



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	February 2019	
Agenda Item:	P1-030-20	
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 , TEG and Quality committee
Date & Decision:	TEG 3.2.20 IGC 11.02.20 QC 20.2.20

Purpose of the Paper/Key Points for Discussion:	<p>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.</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 March 20 and will take place in CCC-L.</p> <p>The CQC will be attending to complete a service review in radiation services on 24th February and Chemotherapy services on 25th February 2020. This is the directorates 'Time to Shine'.</p> <p>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.</p> <p>This update follows a review which took place on 24th January 2020.</p> <p>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 submitted their Provider Information Request (PIR) and CCC have supported them in developing a welcome pack for inspectors.</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

January 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 (24th January 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)	-	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
<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 (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, commenced January 2020.</p> <p>Staff will be given a 3 month period (January - 31st March 2020) to meet the new requirements.</p> <p>Medical staff requirements was approved at Education Governance Group will now be assigned to ESR by mid-March 2020</p>

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 Feb 20. This is being shared with staff through education newsletter in Feb 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	External quality and safety review took place on 21 st & 22 nd January 2020. Verbal feedback was excellent and the review team was assured that the staff demonstrated a patient safety culture. CCC have received draft report for factual accuracy and expect final report mid-March 20, with recommendations being managed through the directorate quality and safety meetings providing assurance through monthly performance meetings.
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	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 launched 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)

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. 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, with planned visits to radiation and chemotherapy services planned for 24th and 25th February 2020. This will be the directorates 'Time to Shine'.

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

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.

Board Visits and Peer Group Inspections

A programme of joint Non-Executive Director/Governor and Executive walkrounds will be carried out throughout 2020.

During February 2020 Peer group inspections, using the CQC key Lines of Enquiry will commence. Plans are in place to complete announced visits to a clinical area each month. Outcomes and recommendations of visits will be managed through directorate quality and safety meetings providing assurance through monthly performance management meetings.

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).

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 14th January 2020 has been circulated to members of IGC.

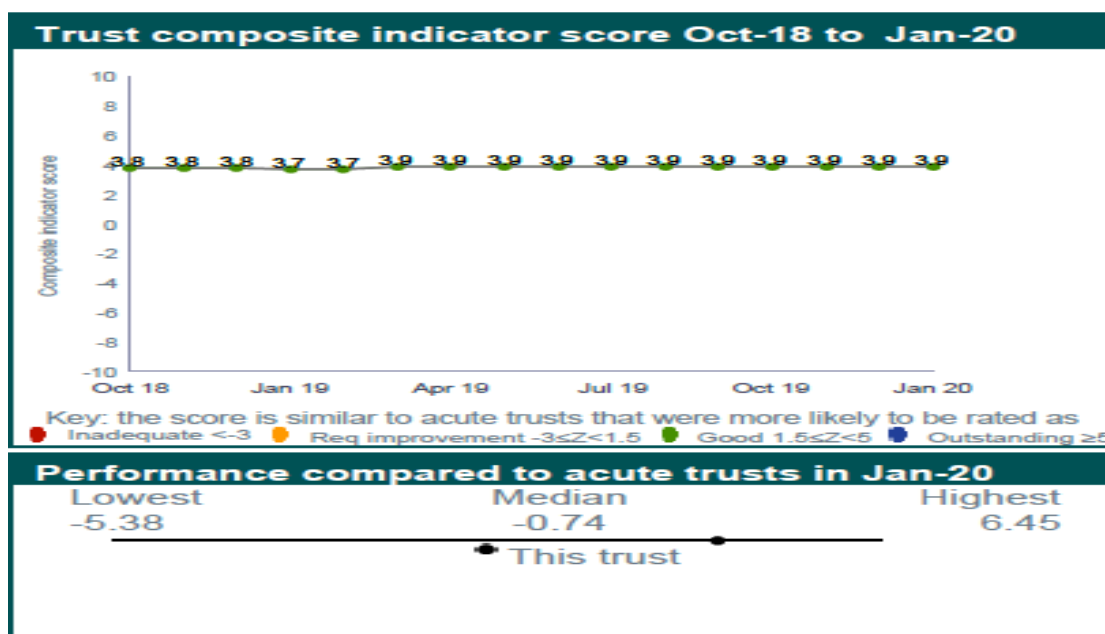
Summary of January 2020 Insight report

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 14th January 2020 (no change in month)



It must be noted that the data for many of these indicators relates to annual surveys / data submissions which are, in some cases, are as old as August 2017.

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.

Much better compared nationally (4)

- 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

Better compared nationally (18)

- Treatment with respect and dignity
- Confidence and trust in doctors
- Ratio of ward manager nurses to senior and staff nurses
- Help with eating
- Confidence and trust in nurses
- Emotional support from hospital staff
- Overall experience as an inpatient
- Speaking to staff about worries and fears
- Involvement in decisions
- Pain control by staff
- Equality, diversity and inclusion
- Immediate managers
- Quality of care
- Safe environment – bullying and harassment
- Safety culture
- Sick days due to back problems
- Staff engagement
- Identified level of potential support needs by the provider shadow segmentation

Worse compared nationally (1)

Turnover rate for nursing and midwifery staff 18.3% (national average 11.1%)

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

Improved compared nationally (11)

- Digital maturity capabilities score (72%)
- Flu vaccination uptake (80.2%)
- Patient-led assessment of privacy, dignity, and well-being (89.4%)
- Ratio of consultant to non-consultant doctors (1.95)
- Inpatient response rate (19.5%)
- Quality of appraisals (5.5)
- Ward staff who are registered nurses (76.3%)
- Digital maturity infrastructure score (82%)
- Digital maturity readiness score (85%)
- Patient-led assessment of environment for dementia care (82.1%)

- Ratio of occupied beds to nursing staff (1.09)

Declined compared nationally (2)

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

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.

The associate director for improvement has contracted CQC for additional guidance / information on how they review indicators and assign the composite score. No feedback received to date.

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 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.

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.

CCC have supported the CPC and developed a welcome pack for the inspectors providing evidence to support the CQC regulations, with emphasis on 'Time to Shine'.