Board of Directors Meeting Report – 4 December 2018

Agenda item 76/18

Title	CQC Compliance Report
Sponsoring Director	Diane Sarkar – Chief Nursing Officer
Author(s)	Denise Townsend, Site Director of Nursing Tracy Turner, Head of Governance
Purpose	The purpose of this report is to provide the Board of Directors with an update on the CQC action plan and the 'Maintaining high Standards' programme.
Previously considered at	Site Leadership Team 22 November 2018
Executive Summary The Trust is currently rated 'requires improvement' with 3 open requirement notices. There are a total of 29 actions on the action plan, three are overdue, 1 is complete without evidence and 19 are complete. The remaining 6 are in progress with no known risks to completion. The Maintaining High Standards group continues to meet weekly to ensure compliance with the Health and Social Care regulations is maintained. The programme of internal mock CQC inspections began in April and to date thirteen wards have been inspected and an out of hours inspection has been completed.	
Date Reviewed by Execs	22 November 2018
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
Related Risk	Risk 1 - Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement Risk 2 - Failure to meet constitutional and national performance targets Risk 4 - Inability to recruit and retain staff Risk 5 - Current and future estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs Risk 8 - Failing to meet CQC Health & Social Care regulations
Essex Success Regime	Maintaining high standards and regulatory requirements is a priority for all 3 Trusts. CQC leads from each site are working together to share good practice and provide support with peer reviews.
Legal implications / regulatory requirements	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Quality impact assessment	As far as can be ascertained this paper has no detrimental impact on quality
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board of Directors is asked to receive assurance from the report.	

1. Introduction

The CQC inspection report was published on 24th April 2018 and contained 14 MUST take actions and 15 SHOULD take actions. The Trust is currently rated as 'Requires Improvement, however it should be noted that the core services for Critical Care and Maternity were not inspected during the last inspection.

Ratings for Southend University Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Medical care (including older people's care)	Requires improvement →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018
Surgery	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Critical care	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Services for children and young people	Good ↑ Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
End of life care	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Outpatients	Good Apr 2018	N/A	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Overall*	Requires improvement →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Requires improvement →← Apr 2018	Good ↑ Apr 2018	Requires improvement →← Apr 2018

The Trust currently has 3 open requirement notices and the CQC action plan supports improvement in these areas. The requirement notices are as follows:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 16 HSCA (RA) Regulations 2014 receiving and acting on complaints

The CQC action plan was developed in consultation with the relevant directorates and corporate departments and was submitted to the CQC on 18th May.

There are a total of 29 actions on the CQC action plan and evidence and updates are requested from the responsible person / departments 1 week prior to the due date to ensure that evidence and feedback can be obtained in advance of the action becoming overdue.

2. CQC Action plan 2018 (Status as at 16/11/18 V18)

RAG rating key	# actions
Action overdue	3
Action within one week of due date OR known risk to achieving by due date	0
Action complete	1
Action complete with evidence	19
Action not yet due. No known risks to completion.	6
Total number of actions	29

3. Actions overdue

As at 16th November 2018 there were 3 actions overdue due to a slight slippage in the original plan. This comprises of 1 MUST take action and 2 SHOULD take actions.

Action Ref	Action	Due date	Comment
1	The Trust **MUST** ensure that mandatory training rates and attendance improves to ensure that staff are aware of current practices and legislation. 1.5 Review digital learning system / platform ensuring it is accessible to all staff	31/10/18	02/11/18 The platform is still undergoing testing and timelines are dependent on the vendor and IT completing the workarounds.
17	The trust **SHOULD** continue to develop their succession planning and talent management strategies to ensure that there is a process in place to maintain sustainable leadership 17.1 Design and develop a group talent management and succession plan 17.2 Design and develop a group leadership and management plan	31/10/18	02/11/18 Talent Management draft paper has been circulated or comment but requires some final details to be included. 02/11/18. Awaiting sign off. Draft has been circulated but some final details to be added.
28	The trust **SHOULD** continue to review the availability of side rooms for patients at the end of life 28.3 Develop new pathway and process for SUH	30/09/18	08/10/18 - Due to teletracking the side room pilot isn't possible to link as it will affect the other 2 sites. However there is a plan take the proposal to the local op group to trial at SUH site.

4. Maintaining High Standards

The purpose of the Maintaining High Standards Group is to address any areas of non-compliance identified through internal, external and / or regulatory compliance reviews. The group will enable a rapid response and can evidence on the action log any actions undertaken.

The programme of work includes:

- Review of key findings from mock CQC inspections and actions planned

  o Thirteen wards have been inspected since the programme began and an early morning out of hours inspection was also carried out. Eight wards were rated as 'requires improvement' and five wards were rated 'good'. Each area maintains their own action plan to address the areas of concern.

  o Key issues arising from the mock inspections include environmental (estates issues), clutter and storage, use of personal protective equipment and medication security. Positive patient feedback was obtained.

- The issues raised during the recent MEHT CQC inspection have been shared with the group and action taken accordingly to seek assurance of processes at SUHFT.

- Assurance has been sought regarding bank and agency staff induction and ward security out of hours.

- CQC information/data requests for MEHT have been shared and checks are being carried out to ensure similar information/data is available at SUHFT.