

BOARD OF DIRECTORS

Date of Meeting	27 April 2022
Title	Care Quality Commission (CQC), Niche and Royal College of Surgeons (RCS) Improvement Plan Progress Report
Report of	Richard Sachs, Director of Governance
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Confidentiality	Non-Confidential
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Purpose of Report	To Advise/Alert	To Assure	To Approve	To Update
	X	X		X
	<ul style="list-style-type: none"> This report covers the current position, progress of and cross-cutting themes of the CQC must and should do recommendations, NICHE recommendations and Royal College of Surgeons (RCS) recommendations. To aid efficiency and to support visibility and understanding of cross-cutting themes, this report combines all three items into one report which has been designed to meet the reporting requirements of Assurance Committees, Trust Board and Service Improvement Board (SIB). This report was presented to the Quality Assurance Committee on 25 April 2022. A copy of the improvement plan has been included in the Board of Directors' Reference Pack. 			

Summary of Key Issues	<ul style="list-style-type: none"> The successful completion of the recommendations from the above reports will improve quality and safety, ensure better outcomes for patients and is a SOF level 4 exit criteria for the Trust; Cross-cutting themes from CQC, NICHE and RCS have been identified; Work is progressing to enable information systems to integrate themes and commonalities between these plans and other sources of evidence (audits, service reviews, QI projects); Evidence continues to be populated within AMaT to allow for tolerance testing; Proposed dates for deep dives into the cross-cutting themes have been identified; and have commenced. A number of recommendations are in progress but have not / will not be completed by the originally agreed date.
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Prior Discussions	Committee	Date	Recommendations/ Concerns










Action to be recommended to the Committee/Board	<p>The Board of Directors is requested to:</p> <p>Note:</p> <ul style="list-style-type: none"> • Current progress of the recommendations from the CQC Inspection Report, NICHE Investigation Report and RCS Review; • Evidence to support completion of all actions/recommendations continues to be populated within AMaT to allow for tolerance testing; • Schedule of deep dive reviews to test for sustained improvements in cross-cutting areas has been commenced; • By the end of Phase 4 all SROs, responsible committees and target dates will be confirmed – This work is planned for completion in April 2022. • Review and Support panels will be established from April 2022 onwards to ensure completed actions are supported with robust evidence and any extensions to timescales agreed. • The CQC have undertaken an ICS level inspection of our urgent care services at both RLI and FGH during March 2022. The overall ICS urgent care review will be undertaken throughout March and April. • In March, 2022, the CQC have undertaken a comprehensive inspection of our medicine services at FGH. • No immediate patient safety concerns were raised following any of these inspections. • Following the inspections, the CQC submitted just over 200 requests for additional data/information to the Trust, these have all been completed and returned to the CQC. • Niche have facilitated workshops for colleagues across the Trust to articulate and discuss their recommendations, findings and next steps. These have been well attended. <p>Comment:</p> <p>Some progress with recommendations and actions is evident.</p> <ul style="list-style-type: none"> • Fully Completed: 2 Recommendations • Completed: Awaiting Approval: 68 Recommendations • In Progress, Behind Schedule: 37 Recommendations <ul style="list-style-type: none"> ○ 29 of these recommendations have submitted extension requests which are being reviewed ○ 3 of these recommendations have requested extension beyond October 2022 ○ 5 of these recommendations are still considering extension requests • In Progress, Completion by Oct 2022: 35 Recommendations • In Progress, Completion after Oct 2022: 3 Recommendations
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	Escalate: <ul style="list-style-type: none"> The 6 recommendations that are progressing but with completion expected after October 2022.
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Link to Key Priorities	Improved financial performance & transformation of our services	Quality and safety of services	Colleague psychological and physical well-being
	X	X	X
	The CQC, NICHE & T&O Improvement Plans will have impact in all three areas		

Impact on Board Assurance Framework or Corporate Risk Register	<ul style="list-style-type: none"> The BAF has been reviewed and updated to include the CQC Improvement Plan, NICHE Investigation and RCS Review. These are now in the BAF the Board seeks assurance by way of the IPR and Management Reports that feature at Quality Assurance Committee and the Board The risks impacted by the SMART actions has been examined and cross-referenced to ensure that risk scores are positively impacted 			
Risk Impact Assessment	Is this required?	N	If Yes, Date Completed	
Equality Impact Assessment	Is this required?	N	If Yes, Date Completed	
Quality Impact Assessment	Is this required?	N	If Yes, Date Completed	
Environmental / Sustainability Impact Assessment	Is this required?	N	If Yes, Date Completed	

Acronyms	
AMaT	Audit Management and Tracking System
CQC	Care Quality Commission
ESP	Enhanced Support Programme
HSCA	Health and Social Care Act
NICHE	Niche Healthcare Consulting Ltd
RCS	Royal College of Surgeons
RSP	Recovery Support Programme
SCC	Surgery & Critical Care Group
SIB	System Improvement Board
SOF	System Oversight Framework
T&O	Trauma & Orthopaedics
WACS	Women and Children's Services

Improvement Plan - Combined Dashboard						
Recommendation Status	NICHE Report¹	RCS Report²	CQC Must Do's	CQC Should Do's	Total	DoT⁵
Not Applicable	20	0	0	0	20	
Unable to Complete	0	0	0	0	0	
Not Started	0	0	0	0	0	
In Progress (Behind Schedule)	1	0	24	12	37	
In Progress (Completion by Oct 2022)	26	7	1	1	35	
In Progress (Completion after Oct 2022)	0	0	2	1	3	
Fully Completed (awaiting approval) ³	25	0	26	17	68	
Fully Completed / Approved ⁴	0	0	1	1	2	
Total	72	7	54	32	165	

Notes:

1. NICHE – position based on progress within the Urology Service. A further plan will be reported from April detailing NICHE recommendations with wider applicability across the Trust.
2. RCS: Timescale for completion for Trust Recommendations is still being assessed, Dashboard will be updated when reliable data is available.
3. Lead confirms action completed, evidence to be confirmed
4. Completed and evidence approved
5. NHSE/I advise against the use of RAG rated performance and/or Direction of Travel Indicators in formal reports
6. Following the most recent inspections of Urgent Care Services and Medicine services there will be further recommendations received which will be incorporated into the overarching plan once received.

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Care Quality Commission (CQC), Niche and Royal College of Surgeons (RCS) Improvement Plan Progress Report

Background/Context

1. CQC Recommendations are from Inspection Reports published in August 2021 and October 2021.
2. The NICHE Recommendations are from the impartial commissioned report published in November 2021 – elements of the NICHE report had previously been incrementally shared with the Trust.
3. The RCS Recommendations are from an Inspection Report published in November 2021
4. The successful completion of the above recommendations are required to sustainably improve quality and safety within core services. The CQC Must Do's are also a SOF level 4 exit criteria for the Trust.
5. The majority (approx. 70%) of these recommendations are interdependent with themes and priorities identified within the RSP

Advise: Improvement Plan Implementation Update

6. **CQC:** The CQC Recommendations have been allocated to an SRO, Oversight Committee/Meetings (detailed in below table) and a UHMBT Theme. Monthly review meetings have been scheduled between the Compliance and Assurance Team and Care Groups/Corporate Functions. These meetings allow for discussion, support and challenge in relation to actions and progress updates so information inputted onto AMaT is robust and relevant.
7. **NICHE:** The NICHE Recommendations have not yet been allocated to an SRO or Oversight Committee/Meetings, this is planned as part of Phase 4 of the NICHE Implementation, this was expected to take place during March 2022, but is still in progress for completion in April 2022. They have been allocated to a UHMBT Theme.
8. The NICHE report contains 20 recommendations that are only relevant to National/Regional Bodies. 52 recommendations will require action by the Trust. Six of the recommendations are specific to Urology only, whilst the other 46 recommendations have wider applicability.
9. The majority of 52 recommendations had already been shared with the Trust RSP Team prior to publication and extensive action has already been taken over the last two years to address these recommendations within Urology. An update of current position and assurance has been requested by NHS E/I and this is currently being collated.
10. The learning and best practice that can be implemented from Urology into the new Trust wide actions will be shared.

11. Development of integrated reporting systems between the RSP and these specific action plans and recommendations will be developed throughout Q4 2021/22 and into Q1 2022/23.
12. A project is underway to review and transfer the actions already taken in Urology and its associated evidence into the Trusts monitoring database system (AMaT), to ensure robust tracking and monitoring of progress along with acting as a single repository of evidence of completion and impact of the action.
13. **RCS:** The 7 Recommendations have not yet been allocated to an SRO or Oversight Committee/Meetings, this was expected to take place during March 2022, but is still in progress, they have been allocated to a UHMBT Theme. This allocation will be reviewed during Q4 2021/22.
14. There are currently 70 Recommendations that have been completed and 75 Recommendations that are still in progress. 61 of these Recommendations are currently expected to be completed by October 22, with 6 Recommendations expected to take longer to complete and there are 8 recommendations where completion timelines are currently being reviewed due changes in National targets or guidelines e.g. RTT targets.
15. There are 267 actions in place across all three plans, 91 of these actions have been completed. An update for those recommendations that are still in progress is included in the assurance reporting section.
16. **Thematic Analysis:** The below table shows the allocation of recommendations by the UHMBT Theme and the provisional date for the initial deep dives into that Thematic element to test progress, identify risks and further mitigations to enable quality and safety to be maintained where progress is hampered.

UHMBT Theme	CQC Must Do	CQC Should Do	NICHE Report	RCS Report	Total	Prov. Deep Dive Date
Clinical Governance	11	2	20	2	35	Mar-22
Culture and Leadership	2	1	8		11	Apr-22
Staffing: Appraisal and CSF Training		3	1	1	5	Apr-22
Staffing: Health and Wellbeing			1		1	Apr-22
Staffing: Non-CSF Training	3			1	4	Apr-22
Staffing: Staffing Numbers	5				5	Apr-22
Clinical Strategy	1		1		2	May-22
Corporate Governance	2		15		17	May-22
Operational Performance	3				3	Jun-22
Performance Monitoring & Reporting			3		3	Jun-22
Service Design and Delivery			9	2	11	Jun-22
Maternity Services	3	2			5	Jul-22
Stroke Services	5				5	Jul-22
Urgent and Emergency Services	3	3			6	Jul-22
Consent			1	1	2	Aug-22
EPR/Patient Records	1	2	5		8	Aug-22
Fundamental Care Standards	6	4	3		13	Aug-22
Information Governance		2	1		3	Aug-22
Mental Capacity/Mental Health	2		1		3	Sep-22
Safeguarding	3	1			4	Sep-22
Infection Prevention	1	2			3	Oct-22
Medicines Management	2	4			6	Oct-22
Mortality & Morbidity			3		3	Oct-22
Sepsis	1				1	Oct-22
Estates		6			6	Nov-22
Total	54	32	72	7	165	

17. While various plans and work streams are in progress to deliver specific actions (as detailed below with current progress), a programme of deep-dive reviews is now being undertaken to test progress to date and identify risks and issues more specifically to each of them, with appropriate mitigating actions.
18. An initial deep dive review has been undertaken in relation to the recommendations/actions associated with clinical governance. A limitation of the deep dive process was due to the fact the deep dive review was undertaken prior to the majority of recommendations/actions expecting to be completed or within sufficient time to test impact or sustainability. This resulted in the review essentially being a table top review of progress and current position. However, some improvements have been put in place which included:
- a) Good Governance Institute (GGI) framework implemented across the Trust and new meeting structure in place. Additional support from NHSE/I to ensure framework is more specific to the needs of the Trust
 - b) Risk Management Strategy and SOP's in place as well as creation of a new Risk Management Group
 - c) Medicine Care Group have implemented more robust risk management governance processes through regular reporting of risks registers at Care Group

Governance and Assurance Group resulting in the number of overdue risks reducing significantly.

d) Audit process strengthened at corporate and care group level through establishment of a new corporate governance structure, targeted support to care group provided. Audit now a standing agenda item at CGAGs

19. The deep dive review process will continue and will be dynamic once recommendations are completed to test the embeddedness of these improvements against agreed criteria, focussing on quality, outcomes and also in light of themes within the RSP. A standard approach to the reviews will also be established to ensure consistency of reviews. The outcomes will help to inform governance arrangements at a service and corporate level to ensure continual monitoring and oversight going forward.

Alert

20. Concerns and Issues Log

No.	Concerns and Issues	Score	Mitigation
1	Completion of all NICHE Recommendations by SOF Level 4 target exit date of 31/03/2023.	20	Review recommendations to establish an accurate trajectory for completion. Escalation of concerns as required.
2	Competing Operational Priorities e.g. COVID, Recovery and Restoration In particular in Medicine Care Group	16	Monthly Review Meetings with Care Groups and Corporate function to identify and escalate areas of concern
	Delay in allocating SRO's to 46 Trust Wide Recommendations from NICHE Report	15	Ensure Allocation is completed in April 2022.
3	Concentration of Recommendations with Target completion date of 31/03/22, are these dates 'year-end place markers'	12	Following Monthly Review Meetings with Care Group new/revised target dates have been requested, and are awaiting approval.
4	Compliance and Assurance staff resilience	10	Recruit to vacant Compliance and Assurance admin post to provide additional support/cover. Flex of wider staff team in the event of long term absence
5	AMaT System Manager resilience	10	Cross training of other AMaT Super Users to provide resilience
6	Increased risk of not meeting RSP exit criteria due to potential for a number of additional recommendations following the recent inspections.	9	Await feedback and plan accordingly. Consider additional capacity or reprioritisation of priorities.
7	AMaT System Failure	5	AMaT is web based and cloud based, prolonged outage is unlikely

21. The Compliance and Assurance Team will continue to work with operational teams to ensure target dates are realistic and work is progressing to meet the target completion dates.

Assurance

22. Current position with actions to deliver the recommendations, from data and information inputted into the AMaT system are provided in the CQC Improvement Plan Dashboard, which has been included as a supporting document. Work will continue to:
- Refine this information and ensure actions are SMART-er;
 - Identify required evidence of impact / outcome and completion for each recommendation/action;
 - NHS E/I Team have supported Urgent Care with a review of their actions and evidence to be provided to assure of completion;
 - Stress test supporting evidence for 'completed' actions for robustness;
 - Consolidate different RAG ratings for consistency, with reference to RSP reporting, with clearer criteria for each;
 - More robust QA and scrutiny of status updates referring back the recommendations and outcomes in terms of quality and safety;
 - Make clearer links / references to improvement projects and initiatives progressing through other plans / frameworks; and
 - Understand mitigations or support needs in relation to those actions in progress but behind schedule.
 - Establish scrutiny and support meetings to ensure evidence provided is robust and agree any extensions to timescales
 - Establish interconnected reporting systems with support from i3 between plans and priorities

Recommendation

23. The Board of Directors is requested to:
- **Note:**
 - Current progress of the recommendations from the CQC Inspection Report, NICHE Investigation Report and RCS Review;
 - Evidence to support completion of all actions/recommendations continues to be populated within AMaT to allow for tolerance testing;
 - Schedule of deep dive reviews to test for sustained improvements in cross-cutting areas has been planned;
 - The allocation/confirmation of SROs, responsible committees and target dates for NICHE and RCS Recommendations and Actions continues and is expected to be completed by April
 - **Comment:**
 - Comment on and make any suggestions for improvement in relation to progress reporting;
 - Further comments in relation to progress towards completion of any recommendations; and
 - **Escalate:**
 - Those areas progressing but with completion after October 2022.