

<b>Meeting</b>	<b>Joint Health Overview &amp; Scrutiny Committee</b>
<b>Paper Title</b>	<b>CQC Inspection Update</b>
<b>Prepared by</b>	Caroline Greenhalgh, Director of Quality Governance
<b>Presented by</b>	Karen Coverley, Deputy Chief Nursing Officer
<b>Date</b>	25 June 2026
<b>Recommendations</b>	<b>Joint Health Overview &amp; Scrutiny Committee is asked to:</b> <ol style="list-style-type: none"><li>1. The Committee is asked to acknowledge the report</li><li>2. acknowledge the improvement work that is ongoing and the improvements to date</li></ol>
<b>Which NCA Ambition(s) does this support?</b>	The report supports the following NCA Ambitions: <ul style="list-style-type: none"><li>• Caring for and Inspiring our People</li><li>• Improving Quality - Safety, Experience and Outcomes</li><li>• Improving Performance – meeting and exceeding standards</li></ul>
<b>Where has this paper been reviewed?</b>	Not Applicable
<b>Impact of the requirements of the protected groups identified by the Equality Act?</b>	Not Applicable
<b>Freedom of Information Status</b>	Public
<b>Link to Board Assurance Framework Risks</b>	BAF Risk 6: Quality Systems IF we fail to identify, act and respond to quality standard and quality system failures THEN we will not achieve CQC and national best practice outcomes and deliver on our Mission of Saving and Improving Lives

## **1. Introduction**

1.1 This report provides an update on the progress made by the organisation since the paper provided in March 2026 and should be considered alongside that submission. A summary of the key findings is set out in Appendix One.

1.2 The Clinically Led Model has now been fully implemented across the NCA. A consolidated corporate action plan has been developed to promote standardisation across all Clinical Groups. While it is recognised that certain actions are specific to individual areas, the majority are applicable across multiple Clinical Groups.

1.3 Responsibility for the Salford Royal Surgical Services Section 29A improvements spans three Clinical Groups: Neurosciences and Major Trauma; FACT (Families, Anaesthetics, Critical Care and Theatres); and Surgery. Oversight is exercised within each Clinical Group, with formal reporting to the NCA-wide CQC Oversight Group

## **2.0 High Level Progress March – June 2026**

2.1. **Bed Reconfiguration and Expertise** - Bed reconfiguration to co-locate specialties and ensure expert care for surgical patients. Surgical bed reconfiguration will be completed by the end of June 2026. The reconfiguration will create an additional ten surgical beds. It will also ensure that patients are cared for in the most appropriate area.

2.2 **Full Capacity Protocol** – Concerns were raised during the Oldham inspection regarding My Next Patient and Temporary Escalation Spaces. In response, a Full Capacity Protocol is being developed to provide clear and consistent guidance. Aligned to the OPAL escalation framework, the protocol will improve clarity for staff and patients, ensuring patient safety remains central while supporting effective patient flow.

2.3 **Workforce stability has improved** - significant reduction in registered nurse vacancies (from 30.28 WTE to 11.49 WTE), improved fill rates (now averaging 89%), and reduced reliance on agency staffing, increased continuity of care, and enhanced patient safety and staff experience.

2.4 **Fundamental aspects of care have strengthened** - improvements in pain management, hydration and risk assessment processes, although performance remains variable. This leading to better patient outcomes, including improved comfort, hydration, and earlier recognition and escalation of deterioration.

2.5 **Infection prevention and control** - compliance has increased most notably in MRSA screening (17% to 86%) and hand hygiene (55% to 83%), reducing the risk of healthcare-associated infections and improving overall patient safety.

**2.6 Governance arrangements have been strengthened** - reductions in policy backlog and the introduction of improved oversight structures and the Trust's ability to identify and respond to risks in a timely way.

**2.7 Operational performance has improved** – improved Referral to Treatment (RTT) and theatre utilisation, supporting better patient flow and reduced waiting times, although performance below national standards continues to impact access and timeliness of care. although still below national benchmarks.

### **3.0 Surgical services, Salford Royal Hospital Reinspection 19<sup>th</sup> – 21<sup>st</sup> May 2026**

3.1 The CCQ undertook an unannounced comprehensive assessment including a follow up to the warning notice issued in September 2025.

3.2 The initial feedback did not highlight any immediate concerns, with evidence of improvement noted, particularly in relation to patient experience. It was felt that there is still progress to be made to with regard to risk assessments and staffing.

3.3 Interviews are scheduled for leadership teams across the Clinical Groups and Clinical Service Units. Once all the information has been triangulated the CQC will share the draft report. There is no expected date at the time of writing.

### **4.0 CQC Well Led Inspection May to July 2026**

4.1 The Well-Led domain is critical in determining the organisation's overall CQC rating. A well led inspection looks at the following areas:

- Shared direction and culture: A shared vision prioritizing person-centred care.
- Capable, compassionate, and inclusive leaders:
- Effective leadership with integrity and honesty.
- Freedom to speak up: Openness and a culture where staff feel safe raising concerns.
- Workforce equality, diversity, and inclusion: Fair treatment and opportunity for all staff.
- Governance, management, and sustainability: Robust systems for identifying and managing risks.
- Partnerships and communities: Collaborative working to deliver integrated care
- Learning, improvement, and innovation: Commitment to continuous development and sustainability.
- Environmental sustainability: Proactive measures toward sustainable improvement

4.2 The onsite inspection is 21<sup>st</sup> – 23<sup>rd</sup> July 2026. The CQC will observe meetings and meet with staff. The CQC have requested data to support them in undertaking the inspection, including identifying stakeholders to gain feedback from them.

4.3 The Trust is supporting staff to be undertake constructive conversations with the CQC.

## **5. Recommendations**

5.1 The Committee is asked to consider the report and acknowledge the improvement work that is ongoing and the improvements to date.

5.2 The Committee is asked to note the date of the onsite CQC well led inspection.

## **Appendix One – CQC Inspection key areas of good practice and areas of improvement**

### **Medical Care (including older people's care) Rochdale Infirmary – Rated GOOD. July 2025**

#### **Areas of Good Practice**

- Positive safety-focused culture with effective learning from incidents and complaints. This supports fast learning across services and prevents future harm.
- Rapid escalation and response to deteriorating patients demonstrating safe care for the most acutely ill patients.
- Care aligned to national guidance and evidence-based practice providing patients with the most up to date care.
- Strong infection prevention and control standards which provides a safe environment for patients to be cared for in.
- Care planned and coordinated with stakeholders to maintain safety and continuity.
- High compliance with mandatory training.
- Leaders have the skills and experience required, despite constrained resources.
- Patients reported kindness, dignity and respect from staff and felt involved in treatment and able to raise concerns.
- Environment described as clean, with equipment available.
- Care considered individualised, respecting protected characteristics.

#### **Areas for Improvement**

- Staffing, while meeting establishment, does not consistently match activity peaks and may not always meet patient need. A staffing establishment is underway to address the mismatch.
- Some patients transferred to Rochdale Infirmary did not understand the reason for their transfer. A patient transfer leaflet has been co-produced with patients that explains the pathway and the need for transfer to the Rochdale site for ongoing treatment and care. The impact of this will be assessed during quarter 3.

### **Medical Care, Royal Oldham Hospital – Rated REQUIRES IMPROVEMENT. July 2025**

The Section 29A warning notice issued in October 2024 was due to concerns in relation to the continuous flow model (CFM). CFM was introduced to support patient flow and alleviate pressure on the emergency department. Patients are allocated to a ward and following a risk assessment are moved to the ward prior to the bed being available. The CQC noted that the service has made notable progress in addressing risks highlighted in the Section 29A Warning Notice.

#### **Areas of Good Practice**

- Improvements made in response to the Warning Notice, including relaunch of Temporary Escalation Spaces (TES) spaces using the My Next Patient (MNP) process.

- My Next Patient was introduced in response to concerns about CFM with a clearer process. Further work has taken place across the NCA to understand where all our temporary escalations spaces are and when they are used. A working group has been established with clear terms of reference and membership to produce a full capacity protocol that is operational and is used at times of pressure.
- Nutrition, premises and equipment are no longer in breach.
- Positive safety culture with engagement in improvement work.
- Most patients and relatives reported warm, kind and respectful care.
- Environment generally clean and met needs.
- Patients in TES spaces said staff were accommodating and used privacy measures appropriately.
- Most patients felt their needs were appropriately assessed and they were involved in assessments.

### **Areas for Improvement**

- Safe care and treatment (medication omissions), staffing and governance in relation to the management of incidents and timeliness of duty of candour (DoC) notification breaches. Further improvements have been made to support timely completion of duty of candour and incident management oversight through the care organisation safety summits.
- Sustained adherence to the new MNP/TES processes is required. Following the CQC visit a protocol has been developed to strengthen the governance around the use of escalation spaces. Prior to using escalation spaces this must be agreed by the director on call and the NCA executive
- Some patients experienced multiple ward moves or were admitted to wards not aligned to their speciality. A programme of work has commenced to look at the ensuring the patients are able to be transferred to the correct ward first time. This includes looking at the number of beds allocated to each speciality to ensure each speciality has the appropriate number of beds.
- Some issues with patients obtaining information about their treatment plans.
- Staffing levels do not consistently match peak activity or patient acuity. A Trust wide review of staffing establishments is underway.
- Leadership experienced but operating within resource constraints. The Clinical Leadership model has enabled a review of the way we manage our services. Our leaders will have capacity to support service development and delivery going forward. The model is due to start transitioning on 1st April 2026.

### **Surgical services, Salford Royal Hospital – Rated REQUIRES IMPROVEMENT. September 2025**

A Section 29A Warning Notice was issued on 21 October 2025 due to concerns that significant improvement was required to reduce the risk of harm to patients. The warning notice focused on:

- Staffing levels across surgical wards.

- Inadequate systems and processes for identifying and managing risks to quality and safety.

#### Areas of Good Practice

- High compliance with mandatory training; staff received regular appraisals.
- Adequate medical staffing.
- Teams followed national guidelines, including effective sepsis management.
- Staff promoted healthy lifestyle advice and considered inequalities.
- Evidence of learning, innovation, and good engagement with partners and the wider community.
- Some patients reported staff were kind, respectful, sought consent, and worked well as a team.
- Patients felt staff kept them informed, met their needs, and they understood how to raise concerns.

#### Areas for Improvement

- Mixed feedback regarding care and experience.
- Most people reported insufficient nursing and support staff, especially at night.
- Staffing shortages affected: emotional wellbeing, willingness to seek help, delays in pain relief and delays in personal care

**Medicine and Urgent & Emergency Care, Fairfield General Hospital – Rated AWAITING RATING January 2026**