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| Meeting Title |  |             |  |
| Date          |  | Agenda item |  |

## CQC Compliance Actions: Update

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|--|--|------|--|
| Presented by   | Tanya Claridge, Director of Governance and Corporate Affairs   |      |  |
| Author   | Tanya Claridge, Director of Governance and Corporate Affairs   |      |  |
| Lead Director  | Clive Kay, Chief Executive   |      |  |
| Purpose of the paper   | This paper has been written to provide an update to the Health and Social Care Overview and Scrutiny Committee in relation to the Bradford Teaching Hospitals NHS Foundation Trust's (The Trust) response to the compliance actions required by the CQC following their unannounced and well led inspections |      |  |
| Key control  | This paper is a key control for the Trust's strategic objectives to provide outstanding care for patients and to be in the top 20% of NHS employers  |      |  |
| Action required  | To note  |      |  |
| Previously discussed at/ informed by   |  |      |  |
| Previously approved at:  | Committee/Group  | Date |  |
|  |  |      |  |
|  |  |      |  |
| Key Options, Issues and Risks  |  |      |  |
| The CQC published the report relating to its inspection of services at Bradford Teaching Hospitals NHS Foundation Trust on 15 <sup>th</sup> June 2018. The CQC identified a number of compliance actions that the Trust was required to take, and required the submission of an action plan. This action plan was provided to the Trust's Board of Directors at its July meeting and subsequently provided to the CQC on the 12 <sup>th</sup> July. Progress with the action plan was reported to the September Board of Director's meeting and will again be reviewed at the January Board of Director's meeting. Progress is directly monitored through established organisational governance. |  |      |  |
| Analysis   |  |      |  |
| The CQC compliance action plan is being implemented across the Trust. The compliance actions identified in the inspection report were core service specific, but a decision was made by the Executive Management Team Operational Meeting to implement the related objectives across the Trust.  |  |      |  |
| Recommendation   |  |      |  |
| The Health and Social Care Overview and Scrutiny Committee is asked to note the content of this report and gain assurance in relation to the progress with the action plan.  |  |      |  |

## Appendix 2

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| Meeting Title |  |             |  |
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| Risk assessment  |   |         |          |      |             |        |
|--|---|---------|----------|------|-------------|--------|
| Strategic Objective  | Appetite (G)  |         |          |      |             |        |
|  | Avoid   | Minimal | Cautious | Open | Seek        | Mature |
| To provide outstanding care for patients   |   | g       |          |      |             |        |
| To deliver our financial plan and key performance targets  |   |         | g        |      |             |        |
| To be in the top 20% of NHS employers  |   |         | g        |      |             |        |
| To be a continually learning organisation  |   |         |          | g    |             |        |
| To collaborate effectively with local and regional partners  |   |         |          |      | g           |        |
| The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes. | Low   |         | Moderate | High | Significant |        |
|  | Risk (*)  |         |          |      |             |        |
| Explanation of variance from Board of Directors Agreed General risk appetite (G)   | This paper provides positive assurance that the Trust is addressing the compliance actions identified by the CQC in a timely way. The risk posed in relation to the relevant strategic objectives has been assessed in this context |         |          |      |             |        |

| Risk Implications (see section 4 for details)                       | Yes | No |
|---|-----|----|
| Corporate Risk register and/or Board Assurance Framework Amendments | ▪   |    |
| Quality implications  | ▪   |    |
| Resource implications   |     | ▪  |
| Legal/regulatory implications                                       | ▪   |    |
| Diversity and Inclusion implications                                |     | ▪  |

| Regulation, Legislation and Compliance relevance  |
|---|
| <b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual |
| <b>Care Quality Commission Domain:</b> <i>Safe, caring, effective, responsive, well led</i>                                   |
| <b>Care Quality Commission Fundamental Standard:</b> All  |
| <b>Other (please state):</b>  |

| Relevance to other Board of Director's Committee: |         |                       |              |                |                      |
|---|---------|-----------------------|--------------|----------------|----------------------|
| Workforce   | Quality | Finance & Performance | Partnerships | Major Projects | Other (please state) |
| ▪   | ▪       |                       |              |                |                      |

## Appendix 2

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|----------------------|--|--------------------|--|
| <b>Meeting Title</b> |  |                    |  |
| <b>Date</b>          |  | <b>Agenda item</b> |  |

### 1 PURPOSE/ AIM

This paper has been written to provide an update to the Board of Directors in relation to the Trust's response to the compliance actions required by the CQC following their unannounced and well led inspections

### 2 BACKGROUND/CONTEXT

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and then publish what they find, including performance ratings to help people choose care. The CQC sets out what good and outstanding care looks like and they make sure services meet fundamental standards below which care must never fall. The CQC have a wide set of powers that allow them to protect the public and hold registered providers and managers to account. The CQC have an enforcement policy that:

- Protects people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services of an appropriate standard.
- Hold registered providers and managers to account for failures in how the service is provided.

In January 2018 the CQC undertook an unannounced inspection of the following core services: maternity, urgent and emergency care, medicine and care of older people and surgery. This unannounced inspection was followed by an announced well led inspection in February 2018. The CQC published the report relating to its inspection of services at Bradford Teaching Hospitals NHS Foundation Trust on 15<sup>th</sup> June 2018. The CQC identified a number of compliance actions that the Trust was required to take, and required the submission of an action plan. This action plan was provided to the Board of Directors at its July meeting and subsequently provided to the CQC on the 12<sup>th</sup> July.

### 3 PROPOSAL

The CQC compliance action plan is being implemented across the Trust. The compliance actions identified in the inspection report were core service specific, but a decision was made by the Executive Management Team Operational Meeting to implement the related objectives across the Trust. The action plan, together with a progress update is attached as Appendix 1 to this paper.

### 4 RISK ASSESSMENT

There are currently no risks identified with the conduct, effectiveness or outcome of the implementation of the action plan. Delivery of this action plan is key to the mitigation of a number of risks on the Trust's risk register.

### 5 RECOMMENDATIONS

The Health and Social Care Overview and Scrutiny Committee is asked to note the content of this report and gain assurance in relation to the progress with the action plan.

### 6 Appendices

Appendix 1: CQC Compliance action plan update August 2018