

Report to:	Health & Social Care Overview & Scrutiny Committee				
Date of Meeting:	26 October 2017				
Report Title:	CQC Re-inspection Quality Report				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X		X		
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Executive Sponsor (presenting):	Jill Asbury, Director of Nursing				
Appendices (list if applicable):	Appendix 1 : CQC ratings for 2016				

Purpose of the Report

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection of March 2017 and the plans in place to ensure sustained improvement.

Key points for noting

The Care Quality Commission (CQC) visited the Trust in March 2017 and performed a focused re-inspection as part of their Hospital Inspection Programme. The Quality Report published on 20 September 2017 rated the Trust as “Requires Improvement”.

The Quality Report acknowledged the improvements made and made particular reference to the improving culture, primarily associated with leadership and improved staff morale within the Trust.

The Trust is developing a detailed Quality Improvement Plan for the identified “must dos” within the report along with those quality issues that will improve care for patients and therefore strengthen our compliance with the CQC Regulations.

Recommendation

The Overview & Scrutiny Committee is asked to receive this report and note the Trust Board of Directors will approved the Quality Improvement Plan that will achieve improved care for patients and hence greater compliance at their meeting in October prior to submission to the Care Quality Commission.

OVERVIEW & SCRUTINY COMMITTEE –26 October 2017

Airedale NHS Foundation Trust Response to CQC Hospital Re-inspection March 2017

1. Introduction

Airedale NHS Foundation Trust received a focussed inspection by the Care Quality Commission in March 2017. A focussed inspection does not look across a whole service but as the title suggests focusses upon the areas defined by information that triggers the need for an inspection. Therefore, the CQC did not inspect all the five domains of safe, effective, caring, responsive and well led for each core service; they inspected core services which were rated requires improvement or inadequate from the previous inspection in 2016 or where they had identified areas of concerns. Appendix 1 details the ratings awarded to the Trust following the 2016 inspection.

1.1 Areas included in the focussed inspection in March 2017

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Requires Improvement	NA	NA	NA	Good	NA
Medical Care	Requires Improvement	NA	NA	NA	Requires Improvement	NA
Surgery	Requires Improvement	NA	NA	NA	Requires Improvement	NA
Critical Care	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity Gynaecology	Good	NA	NA	NA	Good	NA
Children & Young People	Good	NA	NA	NA	Good	NA
Overall	Requires Improvement	NA	NA	NA	Requires Improvement	Requires Improvement

The table above details the outcome of the focussed re-inspection with the table below demonstrating the amalgamation of the 2016 and 2017 inspections

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Requires Improvement	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Critical Care	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity Gynaecology	Good	Good	Good	Good	Good	Good
Children & Young People	Good	Good	Good	Good	Good	Good
End of Life	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic	Good	NA	Good	Good	Good	Good
Community Services	Good	Good	Good	Good	Outstanding	Good
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

As the Overview & Scrutiny Committee members may recall, the Trust was rated as “requires improvement” following the first visit in March 2016 and there has been a tremendous amount of collaborative work completed to build upon the outcome of that visit and this was clearly recognised by the Care Quality Commission in their most recent report that can be found at within the Care Quality Commission web site at [Airedale NHS Foundation Trust Report 2017](#)

2. Key areas of improvement from the 2016 Inspection visit.

The Quality Report of 2017 commends the investment and improvements made in nurse staffing. There is particular reference made to the proactive recruitment and the innovative approach the Trust is taking to recruit to the vacancies. It further comments that the Trust needs to continue to progress the recruitment developments described during the visit.

There is reference made in the report to the effect moving staff between wards has on morale; however this is tempered by noting the staff reporting a significant increase in the levels of morale along with a positive shift in culture overall. This is particularly pleasing as it is well known that influence a change in culture take significant resources in the shape of time and a firm commitment to improve. There is clear reference within the body of the report of the visibility of senior leaders along with the accessibility and the opportunities for conversations with the leaders within the Trust. Staff informed the CQC of the improved listening within the Trust and of being heard.

A key area from the 2016 inspection was the need to get the basics right. Again the 2017 report clearly indicates how fridge temperatures are now being recorded; along with improvements in the recording and acting upon the NEWS and PAWs scores. The important thing to note here is staff articulated their role and responsibilities in getting the basics right and understand this in relation to patient safety. There remains work to be done in relation to the WHO checklist and the opening of escalation beds and this has been included within the 2017 Quality Improvement Plan.

There were improvements noted in the Governance and Leadership within the Trust including standardised reporting and the leaders being more visible in the organisation. Leadership was commended throughout the Trust from Ward to Board and the inspectors noted the opportunities in place for leadership development throughout the organisation. The Inspectors commented during the visit of the atmosphere within the hospital being one of friendly, helpful and calm and in addition the patients spoke highly of the care received.

The biggest area of improvement was within Critical Care where safe moved from Inadequate to Good. In addition there was a noted improvement in Effective to Good. This is tremendous achievement and is testimony to the dedicated leadership of the team there to empower the staff to rise to the challenges within the 2016 report and implement the improvements.

3. Quality Summit

Following receipt of the final draft report there were a number of teleconference calls between the Medical Director, the Director of Nursing, the CQC, the Clinical Commissioning Group, NHS Improvement and NHS England whereby there was clear acknowledgement of the huge progress the Trust has made in the eight months since the last Quality Report. Therefore in line with the Care Quality Commission's revised inspection regime, there will not be a Quality Summit.

4. Future Management

The Quality Improvement Plan 2017 in response to the Report is being developed and will be presented to the Board of Directors during their meeting in October for approval prior to submission to the Care Quality Commission on 30 October 2017.

It must be noted that whilst many of the actions required have been completed and challenge provided in relation to the evidence of that completion; the plans for sustained compliance and confirmation of how this will be embedded into "Business as Usual"; in essence the "so what" are being scrutinized by the Executive Directors, as it is by embedding this, that compliance and improvements in patient care will be achieved and fundamentally sustained.

Due to the timeframes of the Trust Board of Directors meeting and the Overview & Scrutiny Committee meeting the Quality Improvement Plan will be tabled on the day of the O&S Committee meeting along with a short presentation of the key elements in the Quality Improvement Plan.

5. Conclusion

The 2017 CQC Quality Report acknowledges and cites numerous examples of how and where the Trust has improved in the eight short months since last the last Quality Report. This report offers a firm foundation on which to continue to move forward towards being rated as a Good and ultimately an Outstanding organisation.

6. Recommendation

The Overview & Scrutiny Committee is asked to receive this report and note the Trust Board of Directors will approved the Improvement Plan that will achieve improved care for patients and hence greater compliance at their meeting in October prior to submission to the Care Quality Commission.

Appendix 1: Care Quality Commission ratings 2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Good	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Critical Care	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity Gynaecology	Requires Improvement	Good	Good	Good	Good	Good
Children & Young People	Requires Improvement	Good	Good	Good	Good	Good
End of Life	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic	Good	NA	Good	Good	Good	Good
Community Services	Good	Good	Good	Good	Outstanding	Good
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement