



Report Cover Sheet

Report to:	Trust Board
Date of the Meeting:	March 2019
Agenda Item:	P1-054-20
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 is presented through IGC , TEG and Quality committee
Date & Decision:	TEG 2.3.20 IGC 10.03.20

Purpose of the Paper/Key Points for Discussion:	<p>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.</p> <p>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.</p> <p>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 19th May 20 and will take place in CCC-L.</p> <p>The CQC attended to complete a service review in radiation services on 24th February and Chemotherapy services on 25th February 2020. Feedback as good and a ‘spotlight’ report, from Sheila Lloyd, went out to staff on 28th Feb 2020.</p> <p>Progress continues on the implementation of the improvement plan with 1 Must do and 3 should do actions off track with recovery plan in place to deliver.</p> <p>This update follows a review which took place on 21st February 2020.</p> <p>We have been informed by the CQC that the planned visit to Clatterbridge Private Clinic (CPC) has been postponed due to the current Coronavirus pandemic.</p>
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Action Required:	Discuss
	Approve
	For Information/Noting X

Next steps required	
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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.



The Clatterbridge
Cancer Centre
NHS Foundation Trust

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

Progress Update Report

February 2020

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 breaches 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 have been externally audited by MIAA – resulting in **Substantial Assurance**, and have been reported through the Quality and Audit Committees during January 2020.

Table 1 Status of ‘must’ and ‘should’ do actions (21 February 2020)

	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)	-	3↓		16 ↑

*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
<p>Staff competencies: The Trust must ensure all staff have relevant competencies allocated to them and an effective system to monitor them. Regulations 17 &18</p> <p>Identify total time required to complete role-essential training per employee (medical staff)</p>	Must do	<p>This has now been completed for mandatory training and all Role Essential Training, has now been assigned in ESR and is reported as part of the Trust’s dashboards.</p> <p>Staff have been given a 3 month period (January - 31st March 2020) to meet the new requirements.</p>
<p>Governance: The Trust should ensure that it implements a revised governance structure. Regulation 17</p> <p>Develop education plan for staff</p>	Should do	<p>Education pack developed and training dates will commence March 20. This is being shared with staff through education newsletter in Feb 2020.</p>

<p>Staff training: The Trust should consider how it can enable all staff to access training and development opportunities. Regulation 18</p> <p>Review process for staff access to training and development opportunities</p> <p>Training needs analysis</p>	<p>Should do</p>	<p>The Trust launched 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.</p> <p>A Leadership at all Levels Development Framework is currently in Development and will go live in April 2020</p>
<p>Development opportunities: The Trust should consider developing a documented talent map or succession plan.</p> <p>Develop documented talent map/succession plan</p>	<p>Should do</p>	<p>Agreed at WOD committee in September that this action is for delivery as part of year 2 of the Workforce Strategy (20/21)</p>

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.

External assurance is provided by commissioners through formal reporting at the 'Quality Focus' – quarterly 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. Arrangements for future service reviews were discussed. Visits have taken place in radiology on 24th February and chemotherapy services 25th February 2020. This was the directorates 'Time to Shine'. The verbal feedback (CQC do not provide a formal written report) was good from both areas and a 'spotlight' report from Sheila Lloyd went out to staff on 28 February 2020.

The next CQC engagement meeting is planned for 19th May 2020 and will be a CCC-L site visit.

Further service reviews are planned over the next 12 months:

End of Life – 13th May 20

Radiotherapy – 8th September 2020

Medical Services / wards – 1st December 20

This report, following receipt by the board at the end of March, will be shared with commissioners, CQC engagement lead and our NHSI quality lead.

Planning for future regulatory visits

As CCC will be moving into Liverpool in June 2020 the CQC have advised they will arrange our well led visit for the Autumn 2020.

We will continue to review the data required for the PIR on a monthly basis, escalating any concerns through the governance structures in place.

Mock Inspections

A plan is in place to complete a mock inspection based on the CQC Key lines of enquiry (KLOE), on Mersey ward on 11th March 2020.

Following a presentation to the board of governors, five governors have asked to be involved going forward. A full 12 month plan of monthly meetings is being pulled together and will be shared across CCC.

A team of staff will visit the ward and carry out the inspection. This is the wards '*Time to Shine*'. Following the visit the team will feedback their findings and any recommendations which will be managed through the directorate quality and safety meetings with progress reports through this current embedded route.

CQC Insight Report

As discussed through several committees over the last few months, interpreting the Insight reports has proven difficult. There appears to be no consistent process of determining CCC's composite score and how to improve. However, the report published 19th February indicates an improvement on our composite score, but quite how and why is unclear.

This has been discussed with our CQC colleagues and we have sent specific questions through to the CQC analytics team. The CQC analyst will be meeting with us on 4th May 2020, to support the interpretation of this report.

Until further, more robust information is available, the detail of this report will not form part of this update, however the report continues to be shared with senior staff across CCC.

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 submitted their PIR on 28th January 2020. The CPC will be ready to receive an unannounced CQC inspection within the next 3 months.

However, on 10th March 2020, The CQC informed the trust that the unannounced visit has been postponed due to the coronavirus pandemic. .