

## Responding to our CQC inspection

### Report to Epping Forest District Council Overview and Scrutiny Committee

24 March 2014

#### 1. Background

In 2013, the Care Quality Commission (CQC) announced a new inspection regime for healthcare services, to be led by a newly appointed Chief Inspector of Hospitals, Professor Sir Mike Richards. This was part of the CQC's response to the [Francis report](#) into failings at Mid Staffordshire Hospitals NHS Foundation Trust, which made recommendations for the NHS, local authorities and regulators around ensuring that standards across the NHS are improved and maintained.

The [new inspection regime](#) involves larger teams of inspectors spending more time at individual hospitals and speaking to staff, patients and the general public to gather a more rounded and in-depth view of services and standards. Each inspection centres on five key themes, looking at whether services and hospitals are:

- safe
- effective
- caring
- responsive to people's needs
- well-led

Barts Health was chosen as one of the first group of hospital trusts to be inspected under the new regime. A number of factors were behind this decision. Earlier in 2013, the CQC allocated a risk rating for each NHS organisation in England. A risk rating of 2 (high) was given to Barts Health, based on issues with cancer patient experience, accident and emergency waiting times, staff survey results, never events and outcomes of previous inspections. The Trust has always had consistently low mortality rates.

#### 2. How we prepared for the inspection

We focused on finding and fixing issues related to key aspects of service quality and safety and the environment, including cleaning, environmental and equipment standards, assurance of well-organised and documented staff appraisals and regular team meetings, and a culture of open communications.

Peer reviews were carried out by Barts Health staff (in particular from our nursing, infection control and facilities teams) who were supported by external stakeholders (including patient experience and CCG representatives) in services and areas across all our hospitals. All staff received information about the CQC inspection and how they would be involved. We also produced a welcome pack for the inspection teams, containing background information about the Trust, our vision, values and objectives and key issues connected to our performance, structure and governance.

### 3. Summary of the CQC reports and findings

The CQC published eight reports into the inspection findings on 14 January 2014 – one overall report for Barts Health and seven site-specific reports covering our six hospitals and the Barking Birthing Centre. The reports recognised our challenges, the progress we have already made and areas of good practice. The reports underlined the care, commitment and compassion of our staff, and crucially, they highlighted where we needed to improve.

The CQC acknowledged the progress we had made in improving standards by removing the three warning notices issued at Whipps Cross last year. Other previously requested improvements had also been made, including the swift replacement of broken equipment.

Specifically, the CQC noted the following positive findings at Whipps Cross:

- Staff are compassionate, caring and committed
- The hospital is clean, and staff adhere to good infection control practice
- Improvements have been made in both accident and emergency and maternity services since the last inspections (in May and June 2013), enabling the lifting of the warning notices, and there is good practice in both these departments
- The intensive care unit is safe and meets patients' needs
- The intensive care unit is a good example of how improvements can be made through learning from incidents
- Palliative care is compassionate and held in high regard by patients, their friends and family and Trust staff
- Education and activities provided for children while in hospital is an example of good practice

A Barts Health quality summit was held with the CQC on 10 January, involving senior Trust representatives and key external stakeholders including:

- Local Clinical Commissioning Groups (CCGs)
- The North and East London Commissioning Support Unit
- The NHS Trust Development Authority
- NHS England
- Local Healthwatches
- Representatives from local authorities

Following this event, it was jointly agreed that Barts Health would hold four local site summits during week commencing 3 February (see section 5).

As part of our response, the Trust has developed six action plans which detail how we will address the issues raised during and after the inspection. There is a single high level plan covering Trust wide actions and five site-specific plans covering actions at five of our six individual hospitals – all except Mile End, where the CQC found no actions to be necessary.

#### 4. Our action plans

Our plans have now been agreed by the CQC, the Trust Development Authority and our Board, and are provided in full as an appendix to this report. They are also available on our website within the [papers for the meeting of the Trust Board on 5 March 2014](#), starting at page 87 of the PDF file of the papers. The Trust-wide and Whipps Cross site plans are summarised in this section.

<b>Trust-wide actions and responses</b>	
<b>Key theme or issue identified by the CQC</b>	<b>How Barts Health is responding</b>
Ensure staffing levels meet people's needs on all medical and surgical wards	<ul style="list-style-type: none"> <li>• Developing monthly review of actual staffing levels for each shift</li> <li>• External review of staffing levels</li> <li>• Introducing an electronic rostering system</li> <li>• Improving recruitment processes</li> <li>• Drive to achieve 95% permanent recruitment level by September 2014</li> </ul>
Ensure risk registers are managed effectively	<ul style="list-style-type: none"> <li>• Reviewing registers for individual services</li> <li>• Delivering training workshops for service line managers in risk management</li> <li>• Trust's Risk Management Committee reviewing terms of reference and escalation processes</li> </ul>
Improving staff morale, staff engagement and visible leadership	<ul style="list-style-type: none"> <li>• Embedding "First Friday" programme for all directors and senior leaders to spend time with front line colleagues</li> <li>• Directors attending hospital sites at weekends and out of hours</li> <li>• Programme of action planning in all areas using 2013 staff survey results</li> <li>• Extending the monthly "pulse" staff survey to 4,000 staff every month</li> <li>• Introducing the online Speak In Confidence service, allowing staff to anonymously raise concerns with a named director</li> </ul>
Ensuring equipment is readily available when needed	<ul style="list-style-type: none"> <li>• CAG leadership teams engaged with medical devices group</li> <li>• Stronger links between risk register and equipment replacement programme</li> </ul>
Ensuring learnings from incidents and never events are shared with all staff	<ul style="list-style-type: none"> <li>• Establishing a clinical standards committee to oversee reporting of incidents and co-ordination of learning</li> <li>• Using Trust-wide communications channels to remind all staff of the importance of reporting and following up on incidents and giving them the confidence to speak up on safety</li> </ul>
24/7 consultant cover	<ul style="list-style-type: none"> <li>• Audit completed of compliance against the London Emergency Care Standards</li> <li>• Individual services reviewing the audit and the Keogh review to identify solutions</li> <li>• Outputs being used to support consultant job planning</li> </ul>

<b>Whipps Cross specific actions and responses</b>	
<b>Key theme or issue identified by the CQC</b>	<b>How Barts Health is responding</b>
Addressing delays in discharging patients	<ul style="list-style-type: none"> <li>• Working with commissioners and external multi-disciplinary partners to develop new patient pathways</li> <li>• Comprehensive system-wide winter plans in place, involving all local partners</li> <li>• Seven day working, minimising delays in theatres, diagnostics and patient assessments</li> <li>• Improving weekend discharge rates</li> </ul>
Improving the patient environment, particularly in the Margaret Centre	<ul style="list-style-type: none"> <li>• Refurbishment work now completed in the Margaret Centre, providing additional bathrooms and improving walls and floors</li> <li>• Risk assessment and business case being completed for improvements in outpatients</li> </ul>
Addressing equipment shortages	<ul style="list-style-type: none"> <li>• Business case developed to buy replacement and additional bladder scanners</li> <li>• Checking availability of float mattresses to ensure sufficient numbers available</li> <li>• Wards being provided with information on ordering mattresses and escalating delays</li> </ul>

## 5. Feedback from the local site summits

Four site summits were held in February, involving a wide variety of Trust staff and external stakeholders. At each summit Seaton Giles from the CQC gave a high level summary of the inspection process and Peter Morris, Barts Health Chief Executive, summarised the overall findings for the Trust. Peter described the assessment as “tough but fair”. He noted that the lead for the inspection from NHS England, Dr Andy Mitchell, had identified specific areas of service excellence that were outstanding and that the commitment and passion of our staff to serve local people was evident. Each site was then presented with their specific findings and staff were asked to consider in groups the key concerns that emerged from the reports and what needs to be done across the Trust and on the site to address them.

Topics for discussion were centred around three main themes, which are detailed in the table overleaf. For each theme and topic, summit attendees were asked to consider:

- What needs to be done consistently, both Trust-wide and at the specific site
- What can individuals do as Barts Health staff and partners to help us make the necessary improvements

<b>Theme</b>	<b>Topic</b>
Staff engagement and morale	<ul style="list-style-type: none"> <li>• Visible executive leadership</li> <li>• Culture – bullying and harassment; raising concerns</li> <li>• Embedding CAG structures and developing relationships between CAG teams and stakeholders</li> </ul>

	<ul style="list-style-type: none"> <li>• Strengthening site based leadership</li> </ul>
Patient flow and discharge	<ul style="list-style-type: none"> <li>• Preventing hospital attendances and admissions</li> <li>• Facilitating early/complex discharges</li> </ul>
Patient engagement and experience	<ul style="list-style-type: none"> <li>• Improving complaints handling</li> <li>• Hearing the patient's voice</li> <li>• Patient panels and working in partnership</li> </ul>

The key themes which emerged from the four site summits were:

- Visible leadership
- Relationships and partnership working between teams based on each hospital site and our Clinical Academic Group (CAG) teams
- Partnership working with Clinical Commissioning Groups (CCGs) and how this can be more effective, particularly in relation to creating integrated care pathways
- Empowering staff at all levels
- Accountability, responsibility and trust, including clarity of individual roles and tiers within CAGs

For the Whipps Cross summit, feedback included:

- Staff engagement
  - Acceptance of responsibility, power to act/accountability, bottom up and top down delegation – as appropriate to role and service
  - Step by step plan needed to improve organisational culture and morale
  - Ensure leaders who visit departments on “First Fridays” engage sufficiently with staff and do not just “measure and go”
  - Include the issue of raising concerns at inductions for new staff
  - Address challenges of communications across multiple sites, including use of teleconferencing
  - How to introduce the “Big 3” into everyone’s day – including specific impact with a patient, family or visitor and engagement with a member of staff to make them feel valued
  - Need to work to retain staff as well as recruit new staff
  - Impact of workforce consultation process on staff morale
  - Need to make “every day a CQC day”
  - Relationships between site leadership and Clinical Academic Group teams
- Patient Flow/Engagement
  - Open visiting and proactive rounds at visiting time to talk to families
  - Flow co-ordinators are helpful; build on the role to manage integrated care
  - Meet and greet patients, involve clinicians early in complaints
  - Improve communication between clinicians and GPs

Recommendations we are taking forward from the site summits include:

- Enhance visibility of all senior managers at various levels on a weekly basis, ensuring conversations are shared as appropriate
- Enabling the CAG leadership teams to lead on the CQC “conversation”, ensuring compliance to the standards is met and service improvement continues with support from corporate services where necessary
- To link the CQC actions and discussions to our response to the Francis report and our work to improve the organisational culture
- Re-establishing senior nurse network meetings

## 6. Conclusion

Barts Health has openly welcomed the CQC's introduction of the Chief Inspector of Hospital inspection regime and the Trust's inclusion in the first wave of inspections. An inspection on this scale has given us our best opportunity to date for a fair and balanced reflection of the quality and safety of our hospitals and services. We have also welcomed the opportunity presented by the inspection and the following quality summits to involve local partners closely in assessing, developing and improving our services, in particular strengthening arrangements for joint working to address the more complex aspects of providing joined up care for local people.

The inspection reports and subsequent action plans provide a clear framework for us to address the issues raised and ensure we make and sustain the necessary improvements. We will continue to welcome scrutiny of the plans and involvement from our external partners and colleagues.