

## Board of Directors

30 January 2020

<b>Report Title:</b>	Care Quality Commission Inspection Report – January 2020
<b>Executive/NED Lead:</b>	Nick Hulme, Chief Executive
<b>Report author(s):</b>	Denver Greenhalgh, Director of Governance
<b>Previously considered by:</b>	Executive Management Committee

Approval     
  Discussion     
  Information     
  Assurance

### Executive summary

The report provides a high level summary of the CQC inspection report as published January 2020 and covering: core services inspections across the ESNEFT portfolio; use of resources assessment and well-led assessment.

It details the regulatory action taken by the CQC through the use of requirement notices in respect of:

- Regulation 11 – Need for consent;
- Regulation 12 – Safe care and treatment;
- Regulation 14 – Meeting nutritional and hydration needs; and
- Regulation 17 – Good governance

These are described as '**actions we must do**' to comply with our legal obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further this the report describes 'actions we should do' which are associated with minor breaches that do not justify regulatory action. These should do actions are aimed at preventing failings in the future, or to improve services.

There have been no restrictions placed on the ESNEFT CQC registration.

### Action Required of the Board of Directors

- Under regulation 17(3) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014, we are required to send a written report to the CQC of the action the Trust is going to take by the 8 February 2020.
- The Board is asked to delegate authority to approve and submit the action plan to the Chief Executive.
- The Board is asked to endorse direct reporting of delivery of the plan to the Board of Directors, rather than to individual Board Committees.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>

<b>SO5</b>	<b>Drive technology enabled care</b>	<input checked="" type="checkbox"/>
<b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i>	If ESNEFT does not deliver on action to address the breaches in our legal obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, then we will risk being exposed to further and escalating regulatory action and reputational damage.	
<b>Trust Risk Appetite</b>	Compliance/Regulatory: The board has a minimal/cautious risk appetite on regulatory compliance. If it relates to the delivery of safe care or the health and safety of individuals, it will meet requirements and will only challenge if there is strong evidence	
<b>Legal and regulatory implications</b> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>	If ESNEFT does not have an effective process to address the identified areas of contravention to registration requirements with the CQC, then we will be unable to provide a positive statement within the annual governance statement to that effect, with the potential for impact to our provider license.	
<b>Financial Implications</b>	There are no financial implications associated with this paper. All actions requiring investment will be reviewed and approved through the established governance of ESNEFT.	
<b>Equality and Diversity</b>	Nothing detailed within this report contravenes trust legal / statutory responsibilities for equality and diversity.	

**Care Quality Commission Inspection and Use of Resources Reports**  
**– Published January 2020**

**1. Introduction**

The Care Quality Commission undertook a planned inspection of ESNEFT services in June/July 2019. This inspection round consisted of the following:

- A full comprehensive review of all core services provided at the Ipswich Hospital site;
- A risk based review of services at the Colchester General site covering Urgent & Emergency Care; Medical Care (including older people's care); Surgery; Maternity; and Outpatients;
- A review of Ipswich & East Suffolk community inpatient services at Blue Bird Lodge, Felixstowe Community Hospital and Aldeburgh Community Hospital;
- A Well-led review of the senior leadership team (covering the Board of Directors and the senior leadership team down to Associate director level); and
- A Use of Resources assessment undertaken by NHS Improvement.

The CQC have taken regulatory action and issued ESNEFT with requirement notices in respect of:

- Regulation 11 – Need for consent;







- Regulation 12 – Safe care and treatment;
- Regulation 14 – Meeting nutritional and hydration needs; and
- Regulation 17 – Good governance

These are described as '**actions we must do**' to comply with our legal obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further this the report describes 'actions we should do' which are associated with minor breaches that do not justify regulatory action. These should do actions are aimed at preventing failings in the future, or to improve services.

There have been no restrictions placed on the ESNEFT CQC registration.

## 2. Overview

### 2.1 Overall rating

Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Good 

The CQC observed:

*'An organisation that has faced some challenges with complex merger but has good engagement with managers who are working across sites, taking the best from each, to deliver improved services for patients'.*

They particularly highlighted that they felt the Trust was leading the way in a number of areas including the integrated care system and outstanding children's services. They commented that:

*'The staff found the Time Matters philosophy easy to translate into actions and processes'.*

Whilst we are disappointed not to be rated Good, it is important to remember that this report reflects a point in time. We were inspected six months ago when we were merging systems and process, and we have already completed much of this work. For example the movement of Ipswich Hospital and IES Community Services staff moving over the mandatory training platform which has featured in a number of areas within the report. The Board should note that the assessment grids are very green and there are some real successes for the Board and our teams to celebrate. We need now to make sure that we get all the basics right all of the time for all our patients.

## 2.2 Community Health Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
<b>Overall*</b>	N/A	N/A	N/A	N/A	N/A	N/A

All five domains inspected remain the same as community services previous inspection (under the Ipswich Hospital NHS Trust) undertaken in 2017.

The CQC highlighted one 'must do action', this being the need to ensure that all staff complete mandatory training (including safeguarding training).

## 2.3 Colchester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Medical care (including older people's care)	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Good Nov 2017
Maternity	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
End of life care	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Outpatients	Good Jan 2020	N/A	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
<b>Overall*</b>	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020

The Colchester General Hospital has remained consistent with the previous inspection round in 2017, with the five areas inspected, two areas having improved outcomes (Medical Care for safe domain and Surgery for responsive domain).

Critical Care, Children & Young People and End of Life Care were not inspected in this round and therefore the rating remain as at 2017.

The CQC highlighted eight 'must do actions':

- ensure that all staff complete mandatory training (including safeguarding training);
- ensure record keeping is accurate, complete and contemporaneous and that pertinent clinical risk assessments are updated within the records;
- Safe storage of confidential patient information;
- Clear lines of accountability for patients within the Emergency Department through the development of standard operating procedures;
- ensure service level risks are appropriately recorded;
- ensure effective audit of WHO surgical safety checklists;
- ensure medical equipment is check in line with guidance; and

- Changes from incidents are fully embedded into clinical practice.

## 2.4 The Ipswich Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Medical care (including older people's care)	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Surgery	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020
Critical care	Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Maternity	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Good Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020
End of life care	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Outpatients	Good Jan 2020	N/A	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
<b>Overall*</b>	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

The Ipswich Hospital has moved to requires improvement status from the previous inspection round in 2017. Of all eight areas inspected, six have improved outcomes (Children & young People for responsive and well-led; Maternity for responsive; and End of Life Care for effective and caring).

The CQC also gave outstanding ratings within three of our services and rated Children and Young People Services as outstanding overall.

The CQC highlighted thirteen 'must do actions':

- ensure that all staff complete mandatory training (including safeguarding training);
- ensure staff comply with infection prevention and control measures (ED);
- ensure record keeping is accurate, complete and contemporaneous and that pertinent clinical risk assessments are updated within the records;
- ensure all medications are appropriately stored (ED);
- safe storage of confidential patient information;
- clear lines of accountability for patients within the Emergency Department through the development of standard operating procedures;
- ensure service level risks are appropriately recorded (ED);
- ensure VTE assessments are completed for all patients (Medicine);
- ensure that consent and best interest decisions in CCU are documented clearly in the notes;
- ensure that all clinical risk assessments are completed for women in maternity services;
- ensure that women have their physiological observations undertaken in accordance with the service's policy (maternity);

- In outpatients ensure that the administration of hospital prescriptions are monitored and recorded; and
- Changes from incidents are fully embedded into clinical practice.

## 2.5 Use of Resources

ESNEFT has not been rated for Quality and Use of Resources on this inspection round. This is because there was not enough evidence and data to award a rating for Use of Resources due to the merger in July 2018.

The assessment noted areas of outstanding practice:

- The integrated admissions avoidance team (REACT) which delivers therapy services, nursing care and frailty assessments in the community. Reporting avoidance of 5496 emergency admissions (28%) and 4198 (9%) Emergency Department attendances, as a result of the work undertaken by this team.
- Implemented a task management solution for the medical workforce, which supports better prioritisation of patient interventions both for clinical care and patient discharge. We provided evidence to demonstrate that this solution has delivered benefits such as reduced inpatient falls, reduced night transfers and improved discharges at weekends.
- Using Robotic Process Automation to support administration processes such as management of referrals and outpatients appointments, reporting having improved processing times.
- Use technology to track portering activity and workforce utilisation and the benefits of reduced portering workforce requirements by 8 FTE.

With the following areas for improvement:

- Work at pace to develop the efficiency schemes required to deliver its 2019/20 plan;
- Continue focusing on building internal capacity and capability to deliver trust wide workforce and service productivity improvements;
- Progress theatre and imaging capacity utilisation improvements and ensure that this translates to further improvement in operational performance;
- Continue working to ensure optimisation of substantive medical workforce and reduce reliance on agency staff;
- Continue developing the use of pharmacy staff to support the medical workforce and patient flow; and
- Continue working towards securing further merger synergies within clinical services and the clinical workforce base.

## 2.6 Well-led

The CQC has rated Well-led as good, noting that:

- Leaders had the skills and abilities to run the trust and the services. They understood the priorities and issues the trust and services faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles;

- The trust had a clear vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The trust philosophy of 'Time matters' to improve patient experience and achieve strategic objectives was embedded at all levels.
- Staff felt respected and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

With the following areas for improvement:

- Three of the core services inspected were rated as requires improvement for well-led to be improved.
- The emergency department, critical care and maternity services governance processes were not always effective. We need to ensure that staff at all levels were not always clear about their roles and accountabilities.
- For urgent and emergency care, medical care, critical care and maternity services ensure that leaders effectively escalate the risks that they were aware of.
- Continue to integrate our information systems to ensure data is consistently submitted to external organisations as required.

## **2.7 Outstanding Practice**

It is pleasing to see end of life care praised for outstanding practice and children and young people's services given an overall outstanding rating.

The work we are doing as an integrated acute and community organisation was recognised by the inspection team who highlighted the Short Term Assessment Reablement and Rehabilitation (STARR) Centre based at Bluebird Lodge, Ipswich for excellence.

The areas of excellent practice highlighted in the inspection report include:

- Urgent and emergency services – consultants dedicating their own time to train medical and nursing staff.
- Surgery – new technology to perform less invasive surgery with fewer complications.
- Introducing a virtual fracture clinic so that patients no longer have to travel back to the hospitals in person.
- Critical Care – developing an innovative approach to staffing levels.

### **3. Next Steps**

Under regulation 17(3) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014, we are required to send a written report to the CQC of the action the Trust is going to take by the 8 February 2020.

The majority of the 'must do' actions identified by the CQC inspection team have either been addressed at the time of the inspection e.g. physiological observations within maternity services or are within a wider programme of work (mental health risk assessment within the emergency environment; and use of resources). The action plan for submission is being drafted and further set of divisional plans will included actions to cover the 'should do' recommendations. Given the timing the Board is asked to delegate the authority to submit the action plan to the Chief Executive.

The delivery of the plan will be overseen by the Executive Management Committee, with the compliance team undertaking evidence assurance reviews. Given that aspects of the plan will fall into the portfolio of all Board Committees the Board is asked to approve a quarterly report directly to the Board from the Executive Management Committee. With the first report being February 2020 detailing the full plan.