirements are going to January's Education Governance Group for approval and then will be assigned to ESR by mid-February 2020

Governance: The Trust should ensure that it implements a revised governance structure. Regulation 17 Develop education plan for staff	Should do	Education pack developed and training dates will commence 3rd week Jan 2020. This is being shared with staff through education newsletter in Jan 2020.
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	A review by an external colleague is planned to take place on 21st & 22nd January 2020. The CQC are also completing a planned service review in February 20 for the team to demonstrate improvements made following the report in April 19
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 and rolled 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	Agreed at WOD committee in September that this action is for delivery as part of year 2 of the Workforce Strategy (20/21)
Equality & Diversity: The Trust should continue to work on equality and diversity including oversight of their workforce demographic.	Should do	The Equality, Diversity and Inclusion strategy is going to WOD committee in January 20 for approval.

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 completed a formal audit of the approach taken to implementing CQC recommendations. The report was received in January and has been presented through quality committee in full, with a summary to Audit committee. MIAA rated the review as substantial assurance. There are 2 minor actions, both with plans in place to delivery by end Feb 2020.

An engagement visit with CQC took place on 12th November 2019 to provide an update on our progress. The presentation, delivered to the CCG to support improvement in mandatory training was shared and a presentation on CCC Liverpool – progress to date was delivered. Arrangements for future service reviews were discussed with a planned visits to radiation and chemotherapy services arranged for 24th and 25th February 2020.

This report, following receipt by the board at the end of January, 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 7th December 2019 has been circulated to members of IGC.
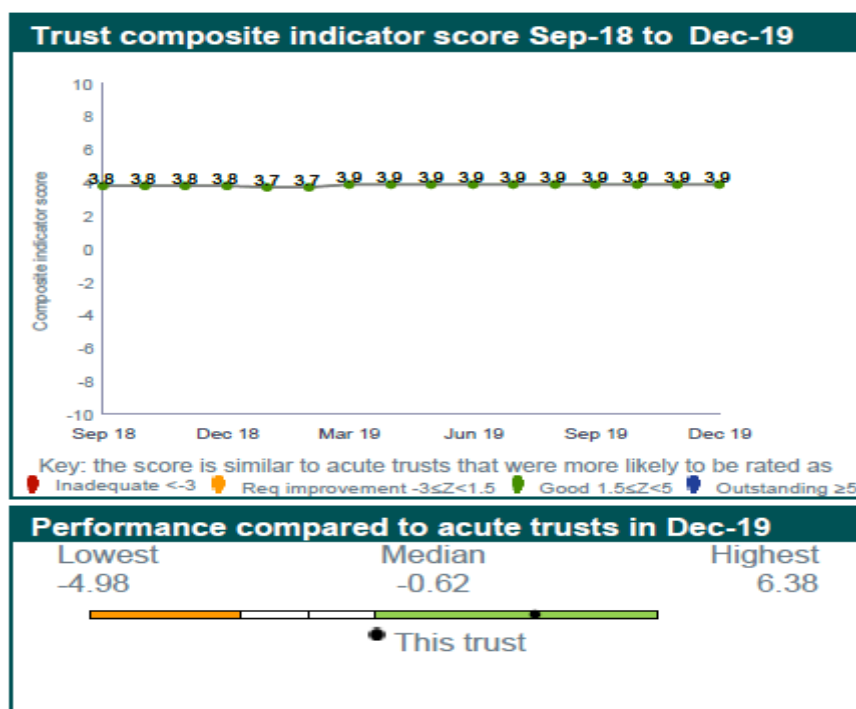
Summary of December 2019 Insight report

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.

Trust position as stated in Insight report published 7th December 2019.

Of the 64 trust wide indicators:
4 (6%) are categorised as much better
18 (28%) as better
1 (2%) as worse
0 (0%) as much worse.

49 indicators have been compared to data from 12 months previous, of which:
11 (22%) have shown an improvement
 2 (4%) have shown a decline

Much better compared nationally
- Ratio of consultant to non-consultant doctors
- Safe Environment - Violence
- Ratio of occupied beds to other clinical staff
- Ratio of occupied beds to nursing staff

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

Declined
- Turnover rate for nursing and midwifery staff 18.3% (national average 11.1%)
- Turnover rate for medical and dental staff 8.2% (national average 7.0%)

The trust composite score is a pilot indicator created from 12 specific indicators within the insight report. The composite indicator score helps to assess a trust's overall performance but it is not a rating, nor judgment.

Having reviewed CCC insight reports back to 2017, it is apparent that the insight score differs, suggesting it is changed retrospectively. It is also not evident which 12 indicators are used by CQC as the report consistently only cites 6. This has been raised with the CQC relationship lead.

The trust statistician has been asked to review the report and identify any key areas which affect CCC composite score.

Clatterbridge Private Clinic
The CGST have been working with Clatterbridge Private Clinic (CPC) to support their quality and safety agenda.
The clinical lead nurse has been actively involved with the daily incident calls and is a member of CCC matrons meetings. Changes in practice, implemented as a result of

the CCC, CQC recommendations have been implemented, where appropriate in CPC. For example:

- Daily safety huddles
- Daily incident review meetings
- Mock inspection – and associated action plan
- Utilisation of ESR and the Triple T report, to support and monitor mandatory and role essential training
- Lessons learned briefings
- CCC clinical policies and procedures

The associate director for improvement has reviewed and improved the monthly quality and safety packs. Going forward this report will be used by the CPC for assurance to their board.

The CPC have received the PIR for completion and return to CQC by 28th January 2020. Following submission, the CPC will be ready to receive an unannounced CQC inspection within the next 3 months.

The CQC will give 30 minutes notice of their arrival and will visit to ensure services are safe, effective, responsive, caring and well led. As the pathway followed by their patients involves services within CCC, the CQC may visit some areas of the trust. We continue to support the CPC throughout this process.

The integrated governance and TEG committee members have been requested to support and requests from CPC as a matter of priority in order to ensure the PIR and any further evidence required is made available.