

## Executive Summary

### Report to the Council of Governors

Held on 14 December 2021

<b>Subject</b>	Update on CQC Inspections October / November 2021
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<b>Status</b>	Note

### PURPOSE OF THE REPORT

A summary update on the CQC Inspections that have taken place during October and November 2021 is presented to the Council of Governors.

### KEY POINTS

The briefing provides detail on:

- The CQC inspection of core services that took place between 5 and 7 October 2021 and initial feedback received from the CQC following this visit.
- The contents of the letter of intent issued to the Trust by the CQC on 13 October 2021 and the Trust's response to this letter.
- The CQC well-led inspection which took place between 9 and 11 November 2021.

The briefing confirms that the Trust expects to receive the draft report from the CQC in around six to eight weeks.

### IMPLICATIONS

AIM OF THE STHFT CORPORATE STRATEGY		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

### RECOMMENDATIONS

The Council of Governors is asked to note the contents of the update on the CQC Inspections that have taken place in October and November 2021.

## **Update on CQC Inspections October / November 2021**

### **CQC Inspection 2021**

At around 8 a.m. on 5 October the CQC notified us that it was undertaking inspections of the following core services between the 5 and 7 October 2021:

- Urgent and Emergency Care
- Medical Services at both the Royal Hallamshire and Northern General
- Surgical Services at both the Royal Hallamshire and Northern General
- Community Inpatient services
- Maternity Services

Soon after over 46 inspectors arrived on site, visiting wards and departments across both the Royal Hallamshire and Northern General sites, observing care, reviewing patients healthcare records and speaking to staff and patients. Alongside the visits to wards and departments, the inspectors held interviews with senior staff including organisational leads for areas such as falls, pressure ulcers, and mental health and these continued into the following two weeks.

In addition, during the visit 175 information requests were received which were co-ordinated by the Patient and Healthcare Governance team. All of these requests were completed within five working days and further requests continue to be received and responded to. As of 11 November a total of 335 information requests have been received.

### **CQC Initial Feedback**

Following the site visits, on 8 October the CQC provided verbal and written feedback which identified that staff across services were committed to providing care to their patients in some challenging circumstances and staff within surgical services were able to share learning from never events and actions taken.

The CQC also identified a number of themes across the core services inspected, which reflected the feedback above, as follows:

- Documentation was not always kept secure and due to the multiple systems in use it was difficult for staff to have the most up to date information at hand.
- The need for improvements in the storage, monitoring, prescribing and documentation of some medicines (including controlled drugs).
- Some patients had deprivation of liberty safeguards in place without clear documented evidence of a capacity assessment being carried out.
- Patients who may be at risk of absconding were not always clearly identified or monitored and appropriate risk assessments were not in place.
- There were occasions observed where patients were not cared for with privacy and dignity.
- Staffing challenges on the wards inspected (the CQC has identified that they need to review more information in relation to this).
- The safety culture was not consistently embedded or supported by audit activity

- Matters relating to infection prevention and control, including the storage of COSHH (Control of Substances Hazardous to Health) substances.
- In the emergency department observations around access and flow in the department.
- An absence of recording of patient needs assessment.

### **Letter of intent**

On 13 October the CQC issued the Trust with a letter of intent. This letter in effect gives notice of possible urgent enforcement action (a section 31 notice which would impose conditions on our registration) unless we are able to provide sufficient assurance that we are addressing the findings identified. In order to provide this assurance we were asked to provide an action plan, setting out how we have already addressed each of the concerns identified, or how we intend to address them immediately.

The letter of intent referred to the CQC's review of 60 sets of patient records, of which 39 were inconsistently completed across the core services inspected. Examples of findings cited included:

- Completion of risk assessments and associated actions to reduce the risks of falls and pressure ulcers.
- Intentional rounding not being completed comprehensively.
- Management of deteriorating patients e.g. response to early warning scores.
- Incomplete assessment and care planning to meet patients' individual needs.
- Care of patients with Mental Health/ Mental capacity concerns.
- Storage of medicines and COSHH substances.

### **Trust response**

On 15 October, the Trust responded to the CQC giving assurances that we have acted immediately to mitigate risks to our patients and providing an action plan setting out how we have either already addressed or how we intend to address each of the concerns highlighted. The immediate actions identified include:

- Urgent follow up of each individual patient identified in the CQC letter to review patient care and take any appropriate actions.
- Provision of falls packs to the ten wards that have patients who are at high risk of falls to support rapid implementation of care plans. Packs include non-slip socks and a falls booklet.
- Follow up of all in-patients with a current Deprivation of Liberty Safeguards (DoLS) application, to ensure that a mental capacity assessment has been completed.
- Re-distribution of the deteriorating patient escalation policy poster to all wards and departments.
- Purchase and supply of ambient temperature min-max thermometers for all clinical areas that store medicines.

This was followed on 19 October with an updated, further developed action plan to provide a comprehensive programme of work to address the concerns raised along with a clear approach for reporting and assurance.

## **Well-led Inspection**

The well-led inspection took place from 9 to 11 November, with 11 inspectors on-site at the Northern General Hospital and the Royal Hallamshire Hospital. The inspection commenced with a presentation from the Chief Executive and included:

- Twenty-two face-to-face interviews with Board members and senior staff.
- Focus groups with Consultants, Junior Doctors and Security staff.
- A review of Board members files to assess compliance with the Fit and Proper Persons standards.
- A review of six structured judgement mortality reviews, six serious incident investigation files and six complaint investigation files.

In addition, prior to the inspection a further six interviews and a focus group with the Non-Executive Directors were held remotely.

The draft report is expected in around six to eight weeks.