

# Report to the Meeting of the

**CG 20/2017**

(Agenda item: 19)

# Oxford Health NHS Foundation Trust

# Council of Governors

**07 June 2017**

**CQC Inspection into the GP Out of Hours Service**

**For: Information**

The purpose of this report is to brief the Council of Governors of the outcome of the Care Quality Commission inspection of the GP Out of Hours (OoH) service. The report also included the Trusts action plan which has been agreed in response to the inspection findings. This will be monitored and overseen through the Trusts quality committee. The Council is asked to note this paper.

**Executive Summary**

The CQC inspection team undertook an announced inspection of the GP OoH service between the 7th and 9th November 2016. There were delays within the CQC processing of the findings of the inspection due to unexpected illness. The draft report was returned to the Trust in early April 2017 and following factual accuracy checks, returned to the Trust in early May. The service received favorable feedback from the inspectorate team throughout though concluded that overall the service required improvement. The service was rated as good in the ‘Caring’ and ‘Responsive’ domains though requires improvement in the ‘safe’, ‘effective’ and ‘well led’ domains. The main themes for areas requiring improvement was the consistency of application of governance processes, safety in the management of ‘pre-printed’ prescriptions, adequacy of DBS checks and PPST in clinical staff and ensuring safe staffing levels through periods of peak activity. Patient feedback regarding their experience of care was extremely positive and noted by the CQC.

**Governance Route/Approval Process**

The report and action plan have been shared with OCCG and submitted to the Trusts quality committee. Monitoring of action completion will be primarily undertaken within the Older Peoples directorate quality committee though overseen through the Trust quality subcommittee –Effective.

**Recommendation**

The Council of Governors is asked to note the report.

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**Lead Executive Director: Ros Alstead, Executive Director of Nursing**

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors.*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*3) Developing Our Business through Collaboration and Partnerships*

*(Goals: we will work in collaborative partnerships; we will maintain and grow our services where we add value; and we will have strong relationship with our stakeholders)*

*4) Developing Leadership, People and Culture*

*(Goals: staff satisfaction will be in the top 20% of Trusts nationally; our staff and teams will be high-performing; and we will recruit and retain an excellent workforce)*

*5) Using our Estate efficiently*

*(Goals: patients and staff will benefit from safe and appropriate environments; our estate will be sustainable and environmentally-friendly; and our estate will be cost-effective)*