

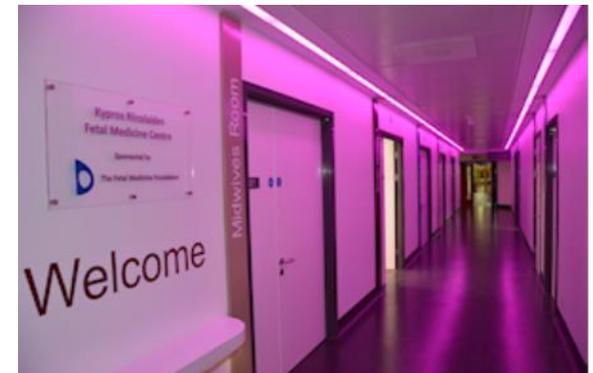
Trust response to CQC planned inspection, January 12–14 2016, and unannounced visit on 24 January

Sue Hardy – Chief Executive
5 August 2016



Introduction

- How was it for the Trust immediately post-CQC inspection?
 - We welcome the report are pleased to see the caring and compassionate attitude of staff was recognised and we were aware of where we needed to improve
 - We felt the process of the inspection went very well, the inspectors were friendly, empathetic and supportive
 - Immediate issues raised around safe staffing
 - Amazing response from staff
 - Conflicting responses from regulatory bodies



What did we change post CQC?

Increasing and strengthening governance

Better grip of the challenges: clarity around responsibilities and holding individuals to account

Implemented new risk assessment processes to ensure challenges addressed safely

Revised governance structures & strengthened directorate governance

Increased efficiency of bed management meetings using safer staffing tool

Strengthened leadership, especially in nursing

Increased audits to give assurance

Recruitment and retention strategy

Actions in response to informal feedback

- Immediate actions in the first ten days
 - Recognised a system-wide response was required
 - Gave informal feedback to staff
 - All 14 escalation beds along with 21 planned substantive beds closed
 - Implemented patient acuity and dependency tool ensuring continued patient safety
 - Treatment room temperatures
 - New processes introduced around:
 - Fit and proper persons
 - Opening escalation beds
 - Patient moves
 - Staffing
 - Cancellation of elective surgery



Actions in response to informal feedback

- Post ten days and ongoing
 - Evidence gathered to demonstrate that actions were completed
 - Independent audit processes put in place and actions taken to assure compliance
 - The Executive team reviewed and challenged the action plan seeking assurance and evidence fortnightly
- 27 actions from informal feedback, all of which were completed with robust evidence



Response to draft report

- Engaged with directorate staff for factual accuracy and for the five notices, MUST do and SHOULD do actions
- Triangulated informal feedback with the final report to ensure all outstanding actions were captured including notices, MUST do and SHOULD do actions



Requirement notices

Regulation 12 – Safe care and treatment

- ✓ Additional 6 wte ward pharmacists have been employed and core training completed
- ✓ Ward pharmacy delivery is being tracked and improving monthly
- ✓ Access to paediatric ED has been secured with restricted access

Requirement notices

Regulation 15 – Premises and Equipment

- ✓ Mortuary improvement plan in place.
 - ✓ Phase one mortuary refurbishment approved by Trust Board meeting the dignity of deceased patients and their relatives
 - CCTV installation in mortuary areas
- ✓ Equipment asset register in place and replacement plan available. This is a risk-assessed asset management in relation to the financial plan
- ✓ SOPs and processes for managing privacy and dignity strengthened

Requirement notices

Regulation 17 – Good Governance

- ✓ Risk assessments completed for all patient moves and an SOP in place
- ✓ Mortuary risk register reviewed and aligned with current risk rating
- ✓ DNACPR form is in line with NHS England policy
- ✓ Different options explored to improve FFT response rates and beginning to implement changes
- Adoption of national DNACPR form once published. Additional training for staff being investigated

Requirement notices

Regulation 18 (1) – Staffing

- ✓ Beds closed to meet safe staffing levels
- ✓ Recruitment action plan in place
- ✓ Safer nursing care tool implemented across all wards
- ✓ Escalation process in place for staffing concerns
- ✓ Risk assessments in place for use of escalation beds
- ✓ Recruitment process in place for additional Palliative Care Consultants and nursing staff
- ✓ Rolling out the Gold Standard Framework
- ✓ Review of staffing ratios for ARCU to meet intensive care unit standards

Requirement notices

Regulation 20 – Duty of Candour

- ✓ Template in place for recording verbal DoC
- ✓ Standard operating procedure in place
- ✓ Staff and patient information leaflets available
- ✓ Electronic incident reporting system updated to record DoC
- ✓ Letters include detail of incident and apology

MUST do actions: Safe

Incidents (mortality and morbidity meetings)

- ✓ Learning from reviews presented at Governance briefings
- ✓ All cardiac arrests reviewed and lessons shared
- ✓ Trust wide approach for mortality reviews

Records (record keeping)

- ✓ Audits are completed monthly and feedback shared
- ✓ Correct documentation for specific areas sourced
- ✓ Staff newsletter circulated highlighting concerns and improvement required

Safeguarding (mandatory training)

- ✓ Mapping of training requirements completed
- ✓ Improvement in training compliance demonstrated



MUST do actions: Safe

Cleanliness, infection control and hygiene

- ✓ Hand washing audits carried out and demonstrates compliance
- ✓ Hand washing and sanitisation information displayed appropriately

Medicine

- ✓ Expedited E-prescribing roll out to all inpatient wards except obstetrics and paediatrics
- ✓ Medication room temperatures monitored with support of mobile cooling where required
- ✓ Treatment rooms being refurbished across the hospital inpatient areas due for completion March 2017

Mandatory training

- ✓ Overall training compliance continues to improve and directorates focused on achievements required, 85% target – current compliance is 82%



MUST do actions: Safe

Assessing and responding to patients at risk

- ✓ WHO checklist fully implemented for interventional radiology and in the Breast Unit
- ✓ Process in place for dedicated paediatric nurses to be present supporting Day Surgery lists
- New actions from formal report
 - Embedding of circulated guidance on use of whiteboards
 - Location of whiteboards on medical wards to be reviewed



MUST do actions: Effective

Patient outcomes (medical outliers)

- ✓ Dedicated staff helpline set up for medical outlier queries and escalation of concerns
- ✓ Medical handover process embedded

Consent - children and young people (new actions from formal report)

- ✓ Training in place for Gillick competence and Fraser Guidelines
- Reviewed process for updating consent when delay between initial consent and operation, currently auditing for assurance



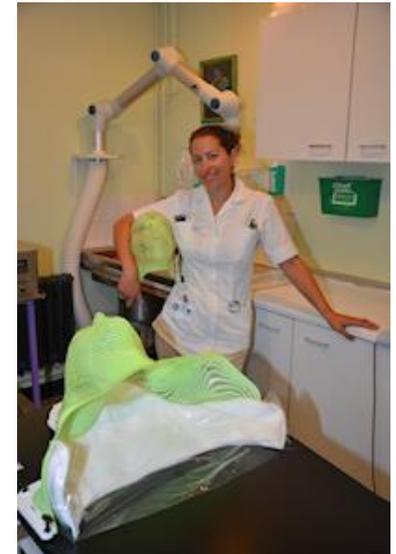
MUST do actions: Effective

Access and flow (clinical decisions for surgical cancellations)

- ✓ Risk assessment tool implemented which includes evidence of clinical decision making
- ✓ Standard operating procedure in place to support process
- ✓ Audits demonstrated compliance

Escalation plans

- Training being provided in paediatrics for improved documentation and incident reporting, security and enhanced infection control

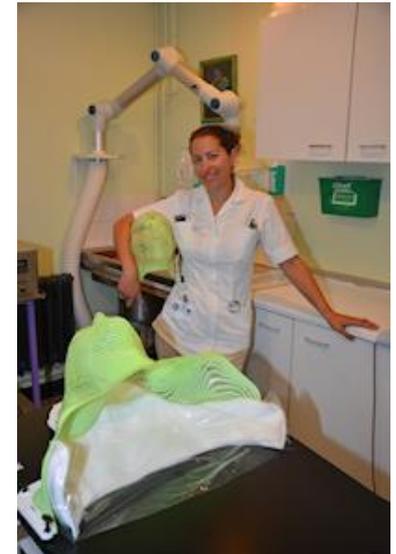


MUST do actions: Well led

Summary of Well Led actions

- ✓ Introduction of new appraisal system to include identification of training and development requirements
- ✓ Learning and sharing from serious incidents across directorates
- ✓ Managing waiting list backlogs
- ✓ Clinical involvement in surgical cancellations
- ✓ Duty of Candour
- ✓ Safe staffing
- ✓ E-prescribing rollout expedited

- ✓ Pace of change

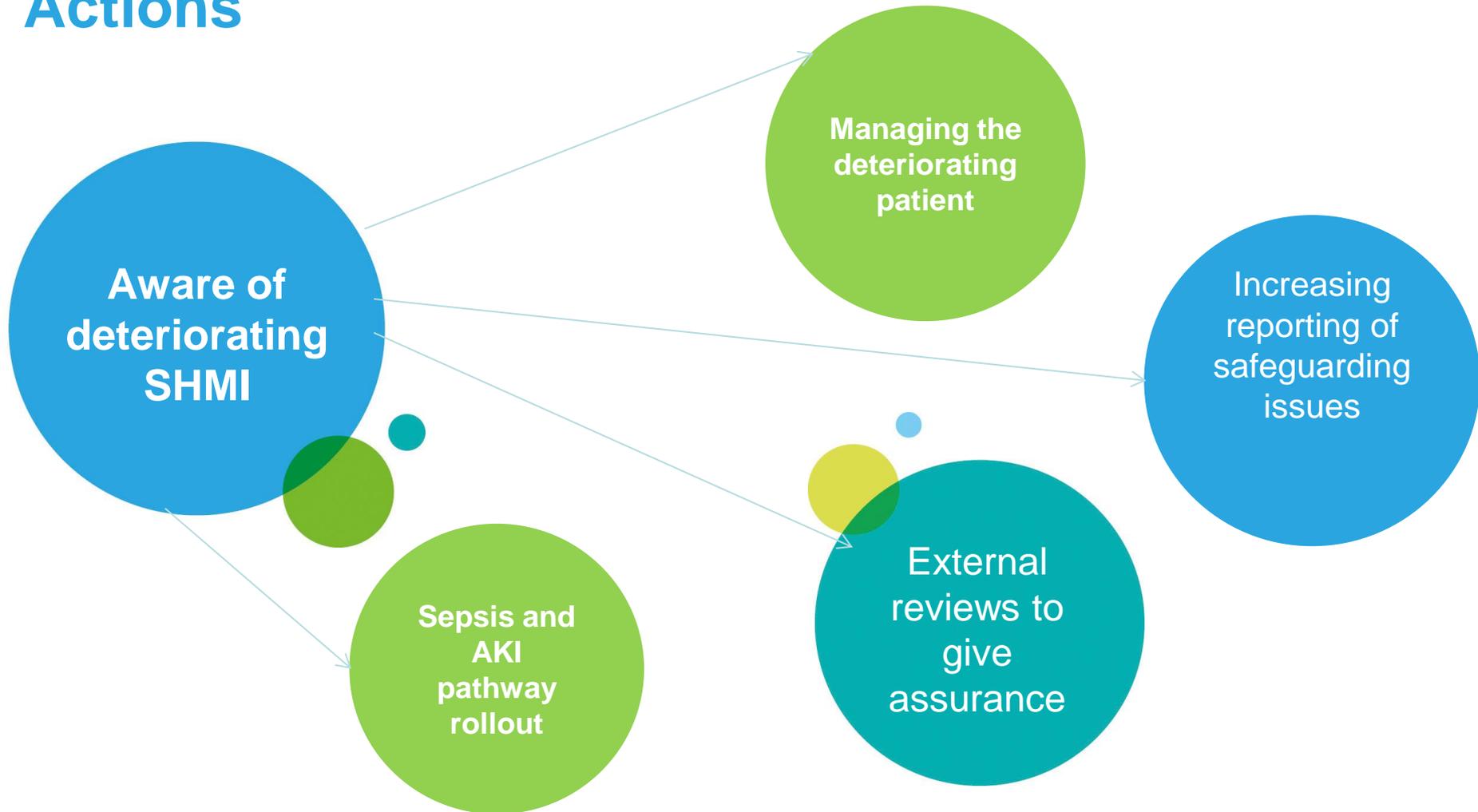


In summary

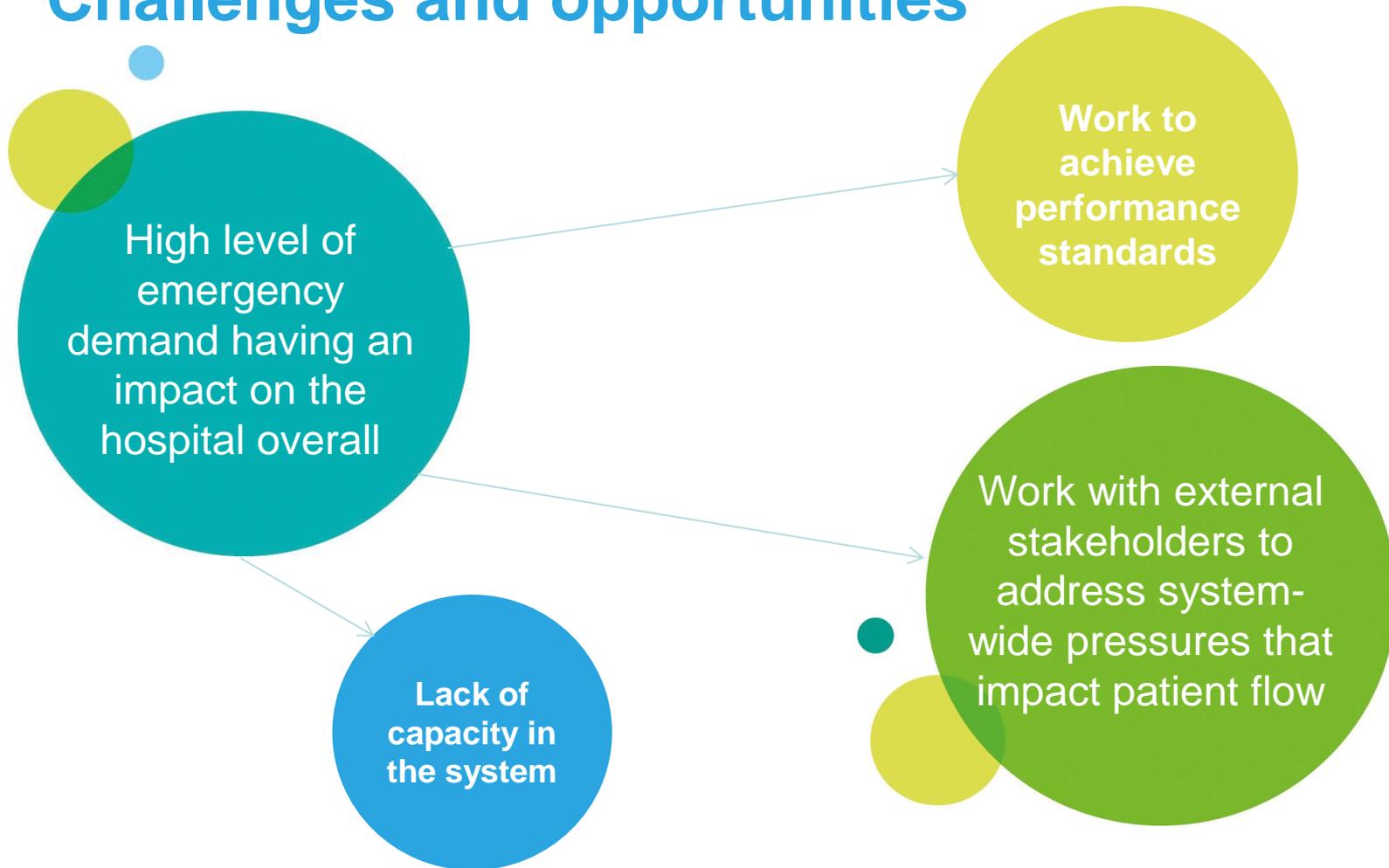
- All notices require evidence and able to demonstrate achievement by 5 September 2016
- Corporate and directorates are aware of all the MUST do actions required in their areas with all SHOULD do recommendations into directorate and corporate action plans
- These plans will continue to be monitored by the directorate Governance Boards with fortnightly oversight by the Executive Team, and check and challenge at monthly Directorate Performance Review meetings
- Trust-wide overview via Trust governance arrangements
- SHMI – investigating and understanding our risks
 - Sepsis and the deteriorating patient – established Sepsis pathway in ED, now rolling out to wards
 - NerveCentre system real-time alerts to nurse leaders and clinicians



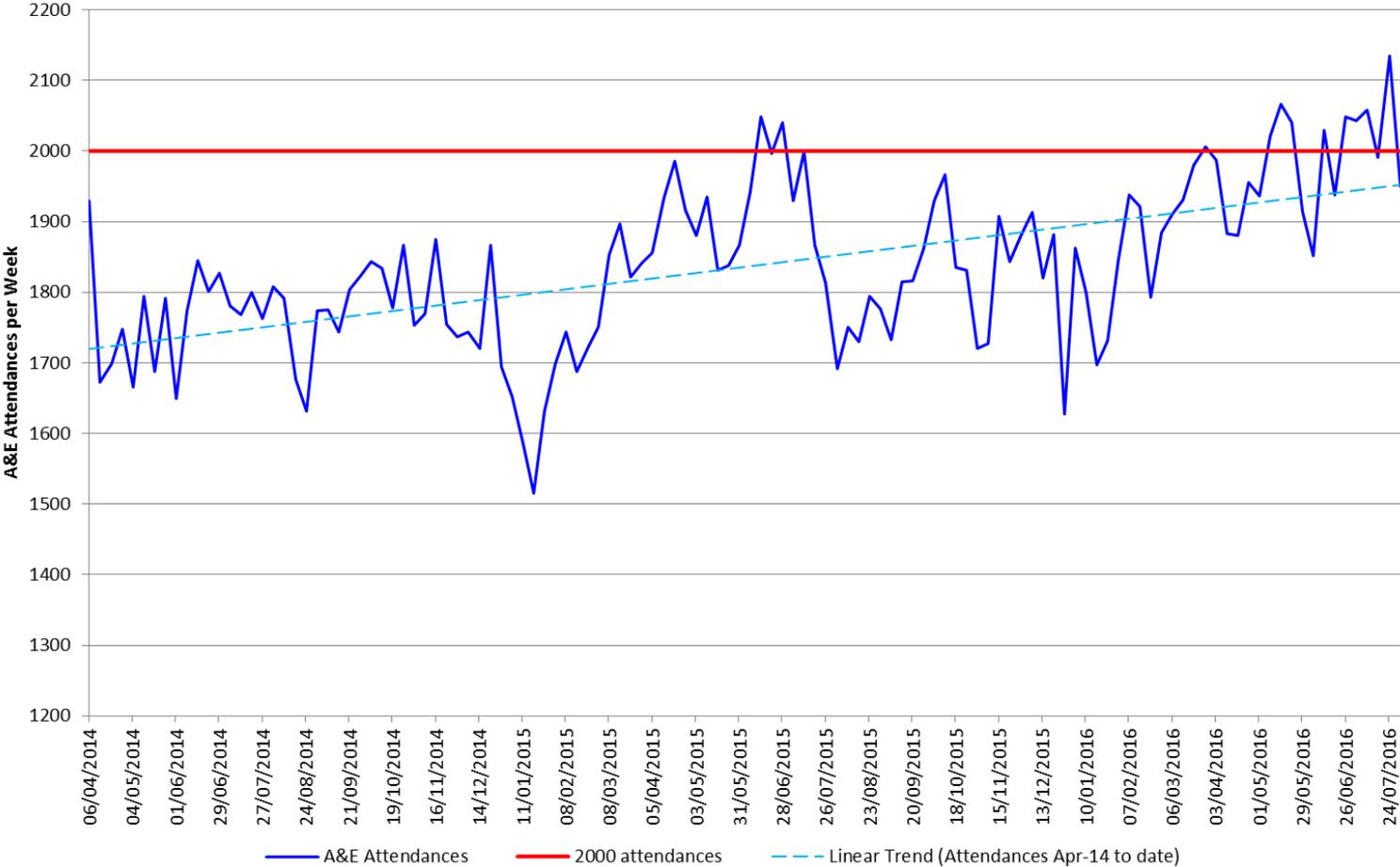
Actions



Challenges and opportunities



Emergency Department attendance count by month April 2014 to date



NHS Environment



Challenges and opportunities

- Working with our external stakeholders to address system wide challenges
 - Impact of CQC inspections of GP surgeries/regulatory action, single-handed GP surgeries and closure of St Luke's walk in centre
 - Capacity concerns in the community around health and social care cover increasing delayed discharges, averaging 30 a week
 - Emergency demand and acuity continue to increase – recognition that we need system-wide support to manage demand
- Success Regime – pace of change and transition impact on retention of staff and morale
- Increased regulation - pay costs, use of agency staff, standards, reset etc.
- Financial improvement plan
- Workforce

Any questions?

