

Title of Report	UHSM CQC inspection report and Strategy 2016/17- 2017/18
Date of Meeting	Trafford Health Scrutiny Committee - 12 October 2016
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Purpose of the Paper • To Note	To Note

1. Background

The Care Quality Commission (CQC) published UHSM CQC inspection report July 2016. The report found the trust **'requires improvement'**

As such a UHSM CQC strategy has been approved and will ensure that the actions from the report are completed and for the trusts longer term vision to progress from requires improvement to good and beyond to outstanding. A paper describing the new UHSM CQC strategy has been approved by the Trust. The strategy will prepare the trust for the CQCs new process of inspecting by ensuring the trust is always 'CQC ready'.

The CQC report and recommendations have been discussed in the Quality Summit, August 2016. Following which the trust has sent the overarching CQC action plan to the CQC and CCG.

2. Summary of CQC findings

- The Trust has been rated overall as **'requires improvement'**.
- In Foundation Trusts where Monitor finds a failure to comply with licence conditions the overall trust rating will normally be limited to 'requires improvement' at best.
- There were areas of excellent practice. They rated the services for children and young people services, end of life and critical care as 'good'.
- The CQC declared that 'care' was delivered by a strong, caring and compassionate multidisciplinary team.
- However the report highlighted where improvement are required in both the 'safe and effective' domains in terms of never events, patient flow and staffing.

3. Assurance process

During the inspection the Trust was asked to take some immediate actions these have been completed and are closed.

The full CQC reports have been reviewed and a comprehensive action plan which outlines the actions that need to be taken by the Trust has been developed. The actions total 97 and are split into 'should do' (68), 'must do' (20) and 'requirement notices' (9).

A monthly report will be sent to the Improvement Board and CCG Quality Meeting which summarizes the progress for action.

4. Issues:

It must be noted that some of the actions are significant and are interdependent on other projects some involving the health economy (RTT, ED performance, Staffing, DToC) - it is therefore anticipated that assurance will be gained for these specific longer term, health economy work streams through their individual meeting processes.

5. Conclusion:

The Scrutiny committee is asked to review and acknowledge this paper and its contents.