

REPORT TO THE TRUST BOARD (PUBLIC)

TITLE	Care Quality Commission (CQC) six month update
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EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse
DATE OF MEETING	9 February 2021
PRESENTED FOR	Assurance

PURPOSE OF THE REPORT

This report provides an update regarding progress made against the Care Quality Commission (CQC) action plan from the 2019 inspection, and also highlights activity between the CQC and the Trust during the past 12 months.

EXECUTIVE SUMMARY

The Trust received the report from the 2019 inspection in December 2019. This report includes an overview of the MUST and SHOULD recommendations completed to date and those that remain outstanding. There were a total of five recommendations from the 2018 report that were outstanding at the time the 2019 report was received, therefore these were carried forward to the 2019 action plan.

The Trust has introduced a more robust governance process around oversight of actions by the Divisional Leadership and Corporate teams with regular presentations to the Hospital Management Committee (HMC) meeting.

A number of meetings and reviews have been undertaken by the CQC during the year relating to emergency care, DNACPR and infection control, with maternity scheduled in January 2021.

COMMITTEES/SUBGROUP WHERE THIS ITEM HAS BEEN CONSIDERED

Quality Assurance Committee – 26/01/2021

RECOMMENDATIONS

1. *Note for information*



Outstanding
Health and Wellbeing



Outstanding
People



Outstanding
Patient Care



Outstanding
Leadership



Outstanding
Communications

STRATEGIC GOALS THIS REPORT SUPPORTS (Check all that apply)

Delivering outstanding care and experience	<input checked="" type="checkbox"/>
Recruiting developing and retaining our workforce	<input type="checkbox"/>
Improving and developing our services and infrastructure	<input type="checkbox"/>
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
none	

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	Care Quality Commission – Fundamental Standards
NHS Constitution Delivery	Working together for patients Commitment to quality of care
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications (Check all that apply)

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input checked="" type="checkbox"/>								
<i>Additional comments</i> N/A								

1. COMPLIANCE STATUS AGAINST MUST AND SHOULD RECOMMENDATIONS

1.1 Below are the overall RAG ratings as reported in the latest CQC action plan 2019 (19.01.21 v75).

- A total of 40 MUST and SHOULD recommendations have been completed (turned Green) since the inspection between July – September 2019;
- There remains 16 MUST and SHOULD recommendations outstanding which are rated as Yellow;
- There is one Amber RAG rating in the MUST and SHOULD recommendations. This action relates to mortality and morbidity reviews in Critical Care at PCH. Good progress was being made but has been severely impacted by the COVID-19 pandemic;
- There are no red RAG ratings in the MUST and SHOULD recommendations;

2019 MUST and SHOULDs - OVERALL	Green (G)	Yellow (Y)	Amber (A)	Red (R)
	Evidence demonstrates action implemented	Evidence demonstrates the action is mostly met and within timescales	Evidence demonstrates the action is mostly met but not within timescales	Evidence in place demonstrates the action has not been met
NWAFT and Well-Led	0	2	0	0
PCH Urgent Care	4	2	0	0
PCH Critical Care	11	2	1	0
PCH Maternity	11	4	0	0
PCH End of Life Care	3	0	0	0
PCH Surgery	1	0	0	0
PCH Outpatients	3	0	0	0
HH Services for CYP	4	2	0	0
Stamford MIU	3	3	0	0
Total	40	15	1	0
2019 No. of MUST DO's	38			
2019 No. of SHOULD DO's	21			
2019 TOTAL	59			
2019 MUST AND SHOULDs - BROKEN DOWN	Green (G)	Yellow (Y)	Amber (A)	Red (R)
	Evidence demonstrates action implemented	Evidence demonstrates the action is mostly met and within timescales	Evidence demonstrates the action is mostly met but not within timescales	Evidence in place demonstrates the action has not been met
NWAFT and Well-Led	9	7	0	0
HH Services for CYP	13	5	0	0
PCH Urgent Care	6	2	0	0
PCH Surgery	1	0	0	0
PCH Critical Care	25	0	0	1
PCH Maternity	35	7	0	0
PCH Outpatients	2	0	0	0
PCH End of Life Care	4	0	0	0
Stamford MIU	19	6	0	0
Total	114	27	0	1
	142			

1.2 Below are the outstanding actions from the 2018 CQC action plan as reported in the latest CQC action plan 2019 (19.01.21 v75).

- A total of five MUST and SHOULD recommendations were carried forward from the 2018 inspection action plan. Progress had been made on all recommendations but minor outstanding actions meant these couldn't be signed off at the point of transfer to the 2019 action plan in December 2019;
- Four recommendations have been completed (turned Green) with one of those being archived from the action plan;
- One recommendation remains outstanding which is rated as Yellow. This relates to robust monitoring of end of life care, including achievement of preferred place of care and death and timeliness of discharge through local audit. A variety of options were discussed in January 2019 to achieve this action including electronic data capture via e-Track which was dependent on the PAS system implementation but would only give limited information at the

point of discharge. Amendments were made to the nursing documentation booklet to note preferred place of care in March 2020 however progress since then has stalled due to national limitations around ward-based assessments for discharge due to the COVID-19 pandemic. Priority was given to patients to be assessed for discharge using the relevant Discharge to Assess pathway – this process is now mandated and is reported through the discharge SITREP review, dashboard and national submission to NHS England each day. The Palliative Care team have continued their annual audits for cancer patients throughout and have acted on issues highlighted and lessons learnt. There is also a bereavement survey provided to relatives by the Bereavement Team and a separate telephone discharge audit carried out by the Discharge Team which has been underway since April 2020 to enable follow up on any concerns with the discharge process.

- There are no red or amber RAG ratings in the ‘MUST and SHOULD recommendations’.

2018 MUST AND SHOULD OVERALL	Green (G) Evidence demonstrates action implemented	Yellow (Y) Evidence demonstrates the action is mostly met and within timescales	Amber (A) Evidence demonstrates the action is mostly met but not within timescales	Red (R) Evidence in place demonstrates the action has not been met
PCH Urgent Care 2018	1	0	0	0
HH Urgent & EM Care 2018	1	0	0	0
HH Critical Care 2018	1	0	0	0
HH Maternity 2018	0	0	0	0
HH EOL Care 2018	0	1	0	0
Total	3	1	0	0

2. OVERSIGHT OF PROGRESS AGAINST ACTIONS

2.1 During the initial phase of the COVID-19 pandemic, the Trust moved to a governance-lite reporting format, which included a reduction in meetings across the Trust with a few exceptions such as Private Trust Board and QAC. The Trust also continued with the individual check and challenge meetings with each of the Divisions to review progress against the CQC action plan, but postponed the overarching CQC Steering Group meeting attended by all Divisions. Moving forward a more streamlined approach was agreed whereby each Clinical and Corporate Division would present an update to the Hospital Management Committee of action completed and plans for the next four months in their individual core services. The overarching steering group was then dis-banded, however the individual check and challenge meetings remain. This new process was introduced in September 2020 and has been well received by the Committee. The presentations from those meetings have been embedded for information as follows:

September 2020 - EMED	Appendix One
October 2020 – Maternity	Appendix Two
December 2020 – Surgery and FISS	Appendix Three – Surgery Appendix Four - FISS
January 2021 - Corporate (Workforce and Corporate Governance) and EMED	Appendix Five – EMED Appendix Six – Corporate Governance Appendix Seven – Mandatory Training Appendix Eight – Recruitment and Resourcing

For information, the HMC meeting in November 2020 was an extraordinary meeting focused on Equality and Diversity therefore no standing agenda items were discussed.

3. REGULATORY CONTACT

3.1 The Care Quality team have established regular contact with the CQC Relationship Officer to the Trust during the past year and this has helped to formulate an open and transparent relationship. The Trust supplies weekly data to the CQC which includes information regarding incidents as discussed at the Chief Nurse Rapid Review (CNRR) and Serious Case Investigation Group (SCIG) meetings. This helps to inform the CQC of issues identified and governance around the investigation processes.

3.2 There is two-way communication between the Trust and the CQC Relationship Officer regarding incidents or complaints of immediate concern, such as potential safeguarding or patient safety issues. The Trust has been commended for its responsiveness to urgent enquiries received and our transparency in informing the CQC team of such potential issues.

3.3 The Chief Nurse and Care Quality Support Manager met with the CQC Relationship Officer every 2-3 weeks during wave one of the pandemic to ensure oversight of compliance as set out in the Emergency Support Framework, the streamlined regulatory framework launched in May 2020 by the CQC for all acute hospital Trusts. This included four key lines of enquiry:

- Safe care and treatment
- Staffing
- Protection from abuse
- Assurance processes and risk management

Updates were shared and discussed with the CQC Relationship Officer who was satisfied with the Trust's level of compliance and meetings returned to a monthly format in September 2020. The ESF remains the format of discussion at the monthly meetings.

3.4 Also in May 2020, the CQC launched new guidance in relation to Board assurance for infection prevention and control, and released a framework to be completed by each Trust. The guidance related to re-establishment of services for non-COVID patients and how Trusts could ensure risks of cross-contamination were reduced as much as possible. This was completed by the Infection Control team, approved by QAC and the Trust Board in May 2020 prior to submission to and review by the CQC. The CQC team confirmed the Trust met all 10 standards identified and sent formal notification of compliance.

3.5 In October 2020, the CQC published a support tool called Patient FIRST to provide practical solutions that all Emergency Departments should consider in order to support good, efficient and safe patient care. 'FIRST' was an acronym for **F**low; **I**nfection control, including social distancing; **R**educed patients in emergency departments; **S**taffing; **T**reatment. A review was carried out by the Urgent Care leadership team with evidence collated against each standard identified, which was submitted to the CQC in readiness for a meeting on 26th October 2020. The CQC Head of Hospital Inspections and CQC Relationship Officer were assured with the level of compliance and supporting evidence provided by the Trust.

3.6 On 21st December 2020, a small team from the CQC undertook an unannounced inspection in the Emergency Department at Peterborough City Hospital to review the Trust's response to winter pressures. The inspection team noted the department was busy but were well accommodated and supported during their inspection. The initial, high level, feedback from inspectors was complimentary:

- Improvement of Rapid Assessment and Treatment area

- Risk Assessments appropriately completed
- Staff aware of escalation processes to manage flow and reduce risk
- Clear isolation/separation areas to manage Covid patients
- PPE guidelines observed
- Guidelines followed regarding cohorting of waiting patients

One area for improvement fed back so far related to the need for greater responsiveness in flipping the ratio of red to green areas to support patient flow. Additional data was requested following the inspection which has been submitted in full and we now await receipt of the draft report for a factual accuracy check.

3.7 The CQC notified the Trust on Thursday 26th November that they would be visiting the Peterborough City Hospital site on Friday 27th November to undertake a review of RESPECT form compliance as part of the national DNACPR thematic review commissioned by DHSC. The inspector met with the Deputy Medical Director for Governance, who is the medical lead for RESPECT within the organisation, to review a sample of patient notes. Caroline Walker, CEO, was interviewed as part of the review process on Tuesday 1st December, with three other members of staff from the clinical teams being interviewed w/c 7th December. Information gathered will contribute to the national report.

3.8 Plans are underway for a review of Midwifery and Maternity Services by the CQC scheduled to take place on Friday 29th January. The inspection team will comprise of the CQC Relationship Officer and Inspection Manager for the Trust, plus another Inspection Manager with experience in Maternity Services. The purpose of the review is to discuss the impact of changes implemented over the past few months, to review our immediate plans regarding patient risk and safety and more intermediate to long term plans now that the Director of Midwifery and Head of Midwifery are in post.

4. CQC STRATEGY CONSULTATION

4.1 The CQC are due to publish its new strategy in May 2021 and as part of the formal consultation, a series of engagement events aimed at providers, health and social care professionals, strategic partners, trade associations and key stakeholders are taking place during February 2021. The focus of the events will follow a strategic theme during each session:

- Accelerating improvement
- People and communities
- Smarter regulation
- Safety through learning

The Trust have registered to take part in these events and further information will be provided at a later date.