



### Report Cover Sheet

Report to:	Part 1 Board of Directors	
Date of the Meeting:	July 2020	
Agenda Item:	P1-112-20	
Title:	CQC update on activity during COVID -19.	
Report prepared by:	Gill Murphy, Associate Director for Improvement	
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality	
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Quality Committee
Date & Decision:	29 <sup>th</sup> July 2020

Purpose of the Paper/Key Points for Discussion:	<p>This report is to give the board and update on CQC activity during COVID -19.</p> <p>The CQC normal activity has been postponed and they will only be auctioning patient safety concerns within NHS and independent organisations.</p> <p>The CQC, through the new emergency support framework will be completing on 24<sup>th</sup> July, with the IPC team, a review of IPC during COVID -19</p> <p>The registration of CCC-L is in place.</p> <p>There has been one whistleblowing concern raised with the CQC. This has undergone a full review, assurance given to the CQC that there are no patient safety concerns and closed by the CQC.</p>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	For the board to note.
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	x	Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	x
<b>Retain and develop outstanding staff</b>	x	Be <b>enterprising</b>	x
<b>Invest in research &amp; innovation</b> to deliver	x	Maintain <b>excellent</b> quality, operational and financial	x

<b>excellent patient care in the future</b>		<b>performance</b>	
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*The paper relates to the following Board Assurance Framework (BAF) Risks*

<b>BAF Risk</b>	<b>Please Tick</b>
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	x
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	x
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	x
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	x
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	x
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	x
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	x
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	x
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	x
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	x

<b>Equality &amp; Diversity Impact Assessment</b>		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		x
Disability		x
Gender		x
Race		x
Sexual Orientation		x
Gender Reassignment		x
Religion/Belief		x
Pregnancy and Maternity		x

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

## Update on CQC activity during COVID -19

When the coronavirus pandemic hit the NHS back in March 2020, the CQC cancelled all planned activity that was not related to a specific patient safety concern within organisations.

Following our CCC relationship visit with CQC on 17 July 2020, we were updated with the CQC plans going forward.

The CQC have suspended all focus groups and local service reviews until further notice.

For CCC that meant the postponement of the planned engagement events

- End of Life services – May 2020
- Radiology – Sept 2020.

As soon as this activity is able to be re-established our relationship lead will contact us.

The CQC will only be visiting clinical services, both NHS and independent, that have a patient safety concern, which will be very focused on the particular concern.

They have also implemented an emergency support framework, the first of which will be looking at Infection Prevention and Control measures during COVID -19. (please see below)

From September 2020 to May 2021, there will be interim methodology that the CQC will implement based on safety and well led.

The new CQC Strategy May 2021 to 2026 will be out for consultation during winter 20/21. It is expected to be risk based and include the facility for organisations to have their CQC rating revised outside of planned inspections.

### **Planned visits**

There are currently no planned visits by the CQC. However our relationship manager will be attending IGC, QC and BOD through October 2020, with our planned quarterly relationship meeting thereafter.

### **Registration**

As CCC expanded its services into Liverpool it was required for the trust to register the new Liverpool site as a hospital for the delivery of cancer care.

Following the submission of a registration application form to the CQC, a virtual tour of the building ( unable to visit due to COVID) and a last minute visit by the lead

registration lead on Wednesday 24<sup>th</sup> June 2020, the CQC formally registered the site at 16.30pm on Friday 26<sup>th</sup> June 2020.

The CQC did request assurance that the terraces at CCC-L will only be opened once complete. This will be when:

- Furniture is in place and is fixed to the ground
- Stones around the perimeter are fixed with resin
- SOP in place for the use and maintenance of the terraces

Until complete the terraces remain closed and will be opened under the direction of Joan Spencer, COO, when all actions completed.

Attached is the formal letter and certificate of registration, and the request to ensure all areas display the CQC poster encouraging patients and visitors to feedback their experiences.

These posters have been displayed under the instruction of Karen Kay DDON, across all areas of CCC.

As is required, the formal CQC ratings poster for CCC following the CQC visit back in 2019 is displayed in the main reception at CCC-L, under the instruction of Nicky Brown, Head of Risk and Compliance.

### **Infection Prevention and Control**

The CQC RELATIONSHIP LEAD, SAM DAVIES, made contact with the trust Wednesday 15<sup>th</sup> July 2020 to arrange a meeting to complete a mandated Infection Prevention and Control Emergency Support Framework Assessment. Every trust across the country will be assessed during a 90 minute Microsoft teams meeting. The CCC meeting is planned for 24<sup>th</sup> July 2020

### **Whistleblowing / concerns raised by CQC**

On Friday 10<sup>th</sup> July, the DON took a phone call from our CQC relationship lead, relating to a whistleblowing concern at CCC-L.  
The anonymous individual raised concerns relating to:

1. Concerns regarding a rise in inpatients developing Pressure Ulcers (PU)
2. Concerns regarding a rise in inpatients Infections (HCAI's)
3. Concerns regarding unsafe Staffing levels

Following a full investigation, assurance was provided to the CQC on Thursday 16<sup>th</sup> July that there were no patient safety concerns to escalate.  
The CQC closed this issue on 17<sup>th</sup> July 2020.