

Date:	13 th December 2018
Meeting:	Governing Body
Item Number:	Item 8.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
NLaG CQC Report

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Director approval <i>(Name)</i>	Clare E. Linley Director of Nursing and Quality
Director Signature	<i>Clare E. Linley</i>

Decisions to be made:
Members are asked to review the content of this report and note the assurance provided.

Link to a Strategic Objective?	<input checked="" type="checkbox"/>	This report supports the CCG in delivering its statutory duties as defined by the NHS Constitution
Link to a Strategic Risk	<input checked="" type="checkbox"/>	Delivery of statutory functions

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>		
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>		
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>		
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) continues to provide monthly updates on progress against the Must Do and Should Do actions that were identified by the CQC during their latest inspection of the Trust's services to the System Improvement Board Patient Safety Group (SIBPSG).</p> <p>The CCG has identified that the structure currently in place to gain assurance that progress is being made is robust, however the explicit focus on operational assurance around delivery of the CQC actions at the NLaG Quality Review Meeting (QRM) requires strengthening.</p> <p>The Trust has mapped the CQC Must Do and Should Do actions to its Improving Together Programme workstreams and into its 'business as usual' plans. Whilst this approach supports the Trust in embedding and sustaining improvements it is difficult for the CCG(s) to identify where progress has been made at operational level as this is not currently explicitly identified in the Trust's</p>

updates to the SIBPSG or the NLaG QRM.

In response to this the CCG(s) is seeking to improve the line of sight of progress against Must Do and Should Do actions by strengthening the QRM and refocusing the CCG Risk and Quality Operational Group to review assurance of progress made against the CQC actions at operational level.

The CCG is currently unable to make a comprehensive assessment of progress made against the must do and should do actions in the CQC Improvement Plan due to lack of operational level progress updates provided by the Trust.

Recommendations	Members are asked to review the content of this report and confirm whether further assurance is required.		
Report history	This is the latest update on progress made by NLaG against the CQC Must Do and Should Do actions.		
Equality Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Risk that improvements are not being made and embedded at operational level due to limited assurance received to date via the NLaG Quality Review Meeting.
Legal	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date

	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Northern Lincolnshire and Goole NHS Foundation Trust

Care Quality Commission Inspection 2018.

**Progress Update to the
NLCCG Governing Body
on 13 December 2018**

1. Introduction

1.1 The Care Quality Commission (CQC) undertook a comprehensive inspection of Northern Lincolnshire and Goole NHS Foundation Trust (NLG) between 8 May and 23 May 2018.

The final outcome report was published 12 September 2018 and the CQC awarded the Trust an overall rating of requires improvement. A summary of changes identified by the CQC in the latest inspection is provided in Appendix 1.

1.2 An initial update on the key findings identified by the CQC during their latest inspection was provided to the Governing Body on 11 October 2018.

It was agreed that a progress report would be provided at each Governing Body meeting.

2. Purpose

2.1 The purpose of this report is to assure the Governing Body

1. that robust systems and processes are in place to gain assurance on progress and identify any risks or issues
2. that the Trust's CQC Improvement Plan is fit for purpose
3. that the Trust is making progress against the CQC Improvement Plan
4. that the CCG is supporting the Trust with its improvement journey as far as this is possible.

3. Assurance that robust systems and processes are in place to gain assurance on progress and identify any risks or issues

3.1 The System Improvement Board (SIB)

The SIB provides system level oversight of processes in place to receive assurance from a patient safety perspective and a contractual compliance perspective. An overview of the SIB assurance structure is provided in Appendix 2 of this report.

3.2 System Improvement Board Patient Safety Group (SIBPSG)

The SIBPSG receives monthly updates on progress made against the Trust's CQC Improvement Plan.

The SIBPSG continues to progress with no significant concerns identified in relation to the assurance provided to the Group by the Trust.

3.3 NLaG Quality Review Meeting (QRM)

At the Extraordinary QRM on 25 September 18 the Trust agreed to provide a monthly update to the QRM on operational level assurance against Must Do and Should Do actions as a standing agenda item.

The CCG(s) has identified some concerns with the level of operational level assurance provided by the Trust in relation to progress against the CQC actions. These concerns have been raised with the Trust in preparation for further review of progress against the CQC actions at the QRM in December 18.

3.4 CCG Risk and Quality Operational Group

The CCG Risk & Quality Group is being refocused to incorporate operational level review of assurance that the CQC actions are being progressed.

3.5 The CCG(s) review of the robustness of assurance systems

The architecture of the structure in place to gain assurance is robust however the explicit focus on operational assurance around delivery of the CQC actions at the NLaG QRM may require further improvement.

In light of the above the CCG is partially assured that the current systems and processes in place are sufficiently robust to gain assurance on progress and identify any risks or issues.

4. Assurance that the Trust's CQC Improvement Plan is fit for purpose

4.1 The Trust has not developed a separate action plan in response to the CQC's findings from their latest inspection. All Must Do and Should Do actions and CQC requirement notices have been merged into 'business as usual' and the Trust's CQC Improvement Plan.

The required Must Do and Should Do actions are mapped to the Trust's Improving Together Programme workstreams and operational delivery of the Improving Together Programme is overseen by the Trust's Improvement Team.

4.2 The approach that the Trust has adopted to oversee delivery of the CQC actions means that visibility of progress against Must Do and Should Do actions is not currently clear.

The CCG in partnership with NELCCG in seeking to improve the line of sight of progress against Must Do and Should Do actions by strengthening the QRM and refocusing the NLCCG Risk and Quality Operational Group.

5. Assurance that the Trust is making progress against the CQC Improvement Plan

5.1 The CQC Must Do and Should Do actions are mapped to the Trust Improvement Plan. The Improvement Plan incorporates the workstreams within the Trust Improving Together Programme. These workstreams are as follows:

- Leadership and culture
- Quality and safety
- Access and flow
- Finance
- Service strategy

5.2 Progress is overseen by an action plan for each workstream. The CQC Must Do and Should Do actions are mapped to these action plans and the Trust prioritises those workstreams that incorporate CQC actions.

5.3 The Trust provided an update on progress against the Improving Together Programme to the System Improvement Board Patient Safety Group (SIBPSG) on 20th November 18.

This update consisted of a high level overview of development with the Improving Together workstreams and delivery of the CQC actions.

At this meeting the Trust reported that progress continues to be made in each of the workstreams.

5.4 Details of the Trust's arrangements for implementing the CQC actions and an overview of progress made against the CQC Improvement Plan have been shared with the CCG Quality, Performance and Finance Committee for consideration.

5.5 The approach described in paragraphs 5.1 and 5.2 above allows the Trust to integrate the CQC actions into the Trust's long term improvement plans.

However it is not easy for the CCG(s) to identify from the Trust's updates which Must Do and Should Do actions have been completed.

It is also currently unclear from the high level updates provided by the Trust to the SIBPSG how the CQC actions are incorporated into 'business as usual' plans.

In light of this the CCG is currently not yet able to make a comprehensive assessment of progress made against the must do and should do actions in the CQC Improvement Plan.

6. Assurance that the CCG(s) is supporting the Trust on its improvement journey

6.1 The primary support provided by the CCG(s) to the Trust, in supporting the Trust's improvement journey, is via the SIBPSG and the NLaG QRM.

6.2 At the SIBPSG on 16 October 18 it was agreed that a Quality Risk Profile (QRP) would be undertaken of services provided at NLaG in response to the findings from the CQC's latest inspection.

6.3 A new QRP was completed in November 18 in collaboration with NELCCG and the Trust. The CCG utilised data from health and care partners including the CQC, Healthwatch and NHS England to inform the QRP.

6.4 The latest QRP identified improvement in the oversight and mechanisms in place within the Trust to act upon unacceptable performance and quality standards. This is reflected in the improvement in risks becoming more controlled.

This position will be reviewed at the NLaG Quality Review Meeting on 20th December 18 and an update on the outcome from this review will be provided to the Governing Body in February 2019.

6.5 During November 2018 key CCG staff undertook focused discussions with NLaG colleagues to progress Must Do and Should Do actions.

These discussions are progressing well and updates on assurance against these actions will be provided at the NLaG QRM in December 18.

6.6 The CCG(s) main concern at present relates to the level of progress made by the Trust against the CQC actions at operational level due to limited assurance provided by the Trust to date via the NLaG QRM.

7. Summary

- Progress continues to be made against the Trust's Improving Together workstreams
- Improvements identified via the Quality Risk Profile of NLaG services
- The CCG(s) is supporting the Trust to provide operational level assurance of progress against the CQC actions via the NLaG Quality Review Meeting

8. Recommendations



















Members are asked to review the content of this report and confirm whether further assurance is required.

Clare E. Linley Director of Nursing and Quality

13 December 2018

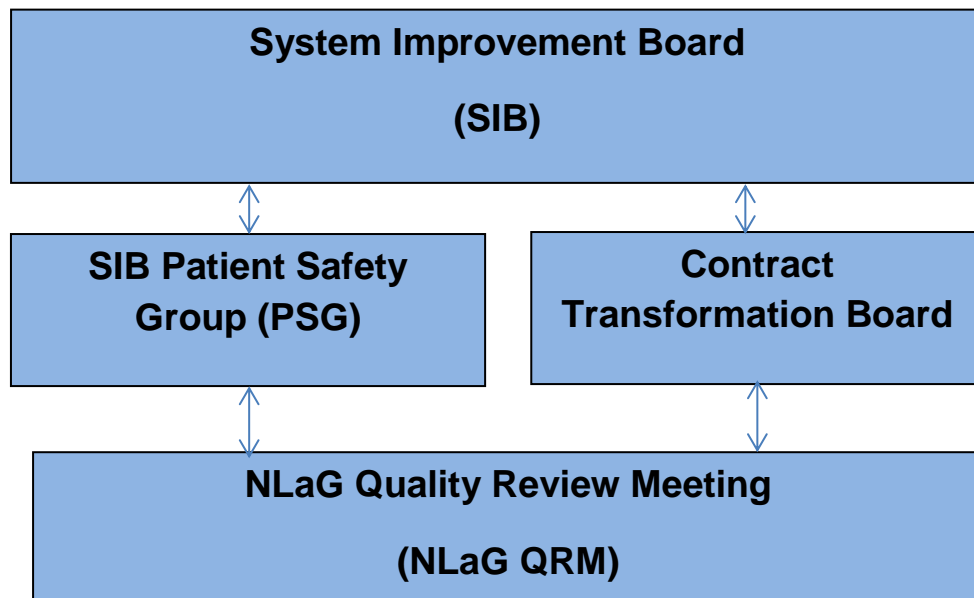
Appendices

Appendix 1 – Summary of changes since the previous CQC inspection

April 2016		April 2017		May 2018	
Overall rating - Requires Improvement		Overall rating - Inadequate		Overall rating - Requires Improvement	
Are services safe? – Requires Improvement		Are services safe? – Inadequate		Are services safe? – Requires Improvement	
Are services effective? – Requires Improvement		Are services effective? – Requires Improvement		Are services effective? – Requires Improvement	
Are services caring? - Good		Are services caring? - Good		Are services caring? - Good	
Are services responsive? - Requires Improvement		Are services responsive? - Requires Improvement		Are services responsive? - Requires Improvement	
Are services well-led? – Requires Improvement		Are services well-led? - Inadequate		Are services well-led? - Inadequate	

Appendix 2 – Overview of system to gain assurance of progress against CQC actions

System Improvement Board Assurance



NLCCG Assurance

