

## Board of Directors (In Public)

### Item 2.2

**Subject:** CQC Report and Action Plan  
**Date of meeting:** 30<sup>th</sup> July 2019  
**Prepared by:** Sue Pemberton/Director of Nursing & Operations  
**Presented by:** Sue Pemberton/Director of Nursing & Operations  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
All	Assurance on the Trust's work to maintain compliance with Care Quality Commission standards

#### 1. Executive Summary

In April 2016 LHCH was inspected by the Care Quality Commission (CQC) and rated "Outstanding". A further unannounced inspection of one core service surgery was undertaken in January 2019 and a well led inspection in February 2019. The outcome of the recent inspection was an outstanding rating in surgery and outstanding in the well led inspection. This has resulted in the Trust retaining its overall outstanding rating with demonstrable improvements since the last inspection in surgery.

There was one area identified for improvement within the report pertaining to mandatory training for doctors in relation to Deprivation of Liberty safeguarding and the Mental Capacity Act 2005. This has been added to our Trust action plan. In addition, following the report being issued, the CQC highlighted readmissions as an area for improvement which had not been highlighted previously. Both these areas have been documented within our Trust action plan. (Appendix 1)

#### 2. CQC sustainability of standards and continuous improvements

The Trust utilised various methods to ensure it was prepared for the next inspection these include:

- Learning and sharing forums, mock inspections and EECS reviews have all continued following the LHCH inspection in 2016 with all staff being very much engaged within these processes. The learning and sharing forums have been a successful platform bringing staff together from across a number of departments and wards. It is here that areas of good practice are shared and discussed, with solutions explored and agreed. Staff bring their folders of outstanding evidence to each meeting that they avail for the CQC inspectors. The meetings are also used to review the CQC KLOES which staff work through, discussing how they and their area's meet the outstanding criteria.

- Unannounced mock inspections have enabled staff to observe practice, review documentation and have given staff the opportunity to speak with patients and their families regarding their experience within the Trust. The response to undertaking these mock inspections has been excellent. All areas have been assessed trust wide. In addition, the Director of Corporate affairs and the Director of Nursing and Operations led a well led inspection in October 2018
- LIA and service improvement projects have been on-going to improve services and staff across the Trust are encouraged to be involved.

### **3. CQC Internal Mock Inspections**

The Trust has always carried out its own programme of mock inspections to ensure that standards are high. This will continue and are due to commence again in Autumn 2019. The approach will be strengthened with detailed reviews of each service line, utilising a similar approach to that of the CQC, and will include well led interviews of the leadership of the particular area being inspected.

### **4. Summary**

The Trust has retained its outstanding rating following its unannounced inspection of surgery and its well led inspection and demonstrated further improvements. . The programme of Trust-wide mock inspections coupled with our embedded approach to ward and departmental assessments will continue as they have provided good assurance that the Trust is aware of where improvements need to be made, alongside recognising the outstanding care and practice in place.

The sharing and learning forum is the vehicle for all staff to interact and hear first hand the improvements and learnings from other areas. The morale in the Trust is mainly positive and staff are engaged in the improvement plans.

### **5. Recommendations**

The Board of Directors are asked to:

- Receive the outcome of the recent unannounced inspection of surgery and the well led inspection and note the outstanding rating for the Trust
- Receive the updated CQC action plan

## Appendix one

### Mock Inspection Actions May and November 2018

Area for Improvement	Area	Review date	Action	Progress	Lead Executive
The Trust is not meeting the mandatory training targets in some areas across the Trust	Learning and Development	January 2020	Regular reporting has been implemented and areas of non-compliance are highlighted to the relevant managers/leadership teams.		Director of Workforce Development
The Trust needs to Improve its readmission rates in surgery	Surgery	January 2020	Review the readmission data across surgery and set out the areas for improvement  Carry out a benchmarking exercise with comparable		Chief Operating Officer

			organisations		
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