

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	24th August 2015
Board Sponsor:	Sherree Fagge, Chief Nurse
Paper Author:	Elma Still, Associate Director of Quality
Subject:	Care Quality Commission (CQC)

Executive summary

The purpose of this report is to:

- update the Board on the recent unannounced visit by the CQC in June,
- identify progress against the May 2014 CQC action plan
- review the risks identified from the May 2015 Intelligent Monitoring report and actions planned;
- update the Board on other activities associated with the CQC and Fundamental Standards of Care.

The draft CQC report has not yet been received at the time of writing this report, but is expected in August. Initial feedback concerned patient flow and its impact on the privacy and dignity of patients, particularly in the cohort area and the quality of documentation.

The Improving Quality and Patient Experience Group meet monthly to discuss and review evidence to support progress against the CQC action plan, arising from the May 2014 inspection. In July, each Directorate Management team attended the group to discuss progress against the action plan and compliance with the Fundamental Standards of Care. The key issues arising from this review are detailed in section 3 of the report.

A monthly assurance briefing on progress with the action plan is prepared which is sent to the TDA, CCG and CQC. The key risks reflect those issues identified in the most recent visit, concerning patient flow and privacy and dignity.

The Intelligent Monitoring report risks and the Trust actions to address those risks are detailed in appendix 1 of the report.

Links to corporate objectives	The CQC action plan supports the objectives of <i>excellent outcomes; great experience; empowered skilled staff,</i>
Identified risks and risk management actions	Risk 1. Non Compliance with CQC regulations and the potential adverse impact on Trust ratings. Risk 2. Adverse impact on future Foundation Trust authorisation. Management actions. Specific risk management actions will depend on the outcome and teams concerned.
Legal implications	If the Trust does not comply with the registration requirements, the CQC may issue compliance or warning

	notices or take other enforcement action
Report history	A report is submitted bi-monthly to the Quality and Risk Committee and Board
Appendices	Appendix 1 Intelligent Monitoring report risks
Action required by Board of Directors	
The Board is asked to discuss and note the content of the report and progress with the CQC action plan	

Report to the Board of Directors, 24th August 2015 Care Quality Commission (CQC) report

1. Purpose

The purpose of this paper is to update the Board on the recent unannounced visit by the CQC in June, identify progress against the May 2014 action plan, and review the risks identified from the May Intelligent Monitoring report and other activities associated with the CQC and its Fundamental Standards of Care.

2. Unannounced CQC visit June 2015

The CQC visited the Trust on 22nd and 23rd June 2015. The focus of the visit was on the unscheduled care pathway and the safety and care within the Emergency Department and the Acute Medical Unit. CQC also spent some time at PRH in ED on the 23rd June. The CEO, Deputy CEO and Chief Nurse were given brief feedback at the end of the visit. CQC shared some initial concerns related to patient flow and in particular privacy, dignity and patient experience in the 'cohort area', documentation in medical notes, lack of storage space and the Trust's capacity to deliver sustainable change. The draft inspection report is expected to be received by the Trust in August.

A risk summit was held on 8th July led by NHS England, with attendance from the Trust Development Authority, the Clinical Commissioning Groups (CCG), the CQC, the General Medical Council, Health Education England, Healthwatch, Brighton and Hove City Council and the Trust. The recommendation from the Risk Summit was for a System Master Plan to be developed led by the CCG. This Master Plan will measure the key actions across the system and align the required changes to ensure that performance improves aligned to our System Resilience Group (SRG) plans. The first draft of the Master Plan was considered at the last SRG and work continues in drawing this together. BSUH has also developed a plan which is overseen by our own internal Programme Board and also by the joint Project Management Office (PMO) with the CCG. A further risk summit will be held on 12th October to review progress and the CQC report will be shared with staff and the Board once received.

3. Progress with the CQC action plan

The Improving Quality and Patient Experience Group meets monthly to review evidence to support progress against the action plan. In July, each Directorate Management team attended to discuss progress against the action plan and compliance with the Fundamental Standards of Care. All directorates are progressing their work associated with the CQC action plan and fundamental standards of care.

The key issues that arose from the directorates include:

- All directorates have regular quality and safety meetings at directorate and specialty level. Cross speciality meetings have worked particularly well where the first part of the meeting has focused on key quality and safety performance indicators and the second part opened up to all staff where themes and learning have been shared.
- Unscheduled care and the patient flow pathway continue to be a challenge for the trust.

- Patients are remaining in recovery for longer periods than needed due to the lack of beds in the trust
- The number of cancelled operations related to recent issues with the Hurstwood Park theatres reopening
- The number of medical and surgical outliers in the trust is beginning to improve
- Focussed work on appraisals has led to 75% of directorates showing an increase in appraisal uptake and 25% of directorates are at or above 70%.
- The recruitment of staff is beginning to have an impact on wards although some concerns have been raised around permits to work in the UK.

4. Assurance briefing

The assurance briefing is produced monthly by the Executive and Operational leads, based on progress against the action plan. The briefing is shared with the Trust Development Authority, local Clinical Commissioning Groups and CQC. The assurance briefing for August is attached as Appendix 1. The briefing gives a summary which reflects the pathways of work and progress against their delivery. In response to feedback from the TDA, this month's briefing focuses on progress with the 'must do's' in the action plan. The RAG status indicates whether the action plan is running to time and if the evidence is triangulated. The key risks as described in the assurance briefing concern: unscheduled care; and privacy and dignity.

5. Intelligent Monitoring Report

The CQC use intelligent monitoring to produce a report at least three times a year. The report is a tool used by providers, commissioners and CQC staff to monitor compliance with the Fundamental Standards of Care. Each organisation has a profile which contains information from more than 150 different sets of data. The CQC then analyse this information to identify areas where the organisation may not be meeting standards. NHS acute trusts are grouped into six priorities based on the likelihood that people may not be receiving safe, effective, compassionate and high quality care. Band 1 contains Trusts that are the highest priority for inspection and band 6 the lowest. Trusts which have had a recent inspection, like BSUH, do not receive a rating for up to a year after the visit.

In the latest May report, there were 8 risks identified out of the 98 indicators, 3 were elevated risks and 5 were identified as a risk. The risk indicators concerned PROMS indicators for hips and knees, two indicators from the NHS Staff Survey related to staff appraisals and communication between senior management and staff, A&E waiting times (more than 4 hours), referral to treatment times and the number of patients not treated within 28 days of cancellation due to a non- clinical reason. The final indicators were the Friends and Family test and the Trust Development Authority (TDA – escalation score). This report identifies the risks identified within the report and trust plans to mitigate those risks. (Appendix 1)

Elma Still
Associate Director of Quality
August 2015

Appendix 1

CQC Intelligent Monitoring Report May 2015

Domain	Risk	Indicator	Comments	Action
Effective	Risk	Composite of hip related PROMS indicators	Quality Health have been providing the support of the PROMS questionnaires and data. The data the Trust receives currently does not give the detail to identify areas for improvement and is not readily available. The EPSOM database and information will enable clinicians to scrutinise and analyse the information as the questionnaires will be returned to the Trust directly and in turn will facilitate change and improvement	The funding for the business case to purchase the EPSOM database and administrative support has been approved. Two band 4 administrator posts job descriptions have been written and are going through Agenda for Change. There is a meeting in September to discuss with EPSOM our requirements and subsequent implementation of the programme.
Effective	Elevated risk	Composite of knee related PROMS indicators	See above	See above
Effective	Risk	NHS Staff Survey - KF7. The proportion of staff who were appraised in last 12 months	The new non-medical appraisal system – form, training and resource pack launched in May 2015 has been well received by managers across the Trust. The current appraisal rate is 62.6%, appraisal quality and compliance continues its upward	Appraisal levels are reviewed at the directorate performance reviews with the aim of reaching an initial baseline of 75% overall for the Trust

			trajectory and that the new process continues to be embedded and as a consequence of dedicated but time limited training and development resource applied skilfully. We continue to receive regular requests for team-specific training.	
Responsive	Elevated risk	Composite indicator: A&E waiting times more than 4 hours	While still below the constitutional standard, the A&E performance is working to the trajectory being discussed with the System Resilience Group – as shown below. Visible upward trend at RSCH, and PRH consistently above 90%.	A system master plan is being developed with the CCGs. The Trust plan is overseen by the internal Unscheduled Care Programme Board and also by the joint Project Management Office process with the CCG.
Responsive	Elevated Risk	Composite indicator: Referral to treatment. The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason	BSUH performance against this standard is poor, primarily because of the impact on elective capacity of challenges in unscheduled care. A number of specialties have on going capacity issues making finding a new slot more challenging, for example Digestive diseases (surgical) has a large number of cancer patients and long waiting patients who take priority over last-minute cancellations. There are also subspecialty / consultant capacity issues in some areas. The	Minimise on the day cancellations - Review theatre utilisation to improve % lists starting on time Review decision making process to minimise on-the-day cancellations Improve capacity for rebooking - Explore the impact of a lack of pre-op capacity. Work on capacity planning in challenged specialties to ensure slots are available for rebooking. Secure additional capacity in challenged specialties to

			following actions are in train:	enable rebooking Improve processes = Ensure sitrep reportable cancellations are flagged to directorate managers, PAMs and inpatient bookers, along with a date for rebooking Explore moving routine patients to make way for 28-day rebooking
Well led	Risk	Inpatients response percentage rate from NHS England Friends and Family Test	Since April 2015 all daycase areas and Children's areas have been counted in the returns and nationally there has been a reduction in % returns. Work has been ongoing with the new areas to improve their rates and each month we are seeing an improvement.	A case for change is being developed for all areas to be undertaken by an external contractor, which has carried out the FFT Test in all 4 EDs in the past 2 months and return rates have elevated to 26% above national average
Well led	Risk	TDA - Escalation score	This score reflects that the trust is receiving Intervention from the TDA (significant delivery issues)	The Trust receives support to both the Medical Director and Chief Nurse from the TDA, good practice is shared and has weekly performance oversight meetings
Well led	Risk	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff	Implementation of the Trust's new People and Wellbeing Strategy (2015 -2020) is underway and will underpin Trust's Organisational Development	People and Well-Being Implementation Plan

			programme to support sustainable cultural change, strengthen leadership and secure engagement at all levels.	
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