

# SCRUTINY REPORT



**MEETING:** Health and Scrutiny Committee  
**DATE:** 25.01.2023  
**SUBJECT:** CQC inspection outcome  
**REPORT FROM:** Heather Caudle, Chief Nurse Northern Care Alliance  
**CONTACT OFFICER:** Jacqui Burrow, Deputy Chief Nurse

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## 1.0 BACKGROUND

Unannounced Inspection commenced on 8<sup>th</sup> August 2022 and concluded following the well led element of the inspection on 26<sup>th</sup> September 2022. Prior to the inspection in July 2022, we had carried out a detailed self assessment against the key lines of enquiry and had rated ourselves as requires improvement.

1.1 The CQC Inspection was carried out using a risk based approach based on data and intelligence gathered. Areas of concerns had flagged with CQC based on information from external reporting (STEIS, waiting times, quality and performance indicators), enquiries they had received from the public and staff, and from themes they had become aware of through Incidents, complaints and RCAs. In particular a focus of the inspection in Fairfield General was the treatment and care of people with disordered eating, following a PFD order issued to the organisation in November 2021.

1.2 Areas inspected by CQC:

- Salford Care Organisation – Medicine, Surgery, Urgent and Emergency Care
- Oldham Care Organisation – Medicine, Surgery, Urgent and Emergency Care and Maternity
- Bury Care Organisation - Medicine, Urgent and Emergency Care
- Rochdale Care Organisation - Maternity

1.3 Areas of good practice were also identified one of which for Fairfield General Hospital was:

### Fairfield Urgent and Emergency Care

- Local leaders supported and encouraged staff to suggest and make improvements within the department in order to improve staff wellbeing. For example, a member of staff had suggested a garden be built for staff outside the department. Local leaders supported the member of staff in drafting and submitting a business case and through the process of having the garden built. Local leaders were working with staff to improve the garden, for example planting herbs and vegetables and new furniture.

## 2.0 ISSUES

When NCA became a legal entity - Salford's current rating of outstanding was adopted for the NCA, and any previous Pennine Acute Trust overall Ratings were no longer applicable. Ratings were given for each core service inspected but an overall rating for Bury, Rochdale and Oldham were not given.

- 2.1 The overall rating for the Northern Care Alliance following the inspection is Requires Improvement.
- 2.2 The final report was published on the 22<sup>nd</sup> December 2022 and this was accompanied by a statement made by the Chief Executive Officer that acknowledged the report findings and that some improvements were already underway. There were 120 recommendations made within the report, categorised as 'Must Do' or 'Should Do' actions which now need to be addressed to ensure that the NCA is not placed at risk of breaching a Health and Social Care Act Regulation or one of the CQC Fundamental Standards. We must also ensure that the care and safety of patients remains one of our key priorities alongside the wellbeing of staff.
- 2.3 Overall Rating for the Northern Care Alliance

**Ratings for the whole trust**

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓ Dec 2022	Requires Improvement ↓ Dec 2022	Good ↓ Dec 2022	Requires Improvement ↓↓ Dec 2022	Requires Improvement ↓↓ Dec 2022	Requires Improvement ↓↓ Dec 2022

- 2.4 Several main themes emerged from the inspection which alongside the must and should do actions will be included as part of the overall improvement plan. These include - Visibility of senior leaders; although this did not emerge as a theme for Fairfield general, Culture, Information Management, Governance, Staffing, Mandatory Training, Patient Flow and Waiting Times, Policy Management, Medicines Management, Shared Learning

**3.0 CONCLUSION**

- 3.1 Under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC have asked for a written report of the action we are going to take to meet the associated regulations and any other legislation. This is currently in development and due for submission with the CQC by 31<sup>st</sup> January 2023.
- 3.2 To mitigate any gaps in controls, optimise opportunities to harmonise clinical practices across the Trust, identify areas of good practice and to link with improvement work that is already underway, actions have been mapped across all sites regardless of the initial core service that the CQC originally identified recorded the action against so that we can ensure that we address issues in their entirety. Learning from all areas inspected will be applied across the entire organisation; the result for Bury being that some of the developments will enhance work already in train rather than only addressing areas in deficit.
- 3.3 Quality Standards & Improvement Board has been established to monitor and oversee the progress of the action plan – chaired by the Chief Nurse. The Group Assurance and Compliance Team will provide oversight to the action plan on behalf

of the NCA and provide reports on progress to EQC, Audit Committee and Group Board and partners as required.

#### **4.0 SAFEGUARDING IMPLICATIONS**

To outline any safeguarding implications in relation to the report.

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#### **List of Background Papers:- CQC Report: Northern Care Alliance 22.12.22**

<https://api.cqc.org.uk/public/v1/reports/23f2f780-a69c-4ab4-a563-f3b8a0059a60?20221222080855>

#### **Contact Details:-**

*[Report Author]*

Executive Director sign off Date: \_\_\_\_\_

JET Meeting Date: \_\_\_\_\_