

<h1>BRIEFING</h1>	<b>TO:</b>	Health Select Commission
	<b>DATE:</b>	10 <sup>th</sup> October 2019
	<b>LEAD OFFICER:</b>	<p>Anne Rolfe Quality Governance, Compliance and Risk Manager The Rotherham NHS Foundation Trust 01709 426017</p> <p>Angela Wood Chief Nurse The Rotherham NHS Foundation Trust 01709 424153</p>
	<b>TITLE:</b>	Care Quality Commission – Achieve an improved CQC rating

## 1. Background

**1.1** This report is presented to the Rotherham Metropolitan Borough Council to update regarding the findings and the ongoing actions to improve the CQC rating for the Trust, in particular Urgent and Emergency Services.

The Care Quality Commission is the independent regulator of all health and social care services in England. They monitor, inspect and regulate hospitals and other care providers.

The Trust received the following inspections;

- core service unannounced inspection on 25-27 October 2018 of four core services;
  - Acute - Maternity
  - Acute – Children and Young People
  - Acute – Medicine
  - Acute – Urgent and Emergency Services.
- Use of resources inspection on 28 September 2018
- Community unannounced inspection on 16-18 October 2018 - Community Children and Young People core service only
- Well led inspection on 22-24 October 2018

High level feedback was given at the end of the each of the inspections and this was followed up by a letter issued to the Trust. Action plans were generated from the feedback. These have now been superseded by the publication of the report.

The final reports were published on 31 January 2019. A communication plan had been developed and various presentations were delivered towards the end of that week and the beginning of the next to ensure that staff were aware of the findings in the report.

Four requirement notices have been given to the Trust. These are the legal requirements that the Trust were not meeting, they are as follows;

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good Governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

An action plan was required to be produced for each of the above, using the CQC template. These were submitted to the CQC in February 2019.

The CQC have also issued the Trust with 74 actions (a combination of Must Do (47) and Should Do (27) actions). An action plan was developed and this is monitored in the Trust and significant progress has been made.

### **Urgent and Emergency Services**

In the 2018 inspection, 22 of the must and should do actions related to the Urgent and Emergency Core Service. The report below demonstrates the Urgent and Emergency Core Service inspection in 2018, areas of improvement and the actions taken to improve the service.

## **2. Key Issues**

### **2.1 Operational Objective**

Within the Trusts Operational plan, there is an operational objective in relation to the CQC - *Deliver our Quality Improvement Plan (Safe and Sound)*, and as part of this we identified:

*We will...*

- **Achieve an improved CQC rating for Urgent & Emergency Services of 'good' overall:** and address all the 'must-do' and 'should-do' actions

### **Safe**

*By safe, the CQC mean people are protected from abuse\* and avoidable harm. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

Work has been undertaken to address the concerns identified by the CQC, including;

- Improvements in the staffing model and staffing levels in both the adults and paediatric department, following approval of relevant business cases. Rotas were provided to the CQC on the paediatric staffing levels on a fortnightly basis to provide assurance on the coverage of shifts. This is now reported on an exception basis.
- The NHS Improvement Capacity and Demand Model has been completed for paediatric and adult nursing, and is being modelled for medical staffing. However, during the 2019 CQC inspection the CQC recognised the fragility of the staffing in the department.
- The Head of Nursing has clear oversight on the incidents occurring in the department, including Serious Incidents and is involved in the action plan development. The Patient Safety Team are also providing more support to the department.
- Safeguarding support has been increased in the department along with training compliance. Weekly safeguarding supervision is provided by the

Named Nurse.

- Triage times are monitored daily along with the new metrics. There has been a reduction in triage and wait to be seen times, especially for paediatric patients, which is submitted to the CQC on a fortnightly basis.
- The Trust have developed and implemented a new SOP for PEWS and POPS in UECC in July. There has been a reduction in the incidence of reported deteriorating patients. Electronic Observations and NEWS2 have been implemented
- UECC has now been set up as a new division with a triumvirate management team with regular meetings within the team and with the senior management team through formal reporting and monthly performance meetings.

### **Effective**

*By effective, the CQC mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.*

Work has been undertaken to address the concerns identified by the CQC, including;

- A clear audit plan is in place along with NICE Guidance assessments, which are reported through the Governance meetings. However, further work is required to embed governance into the department.
- A significant amount of work has been undertaken on mandatory training in the department, which has increased the compliance levels. However, further work is required with certain staff within the department.
- UECC has now been set up as a new division with a triumvirate management team with regular meetings within the team and with the senior management team through formal reporting and monthly performance meetings.

### **Caring**

*By caring, the CQC mean that the service involves and treats people with compassion, kindness, dignity and respect.*

Work has been undertaken to address the concerns identified by the CQC, including;

- Improvements in the staffing model and staffing levels in both the adults and paediatric department, enabling staff to be able to identify and treat patients in a timelier manner.
- The Trust have been successful in recruiting volunteers to work in the department to support patients.
- The Nurse in Charge completes regular Quality Checks with patients. There are two hourly safety checks to identify if there are any issues in the department.

### **Responsive**

*By responsive, the CQC mean that services meet people's needs.*

Work has been undertaken to address the concerns identified by the CQC, including;

- Improvements in the staffing model and staffing levels in both the adults and paediatric department.
- Triage times are monitored daily along with the new metrics. There has been a reduction in triage and wait to be seen times, especially for paediatric patients, which is submitted to the CQC on a fortnightly basis.
- The introduction of streaming has delivered benefits to the patients with a more direct link to the UECC.

## Well Led

*By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.*

Work has been undertaken to address the concerns identified by the CQC, including;

- UECC has now been set up as a new division with a triumvirate management team with regular meetings within the team and with the senior management team through formal reporting and monthly performance meetings. Pathways for escalation are clearly identified, understood and communicated, including revision and embedding of the revised NIC floor report to enable clear documentation of escalation. The Trust have implemented the Freedom to Speak Up, Back to the Floor Sessions and Chief Nurse and Medical Director Clinics. Staff meetings held with the Chief Executive and UECC Speak up Guardian to listen to their concerns/opinions. Triumvirate confidential email to be established in July to allow individual responses to concerns. Regular walkabouts in the department by the Chief Executive and Chief Nurse. Monthly culture checks undertaken in UECC.
- The service is engaged with the Risk Management Committee and Risk Analysis Group. Training is being delivered to relevant staff on risk management and risk assessment. A full review of the risk register has been undertaken.
- The Trust have launched a series of initiatives to improve pastoral support these include: Safe and Sound Programme, Freedom to Speak Up, Medical Director and Chief Nurse drop in clinics, Back to the Floor Programme, You said we did e-mail, Eat and Greet Sessions in UECC

## 2.2 CQC Assurance

The Urgent and Emergency Core Service received an unannounced CQC Inspection in August 2019. The inspection commenced during the night of Monday 19 August 2019 and continued for the two following days. Initial feedback has been received, which included praise for staff for being open and honest and for supporting the inspection. They were shown the improvements that have been made since the previous inspection, and this was reflected by staff comments especially with regards to the paediatric part of the department.

During the inspection the CQC request copies of data. Following the inspection the Trust identified additional information that they wished to send to the CQC to ensure that they had a complete picture of the department. 90 pieces of evidence were submitted to the CQC.

The next stage is for the Trust to receive a copy of the draft report for comment via the factual accuracy process and then the final report will be published. The CQC confirmed that the inspection will enable a re-rating of the core service.

## 3. Key Actions and Timelines

3.1 As detailed above

## 4. Recommendations

4.1 It is recommended that the progress being made with the 2018 and 2019 Inspection process is noted.