

CQC Inspection Report

Trust Board	Item: 13
Date: 27th July 2016	Enclosure: I
Purpose of the Report: On the 14 th July 2016 the CQC published its report of the planned inspection of the Trust. The inspection took place during January 2016. This report provides the Board with a copy of the CQC inspection report, and summaries its key findings and next steps.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Reputational CQC Risk Profile
Legal / Regulatory / Reputation Implications:	Regulatory/Reputational
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience
Document Previously Considered By:	N/A
Recommendations: The Trust Board is asked to: <ul style="list-style-type: none"> a) Note receipt of the CQC Investigation report and arrangements taking place for the Quality Summit b) Approve the proposed Board arrangements for responding to the actions arising from the report 	

CQC Inspection Report

Executive Summary

1. Introduction

1.1 On 14th July 2016 the CQC published its inspection report of the Trust. This can be accessed via the following link.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAF0781.pdf

1.2 The report is based on a three day hospital-wide inspection that was carried out between the 12th and 14th January 2016. This is the first time the Trust has been through this type of CQC inspection and received a rating.

2. Report Outcome

2.1 As can be seen in the Trusts ratings grid in Table 1:

- Five out of eight services were rated as 'Good'
- The Trust was rated as good for all areas in caring and outstanding for caring in end of life care.
- The CQC has rated Urgent and Emergency Services; Medical Care and Outpatients and Diagnostic Imaging as 'Requires Improvement'. The Trust has already been working on all of these areas prior to and since the CQC inspection to drive improvement.
- Overall the Trust was rated as 'Requires Improvement'.

Table 1 – Inspection Ratings grid – Kingston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

2.2 The findings of the report were in line with areas that we had identified to the CQC as requiring improvement.

3. Areas of outstanding practice

- 3.1 In the report the inspectors reported that *'people were treated with kindness, dignity, respect and compassion'*, *'People who used the services and those close to them were involved as partners in their care'* and *'People were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.'*
- 3.2 The inspectors also reported that the organisation is well-led and found *'there was a clear vision and set of values, with quality and safety the top priority, which was understood by staff.'*
- 3.3 In the press statement released by the CQC the Chief Inspector of Hospitals highlighted that *'Staff were observed to take the time to interact with people who used the service and those close to them in a respectful and considerate manner. They showed an encouraging, sensitive and supportive attitude towards people.'*
- 3.4 There were a number of areas which were highlighted in the report as outstanding practice which included:
- A comprehensive Dementia Strategy in place and a dedicated dementia improvement lead supporting the enhancement of services;
 - Outpatients Patient Pathway Coordinators having a positive impact on effectiveness of appointment arrangements;
 - The volunteers' invaluable contribution across all parts of the Hospital;
 - The End of Life Care team and staff of all disciplines having an *'impressive understanding'* of their role in supporting people at the end of life;
 - The Wolverton Centre for providing good sexual health services for young and vulnerable people and those with a learning disability;
 - The Paediatric Diabetes team who were a top performer in the National Diabetes audit last year;
 - Critical Care Physiotherapists reducing length of stay through early implementation of rehabilitation;
 - The Stroke team receiving an A rating in the National Stroke Sentinel Audit.

4. Areas for improvement

- 4.1 The CQC have identified seven 'Must do' actions in the report which are shown below:
1. Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint and that this information is recorded in the patient record.
 2. Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
 3. Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
 4. Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and records kept.
 5. Ensure the management, governance and culture in A&E, supports the delivery of high quality care.
 6. Improve the quality and accuracy of performance data in A&E, and increase its use in identifying poor performance and areas for improvement.
 7. Ensure all identified risks are reflected on the A&E risk register and timely action is taken to manage risks.
- 4.2 Actions have already commenced in all of the 'must do' areas and a formal action plan will be required to be produced in line with the Quality Summit, as outlined below.

4.3 The CQC has also identified in the report a number of 'should do' items. Draft actions for these have also been produced with service lines and are being reviewed through the CQC Programme Board structure. Timelines for these 'should do' items are being reviewed in line with Trust priorities, identifying which need to be completed this year and those in subsequent years.

4.4 In reviewing the 'should do' items the Trust will need to carefully consider the requirements issued by NHS Improvement and NHS England during July 2016, regarding the strengthening of NHS finances and performance. Those 'should do' recommendations which will require additional resource to achieve will need to be considered in the overall investment priorities of the organisation, and if existing funding will need to be reallocated to achieve those considered necessary.

5. Communicating the report's findings

5.1 The Trust held a series of staff briefing sessions before and after publication to explain the ratings, contents of report including the areas of good and outstanding practice and those requiring improvement. Further in-depth briefings have been held with staff in the three areas which overall which 'required improvement'. The offer of further briefings is in place to all areas of the Trust. Staff have also been sent the link to the report.

5.2 A briefing on the result was also sent to key stakeholders, the Trusts volunteers, the Trusts Membership and local media.

5.3 The Trust has 28 days from publication of the report to display the results in the entrance to the hospital and on the Trusts website. There is a set format for this which is being provided by the CQC. The communications team will be producing information on steps we are taking to improve upon the ratings in key areas.

6. Next steps

6.1 Quality Summit – The CQC will hold a Quality Summit to review the Trusts report with the Trust, NHS Improvement and key local stakeholders which includes CCG's, Healthwatch, Health Overview & Scrutiny Panel Chairs and Health & Wellbeing Board Chairs. There is an opportunity for the Trust to respond to the report and actions taken already. An action plan in response to the findings will be produced through this summit and following this the Trust has to formally submit an action plan back to the CQC in relation to the 'must do' items within a set timeline. Currently the Trust is working with the CQC for the Quality Summit to take place in September 2016.

6.4 CQC Programme Board – The Trust has put in place a CQC Programme Board to oversee the implementation of actions arising from the report, which includes actions to ensure all areas as a minimum are rated good, but also to drive improvement from good to outstanding. The programme board is chaired by the Chief Executive and has Executive and divisional representatives. Each core service and cross cutting theme (e.g. medication safety, Mental Capacity Act etc) has an Executive lead to provide oversight of progress with actions. The CQC programme board will also oversee the development and implementation of plans to deliver a self assessment of all areas of the trust during the autumn of 2016. This is expected to include working with another Trust(s) to support peer review of services.

6.7 Internal audit have already been commissioned to do a review of progress in the Emergency Department during Q3 and the terms of reference for this will be reported shortly to the Audit Committee.

6.8 Quality Assurance Committees (QAC) has reviewed its workplan at the at the meeting on 13th July 2016 and it was agreed that each of the 8 core services would be reviewed in deep dives over the next 6 months. These have been structured on the basis of the

findings. This will include focus on areas that 'require improvement' as well as how services are focused on moving from 'good' to 'outstanding'.

6.9 Trust Board – Following the Quality Summit the Trust Board will be provided with the agreed action plan for the 'must do' actions which will be monitored in line with the agreed timelines. It is expected that the action plan will be reported to the Board in September 2016, subject to the date of the Quality Summit. The Board will also undertake a self assessment exercise against the ratings at the November 2016 Board Development day as was done in 2015. This will form part of the overall self assessment approach being developed.

7. Recommendations

7.1 The Trust Board are asked to:

- a) **Note** receipt of the CQC Investigation report and arrangements taking place for the Quality Summit
- b) **Approve** the proposed Board arrangements for responding and monitoring the actions arising from the report