

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mr Peter Murphy, Director of Nursing, Allied Health Professionals and Quality, Blackpool Teaching Hospitals NHS Foundation Trust
<b>Date of Meeting</b>	7 January 2020

**BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: CQC INSPECTION JUNE 2019**

- 1.0 Purpose of the report:**
  - 1.1 To update the Committee on the findings of the June 2019 Care Quality Commission (CQC) inspection and provide assurance of the Trust’s response and commitment to addressing the improvement actions.
- 2.0 Recommendation(s):**
  - 2.1 The Committee is asked to note the action that the Trust is taking to address the concerns raised within the report and share feedback on the approach taken.
- 3.0 Reasons for recommendation(s):**
  - 3.1 To ensure the Committee is apprised of and receives assurance of the Trust’s response and commitment to addressing the improvement actions and the wider quality agenda.
  - 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
  - 3.3 Is the recommendation in accordance with the Council’s approved budget? N/A
- 4.0 Other alternative options to be considered:**
  - 4.1 Not applicable
- 5.0 Council priority:**
  - 5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

## 6.0 Background information

6.1 The full inspection report was published on 17 October 2019 (*appendix 6(a)*). The Trust received:

- An overall rating of Requires Improvement
- Caring as Good
- Well Led being rated Inadequate.

The inspection report outlines 32 ‘Must Do’s’ and 86 ‘Should Do’s’. The ‘Must Do’s’ are categorised as immediate actions (first 9 months) and are included within the Trust’s formal CQC plan (*appendix 2*). These improvement actions are based around the following themes:

<p style="text-align: center;"><b>Governance</b></p> <ul style="list-style-type: none"> <li>• Policies</li> <li>• Duty of Candour</li> <li>• Culture</li> <li>• Environmental Risk Assessments</li> <li>• Monitoring Quality &amp; Safety</li> <li>• Safe Storage of Medical Notes</li> <li>• Risk Escalation and Mitigation</li> </ul>	<p style="text-align: center;"><b>Safe Staffing</b></p> <ul style="list-style-type: none"> <li>• Medical Staffing</li> <li>• Nurse Staffing</li> </ul>
<p style="text-align: center;"><b>Safe Care &amp; Treatment</b></p> <ul style="list-style-type: none"> <li>• Environment Risk Assessments</li> <li>• Bed Rail Practice</li> <li>• Consent</li> <li>• Medical Record Management</li> <li>• MCA</li> <li>• DOLS</li> <li>• Safe storage of personal medicines</li> <li>• Critical Care Environment &amp; Facilities</li> </ul>	<p style="text-align: center;"><b>Person Centred Care</b></p> <ul style="list-style-type: none"> <li>• Patient Centred Care Treatment Plans</li> <li>• Pain Management</li> <li>• Mixed Sex Accommodation</li> <li>• CAMHS 18 week pathway</li> <li>• CAMHS outcome management</li> <li>• Wait times for Community CYP, Community Dental, Community Therapy Services and CAMHS</li> </ul>

Progress with the implementation of the 32 ‘Must Do’s’ is formally and robustly monitored via the Trust and the CQC. The Trust will initially need to focus their attention on achieving the ‘Must Do’s’ within the agreed timeframes to secure stability of services and deliver improved care and outcomes for patients.

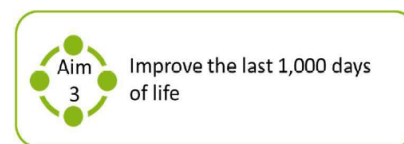
The 86 ‘Should Do’s’ will be individually reviewed between the CQC and the Trust to ensure that the whole programme of improvement is managed in a way that enables the Trust to deliver and sustain priority improvements.

Alongside the CQC inspection and subsequent recommendations for improvement, the Trust has developed and implemented their Quality Strategy (*appendix 6(c)*) which is specifically focused around embedding quality improvement into day to day practice based around three key aims:

Our two high level Trust aims over the next three years are to:



Our high-level System-wide aim over the next three years is to:



The Quality strategy is a key platform for delivering the CQC improvement actions and wider quality initiatives.

6.2 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 Appendix 6(a): CQC Inspection Report - <https://www.cqc.org.uk/location/RXL01>  
 Appendix 6(b): CQC Action Plan (attached)  
 Appendix 6(c): Blackpool Teaching Hospitals Quality Strategy (attached)

**8.0 Legal considerations:**

8.1 Not applicable

**9.0 Human resources considerations:**

9.1 Not applicable

**10.0 Equalities considerations:**

10.1 Not applicable

**11.0 Financial considerations:**

11.1 Not applicable

**12.0 Risk management considerations:**

12.1 Not applicable

**13.0 Ethical considerations:**

13.1 Not applicable

**14.0 Internal/external consultation undertaken:**

14.1 Not applicable

**15.0 Background papers:**

15.1 None.