

## Cumbria and Lancashire Joint Health Overview & Scrutiny Committee

Date of Meeting	9 November 2021		
Report Title	CQC Inspection Report and Recovery Support Programme		
Prepared by and contact details	Jackie Bird, Interim Chief Nurse; <a href="mailto:jackie.bird@mbht.nhs.uk">jackie.bird@mbht.nhs.uk</a> Chris Adcock, Director of Finance and Deputy Chief Executive; <a href="mailto:chris.adcock@mbht.nhs.uk">chris.adcock@mbht.nhs.uk</a>		
Status of Report	Public	Private	Internal
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Purpose of Report	For Decision	For Approval	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>This report provides the outcome of the CQC inspection that took place in April 2021 and a subsequent unannounced inspection in August 2021 to medical services at Royal Lancaster Infirmary. The outcome of the inspection was that the Trust remained at a rating of requires improvement. The paper describes the must and should do's the Trust is required to undertake.</p> <p>The paper recognises the importance of system wide working with partners on such issues as discharge pathways and information sharing on discharge, ED pathways and direct referrals/direct access.</p> <p>The paper also describes the NHS England/Improvement (NHSEI) Recovery Support Programme (RSP) that has been established to ensure the delivery of sustainable quality improvements across the Trust.</p>		
Recommendation	The Cumbria and Lancashire Joint Health & Scrutiny Committee is asked to note the contents of this paper and the Executives from the Trust would be pleased to respond to questions		

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### CQC Inspection Report and Recovery Support Programme

#### Background

1. The Trust's Urgent and Emergency, Medical, Surgical and Maternity services at Furness General Hospital (FGH) and Royal Lancaster Infirmary (RLI), and the Urgent and Emergency and Maternity services at Westmoreland General Hospital (WGH) were inspected by the CQC between 20 April 2021 and 14 May 2021 along with a well led inspection also being undertaken during this time.
2. The CQC published their Inspection Report on 20 August 2021. In response, the Trust has developed and submitted an action plan to address the recommendations contained within the published report. The Trust was rated overall as Requires Improvement.
3. The Trust's Medical Services at RLI were subject to an unannounced follow up inspection by the CQC on the 3<sup>rd</sup> and 4<sup>th</sup> August 2021. This CQC report was published on the 27<sup>th</sup> October 2021 the report rated the medical services at RLI overall as Inadequate.

#### Key Findings of CQC Inspection Report

4. The Inspection Report included a total of 90 recommendations, 57 Must Do recommendations and 33 Should Do recommendations. A number of the recommendations are duplicated and have therefore been incorporated into one recommendation for the purpose of the Improvement Plan.
5. The Medicine Care Group have 38 recommendations (Urgent & Emergency Services and Medical Services), Women and Children' Services Care Group have 33 recommendations, Surgery Care Group have 10 recommendations and there are 9 Trust wide recommendations.
6. Themes from the recommendations overlap with those themes identified as areas of focus in the Trust Forward Improvement Plan and included in the Recovery Support Programme:
  - a) Governance and Performance,
  - b) Maternity Services
  - c) Stroke Services (section 31)
  - d) Urgent and Emergency Care
  - e) Safe Staffing
  - f) Medicines Management
  - g) Fundamentals of Care
  - h) Clinical Leadership (culture)
  - i) Financial and Clinical Sustainability.

Progress on the Trust Forward Improvement Plan is reported to the NHSE/I System Improvement Board on a monthly basis.

7. The medical services report identified 7 must do actions and 2 should do actions. Some of the recommendations are duplications of the April inspection and will be incorporated into the overarching action plan.

### **Section 31 Notice – Stroke Services**

8. The CQC issued the Trust with a Section 31 Notice on our license for Stroke services following the re-visit inspection that took place on the 14 May 2021. This covered issues such as:
  - a) Implementing system of clinical escalation for all presentations;
  - b) Implementing effective risk and governance systems in stroke and;
  - c) Improvement in clinical staff knowledge and training across a number of stroke areas e.g. thrombolysis and dysphagia
9. The Trust provided a copy of a detailed stroke action plan covering all the conditions on the restrictions, and this is updated and sent to the CQC (and other appropriate stakeholders) on a monthly basis. This was discussed in detail at the CQC engagement meeting on the 19<sup>th</sup> October 2021.

### **Notice of Proposal – Maternity**

10. On the 29 June 2021, the Trust received a Notice of Proposal (NOP) to impose conditions on the Trusts Registration for regulated activities, in relation to Maternity and Midwifery Services on all three sites.
11. The Trust formally acknowledged the NOP on the 30 June 2021 and agreed to devise and implement an effective Governance system for all services within 21 days and the requirement to provide an interim report within 35 days and by day 56 and monthly reports thereafter. This remains a high priority piece of work within Women & Children's Services and links closely with the CQC report recommendations.
12. Support is also being provided by the national Maternity Safety Support Programme with an initial diagnostic being undertaken. The recommendations from this will focus improvement on addressing issues raised in the NOP and in the CQC Inspection Report.

### **Development of CQC Improvement Plan**

13. Since receipt of the CQC Inspection Report the Compliance and Assurance Team has iteratively worked in partnership with Care Groups, Specialist Functions and Corporate Functions to develop the CQC Improvement Plan. This was submitted to the CQC on 1 October 2021.

14. Within the recommendations there are some actions which would be considered short-term, some medium-term and some long-term that require significant investment or system support. A discussion on some of the system wide challenges such as discharge, and Emergency Department pathways and direct referrals/direct access was held at the Bay Health & Care partners quality & performance meeting on the 14<sup>th</sup> October 2021 and was also the focus of an Executive to Executive meeting with Morecambe Bay Clinical Commissioning Group on the 12<sup>th</sup> October 2021.
15. A number of CQC recommendations were addressed immediately, and therefore closed on the plan with ongoing assurance checks in place to ensure compliance. In relation to the short-term recommendations there is a target to complete these within six to eight weeks where possible. The Trust Compliance and Assurance team are meeting with the Care Groups on a monthly basis to receive these updates and provide challenge as necessary.
16. Meetings took place with each Executive Directors throughout September 2021, to ensure agreement of responsibility and oversight of the recommendations being developed within the Care Groups.
17. All recommendations have been assigned, in agreement with, a responsible Executive Director and Assurance Committee. Progress of recommendations will be reported through to the relevant Assurance committee and then onto Trust Board on a monthly basis through the committee minutes.
18. The implementation of the actions from the CQC recommendations are dovetailed with the plans for the Recovery Support Programme where the Director of Finance is the Senior Responsible Officer (as shown in Appendix A).

### **National Policy Context – System Oversight Framework and Recovery Support Programme**

19. The new NHS System Oversight Framework (SOF) for 2021/22 approved by the NHSEI boards on 24 June following included segmentation criteria for systems, trusts and CCGs including those with the most significant challenges defined as segment 4.
20. Organisations in SOF 4 will be provided with a new Recovery Support Programme (RSP) which also requires local system partners to play a key role in addressing system related challenges and develop supporting system solutions to the challenge(s).
21. The RSP replaces the separate quality and finance special measures programmes which have been in place since 2013, and the parallel Clinical Commissioning Group special measures programme which has been in place since 2016. The RSP differs from special measures in a number of important ways. It is:
  - available to support trusts and systems with increasing, complex challenges, helping to embed improvement to prevent further deterioration and enable stabilisation
  - focused at a system level, while still providing tailored, intensive support to individual organisations

- focused on the underlying drivers of the problems that need to be addressed and those parts of the system that hold the key to improvement
- able to draw in support from an expert multidisciplinary team co-ordinated by the Improvement Director
- time limited with clear exit criteria
- focused on building resilience within trusts and systems, so that they exit the programme with the knowledge and skills they need to achieve sustainable improvement
- placing an expectation on systems to build the capacity required so they are able to maintain improvement.

### **UHMBT SOF Segmentation and Entry to the Recovery Support Programme**

22. The NHSEI North West Region established the Morecambe Bay System Improvement Board in April 2021 to support the Trust and system partners in aligning and co-ordinating improvement activities across a range of areas.
23. The improvement support was resourced by the regional team (with some financial and part-time improvement director support from national intensive support team) initially for a 6-month period until September 2021.
24. During this period and shortly after the initial support was provided, CQC notified the Trust about an imminent Well Led inspection (April 2021) previously described in this paper.
25. The CQC ratings (relating to well-led and maternity care) and regulatory notices were reviewed by NHSEI taking into consideration a range of Trust challenges to sustainable improvement including the viability of existing models of care, governance review and recommendations and cultural issues. A recommendation was made for SOF 4 which was approved by the Provider Oversight in July 2021.
26. As a first step towards RSP NHSEI appointed a full-time Intensive Support Director to;
  - support the Trust to develop an Improvement Plan with an indicative timescale for meeting the RSP exit criteria
  - to develop an intensive support package to enable the Trust to make the necessary progress at pace by drawing in additional capacity and expertise
  - to ensure improvement priorities and resources are aligned

### **Development of Exit Criteria**

27. Exit from the RSP and SOF 4 will be approved by the NHS England and NHS System Oversight Committee based on the recommendation of the regional team. There is an expectation that development of exit criteria is agreed between the NHSEI regional team and the Trust through the relevant regional governance process (System Improvement Board/SIB).

28. The criteria will inform an initial RSP Review meeting between the Trust and NHSEI and agreement of the RSP support offers from the Region, ICS and national Intensive Support. Progress against the criteria will be reviewed and reported to the System Oversight Board on a six-monthly basis to ensure improvement is being achieved.
29. The exit criteria will be approved at the October SIB;

Criteria
No outstanding actions from historical reviews
No outstanding actions arising from regulatory notices (HEE, GMC, CQC, Health and Safety Executive)
Demonstrable robust organisation wide governance structure in place
Demonstrable robust systems and process relating to safety & quality e.g. Safe staffing, Serious Incidents
Agreement of a sustainable clinical strategy for Morecambe Bay, that contributes to the system financial plan and sustainable services.
Evidence of UHMBT priorities in South Cumbria System Development Plan and alignment of clinical strategy
Evidence of robust and embedded internal whistleblowing processes, that are utilised by staff, with appropriate and timely outcomes; evidence of sustained improvement in staff engagement.

### Development of the Trust Improvement Plan

30. In response to SOF4 and RSP the Trust identified Chris Adcock (Director of Finance and Deputy CEO) as the SRO for the programme and NHSEI immediately appointed a full-time Intensive Support Director (Caroline Griffiths).
31. The priority for both leads was to;
- develop an Improvement Plan with an indicative timescale for meeting the exit criteria
  - develop an intensive support package to enable the Trust to make the necessary progress at pace by drawing in additional capacity and expertise
  - ensure improvement priorities and Trust and RSP resources are aligned
32. The key Quality and Safety themes in the Improvement Plan are aligned to the key risks, entry and exit criteria are;

Theme	Workstreams
Regulatory Actions and CQC Ratings	Maternity Safety Support Programme (MSSP) SI Investigations Risk Management
Fundamentals of Care	Rolling programme across all services to include; <ul style="list-style-type: none"> <li>• IPC/PPE</li> <li>• Medicines Management</li> <li>• Documentation</li> <li>• E-observations</li> <li>• Pressure Ulcers</li> <li>• Falls</li> </ul>
Safe Staffing	Establishment reviews and governance using NQB Guidance
Productive Ward and Clinical Service Reviews	Service reviews and development of service specific improvement plans – starting with Medicine Care Group and RLI

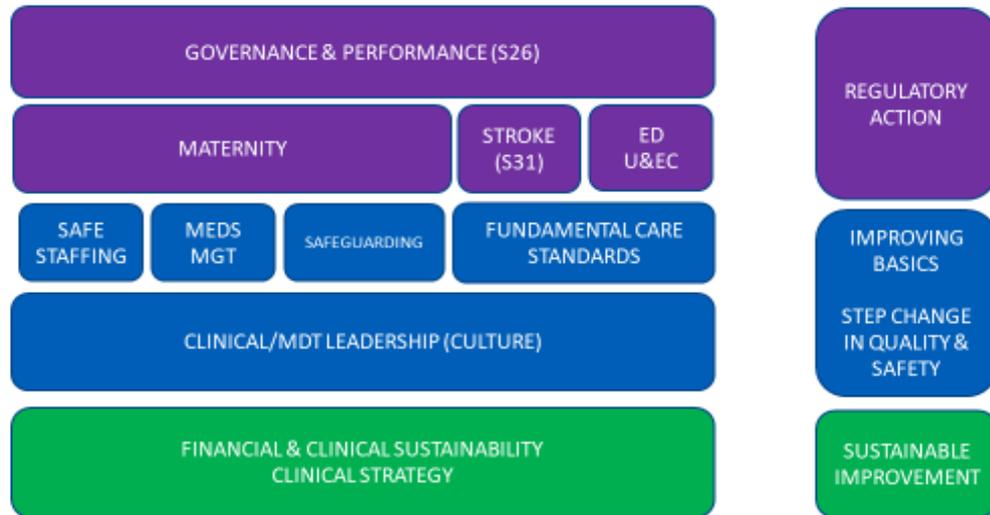
33. In addition to these themes the Improvement Plan includes workstreams for Operations and Performance Improvement, People and Leadership, Sustainable Financial Improvement and Clinical Strategy.
34. Significant work has been undertaken to prepare the programme approach to the Improvement Plan which will be led, coordinated and supported by a Transformation and Improvement Office. Standardised processes and a robust programme approach has been developed including standardised programme materials and documentation have been developed at pace. This will ensure a consistent approach across all projects and workstreams with robust governance and reporting.
35. A key component of the programme approach is clinical leadership and the programme structure therefore includes establishing a clinical reference group. The clinical lead will be responsible for establishing the clinical reference group with multidisciplinary representation.
36. Trust-wide engagement sessions were undertaken week commencing 18th and 25th October. Further engagement activity is planned to enable clinicians and staff to shape and refine the details of the plan including priorities, and scope.
37. External NHSEI reporting and assurance is monthly through the SIB with specific 'deep dive' reporting agreed and scheduled over the next 6-9 months.

## Recovery Support Proposal

38. The RSP proposal for resources and Intensive Support Programme funding proposal has been developed and approved by NHSEI to reflect the key themes from the initial RSP referral and subsequent CQC priorities.
39. The RSP proposal has two elements at this stage;
  - Access to Intensive Support Programme funding which will enable the Trust to resource/support specific improvement projects
  - Access to NHSEI specialist expertise/personnel primarily from the Intensive Support team but also including various national teams
40. The proposal for Intensive Support Programme budget has been developed based on supporting a minimum of 6 improvement projects and the development of Business Intelligence dedicated resource for the Programme.
41. To date the specialist support has already started for;
  - Dedicated Intensive Support Director to support development of the Improvement Plan, preparation of the RSP proposal and coordination of RSP resources
  - Continued NHSEI clinical executive support for the Director of Nursing and medical Director
  - Engagement of the Maternity Specialist Support Programme (MSSP) and two Maternity Improvement Advisers
  - Support from NHSEI Safe Staffing leads focusing on staffing establishments and governance
  - Regional specialist support for Infection Prevention and Control
  - Regional specialist support for flow and length of stay
  - National Intensive support for OD and culture programme
42. Given the importance of the Urgent and Emergency Care Improvement workstream further consideration of the approach is required across system partners including the development and delivery of the out of hospital urgent care model and flow associated with discharge and criteria to reside. Potential for referral for ECIST support may be considered.
43. Further work will be undertaken to identify support offers from the Lancashire and South Cumbria ICS, other system partners and the Provider Collaborative.

Appendix A

UHMBT IMPROVEMENT CHALLENGES & 3 LEVEL APPROACH



CQC Well Led 2021 – Improvement Themes  
NHS England and NHS Improvement

