

Council of Governors (Public)

Item 8.5

Subject: CQC Inspection 26 – 29TH April 2016 – Update Report
Date of meeting 13th June, 2016
Prepared by: Mary Douglas, Quality Lead
Presented by: Sue Pemberton, Executive Director of Nursing & Quality

1. Executive Summary

On 26th April 2016 the CQC commenced their comprehensive inspection of LHCH which concluded on 29th April. The unannounced follow up inspection review occurred on 13th May 2016, which involved a visit to POCCU/ITU. This paper provides an update on areas of good practice reported by the inspection team following the visit, and lists suggestions of key areas of focus made by the CQC inspectors, that require attention by the Board of Directors

2. Background

The Trust received 20 weeks' notice prior to the formal CQC comprehensive inspection. During this period a number of information requests from the CQC were received pertaining to the services of LHCH. These were responded to within the required timeframes. The inspection team consisted of 33 personnel. During the inspection, sub-teams visited all hospital wards and departments and in addition, a team accompanied some of the community staff to clinics and on home visits. Individual interviews were held with key personnel and focus groups with selected groups of staff were carried out.. Following the formal inspection, the Trust continues to receive specific and individual data requests from the CQC. To date, in excess of 200 such requests have been received, validated and processed.

3. High level feedback from the CQC inspection team

On 29th April, the CQC Inspection Leads met with the Executive team and the Chairman to provide initial high level feedback on their findings. The actual formal report will take approximately 60 days to be completed at which time a Quality Summit meeting will be arranged for formal feedback to the Trust and Commissioners.

4. Feedback on Staff Engagement

The team reported that all trust staff had been welcoming and honest with the inspectors. They stated that they had seen fantastic examples of personalised care and that no immediate patient safety concerns were found. The CQC Inspection Leads reported that they found a positive and engaged workforce, although they were aware that the Trust has some areas of culture work to do. The team reported that overall they found staff were positive about the leadership of the Trust whilst noting that there were some pockets for improvement.

5. Feedback on Patient Engagement and Outcomes

The inspection team reported they had a positive and good response rate in terms of patient feedback. Clinical outcomes were encouraging and that multidisciplinary team working was well developed. Issues identified to the Executive Team were that there are still some issues with achieving the 62 day target for RTT and that the 'Did not attend' (DNA) rate in the Outpatient Department at 12% is higher than the national average of 7%. The team did however, acknowledge that the Trust were aware of this and were taking actions to achieve the target. A further issue highlighted was patient flow, both in and out of the hospital, although the team did note that this is not unique to Liverpool Heart and Chest FT.

6. Areas Reviewed in Detail

There were several areas that the Inspection Team examined in detail. These included:

- Surgical Site Infections (SSI)
- Medical Governance related to chest openings (in clinical area)
- Medical cover on critical care
- End of Life Care

The team reported that they were reassured regarding each of these areas and requested to be 'kept in the loop' on future progress with medical staffing in critical care.

7. Areas and Suggestions to Review

The Inspection Team suggested that the Trust review its processes for incident reporting to ensure that staff have clarification regarding what is an incident and what are the Trusts levels of risk tolerance. They also suggested that the Trust look at how the Board and Executive team assure themselves regarding incident reporting, re-categorisation of incidents and duty of candour. They also suggested that the trust review record keeping related to the fit and proper person regulation.

8. Action Planning and Assurance

Post inspection, the action planning process has continued focusing on the areas identified by the organisation and confirmed by the Care Quality Commission together with issues previously identified in the March 29th 2016 Board paper. These include:

- Surgical Site Infections
- Sepsis
- Risk tolerance
- Risk identification
- 62 day targets
- Outpatient Department 'did not attend' figures

The Trust expects to receive the draft CQC report in approximately 60 days at which time the Trust Action plan will be further updated to reflect any additional areas for improvement identified.

The process for providing assurance to the Board on progress with actions will be through the Assurance Committee Structure and in addition, a six-monthly assurance report from the Director of Nursing and Quality on Trust wide progress. The Board will

receive the report and action plan following receipt and agreement of the CQC inspection report.

9. Conclusion

This summary provides data on the initial feedback received following the CQC inspection and outlines the next steps following receipt of the final report.

10. Recommendations

The Council of Governors are asked to receive this report and to receive the final report when received.