

EXECUTIVE SUMMARYREPORT TO THE HEALTHCARE GOVERNANCE COMMITTEEHELD ON 25 FEBRUARY 2013

<b>Subject</b>	Care Quality Commission (CQC) Inspection Report
<b>Supporting TEG Member</b>	Dr David Throssell, Medical Director
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<b>Status</b>	Note

**PURPOSE OF THE REPORT**

This paper presents the final report from the CQC inspection of Northern General Hospital in December 2012.

**KEY POINTS**

CQC has published a final report following the routine unannounced inspection at Northern General Hospital on 14 December 2012 and the interviews conducted on 20 December 2012.

CQC inspectors visited wards MAU1, MAU3 (medical assessment units), Hadfield 3 (geriatric medicine) and, Huntsman 4 (orthopaedics). They spoke to 28 members of staff and 14 patients, and they looked at the nursing documentation and inter-professional patient records for 9 patients. They also interviewed corporate governance staff and reviewed governance information.

The inspectors reviewed falls management, pressure ulcer prevention and care, response to call buttons, resuscitation equipment, SHEWS, medicines reconciliation, dementia care, safeguarding processes, whistle-blowing, management of patient feedback and complaints, risk management, incident management, dissemination of learning from incidents, CQUIN audit, e-CAT, clinical audit, and A&E waiting times.

CQC found the Trust to be meeting all three standards that were inspected:

- Outcome 4 – Care and welfare of people who use services
- Outcome 7 – Safeguarding people who use services from abuse
- Outcome 16 – Assessing and monitoring the quality of service provision

Patients were complimentary and said they felt well looked after. Overall, CQC were satisfied with their findings regarding respectful interactions, the management of clinical risk, safeguarding practice, training, care records, and governance structures and systems. CQC drew the following points to the Trust's attention:

- On Hadfield 3 staff said that, although work had been done to reduce the number of falls such as placing people nearer to the staff reception area based on their level of risk of falling, it was difficult to carry out observation due to the ward layout.
- On Hadfield 3 the inspectors observed poor practice around privacy and dignity and witnessed personal care being given to a patient in a bed bay area with the door and curtain left open. They also observed an intervention being given without the use of curtains.
- On MAU1 two people said that they had heard confidential conversations by staff about their treatment and the treatment of other people.
- The majority of staff interviewed were not aware of the Trust's whistle-blowing policy although they knew that this information was likely to be available on the trust intranet or through external organisations such as the Nursing and Midwifery Council (NMC).

The final report is attached as appendix A and will be communicated widely across the organization.

## IMPLICATIONS

	<b>Aim of the STHFT Corporate Strategy 2012-2017</b>	<b>Tick as Appropriate</b>
1	Deliver the best clinical outcomes	✓
2	Provide Patient Centered Care	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
	CQC Outcome	All

## RECOMMENDATIONS

The Healthcare Governance Committee is asked to note the contents of this report.
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## APPROVAL PROCESS

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
TEG (draft report)	David Throssell		13/02/2013
HCGC	Pauline Watson		25/02/2013
Board	David Throssell		27/02/2013