

Trust Board Meeting

2 March 2023

Report Title:	CQC inspection report on Colchester General Hospital, February 2023, and action plan
Executive/NED Lead:	Steve Parsons, Interim Director of Governance Giles Thorpe, Chief Nurse
Report author(s):	Steve Parsons, Interim Director of Governance
Previously considered by:	Patient Safety Group

Approval
 Discussion
 Information
 Assurance

Executive summary

The Care Quality Commission (CQC) conducted an unannounced statutory inspection of services at Colchester General Hospital on 3 November 2022, focused on medical care and older people's services; and published the formal report of that inspection on 2 February 2023. A copy of the report is appended to this paper. The ratings awarded at that inspection for the service were:

Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

As is usual following a CQC inspection, an action plan in response to the matters identified for improvement in the inspection has been prepared and is attached, for the approval of the Board. When approved, it will be submitted to the CQC and progress will regularly be reviewed through the Quality and Patient Safety Committee, supported by the Patient Safety Group and Clinical Reference Group. This will be in association with the wider action plan from the previous full inspection report for the Trust, which was published in 2020.

Action requested of the Board

The Board is invited to:

- Note the outcomes of the CQC inspection of Colchester General Hospital, published on 2nd February 2023;
- Approve the proposed action plan in response to that inspection.

Link to Strategic Objectives (SO)		Pleas e tick
SO1	Keep people in control of their health	<input 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 type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	<p>If the Trust is unable to maintain appropriate regulatory ratings, there is a risk that regulators may intervene in the operation of the Trust. There may be also be a loss of confidence in the Trust's services by patients and the wider community.</p>
Trust Risk Appetite	<p>Compliance/Regulatory: The Board has a minimal risk appetite when it comes to compliance with regulatory issues. It will meet laws, regulations and standards unless there is strong evidence or argument to challenge them.</p>
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	<p>If ESNEFT does not have an effective process in place for regulatory requirements and compliance then the Trust will be unable to provide a positive statement within the Annual Governance Statement to that effect, with the potential for impact to our NHS provider license. We will be exposed to further sanctions from regulatory bodies.</p>
Financial Implications	<p>If ESNEFT does not have effective process in place for regulatory requirements then we may not make best use of our resources; be exposed to potential litigation costs and regulatory sanctions.</p>
Equality and Diversity	<p>Nothing detailed within this report contravenes the Trust's legal/ statutory responsibilities for equality and diversity.</p>

Improvement plan following CQC inspection of Medical/Older People's services at Colchester Hospital, November 2022

Unannounced focussed (risk based) inspection of Medical care/Older People's services at Colchester Hospital, November 2022 (report published 2 February 2023)

EQA and Date	Must do/ Should do	Recommendation	Ref	Action	Action Owner	Assurance	Resources required	Progress	To be completed by	Evidence to demonstrate compliance with action	RAG rating
CQC November 2022 <i>published February 2023</i>	Must do	Regulation 18: Staffing The Trust must ensure staff receive up to date mandatory training; including safeguarding training at an appropriate level. <i>Page 5 of report</i>	1	Ensure 90% compliance with key mandatory training across all staff groups. <i>Core competencies - Basic Life Support, Safeguarding Adults Level 1, Information Governance, Infection Prevention & Control</i>	Divisional Director Associate Director of Nursing Associate Director of Operations	Training Compliance Tracker Accountability Framework (Well led W70 Mandatory training compliance)	ESR Support team - guidance for access/enrol/complete/register for training		Build a trajectory to achieve 90% compliance within 12 months (February 2024)		Amber In progress
CQC November 2022 <i>published February 2023</i>	Must do	Regulation 18: Staffing The trust must ensure that the service has enough staff to care for patients and keep them safe. <i>Pages 8 & 9 of report</i>	2	Gaps on nursing rotas to be requested via NHSP and monitor the fill rate	Divisional Director Associate Director of Nursing Associate Director of Operations	HealthRoster demonstrates safe staffing levels/skillmix to manage patient acuity over all shifts (monthly ward level check and challenge) Final approval of roster 12/52 in advance by ADoN Workforce plans for Medicine Colchester & NEECS Staffing meetings held twice daily, and ad hoc if needed Safe care reviewed at all staffing meetings Accountability Framework (UoR UR30 Temporary pay spend) Quality Staffing Matron 7/7 week Weekend & weekday forward	Bank staffing to fill rota gaps Additional substantive RN & HCA staffing Workforce planning: apprentices, international recruitment, nursing associate role		Monthly review of trajectory for recruitment, turnover, retention & recruitment programme		Amber In progress

EQA and Date	Must do/ Should do	Recommendation	Ref	Action	Action Owner	Assurance	Resources required	Progress	To be completed by	Evidence to demonstrate compliance with action	RAG rating
						view reviewed at CDSG weekly Robust seasonal variation planning to reduce the number of escalation beds					
CQC November 2022 published February 2023	Must do	Regulation 15: Premises and equipment The Trust must ensure that staff comply with infection prevention control principles. <i>Page 6 of report</i>	3	Implement peer audits of compliance with Infection Prevention & Control, to include hand hygiene audits, ward cleaning checks and spot checks by ADoN/ Matron/IPC lead	Associate Director of Nursing Matrons IPC team	Accountability Framework (Safe S240 PPE compliance; S10 Hand hygiene compliance) Peer process/Fresh eyes/15 steps processes	Formalised peer review process (suggest an embedded care assurance process)		3 months 31 May 2023 (to commence process)		Amber In progress
CQC November 2022 published February 2023	Must do	Regulation 17: Good Governance The Trust must ensure that staff comply with legislation to protect patient privacy and confidential information. <i>Page 10 of report</i>	4	Ensure 90% compliance with information governance training across all staff groups. Ensure all areas have covered and lockable notes trolleys All whiteboards will have patient names concealed	Associate Director of Nursing Associate Director of Operations	Accountability Framework (Well led W70 Mandatory training compliance; W130 Information Governance breaches)	GDPR MOT of all areas (via IG Team) Notes trolleys		6 months 31 August 2023		Amber In progress
CQC November 2022 published February 2023	Must do	Regulation 17: Good Governance The Trust must ensure they operate effective governance processes. <i>Page 16 of report</i>	5	Ensure all COSHH policies are followed and Health & Safety audits are completed (COSHH cupboards are kept locked)	Associate Director of Nursing Associate Director of Operations	Feedback to teams and divisional management meetings, with discussions minuted and actions to address non-compliances taken forward	Within existing resources H&S Team audits (part of H&S annual audit plan)		3 months 31 May 2023		Amber In progress

EQA and Date	Must do/ Should do	Recommendation	Ref	Action	Action Owner	Assurance	Resources required	Progress	To be completed by	Evidence to demonstrate compliance with action	RAG rating
CQC November 2022 published February 2023	Must do	Regulation 12: Safe Care and Treatment The Trust must ensure the safe and effective discharge of patients back to the community. <i>Pages 14 & 15 of report</i>	6	Regular review of all patients whose discharge has been delayed Discharge co-ordinators to monitor number of delayed discharges and report to Divisional Management Teams each day	Directors of Operations (Paul Little, Ali Armstrong) Associate Director of Nursing Associate Director of Operations	Accountability Framework (Use of Resources UR130 Super stranded 7 day; UR140 Super stranded 21 day) Weekly complex discharge MDT Red day tracker (automatically highlights long LoS; flags escalations) Long LoS reviews at least weekly Bed rep role in each division External audit of discharge processes (RSM UK)	Within existing resources	February 2023 Colchester's audit just completed, Ipswich audit due to start Feb 23	6 months 31 August 2023		Amber In progress
CQC November 2022 published February 2023	Should do	Regulation 17: Good Governance The trust should ensure staff are provided with safe and effective communication channels with senior leadership. <i>Pages 15 & 16 of report</i>	7	Regular staff meetings to involve all staff groups, with meeting minutes/ newsletters available for those who are unable to attend these meetings Creating opportunities to engage with staff eg drop in sessions/visibility/contact details Sharing feedback eg staff safety huddles and learning/ Governance minutes/ newsletters and feedback at other staff meetings (to and from	Divisional Directors Associate Director of Nursing Associate Director of Operations Matrons Ward Managers	Evidence of opportunities to engage with staff eg drop in sessions/visibility/contact details Evidence of sharing feedback eg staff safety huddles and learning/Governance minutes or newsletters and feedback at other staff meetings (to and from Divisional Board/Trust Board) Listening events with all staff/feedback Matron/Ward Sister meetings Monthly matrons/ward sisters meetings with Deputy CNs	Within existing resources		6 months 31 August 2023		Amber In progress

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				Divisional Board/Trust Board)							
CQC November 2022 published February 2023	Should do	The Trust should ensure that staff communicate effectively with people who use the service, those involved in their care, including families and adult social care providers. <i>Links to action 11</i> <i>Page 13 of report</i>	8	Ensure named nurse is available to discuss care/next steps with patient or family members Named discharge coordinators to ensure regular liaison with adult social care and other relevant services Multidisciplinary discharge paperwork to be trialled	Divisional Directors Associate Director of Nursing Matrons Ward Managers Doctors	Notice to inform patients/relatives of who to contact if they have any questions regarding further care 'Welcome' information leaflet for patients/families eg used on AMSDEC/planning your discharge leaflets Laminated tray liners with key information in use QR code and ward emails with auto-reply (ref: outcome of complaints workshop)	Within existing resources		6 months 31 August 2023		Amber In progress
CQC November 2022 published February 2023	Should do	Regulation 9: Person-centred care The Trust should respond in a timely and appropriate way to the needs of patients. <i>Page 7 of report</i>	9	Patients should have all risk assessments completed on admission and at intervals relative to the risk during their inpatient stay eg pressure ulcer, VTE, MUST, NEWS2, falls	Divisional Director Associate Director of Nursing Matrons Ward Managers Doctors	Spot check/review of clinical records as part of ADoN/Matron quality checks Accountability Framework (Safe S70 falls assessment; S110 PU assessment; S170 MUST assessment; Effective E10 Sepsis screening)	Within existing resources		6 months 31 August 2023		Amber In progress
CQC November 2022 published February 2023	Should do	Regulation 17: Good Governance The Trust should ensure staff feel respected, supported, and valued.	10	Communication to all staff (clinical and non-clinical), signposting to services such as wellbeing hub, occupational health	Executive Directors Divisional Director Associate Director of Nursing Associate	Senior staff walkarounds ?monthly to all areas of each Division to show support for clinical and non-clinical teams, and feedback to divisional management meeting on findings Clinical Fridays	Within existing resources		6 months 31 August 2023		Amber In progress

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		<i>Page 16 of report</i>			Director of Operations Divisional HRBPs	Intranet information Wellbeing noticeboards Mental health first aiders 15 steps					
CQC November 2022 published February 2023	Should do	Regulation 9: Person-centred care The Trust should ensure staff make sure patients and those close to them understood their care and treatment. <i>Links to action 8</i> <i>Page 13 of report</i>	11	Ensure named nurse is available to discuss care/next steps with patient or family members	Associate Director of Nursing Matrons Ward Managers	Notice to inform patients/relatives of who to contact if they have any questions regarding further care Named nurse/relevant information boards (boards above the bed - patient information)	Within existing resources		6 months 31 August 2023		Amber In progress
CQC November 2022 published February 2023	Should do	Regulation 18: Staffing The trust should ensure managers support staff to develop through yearly, constructive appraisals of their work. <i>Page 11 of report</i>	12	Staff to be supported to complete their annual appraisal, within 3 months of an individual's appraisal due date	Divisional Director, Associate Director of Operations & Associate Director of Nursing to have oversight Matrons Ward Managers	Training Compliance Tracker Accountability Framework (Well led W40 Appraisal compliance - Non medical staff)	Within existing resources		6 months 31 August 2023		Amber In progress

Blue	Action complete and approved by DMT
Green	Action complete and ready for approval by DMT
Amber	Action regularly updated
Red	Status not updated