

MEETING: Health and Scrutiny Committee

DATE:

SUBJECT: CQC inspection outcome

**REPORT FROM:
Heather Caudle, Chief Nurse Northern Care Alliance**

CONTACT OFFICER: Jacqui Burrow, Deputy Chief Nurse

1.0 BACKGROUND


Unannounced Inspection commenced on 8th August 2022 and concluded following the well led element of the inspection on 26th September 2022. Prior to the inspection in July 2022, we had carried out a detailed self assessment against the key lines of enquiry and had rated ourselves as requires improvement.

1.1 The CQC Inspection was carried out using a risk based approach based on data and intelligence gathered. Areas of concerns had flagged with CQC based on information from external reporting (STEIS, waiting times, quality and performance indicators), enquiries they had received from the public and staff, and from themes they had become aware of through Incidents, complaints and RCAs. In particular a focus of the inspection in Fairfield General was the treatment and care of people with disordered eating, following a PFD order issued to the organisation in November 2021.

1.2 Areas inspected by CQC:

- Salford Care Organisation – Medicine, Surgery, Urgent and Emergency Care
- Oldham Care Organisation – Medicine, Surgery, Urgent and Emergency Care and Maternity
- Bury Care Organisation - Medicine, Urgent and Emergency Care
- Rochdale – Maternity

1.3 Rochdale Care Organisation was not inspected, however maternity services based at Rochdale (managed by Oldham) were inspected as part of the overall maternity inspection.



1.1 Areas of good practice were also identified one of which for Royal Oldham Hospital

Royal Oldham Urgent and Emergency Care

The department had developed a training session to raise awareness around support for victims of domestic abuse. The program was developed in partnership with and delivered by a survivor of domestic abuse. The training program linked in with local services for survivors, familiarised staff with relevant referrals, and developed discreet methods of providing victims with helpline contact details. Staff said this training provided them with confidence in supporting victims and using professional curiosity to raise or challenge signs of domestic abuse.

1.2 2.0 ISSUES

When NCA became a legal entity - Salford’s current rating of outstanding was adopted for the NCA, and any previous Pennine Acute Trust overall Ratings were no longer applicable. Ratings were given for each core service inspected but an overall rating for Bury, Rochdale and Oldham were not given.

2.1 The overall rating for the Northern Care Alliance following the inspection is Requires Improvement.

2.2 The final report was published on the 22nd December 2022 and this was accompanied by a statement made by the Chief Executive Officer that acknowledged the report findings and that some improvements were already underway. There were 120 recommendations made within the report, categorised as ‘Must Do’ or ‘Should Do’ actions which now need to be addressed to ensure that the NCA is not placed at risk of breaching a Health and Social Care Act Regulation or one of the CQC Fundamental Standards. We must also ensure that the care and safety of patients remains one of our key priorities alongside the wellbeing of staff.

2.3 Overall Rating for the Northern Care Alliance

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 |



- 2.4 Several main themes emerged from the inspection which alongside the must and should do actions will be included as part of the overall improvement plan. These include - Visibility of senior leaders; although this did not emerge as a theme for Fairfield general, Culture, Information Management, Governance, Staffing, Mandatory Training, Patient Flow and Waiting Times, Policy Management, Medicines Management, Shared Learning

3.0 CONCLUSION

- 3.1 Under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC have asked for a written report of the action we are going to take to meet the associated regulations and any other legislation. This is currently in development and due for submission with the CQC by 31st January 2023.
- 3.2 To mitigate any gaps in controls, optimise opportunities to harmonise clinical practices across the Trust, identify areas of good practice and to link with improvement work that is already underway, actions have been mapped across all sites regardless of the initial core service that the CQC originally identified recorded the action against so that we can ensure that we address issues in their entirety. Learning from all areas inspected will be applied across the entire organisation; the result for Oldham being that some of the developments will enhance work already in train rather than only addressing areas in deficit.
- 3.3 As part of the improvement plan each regulation has been assigned to an Executive lead for monitoring and support.
- 3.4 A Quality Standards & Improvement Group has been established to monitor and oversee the progress of the overarching action plan – chaired by the Deputy Chief Nurse. The Group Assurance and Compliance Team will provide oversight to the action plan on behalf of the NCA and provide reports on progress to EQPC, Audit Committee and Group Board and partners as required.

4.0 SAFEGUARDING IMPLICATIONS

To outline any safeguarding implications in relation to the report.

