

Board of Directors (In Public)

Item 3.1

Subject: Care Quality Commission Mock Inspection Report 2018
Date of meeting: 3rd July 2018
Prepared by: Joan Matthews/Deputy Director of Nursing & Quality
Presented by: Susan Pemberton/Director of Nursing & Quality
Purpose of Report: For 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". Post inspection the Trust developed an action plan to address the areas for improvement highlighted. The majority of these actions have now been closed with the exception of improving DNAs. To ensure that the Trust is equipped for its next inspection there has been a comprehensive programme of internal inspections conducted to provide assurance that all areas Trust wide are prepared. In addition, the Trust holds a fortnightly learning and sharing forum where leaders across all areas meet to discuss the CQC standards and share their preparation progress. The internal inspection programme has not identified any key risks for the Trust.

To ensure that the Trust is prepared for its well led assessment, the Director of Nursing and Director of Corporate Affairs have planned a detailed well led internal mock inspection in September and October 2018. The outcome of this will be reported to the Board of Directors in November 2018. The Trust has not been advised when it will next be inspected however, the CQC have outlined that all Trusts will be inspected by July 2019.

2. CQC preparation

The Trust is utilising various methods to ensure it is 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 in preparation for any future announced / unannounced CQC inspections, 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 will use to show case their areas to the inspectors. The meetings are also used to review the CQC KLOES where staff work through, discussing how they and their area's meet the criteria. To date the group has reviewed safe, effective and well led.

- 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 and by the end of June 2018, Community services and a stakeholder event will be the last inspections to be performed.
- The established EECS process is also used alongside mock inspections. This has enabled a triangulation of information from performing these assessments with known intelligence of incidents reported, safe staffing numbers, culture survey reports and numbers of complaints reported by area.
- LIA and service improvement projects going forward will add further evidence for future CQC inspections, especially under the well led key line of enquiry.

3 Outcomes of CQC Internal mock inspections

Safe

The use of HALT within the Trust has been widely communicated, staff responses to this initiative have been very encouraging with staff highlighting throughout the inspection that:

- the use of HALT empowers staff to challenge any safety risks witnessed

In previous CQC inspections staff have been asked how the Trust communicates the work being done to keep patients, families and staff safe. Throughout the mock inspection staff shared:

- Their knowledge of Safety Seven, Patient Family Centred Care Six Steps and Speak out Safely initiatives were communicated and known within the teams.
- Posters of the Safety Seven were evidenced in areas along with staff knowing how to raise concerns and how to report incidents.

Effective

The inspectors performed observation of practice within theatres and catheter laboratories they observed:

- Use of WHO Checklist with explanations given of the continuous improvements being made to ensure patient safety
- Innovative projects at local and national level
- Good learning and development opportunities to enhance career progression

Caring

The inspectors reported how they were received when performing inspections, the ward /department environment and feedback from staff, they commented how:

- Clean, tidy and welcoming the environments were
- Staff showed commitment and dedication to delivering the best care possible
- Staff provided examples when they have gone above and beyond for patient and family care and well being
- Inspectors witnessed patients being shown privacy and dignity

Responsive

The Inspectors asked staff to share with them examples of good practice that had improved the services delivered to patients and families. Staff told us how beneficial it had been that:

- Outreach and physiotherapy staff are based on surgical wards to support ward teams
- The development of palliative care training and information resources for patients at end of life are extremely useful
- Actions taken to address issues arising that could impact on continuity of care (especially during weekends/bank holidays) – improved ways of working and availability of advanced practitioners out of hours.

Well Led

The inspectors focused their observations and questions to staff on how the Trust demonstrated it is a well led organisation. Staff said:

- They can evidence strong lines of leadership and accountability
- Staff are caring and compassionate and demonstrate strong teamwork
- The quality of staff information and education boards is really good
- Staff feeling engaged and motivated within their teams

The areas for improvement from the mock inspection programme were:

- Mixed knowledge of incident reporting and learning
- Staff rest facilities/environment
- Medications flow and storage
- Staff competency framework
- Lack of appropriate space for bereaved families when patients present as PPCI
- DNAs in medicine

Action plan attached (Appendix 1)

3. Summary

Within the first six months of 2018 all in-patient wards and LHCH departments have received an unannounced internal mock CQC assessment performed by LHCH staff. A stakeholder event is planned for 21st June 2018 and community services will be the last area to be assessed by the end of June 2018.

The inspections have been thorough, with the assessment documentation used adapted for each area where applicable, staff have been engaged within the process and feedback from each assessment shared with all the ward and departmental managers, who have developed their individual action plans for improvement. The learning and sharing forums will continue to meet, as the feedback from staff is positive - that they find the meeting a good way to share best practice.

The preparation for the next CQC inspection is progressing well. The morale in the Trust is mainly positive and staff are engaged in the preparation programme. The recent in-patient survey results (2017), which resulted in the Trust being rated top in the country for overall patient care have boosted morale further, supported by the current LIA/service programme engaging staff Trustwide in teamwork.

4. Recommendations

The Board of Directors are asked to:

- Receive assurance of continued preparedness for CQC inspection
- Receive a further update in 6 months time

Appendix one

Mock Inspection Actions May 2018

Area for Improvement	Area	Review date	Action	Progress	Lead Executive
Mixed knowledge of incident reporting and learning	All areas	October 2018	The Trust should continuously improve communication and education regarding incident reporting and share the learning	Learning Hub in place. Safety and Organisational Learning E-Bulletin in place. Learning and Sharing events. Executive and Management Walk rounds. Evidence of team meetings across all clinical areas. Learning from incidents form part of team brief From May 2018 Programme of	Director of Research and Innovation

				education regarding types of incidents to be reported	
Staff rest environment and facilities	Trustwide	October 2018	The Trust should strive to optimise where possible the rest areas for staff and look at the possibility of identifying a central rest area for all groups of staff who do not have an identified area for rest breaks with appropriate facilities	This is currently being addressed LIA project in place. The Trust health and wellbeing group are leading this work	Director of Workforce Development
Medications flow and storage trust wide	All clinical areas and pharmacy	October 2018	Improvements are required to reduce the risk of medications missing on patient transfers within the hospital. In addition medications storage needs review and improvement	An external review has been conducted that has identified some improvements that could be made to improve the flow and storage of medications	Director of Nursing and Quality
Staff Competency	All areas	October 2018	L&D department are	First draft of	Director of

framework			progressing an Education Strategy which will outline the Trusts plans for career progression and development of a competency framework to ensure the right skills are in the right place to ensure patients receive the right care. Strategy group have met and progress being made to develop the Strategy	competency framework in place and is work in progress	Workforce Development
Lack of appropriate space for bereaved families when patients present as PPCI	Catheter Labs	October 2018	A designated area has been identified for refurbishment to allow bereaved families to use. The longer term plan is the reconfiguration of the Cath Labs – this is being addressed currently within the medical division	Awaiting completion of refurbishment work for designated area for families. Awaiting final design for Cath Labs from the medical division.	Director of Strategic Partnerships and Chief Operating Officer
DNAS in medicine	Medicine	October 2018	Some speciality	The information is	Director of

			groups within medical services have a higher DNA rate than is expected	currently being reviewed inclusive of what the targets should be for each speciality within medicine. An action plan is in place with the admin lead and the medical division working together to improve the DNA rate	Strategic Partnerships and Chief operating officer
--	--	--	--	--	--