

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS MEETING**

DATE: **7 AUGUST 2015**

SUBJECT: **CQC RE-INSPECTION UPDATE**

REPORT FROM: **CHAIR OF IMPROVEMENT PLAN DELIVERY BOARD**

PURPOSE: **Discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

- The Care Quality Commission (CQC) inspected the Trust in March 2014. Based on the inspection, information from the CQC's Intelligent Monitoring System and information given by patients, the public and other organisations the Trust was given an overall rating of Inadequate.
- Monitor placed the Trust in Special Measures and appointed Sue Lewis as the Improvement Director.
- In response the Trust developed a detailed improvement programme based on the 21 Key Findings and 26 Must Do areas identified in the CQC report.
- The Improvement Plan Delivery Board (IPDB) was established to oversee delivery of the improvement programme. The IPDB is chaired by Dr. David Hargroves, Consultant Physician (who commenced in December 2014). It has met monthly since 29 Oct 2014. The terms of reference for the IPDB were approved by the Board on 30 October 2014.
- Progress towards achievement of the Improvement Programme is recorded monthly in the Special Measures Action Plan. This is submitted to Monitor via Sue Lewis. It is then uploaded to the NHS Choices website and EKHUFT staff and public websites.
- CQC announced that the Trust would be re-inspected in the w/c July 13th 2015. A steering group, reporting to the Improvement Plan Delivery Board, was set up to oversee arrangements for the re-inspection and clinically led teams were established on each of the three main sites to oversee delivery of preparations for the visit.

SUMMARY:**Preparation for re-inspection**

When the dates for the CQC re-inspection were announced the Trust put in place detailed preparation plans. These included:

- Issuing a handbook to all staff covering how to plan and prepare for re-inspection;
- Setting up clinically led teams and Improvement Hubs on each of the three main sites to oversee preparations;
- Holding weekly progress review meetings with site teams;
- Undertaking a mock inspection;
- Issuing regular communication updates to staff;
- Preparing a Welcome Book for the CQC inspectors which included names, photos and key responsibilities of the Board of Directors and the Divisional teams, maps of each site, key contact details etc;
- Liaising with the CQC team over preparations for the visit.

The CQC re-inspected the Trust in the week commencing July 13th. There were three parts to the inspection:

- Focus groups
- Inspection week
- Unannounced visits.

Focus Groups

The CQC held focus groups in the week preceding the re-inspection. The focus groups were held on the three main sites and covered all staff groups.

With the exception of the focus group for midwives, all sessions were very well attended. (Turnout was low at the focus group for midwives due to service pressures.)

Many staff also took the opportunity to speak to the CQC Inspectors on a one to one basis.

The outputs of the focus group are confidential and were not shared with the Trust. They will be used by the inspectors to inform their report.

Inspection week

The inspection took place in the week commencing 13th July 2015. The inspection was headed up by Professor Edward Baker (Deputy Chief Inspector of Hospitals) and Alan Thorne (Head of Hospital Inspections, South East) with Sheona Browne as the Inspection Manager.

During the visit the inspectors interviewed over 60 members of staff (including most of the Executive Team, Jonathan Spence and Chris Corrigan) and made 233 requests for information. Helen Goodwin and Lesley Williams co-ordinated all requests for information and Sharon Cannaby and Monique Mincher oversaw all other preparations.

The time table for the inspection is given below. Drop in sessions were also held on Tuesday, Wednesday and Thursday so that staff could meet the inspectors as a group or on a one to one basis to talk more about their work.

Monday 13th July

10.30 am - Chris Bown gives presentation to CQC inspectors

14.00 – 17.00 Inspection starts at WHH

Tuesday 14th July

9.00 – 18.00 – Inspection, drop in sessions and staff interviews at WHH

Wednesday 15th July

9.00 – 18.00 – Inspection, drop in sessions and staff interviews at K&C

Thursday 16th July

9.00 – 18.00 – Inspection, drop in sessions and staff interviews at QEQM

Friday 17th July

9.00 – 14.00 – Inspection and staff interviews at WHH

14.00 – Feedback to Chris Bown and Nikki Cole by the inspectors.

15.30 – Feedback to staff by Chris Bown

In addition to visiting the main sites, a number of inspectors also visited the Bucklnad Hospital at Dover.

Unannounced visits

The CQC inspectors are expected to make a number of unannounced visits post-inspection. The Trust will not be told when the visits will take place or which areas will be inspected.

The CQC Report

On the last day of the inspection week, Ted Baker and Alan Thorne met Chris Bown and Nikki Cole to explain how the report will be compiled. They said that the inspectors would review their findings from the staff focus groups, patient comments, inspection week, data packs and unannounced visits before drafting the report. Once drafted the report will go the CQC Quality Board for review – probably in October 2015. The Trust will be given the opportunity of commenting on the factual accuracy of the report prior to its publication

RECOMMENDATIONS:

The Board is invited to note the report and the progress to date.

NEXT STEPS:

The CQC inspection was a key milestone but it was not the end of Our Improvement Journey. While the Trust waits for publication of the final report the improvement journey will continue with the support of the site based teams and led by the Improvement Plan Delivery Board.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

SO1: Deliver excellence in the quality of care and experience of every person, every time they access our services

LINKS TO BOARD ASSURANCE FRAMEWORK:

AO2:Embedding the improvements in the High Level Improvement Plan to ensure the Trust provides care to its patients that exceeds the fundamental standards expected

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

The results of the CQC re-inspection will have a significant impact on the future reputation of the Trust.

FINANCIAL AND RESOURCE IMPLICATIONS:

Improvement initiatives that are successfully delivered and embedded into daily operations support the more effective and efficient use of resources.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The Trust is currently in breach of its Licence with Monitor by virtue of being placed in Special Measures.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

ACTION REQUIRED:

(a) To note

CONSEQUENCES OF NOT TAKING ACTION:

Failure of the Trust to respond in a timely fashion with appropriate information may affect the Trust rating with Monitor and the CQC.