

Agenda Item:

# Board of Directors Meeting

# Report

**Subject:** Care Quality Commission (CQC)  
**Date:** Thursday 27<sup>th</sup> March 2014  
**Author:** Susan Bowler  
**Lead Director:** Susan Bowler – Executive Director of Nursing & Quality

## Executive Summary

The Trust has received confirmation the Trust will be inspected under the new CQC regime. Provisional soundings are indicating this visit may be undertaken week commencing 21<sup>st</sup> April 2014.

The CQC will use the new inspection to assess the Trust. It will be a comprehensive visit, spanning over a number of days: team of 20+ inspectors and in hours and out of hours visits.

Following the visit the Trust will receive a CQC rating: outstanding; good; requires improvement; or inadequate. A report will be submitted to Monitor and the Secretary of State. The Trust will have an opportunity to respond to the draft report.

The Trust are preparing for a re-inspection around the new system and have developed a peer review process which involves all disciplines within the organisation, including the Board and senior managers frequently visiting clinical and non-clinical environments to obtain their own assurance prior to a re-inspection.

The accelerated assurance framework (described within this paper) utilises current communication cascades that the divisions presently feed into. This will build upon our successful IAT programme. Assessing compliance against the Keogh / CQC actions will be facilitated by the PMO

## Recommendation

To receive this paper, debate the current accelerated assurance framework in order to identify additional assurance mechanisms required by the board to enable us to highlight where care is good or outstanding and to expose where care is inadequate or requires improvement

## Relevant Strategic Objectives (please mark in bold)

<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high</b>	Build successful relationships with external

<b>quality care</b>	organisations and regulators
Attract, develop and motivate effective teams	

<b>Links to the BAF and Corporate Risk Register</b>	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	Failure to meet the Monitor regulatory requirements for governance - remain in significant breach. Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety. This will change when Fundamental Standards of Care are published.
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	Implications in relation to the staffing outcome >£4 Million
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standard safety and care. Risk of civil and/or criminal action if further compliance issues are noted.
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	
<b>Committees/groups where this item has been presented before</b>	TMB
<b>Monitoring and Review</b>	The delivery action plan is being monitored weekly at the operational working group and monthly at the PMO
<b>Is a QIA required/been completed? If yes provide brief details</b>	No

## TRUST BOARD OF DIRECTORS –MARCH 2014

### PREPARATION FOR THE CARE QUALITY COMMISSION (CQC) VISIT

#### 1.0 Forthcoming CQC Inspection

The Chief Inspector of Hospitals has recently published a list of 20 acute trusts that will be inspected between April and June 2014. SFHFT will be one of these 20 acute Trusts. The Trust had been anticipating this announcement as all trusts in 'special measures' had previously been informed they would be re-inspected under the new CQC regime by spring 2014.

The new inspection teams will be large (over 20 people) and will be headed by a senior NHS clinician or executive, working alongside senior CQC inspectors. The teams include professional and clinical staff and other experts, including trained members of the public ('experts by experience'). The teams will spend at least two full days at the trust inspecting every site that delivers acute services, and eight core service areas: A&E; acute medical pathways including the frail elderly; surgery and theatres; critical care; maternity; paediatrics; end of life care and outpatients. These services are chosen on the basis of both volume and risk.

At the start of the inspection the Trust will be invited to give a brief overview of the context for our trust, the achievements we are proud of and the challenges we are facing. The inspections are a mixture of announced and unannounced and may include inspections in the evenings and weekend.

Following the visit we will receive a CQC rating: outstanding; good; requires improvement; or inadequate. A report will be submitted to Monitor and the Secretary of State. The trust will have an opportunity to respond to the draft report.

The CQC has re-designed its collation of evidence and data streams in regards to preparing for inspections. The 'new wave' is developing its systems to have Key Lines of Enquiry (KLOE's), that are both meaningful to inspectors and those that are inspected. The CQC will assess the Trust against the CQC indicators; are they (Trusts) safe, are they effective, are they caring, are they well led and are they responsive to people's needs?

#### 2.0 The Lines of Enquiry

##### 2.1 Safety

- Track record on safety
- Learning from mistakes and improving standards
- Reliability

- Safe care (sensitive to reactivity)
- Future care (proactiveness)
- Staffing arrangements to deliver safe care

## 2.2 Effective

- Standards – NICE, Best practice, 6C's and positive outcomes
- Collaborative multi-disciplinary working
- Care delivered by suitably qualified and competent staff
- Quality of care

## 2.3 Caring

- Involving patients and the public in shaping care
- Families and patients partners in care
- Communicating with patients and their families
- Supporting patients with their hospital visits / stay
- Feeling comfortable, safe, treated with respect and dignity

## 2.4 Responsive

- Planning services based upon needs of the population
- Responsive to the community
- Individual needs, in particular vulnerable circumstances
- Leaving hospital
- Acting on concerns and complaints

## 2.5 Well led

- Governance framework
- Behaviours and accountability
- Risk management
- Information – complete and accurate
- Vision and culture
- Leadership

## 3.0 The Accelerated Assurance Framework March –April 2014

A framework of assurance is already established within the Trust. However as with all organisations it is important to recognise that a 'preparation' stage is required to ensure that the organisation feels supported in the forthcoming weeks prior to the inspection

The accelerated framework does not wish to create further administrative burden in the creation of 'new' meeting structures but utilises the current communication cascades that the divisions presently feed into. However the integrated Governance meeting that meets every Monday morning serves to ensure operationally the external regulations findings have been monitored. This forum acts as conduit for discussion on the highlights from the reviews, alongside the senior nurse weekly meeting. Contributors to the assurance framework are asked to present their findings and the high level themes at this meeting when they have gathered their own intelligence. However emphasis will be maintained in the division's to seek assurance, share findings with managers, service and clinical leads and to action these.

Each week a programme of audits and visits are decided. This uses the intelligence which is already known, recently obtained or anticipated. Tools to enable where we focus our energy on including the ward assurance matrix results, complaint themes, IAT intelligence or previous CQC areas of concern e.g. records management, consent.

Our external inspection reports have previously highlighted the constraints of the governance processes within the Trust at Board, Divisional and ward level - so this is an important time to validate the effectiveness of the Governance structure.

An important aspect of external regulations reports have focused on the need for the organisation to show a sustained momentum towards improvement and learning. The accelerated assurance framework introduces the concept of self and peer review at operational levels. This type of review will be challenging for participants at ward/department level, and will 'test' the leadership investment that the midwifery and nursing strategy intends to build upon. However recognition that peer review is an important mechanism to transforming the culture of an organisation cannot be ignored.

Initiatives on the wards and departments have been significant over the last year including the introduction of dashboards, communication boards and the 'deeper' analysis of performance in regards to fundamental metrics. Leaders have been asked to go through many changes whilst maintaining high levels of patient activity and changes to workforce. Yet we have witnessed a 'professional noise' that is both challenging and progressive as leaders have debated the validity of their data and information held. This is a positive transformation in the 'thinking' of front line staff, the aspiration is that this will embed further as leaders 'own' the initiatives that they support 'shaping'.

The accelerated assurance is built upon these foundations and intends to focus attentions to the Keogh and CQC inspections, whilst recognising the organisations

own intelligence on 'what we do well' and 'what we could do better'. The 'Health check' documents show a *whole organisational approach* to assurance.

Within the various layers of the organisation it has been essential to develop, Key Lines of Enquiry (KLOE) that represent the aspects of observation that a particular group of staff would need to concentrate upon. The KLOE's are based on 'what we know'; they are not exhaustive but signpost the reviewer to the areas where the Trust from either internal or external review is not fully assured. The health check documents can be adapted.

What has been attempted is to ensure that each group of staff is reviewing at the organisational layer that they operate daily. The documents reflect the difference from Executive led sign-posting compared to that on ward/departments. Specialities have also recognised slightly different KLOE'S, as well as the need to undertake pathway reviews by all disciplines, especially AHP's.

Clinician engagement has already started in medicine, however this needs to be replicated in surgery and orthopaedics to ensure that consultants are using this opportunity to engage their teams in the preparation, but more importantly develop their own KLOE to review practice points in their speciality areas.

Working in partnership with colleagues in Medirest has led to a positive engagement of the domestic, portering and hostess teams to produce their own KLOE. The senior staff in these disciplines will seek assurance from their teams to ensure they feel supported to focus on operational key areas and the value of each patient interaction in respect of their staff.

Focus groups have been scheduled for junior doctors alongside the patient safety forum.

Working with the University and showing further commitment to our NHS pledge in 2013, we continue to acknowledge our commitment to valuing students in Trust developments. Student nurse focus groups have been scheduled in March; these are to be opened by the CEO and or Executive Nurse and facilitated by central nursing and specialist nurses to act as an opportunity for questions to be answered whilst optimising the information we will gain from the student perspective on the care within the Trust.

We are continuously re-designing the KLOE's to meet the needs of the user but the core and fundamentals are static; we have entered a time 'where being on the journey' is not an option we now need to 'make it happen'.

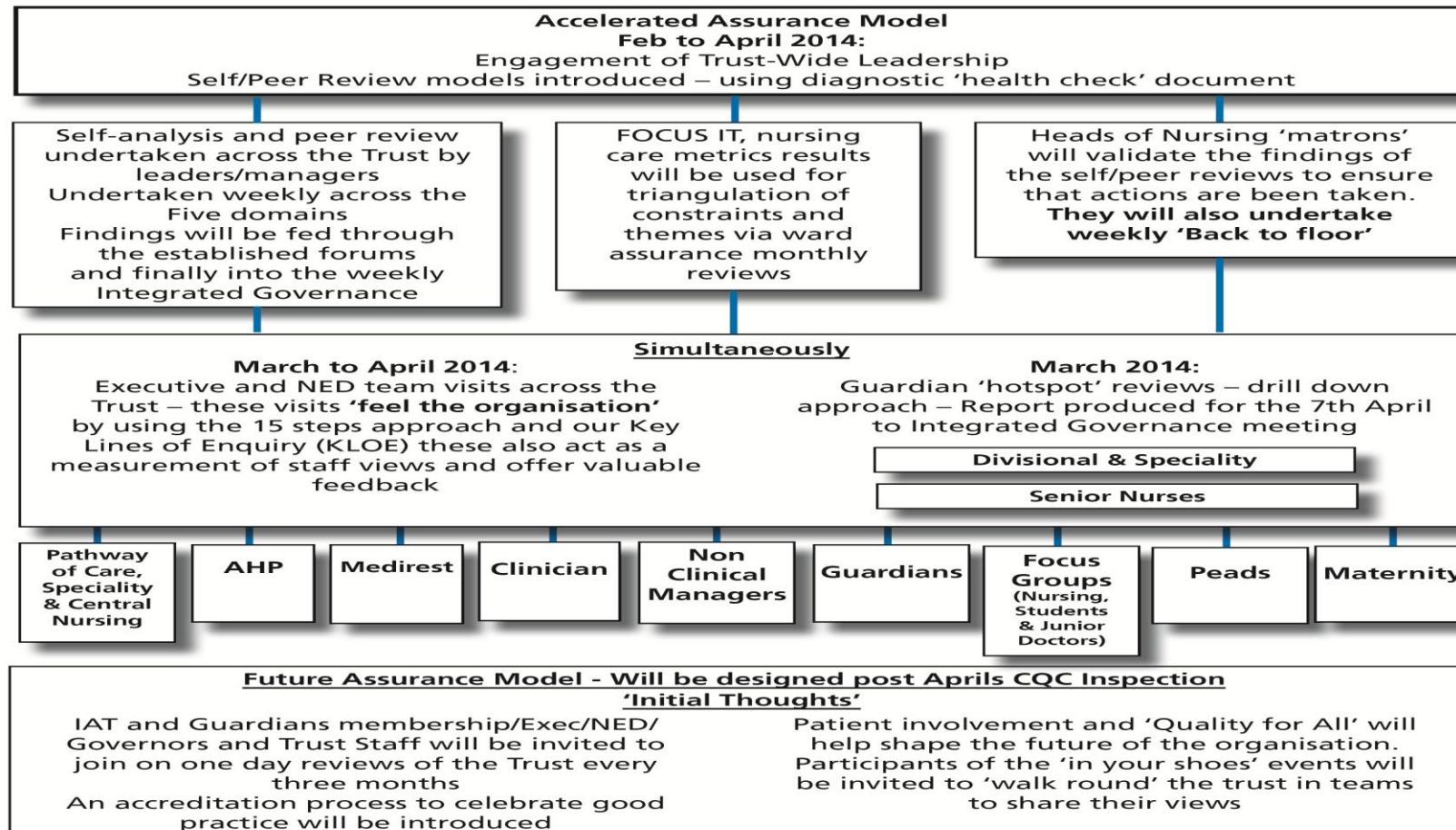
**Susan Bowler**

**Executive Director of Nursing and Quality**

## Accelerated Assurance March – April 2014

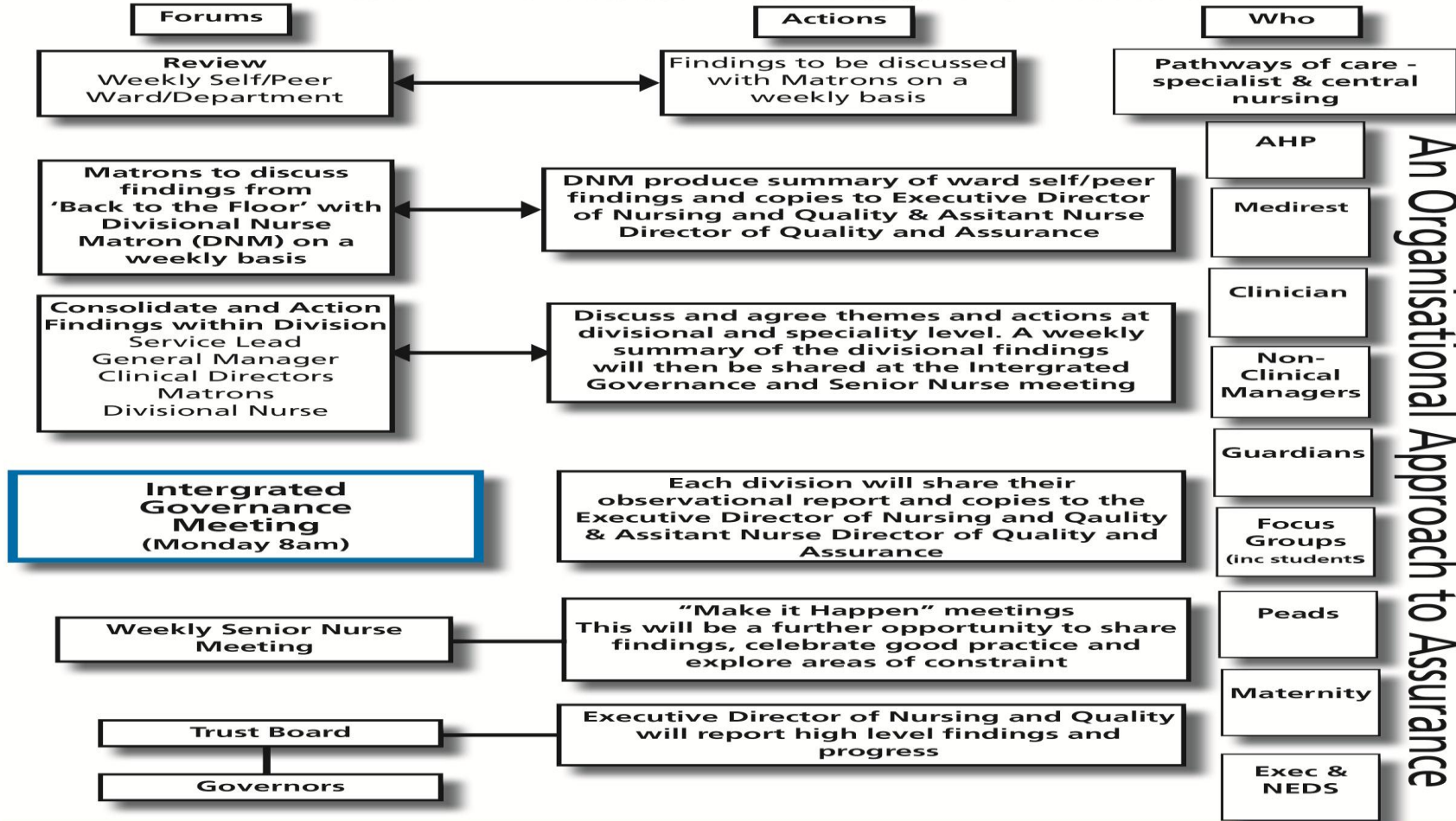
The Trust requires an accelerated version of the revised assurance model as it prepares for the next wave of inspections. There is great value in the process of 'peer' review in reaching assurance in both quality and safety for patients. Peer review will need to be supported by other methods of assurance.

The diagram below illustrates all the visits and peer reviews being undertaken in March and April



## Accelerated Assurance March – April 2014 Feedback Cycles

All feedback will be discussed in established governance structure



An Organisational Approach to Assurance