Southend University Hospital NHS
NHS Foundation Trust

Board of Directors' Meeting Report – 28 FEBRUARY 2017

Agenda item 12/17

Title	CQC Inspection and action plan
Sponsoring Director	Yvonne Blucher, Managing Director
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Purpose	This report provides details of the preliminary findings from the recent CQC unannounced inspection and the actions the trust needs to take in response to written feedback received.
Executive Summary Informal written feedback has been received from the Care Quality Commission (CQC) following the unannounced inspection on 9th and 10th February 2017. The draft inspection report is currently being written and will be sent to the trust in due course to check for factual accuracy (no date has yet been provided). There were more areas of good practice highlighted in the letter than areas to be improved and the CQC found no areas of significant concern. The areas for improvement have been collated into the trust action plan template and actions agreed. The action plan and evidence will be monitored on a weekly basis to ensure actions are completed and improvements implemented.	
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 4 – Trust not being financially sustainable Risk 5 – Inability to recruit and retain staff
Essex Success Regime	Not applicable
Legal implications / regulatory requirements	CQC registration and compliance with health and social care regulations 2014
Quality impact assessment	As far as can be ascertained this paper has no detrimental impact on quality
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.

Recommendations:
The Board is asked to receive assurance from the report.

1. Introduction

The Care Quality Commission (CQC) carried out an unannounced inspection of the trust on Thursday 9th and Friday 10th February 2017. Areas inspected included the emergency department, medicine and surgery and covered all five CQC domains (safe, effective, caring, responsive and well led).

Informal verbal feedback of the preliminary findings was provided to the trust on 9th February which was subsequently followed up with written feedback. The evidence collected during and following the inspection is currently being collated to inform the report that will provide full details of all the individual clinical services inspected. A draft of the inspection report will be sent to the trust in due course to check for factual accuracy (no date has yet been provided) but in the meantime the preliminary findings have been reviewed to consider and agree actions required.

There were more areas of good practice highlighted in the letter than areas to be improved and the CQC found no areas of significant concern. While the draft report is being written the CQC have indicated that they will inform the trust about any additional issues for consideration.

2. Areas of good practice

Emergency Department:

- Since the previous inspection, the trust has installed a controlled access system in the paediatrics area to restrict any unauthorised access to clinical areas. This has prevented any unauthorised access and the CQC inspectors observed staff within the paediatrics area following the security protocols correctly and challenging anyone calling to enter the department.

- Patient record keeping was of a very good standard. Allergies, national early warning scores (NEWS) and paediatric early warning scores (PEWS) were all clearly documented.

- There were several established systems to ensure good clinical governance and monitor performance, clinical governance, mortality and morbidity and infection control.

- All patients the CQC inspectors spoke with acknowledged a caring and positive culture within the emergency department and were happy with their experience of care and treatment despite the delays they may have experienced.

- Staff spoke very highly of the clinical lead, associate director and matrons and said that these staff were approachable, and listened to their concerns.

- The emergency department had created a Trauma Assessment Centre (TAC) as an extension of the fracture clinic, where patients were streamed directly to be seen for treatment.

Medicine

- The CQC inspectors felt there was a positive culture around incident reporting in the medical service. Staff spoken to understood how to report incidents using the electronic reporting system. Staff said they received feedback on incidents they reported and the CQC inspector saw evidence of ward managers discussing incidents at team meetings. Managers sent a ‘weekly round-up’ to all staff, which included details of investigations and learning points from incidents.

- Nursing staff, allied health professionals and junior medical staff described good working relations with consultants in their speciality teams. Staff consistently described consultants as “approachable” and “supportive.”

- Senior staff on Benfleet (Stroke) ward were focused on building a positive culture among staff. For example, the ward manager talked about a training session they organised with a 'National Patient Champion' who came to talk to staff to boost morale and identify actions for improving communication between staff. The CQC inspectors saw documentation of this session in team meeting minutes and the ward manager told them about actions that had come from this training. A junior member of staff on Benfleet ward said they had attended a focus group about staff culture, which made them feel more appreciated.

- The CQC inspectors saw examples of staff working together to meet patients' individual needs. For example, the learning disability specialist nurse gave an example of how care had been coordinated for a patient with a learning disability to ensure that they received all necessary care in a way that minimised their anxiety during hospital admission.

Surgery

- Emergency surgery ambulatory care service, which accepts referrals from GP's, A&E and community nursing is helping to prevent hospital admissions. This service won the hospital hero award in October 2016

- Ambulatory wound unit on Balmoral ward takes referrals from community, podiatry, GP's as well as wound care for discharged patients. The services is focused on early intervention and admission avoidance.

3. Areas for improvement

The CQC have identified eight areas for improvement which have been added to the CQC action plan. The plan has been updated to include existing on-going action from the inspection carried out in January 2016 and the new actions identified thus far from the recent unannounced inspection (appendix 1). The action plan and evidence will be monitored on a weekly basis to ensure actions are completed and improvements implemented.

Actions include:

- There was a disconnect between the senior management team and the workforce and a lack of appetite to change. Staff felt that they were not always supported to change and that change took a long time.

- There were concerns around the extension to SAU which was behind doors so sight of these patients was limited. We also found that there were approximately 12 patients to one toilet in this area.

- Some wards reported issues with outliers being seen by the correct team. I am aware that there is a buddying system being discussed and this will assist this issue.

- There were no named pharmacists for surgery. Reconciliation of medicines was not done in a timely manner. An example was found that in February only 10% of patients had had their medication reconciled within 24 hours.

- The stroke unit staff were unclear if they still operated as a HASU. They told inspectors that they did at times. Senior staff told us that there was no HASU.

- At times in the stroke ward nurse to patient ratios was 13:1 and in Benefleet the ratio was 3 to 4: 25 patients.

- There was conflicting information about the BAMBS unit medical staffing. We were told by staff that they had put forward a plan for changes but that these had been dismissed. However the medical director appeared unaware of this plan during his interview.

- There are challenges within the consultant body which impact upon the patient experience and capacity of the hospital. There was little evidence of a plan in place to address these. However impacts were seen through the lack of specialist nurse and capacity issues within outpatients.

Appendix 1
Status of Formal CQC action plan (v1 as at 17th February 2017)

Section B Inspection February 2017													
	Improvement Area			Action	Responsibility	By When	Update on progress/ status	Evidence	Completed (Y/N)	Evidence (Y/N)	RAG	Previous RAG	Date complete
Ref	Area/ problem	Desired Outcome	Reason/ Source										
B1	Well led 5 - How are services continuously improved and sustainability ensured (Q 3, 4 &5)	Staff are supported to make change and change is completed in a more timely manner	There was a disconnect between the senior management team and the workforce and a lack of appetite to change. Staff felt that they were not always supported to change and that change took a long time.	Training for quality improvement programme to be cascaded to staff and advertised. Trust representatives to attend Improvement Academy Engagement workshop as part Essex Success Regime. New SOP for visibility of site leadership team to be implemented	Managing Director	30/04/2017	QI training dates for 2017 have been agreed and dates to be advertised to all staff. Aim to ensure all QI Champions receive training across all specialities Improvement academy workshop to be held on 2nd March SOP written		N	N			
B2	Safe 3 - Are there reliable systems, processes and practice in place to keep people safe and safeguarded from abuse? (Q7) Safe 4 - How are risks to people who use services assessed and their safety monitored and maintained? (Q5) Caring 1 - Are people treated with kindness, dignity, respect and compassion while they receive care and treatment (Q5)	Visibility of patients improved, patient dignity maintained and adequate facilities provided	There were concerns around the extension to SAU which was behind doors so sight of these patients was limited. We also found that there were approximately 12 patients to one toilet in this area.	Review escalation area and ensure that the area is incorporated into the daily risk assessment of decisions of capacity. Ensure patients are risk assessed prior to being allocated a bed in this area	Site Director of Nursing	28/02/2017	SOP in place for escalation beds. The escalation beds are reviewed daily at each bed meeting and risk assessed. DoN to email senior staff to ensure risk assessment includes SAU assessment		N	N			
B3	Safe 4 - How are risks to people who use services assessed and their safety monitored and maintained? (Q6) Responsive 3 - Can people access care and treatment in a timely way? (Q1,3 &4)	Medical outliers seen by appropriate teams and in a timely manner. Increased support to doctors	Some wards reported issues with outliers being seen by the correct team. I am aware that there is a buddying system being discussed and this will assist this issue.	Fully embed buddy ward system and provide evidence of timely review of medical outliers under new model	Medical Director	31/05/2017	Buddy ward system implemented on 14/02/17. Medical outliers reviewed under new model at each bed meeting and medical handover. Timeframe to ensure new system is fully embedded		N	N			
B4	Safe 3 - Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse? (Q10)	Medicines reconciliation to be completed within 24 hrs.	There were no named pharmacists for surgery. Reconciliation of medicines was not done in a timely manner. An example was found that in February only 10% of patients had had their medication reconciled within 24 hours.	Review of workforce with site leadership team and implemented plan for recruitment once review complete	Site Director of operations	31/03/2017	Gaps in workforce actively recruited to . Paper to be presented to execs 28/02/17 to outline the plans and how medicine's reconciliation can be achieved		N	N			

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Ref	Area/ problem	Desired Outcome	Reason/ Source										
B5	Safe 4 - How are risks to people who use services assessed and their safety monitored and maintained? (Q1) Well led 2 - does the governance framework ensure that the responsibilities are clear and that quality performance and risks are understood and managed? (Q2)	Clarification of HASU status to be confirmed and communicated to staff	The stroke unit staff were unclear if they still operated as a HASU. They told inspectors that they did at times. Senior staff told us that there was no HASU.	To ensure this is communicated to all staff	Site Medical Director and Site Director of Nursing	28/02/2017	Declaration of status of stroke ward has been previously confirmed on 22-01-16 (B1). This will be further communicated to staff		N	N			
B6	Safe 4 - How are risks to people who use services assessed and their safety monitored and maintained? (Q1)	Staffing levels to patient ratios on stroke unit to be appropriate and in line with requirements	At times in the stroke ward nurse to patient ratios was 13:1 and in Benefleet the ratio was 3 to 4: 25 patients	Staffing levels to be maintained at 1:8. Evidence to be reviewed to provide assurance of appropriate staffing levels	Site Director of Nursing	28/02/2017	Previously included in action plan (B3) - evidence of staffing levels submitted previously to CQC. Further evidence to be obtained and submitted.		N	N			
B7	Well led 3 - How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care? (Q3,4&11) Well led 4 - How are people who use the service, the public and staff engaged and involved? (Q1,3&5)	Clear plans to be submitted and communicated for medical staffing on BAMs	There was conflicting information about the BAMS unit medical staffing. We were told by staff that they had put forward a plan for changes but that these had been dismissed. However the medical director appeared unaware of this plan during his interview.	To establish what these plans were and why this had been dismissed. To communicate with BAMs staff about the medical workforce plans for the unit.	Site Medical Director	28/02/2017			N	N			
B8	Well led 3 - How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care? (Q3&11) Well led 5 - How are services continuously improved and sustainability ensured? (Q1,3&6)		There are challenges within the consultant body which impact upon the patient experience and capacity of the hospital. There was little evidence of a plan in place to address these. However impacts were seen through the lack of specialist nurse and capacity issues within outpatients.	Unclear about issues. To be clarified with the CQC	Managing Director	28/02/2017			N	N			