

***ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
Overview & Scrutiny Committee
Agenda***

- Date Wednesday 11 October 2023
- Time 6.00 pm
- Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Constitutional Services Tel. 0161 770 5151 or email constitutional.services@oldham.gov.uk
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MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD

Councillors Adams, Ball, Hamblett, J. Harrison, Hobin, S. Hussain, McLaren and Moores (Chair)

Item No

- 5 Northern Care Alliance - Care Quality Commission - Inspection Report for Oldham (Pages 1 - 8)

To receive and consider the following –

(i) CQC Inspection update report for Oldham (Appendix 1).

(ii) In connection with the Oldham report, the full CQC report circulated at the previous Scrutiny Board meeting (Appendix 2).

Oldham Care Organisation

CQC Update October 2023

Background

The unannounced CQC inspection took place on 8 August 2022 and the overall rating for the NCA was Requires Improvement.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓ Dec 2022	Requires Improvement ↓ Dec 2022	Good ↓ Dec 2022	Requires Improvement ↓↓ Dec 2022	Requires Improvement ↓↓ Dec 2022	Requires Improvement ↓↓ Dec 2022

A NCA CQC overarching action plan was developed and replicated for each Care Organisation. The table below give the figures of the Must and Should Do actions for the NCA, Oldham Care Organisation and Maternity services.

	Must	Should	Total
NCA	46	33	79
OCO (-Maternity)	18	8	26
Maternity	9	7	16

As a Care Organisation Oldham replicated the NCA Quality and Standards Improvement group fortnightly to monitor the progress of the action plan and evidence submission to show completion and sustainability of actions.

Progress to Date

- All divisions have reviewed the 79 NCA Must and Should Dos
- Actions have been linked to any improvement plans / work ongoing to support and monitor the development of improvements across the services.
- Oldham have 57 completed actions of which 22 are business as usual (BAU) / risk register, 11 in progress BAU/risk. These actions are being monitored via related workstreams / or added onto a risk register (Group or Care Organisation depending on the action).
- Oldham Care Organisation mandatory training is at 92.2% and My Time (appraisal) at 85.37%.
- Divisions /specialities are reviewing policies and working towards harmonisation of policies across the NCA.
- A harmonised Medicines policy has been finalised across the NCA, with maternity services working closely with Pharmacy colleagues to develop a maternity medicines policy.
- Nursing assessment and accreditation scheme, NAAS action plans are being cross referenced with the CQC action plan and ongoing work, ward F6 achieved Green in all 14 domains and good practice is being shared across all divisions. The Oldham theatres had their first TAAS assessment and achieved amber status.

- As part of the Urgent and Emergency Care workstream a Continuous Flow Model (CFM) has commenced within the division of medicine and shared learning across the NCA with other Care Organisation exploring the model.
- The Oldham Emergency Department have implemented the Patient First Improvement dashboard / toolkit and this has been shared with the other EDs across the NCA for implementation.
- The Maternity Improvement Board monitors the action plans / improvements within the maternity improvement plan.
- Patient Safety Incident Response Framework (PSIRF) implementation phase has been moved to 01 November 2023 and transition will be completed by 31 December 2023. Training has been commenced and workshops are under way in preparation for the implementation phase. Divisions across the Care Organisation are presently piloting PSIRF toolkits both Maternity and the Division of Medicine are completing an investigation using the SEIPS model.
- The NCA has transition to a new risk management policy in September 2023. The policy aims to create a risk management approach that is simple, realistic and feasible for all and one which brings value in terms of improvement. The policy champions the importance of proactive risk management at all levels.
- The transition for the risk scoring is September 2023 to December 2023 when all risks need to be in the new scoring matrix, within the first 4 weeks the divisions have rescored 67% of risks.
- Oldham Urgent and Emergency Care services (ED/SDEC) have had a recent mock inspection in June 2023 and the formal report was received in September. Improvements have been made in the Responsive and Well Led domains.

Northern Care Alliance: Overall Rating Requires Improvement (Dec 2022)

Safe	Effective	Caring	Responsive	Well Led
RI	RI	G	RI	RI

Core Service: Urgent Care (Dec 2022)

Safe	Effective	Caring	Responsive	Well Led
RI	RI	G	RI	RI

Mock CQC Rating (Based on onsite inspection findings and evidence provided by the CO)

Core Service: Urgent and Emergency Care

Safe	Effective	Caring	Responsive	Well Led
RI	RI	G	G	G
↔	↔	↔	↑	↑

Oldham Care Organisation Action Progress

NCA Action Reference Number	Must / Should Do	Report Recommendation	Oldham Care Org
Mat/01	MUST	The trust must ensure that records are completed contemporaneously and all are accessible to staff providing care.	Completed
Mat/02	MUST	The trust must ensure that all action plans continue to be monitored and are embedded to help drive improvement and outcomes for women.	Completed
Mat/03	MUST	The trust must ensure that staff complete an annual appraisal and are supported to develop their skills.	BAU/RR Completed
Mat/04	MUST	The trust must ensure that equipment is maintained in a timely manner and daily checks are completed so that staff have assurance that equipment is safe to use.	BAU/RR In Progress
Mat/05	MUST	The trust must ensure that there are robust processes for medicines management.	BAU/RR In Progress
Mat/06	MUST	The trust must ensure that staff receive training in key skills including mandatory training including resuscitation, safeguarding and Practical Obstetric Multi-Professional Training (PROMPT) appropriate to their role.	Completed
Mat/07	MUST	The trust must ensure that daily safety checks of equipment are fully completed.	Completed
Mat/08	MUST	The service must ensure that trust processes are followed to reduce the risk that medicines will be used outside their expiry date including for medicines with a shortened expiry once opened.	Completed
Mat/09	MUST	The trust must ensure that any shortfalls in midwifery staffing have mitigations in place to ensure safe levels.	BAU/RR In Progress
Mat/17	MUST	The trust must ensure that any shortfalls in midwifery staffing have mitigations in place to ensure safe levels.	In Progress
NCA/01	MUST	The trust must ensure there is consistent assessment, monitoring and improvement of the quality and safety of the services provided and that this is presented uniformly to decision makers to ensure they have effective oversight	Completed
NCA/02	MUST	The trust must ensure that effective structures and processes are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients which arise from the carrying on of the regulated activity; including an effective audit programme and good quality data that monitors actions to improve patient care	Completed
NCA/03	MUST	The trust must ensure that services are always safely staffed by people with the necessary skills, knowledge and experience	BAU/RR Completed
NCA/04	MUST	The trust must ensure staff complete mandatory training in accordance with the relevant schedule and receive sufficient training, supervision and appraisal to perform their duties competently	Completed
NCA/05	MUST	The trust must ensure they are effectively assessing and managing the risks to the health and safety of patients receiving care and treatment. The trust must ensure they are doing all that is reasonably practicable to mitigate any such risk.	Completed
NCA/06	MUST	The trust must ensure it is effectively and appropriately assessing and managing the risks to service users who are waiting to receive care and treatment by ensuring clinical need and priorities are regularly reviewed.	Completed
NCA/07	MUST	The trust must ensure it aligns relevant policies and procedures to reduce unwarranted variation in clinical practice, and that policies are up to date	BAU/RR Completed
NCA/08	MUST	The trust must take action to improve performance and reduce variation in medicines reconciliation rates across the organisation.	BAU/RR Completed

NCA/09	MUST	The trust must ensure that there are sufficient numbers of nursing and medical staff that can meet peoples care and treatment needs and keep them safe from avoidable harm.	Completed
NCA/10	MUST	The service must ensure it acts to mitigate the risks to patients waiting in the department including those waiting for triage, treatment, admission or on a trolley. It must ensure patients can access the service when they need it.	BAU/RR Completed
NCA/11	MUST	The service must ensure it operates effective systems and processes to assess, monitor and improve the quality and safety of services.	Completed
NCA/12	MUST	The service must ensure that staff receive appropriate training, supervision, and appraisals, this should include but not be limited to training in life support training, as is necessary to enable them to carry out the duties they are employed to perform.	BAU/RR Completed
NCA/13	MUST	The service must take action to monitor staff compliance for sepsis training and develop a more comprehensive mandatory training package to enable staff to support complex patients such as those living with dementia, autism, or a learning disability.	BAU/RR Completed
NCA/14	MUST	The trust must ensure that staff receive training in key skills including mandatory training including resuscitation and safeguarding appropriate to their role.	BAU/RR Completed
NCA/15	MUST	The trust must ensure that all staff are using the most up to date version of the intranet policy store.	Completed
NCA/16	MUST	The service must ensure staff receive the required training to enable them to carry out the duties they are employed to perform. This includes but is not limited to safeguarding and training on learning disability and autism.	Completed
NCA/17	MUST	The service must continue to monitor and take appropriate actions to improve average length of patient stay, readmission rates and referral to treatment waiting time performance in line with national standards.	BAU/RR Completed
NCA/18	MUST	The service must ensure all areas of the department are clean and staff have access to enough equipment that is secure, suitable and properly maintained. This includes but is not limited to checks of specialist equipment and rooms used for assessing a patient's mental health.	BAU/RR Completed
NCA/19	MUST	The service must ensure they effectively assess risks to patients and do all that is possible to mitigate such risks. This includes but is not limited to risk relating to patients placed on corridors, patients awaiting triage and treatment, patients with suspected sepsis and other specific risk issues.	Completed
NCA/33	MUST	The service must implement clear plans, with set timescales and actions, to improve patients access to care and to achieve their timely discharge from hospital.	BAU/RR Completed
NCA/34	MUST	The service must ensure that referral to treatment times for patients and national standards for treatment of patients with suspected cancer are met.	BAU/RR Completed
NCA/35	MUST	The trust must take actions to improve the timeliness of patient complaint responses to within the timescales specified in the trust complaints policy.	BAU/RR Completed
NCA/36	MUST	The service must ensure that they have enough medical or nursing staff to keep patients safe and that patients requiring one to one observations receive this level of care.	BAU/RR Completed
NCA/37	MUST	The service must ensure that guidance and training on treating patients with eating disorders is adequately rolled out and delivered to all relevant staff.	BAU/RR In Progress
NCA/38	MUST	The service must ensure that staff comply with all aspects of the surgical safety checklist.	Completed
NCA/39	MUST	The trust must ensure that patient risk assessments are consistently completed and reviewed in a timely manner for all patients	BAU/RR Completed
NCA/40	MUST	The trust must ensure that action is taken to improve timeliness of medicines reconciliation and of the administration of time sensitive medicines to support safer medicines prescribing and administration.	BAU/RR Completed

NCA/41	MUST	The service must ensure patients are treated with dignity and respect and ensure the privacy for patients is maintained, particularly for those cared for on the corridor.	Completed
NCA/42	MUST	The trust must ensure that processes are followed, to reduce the risk that medicines will be used outside their expiry date.	BAU/RR Completed
NCA/43	MUST	The service must ensure that all emergency trolleys are sealed, with a record of checks to show they are ready for use.	BAU/RR Completed
NCA/44	MUST	The service must ensure that all medicines are kept securely on the wards.	BAU/RR In Progress
NCA/45	MUST	The service must ensure that substances that are hazardous to health are properly controlled and kept securely.	BAU/RR Completed
NCA/46	MUST	The service must ensure that all staff follow infection control principles, including the use of personal protective equipment (PPE).	Completed
NCA/47	MUST	The service must ensure they participate in clinical audit to demonstrate the effectiveness of care and treatment.	Completed
NCA/48	MUST	The trust must ensure that effective and timely care is provided; to improve patient access and flow through the hospital to safe discharge or transfer to inpatient services.	BAU/RR Completed
NCA/49	MUST	The service must effectively and appropriately assess and manage the risks to service users who are waiting to receive care and treatment.	BAU/RR In Progress
Mat/10	Should	The trust should ensure that consumables are stored securely in clinic rooms.	In Progress
Mat/11	Should	The trust should ensure that all minority groups are included in service planning	Completed
Mat/12	Should	The trust should ensure that information to provide feedback, including how to complain, is clearly displayed in all areas.	Completed
Mat/13	Should	The trust should consider the use of Situation, Background, Assessment, Recommendation (SBAR) for handover processes.	Completed
Mat/14	Should	The trust should consider applying for re accreditation with the UNICEF baby friendly initiative.	Completed
Mat/15	Should	The trust should consider readmitting babies for phototherapy to paediatric wards rather than maternity.	Completed
NCA/20	Should	The trust should ensure there is clarity in the roles and responsibilities of executive leads and that roles allow equitable capacity for the executive directors.	N/A
NCA/21	Should	The trust should ensure serious incidents are investigated in a timely manner and learning is shared across the organisation as required	Completed
NCA/22	Should	The trust should ensure staff understand relevant strategies and can comment and contribute where appropriate.	In Progress
NCA/23	Should	The trust should ensure it continues to improve culture and support staff to speak up.	Completed
NCA/24	Should	The trust should ensure it effectively manages the administration of the fit and proper persons checks.	Completed
NCA/25	Should	The trust should ensure complaints are investigated and responded to in accordance with the relevant policy and best practice and take actions to improve the timeliness of patient complaint responses to within the timescales specified in the trust complaints policy	Completed
NCA/26	Should	The service should ensure that all staff use, and wear, required personal protective equipment, including the correct use of surgical face masks.	Completed
NCA/27	Should	The service should ensure staff store patient records and information securely.	In Progress
NCA/28	Should	The service should ensure patients receive timely pain relief to ensure that care and treatment meets their needs.	Completed
NCA/29	Should	The trust should ensure that leaders communicate the vision and strategy to all staff.	Completed

NCA/30	Should	The trust should ensure that lone worker arrangements are robust to keep community staff safe.	Completed
NCA/31	Should	The service should ensure they meet the nutritional and hydration needs of patients.	BAU/RR In Progress
NCA/32	Should	The service should ensure care and treatment is carried out with the informed consent of the patient and such consent is clearly recorded.	BAU/RR In Progress
NCA/50	Should	This service should ensure tools to identify patients at risk of deterioration are used in an accurate and timely manner by staff.	In Progress
NCA/51	Should	The service should ensure that the premises are safe to use for their intended purpose and are used in a safe way.	Completed
NCA/53	Should	The service should take appropriate actions to improve timeliness and compliance for completing risk assessments and intentional rounding observations in line with trust targets.	In Progress
NCA/54	Should	The service should take actions to improve clinical audit outcomes and take appropriate actions to reduce the number of outstanding reports and overdue action plans.	In Progress
NCA/55	Should	The service should take actions to implement a more dementia-friendly environment across the surgical wards and theatre area.	BAU/RR Completed
NCA/56	Should	The service should take actions to encourage and improve the utilisation of 'this is me' documents or 'hospital passports'.	BAU/RR In Progress
NCA/57	Should	The service should continue to take action to enlist a clinical director of general and oral surgery and ensure that all required staff have job plans in place.	N/A
NCA/58	Should	The trust should ensure emergency medicines checks are completed.	In Progress
NCA/59	Should	The trust should ensure that patient observations are carried out in a timely manner.	BAU/RR In Progress
NCA/60	Should	The service should ensure that cleaning schedules are completed appropriately.	Completed
NCA/61	Should	The service should consider developing a more comprehensive mandatory training package to enable staff to support complex patients such as those living with dementia, autism or a learning disability.	In Progress
NCA/62	Should	The service should ensure that mixed sex breaches are avoided on medical wards.	Completed
NCA/63	Should	The service should ensure that ward moves are not completed after 8pm, unless clinically required, to avoid disturbing rest and disorientating patients.	BAU/RR In Progress
NCA/64	Should	The service should consider developing a vision and strategy that is specific to the medicine division.	Completed

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