

Title of Meeting	QUALITY AND SAFETY COMMITTEE		Date	28 June 2021
Agenda Item			FOI Exempt	NO
Report Title	CQC UPDATE			
Executive Lead	Bridget Lees, Director of Nursing, Midwifery and Therapies			
Lead Officer	Simon Regan, Deputy Director of Quality, Risk and Assurance			
Action Required	<input type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input type="checkbox"/> To Receive		
Purpose				
To provide an update on progress against the action plan following the recent CQC inspection and other engagement with CQC.				
Executive Summary				
<p>The report provides an update on the Care Quality Commission (CQC) action plan following the unannounced focussed inspection at the Trust on 3rd March 2021.</p> <p>CQC identified seven actions we 'should do' to prevent the Trust from failing to comply with legal requirements in the future. However, it's positive to note that there were no 'must do' actions or breaches of regulation identified.</p> <p>The seven should do recommendations have been reviewed and actions identified to demonstrate continuing improvement. In addition, there have been 10 actions completed in the Medicine division following positive external assurance as part of the inspection.</p> <p>A date is being sought for a quality assurance panel to finalise updates on all actions.</p>				
Recommendations				
The Quality & Safety Committee is asked to note current position of the action plan.				
Previously Considered By:				
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee		
Strategic Objectives				
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services				
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards				
<input type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits				
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated				
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values				
✓ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire				
Prepared By:			Presented By:	
Simon Regan			Simon Regan	

Care Quality Commission (CQC) Update – June 2021

1. BACKGROUND

The Care Quality Commission (CQC) carried out an inspection at the Trust between 10th July 2019 and 1st August 2019 and a well-led inspection between 20th and 22nd August 2019. The subsequent inspection report was published on 29 November 2019 where the Trust received a rating of Requires Improvement (RI).

An improvement plan was developed following the outcome of the inspection and progress has been monitored at Quality and Safety Committee and Trust Board.

CQC carried out an unannounced responsive inspection at the Trust on 3rd March 2021 and CQC published the inspection report on 13th May 2021. A copy of the full report was provided to the committee at the last meeting.

There were no breaches of regulation identified. However, there were 7 actions the CQC recommend the Trust should take.

This report provides an update on progress against the action plan following the 2019 inspection and additional 'should do' recommendations following the inspection in March 2021.

2. OVERVIEW OF INSPECTION FINDINGS

During this inspection, the Trust was inspected but not rated. The unannounced focused inspection was undertaken following information of concern received from the public.

The inspection was focussed on the Medical Care core service which includes medical wards and departments.

The inspectors noted in the report that:

- Patients are treated with compassion and kindness and their privacy and dignity is respected, and takes account of their individual needs
- Safety incidents are investigated and any resulting actions are implemented and monitored, and lessons learned are appropriately shared
- Staff say they feel respected, supported and valued and can raise concerns without fear
- Leaders have the skills and abilities to run the service, and patients and staff think they are approachable
- A small number of instances had been identified where a family had not been involved in meaningful conversation about their relative's care and treatment, however a recent audit demonstrated improvements in this area
- Assessments around the risks of patients falling have improved since the last inspection and staff identify and act upon patients at risk from their health further deteriorating, however staff don't always update risk assessments for each patient
- The service does not always have enough substantive medical staff, although locum and bank staff and new roles have been created to keep patients safe until long-term recruitment can be resolved
- Consultants lead daily ward rounds and are on site at weekends, with on-call consultants available during out of hours periods - an improvement in cover since the last inspection

- Nursing, medical, and other health professionals were found to keep separate patient records, but it was noted the Trust is continuing towards implementing electronic patient records to support record-keeping
- Patients have enough food and drink to meet their needs and improve their health, however inspectors found staff don't always complete patient fluid charts, although this has improved from the last inspection
- Staff provide emotional support and understand patients' personal needs and had provided contact with families and carers while visiting had ceased during the pandemic
- Complaints are treated seriously, patients are included in the investigation of their complaint, and lessons are shared with all staff

Outstanding practice

The medical care service had undertaken a quality improvement project in partnership with the local hospice to look at how fundamental care could be improved, based on the ethos of individualised patient centred care as experienced on the Oasis ward during wave one of Covid-19.

The remit of the team was to support staff and develop skills in relation to the delivery of the fundamentals of care and help develop holistic patient centred care as experienced on the Oasis ward. The Oasis team was also supporting the review and launch of the Care Certificate.

Areas for improvement

In the report, CQC identified seven areas for improvement where they identified the Trust 'should' take action. An overview is presented below of the actions against those areas and how they will be monitored (**in Green**).

The Trust should continue to improve the review of patient risk assessments.

This programme of work will be taken forward as part of the Trust quality priority programmes for 2021-22.

The trust should continue to improve the involvement of patients and their families in decisions regarding care and treatment where DNACPR is considered.

The Trust will continue the improvement work through 2021-22 via the Resuscitation Committee which demonstrated an improvement in DNACPR decision-making in January 2021.

The Trust should continue towards electronic patient records to promote accuracy of holistic record keeping.

The Trust has revised and implemented its Digital Strategy and has introduced an integrated communication platform for any web device to promote delivering faster clinical communication, improved governance, better collaboration and safer care.

The Trust should continue to improve discharge arrangements to ensure safe patient discharge.

The Trust has initiated quality improvement events on safer discharge of patients during Q4 developing a revised discharge checklist, improved communication with provider stakeholders and patients; quality discharge forums with providers and follow up welfare checks of patients after discharge.

The Trust should continue to act to address the high number of registered and unregistered nursing vacancies.

By the end of 2020/21, we have achieved the most improved vacancy rate for registered and non-registered nursing and midwifery staffing roles for several years. The international nurse recruitment work has supported this and we are on track to realise 92 nurses by the end of June 2021. However, we recognise the Covid-19 pandemic has led to some delays.

The Trust should continue to improve the assessment of the nutrition and hydration needs of patients including the accurate completion of fluid and nutrition charts.

This action has been carried forward as one of the quality priorities programme of work for 2020-21.

The Trust should continue to address the number of medical staffing vacancies across the medical care service.

During 2020-21 we have significantly reduced the number of medical vacancies, starting with 59, and ending the year with 27. Whilst this is a significant achievement, we need to ensure that we maintain the focus on filling these vacancies and are working a number of methods to generate applicants. This has involved working with partner organisations to generate joint posts with academic elements, extending the number of recruitment agencies we work with to source candidates for our difficult to fill roles and exploring how we can offer development opportunities to develop the talent within the organisation for the future.

3. PROGRESS AGAINST OVERARCHING ACTION PLAN

As a result of the inspection, we have reviewed the full report and current position alongside the 2019 action plan to recognise some of the positive external assurances following this inspection.

Seven new actions have been added as a result of the recent CQC inspection and actions are being taken as shown above. A status update is provided below subject to validation at the Quality Assurance Panel.

A date is being sought for a quality assurance panel to finalise updates on all actions and get a full update on all other actions.

Rating	April 2021			May 2021			Change
	Must Do	Should Do	Total	Must Do	Should Do	Total	
Completed	6	48	54	11	53	64	+10
Progressing on schedule	24	41	65	19	43	62	-3
Slightly delayed and/or of low risk	1	3	4	1	3	4	
Significantly delayed and/or of high risk	0	0	0	0	0	0	
TOTAL	31	92	123	31	99	130	+7

4. CQC ENGAGEMENT

We continue to have regular engagement meetings with the CQC via MS Teams and we recently met with CQC on 10th June 2021. At the meeting we discussed:

- Update on Trust recovery and restoration plans
- Update in relation to Covid-19 pandemic / current trust position on compliance / key risks
- Update in relation to specific incidents
- Update on any governance process or senior leadership team changes

5. RECOMMENDATIONS

The Quality & Safety Committee is asked to note the current position against the action plan following the CQC inspection in March 2021.

6. REFERENCES

CQC Inspection Report – Southport and Ormskirk Hospital NHS Trust – Southport and Formby District General Hospital – Medical Care (including Older People’s Care). Published 13/05/2021

<https://api.cqc.org.uk/public/v1/reports/e9ed1194-4dbc-4aa3-ab85-1c640e1b6d9e?20210513010517>

