

REPORT TO: Health Policy & Performance Board

DATE: 26th February 2019

REPORTING OFFICER: Chief Nurse/Chief Operating Officer

PORTFOLIO: Bridgewater Community Healthcare NHS Trust

SUBJECT: Quality Surveillance and Care Quality Commission update.

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the position of the Trust in relation to Quality Surveillance by NHSE and to provide the results of the CQC inspection September 2018.

2.0 RECOMMENDATION: That:

i) The Board note the updates provided

3.0 SUPPORTING INFORMATION - QUALITY SURVEILLANCE AND CARE QUALITY COMMISSION (CQC) UPDATE - JANUARY 2019

3.1 Bridgewater Community Healthcare NHS Trust (BCHT) was subject to quality surveillance action during 2018. A Quality Risk Plan (QRP) was put in place during May 2018 and was in response to concerns raised by Clinical Commissioning Groups (CCGs) and National Health Service England (NHSE) at a Quality meeting with the Trust on 24 April 2018. The Trust received a three month Enhanced Surveillance Notice and commenced a comprehensive programme of work to improve safety and quality of care.

3.2 Following regular updates and submissions of evidence, a meeting to review this took place on 7 September 2018, chaired by NHSE and attended by commissioners and National Health Service Improvement (NHSI). The Trust provided significant evidence of improvement which was subject to further scrutiny by the commissioners. A further meeting took place on 24 October 2018 where there was full discussion of the plan and it was agreed to remove the enhanced surveillance and continue any further scrutiny of the outstanding actions via the Collaborative Commissioning Forum (CCF) rather than directly by NHSE.

3.3 There were a number of actions relating to Woodview in the QRP. However, a subsequent serious incident gave rise to a separate plan and the items from the QRP were moved in to the Woodview plan. The scrutiny of the remaining actions of this plan are now undertaken by the CCG and there have been significant improvements, including staff engagement, in developing services and greater involvement of families

- 3.4 All lessons learned have been shared across the Trust, and to date more than 65% of the actions have been closed. A small number have been deferred, awaiting a medicine safety review and a small number are still open but expected to close soon.
- 3.5 The CCF continues to monitor the remaining actions from the QRP which are small in number. The CCF monitor the evidence, which has moved to that of implementation and sustainable change such as any audits, baseline assessments, survey results and quarter on quarter data for example, demonstrating the embedding of the changes to policies, procedures, operating procedures and reporting mechanisms. So as not to increase the requirements for performance data, papers already submitted to Board or Committees suffice and additional reports are not expected.
- 3.6 The CCF has recently suggested that due to the small number of outstanding actions they should be incorporated into the Improvement Plan which follows the CQC report.
- 3.7 The Trust had a CQC Well Led inspection between 25 – 27 September 2018 and core services were inspected between 3 – 7 September 2018. The majority of services were inspected across several boroughs and sites. Verbal feedback at the time was positive with an acknowledgement of the significant work which had taken place from the last review in 2016.
- 3.8 The Trust received the draft report for factual accuracy checking on 5 November 2018 with a submission deadline of 21 November 2018. This allowed the submission of further evidence up to the date of submission. The Trust took the opportunity to provide comprehensive evidence from the QRP and Woodview plans which enabled the CQC to see the improvements.
- 3.9 The final report was published on 17 December 2018 and makes positive reading. It demonstrates the significant progress since 2016 with several service lines and domains showing an improved position to good from requires improvement. Eight core service lines were inspected with six rated good.
- 3.10 Of the 40 domains measured across the services the Trust has one rated outstanding, 34 as good and five requires improvement. Midwifery, End of Life and Dental all improved to a good rating. Adult community and sexual health services retained their good rating.
- 3.11 Overall our core services are rated good and the report recognised trust staff for the care they provided to our patients.
- 3.12 Due to the weighting of the inspection at Trust level in relation to well led the overall Trust rating is requires improvement, however the report also recognises the relatively new executive appointments and the need for a deeper embedding of some of the quality changes and this is expected to improve prior to the next inspection.
- 3.13 There are a small number of actions that the Trust must take and a number of should do's in the overall report. The Trust has developed an

Improvement Plan, which is currently awaiting comment from the CQC, and this plan will not only move the 'requires improvement' to 'good' but aims to move good ratings to outstanding. Staff across the Trust are positive about the report and the changes and are keen to maintain the momentum of quality improvements in our services.

3.14 The Health Policy and Performance Board is asked to note the position in relation to quality surveillance and the CQC and acknowledge the improvements the Trust has made.

4.0 **POLICY IMPLICATIONS**

None

5.0 **OTHER/FINANCIAL IMPLICATIONS**

None

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The actions in the quality plan and CQC improvement plan will impact positively on the health of children and young people across Halton. There is evidence to show improved care and management of the services which need more time to embed.

6.2 **Employment, Learning & Skills in Halton**

Not applicable

6.3 **A Healthy Halton**

The quality improvements in the children's services will have a positive impact on children and young people in Halton and many are evidenced already.

Adult services improvements in the CQC plan will move the services from good to outstanding benefiting people in Halton.

6.4 **A Safer Halton**

Not applicable

6.5 **Halton's Urban Renewal**

Not applicable

7.0 **RISK ANALYSIS**

Risks relate to the following:

- A quality risk to individual children's services if the improvement plan is not delivered fully. This is mitigated by close scrutiny of the improvement plan.

- A reputational risk relating to children’s services requires improvement rating. Work is underway with Healthwatch, parent and carer groups and staff to mitigate against this risk.
- A financial risk relating to the need to use temporary and additional staff to deliver the child medical service. Current discussions with other providers are underway to secure a cost effective, high quality solution to this risk.
- A performance risk to the referral to treatment pathways if additional resource cannot be deployed effectively. These pathways are closely monitored to mitigate against this risk.

8.0 **EQUALITY AND DIVERSITY ISSUES**

None

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Not applicable