

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

RESPONSE TO CQC INSPECTION 03-07 MARCH 2014

1 BACKGROUND

- 1.1 The Trust was notified of the Care Quality Commission's (CQC) intention to inspect as part of the Wave 2 new inspection programme in November 2013. The new CQC inspection regime commenced in September 2013 and followed a model developed by them following the Keogh inspection programme undertaken in the 14 acute trusts in England with the highest standardised mortality rates during the last financial year.
- 1.2 The new inspection programme followed the publication of bandings for all acute trusts in the first publication of the CQC's Intelligent Monitoring Report; East Kent Hospitals University NHS Foundation Trust (EKHUFT) was banded as 3 in a range of 1 – 6, with Band 6 trusts being seen as the lowest risk and Band 1 trusts as the highest risk. The categorisation therefore placed the Trust as being one of "medium" risk within the scoring model against a range of nearly 200 separate measures. The final report for the Kent and Canterbury Hospital states that the Trust is considered by the CQC as being "high risk".
- 1.3 Trusts with a range of bandings and with differing geographical locations were identified for Wave 2 inspections in order to test the methodology in the Intelligent Monitoring Report to identify the acute trusts posing the greatest risk to patients; wave 1 inspections were a cohort of acute trusts that were either in "Special Measures" with Monitor or where there were outstanding concerns following the previous inspection model around the "Essential Standards for Quality and Safety".
- 1.4 EKHUFT had no outstanding compliance issues with the CQC's previous inspection model and had a "green" governance rating and the highest level of assurance around the financial position with Monitor. The Trust was not in "Special Measures" at the time of the inspection. This means that EKHUFT is the first Trust in the country to be rated as "inadequate" without already being subject to Special Measures.
- 1.5 Only acute trusts were part of the inspection programme during this stage; the process has subsequently been extended to community, ambulance and mental health trusts, with specialist providers not yet included.

2 KEY CHANGES TO THE CQC INSPECTION REGIME

- 2.1 Following the Keogh review programme the CQC changed the focus of their inspection programme by recruiting practicing clinicians, expert patients/carers and managers, as well as staff employed by the CQC to undertake the inspections. There is an identified Head of Inspection for each assessment, who

is an employee of the CQC; there is also a Chair for each inspection, who is normally a senior manager within the NHS.

2.2 The domains for the inspection changed to assess the performance of trusts against the following five areas:

- 2.2.1 Safe
- 2.2.2 Effective
- 2.2.3 Caring
- 2.2.4 Responsive
- 2.2.5 Well-led.

2.3 The inspection process now includes announced and unannounced components as well as meetings with key personnel at Executive level, focus groups of staff, listening events held in the locality of the trust being inspected as well as the traditional direct observation of care delivery.

2.4 The inspection is focused on eight clinical areas that are seen by the CQC as having the greatest risks to patients. These are:

- 2.4.1 A&E;
- 2.4.2 Medical Services (including the frail elderly);
- 2.4.3 Surgical services (including operating theatres);
- 2.4.4 Critical Care (Intensive Care, Coronary Care and High Dependency Units);
- 2.4.5 Maternity and family planning;
- 2.4.6 Children's services/paediatrics;
- 2.4.7 End of Life Care;
- 2.4.8 Outpatients.

2.5 Wave 2 also saw the CQC applying a rating to each of the clinical areas, against the five domains, against each Trust site and overall. The rating system follows the system used in the education sector by Ofsted, namely:

- 2.5.1 Outstanding
- 2.5.2 Good
- 2.5.3 Requires improvement
- 2.5.4 Inadequate.

3 PRE-INSPECTION PREPARATIONS

3.1 The Medical Director and the Deputy Director of Risk, Governance and Patient Safety attended a scheduled event in December 2013 hosted by the CQC, where the inspection process was outlined.

3.2 The Trust then adopted an approach that built on the lessons learned from the trusts inspected during Wave 1. This included:

- 3.2.1 Appointment of a small project team;
 - 3.2.2 Independent review against the five domains used by the CQC in their inspection;
 - 3.2.3 Regular staff briefings;
 - 3.2.4 Communication strategy via Trust News, a booklet to all staff on the process and timing and dissemination in other social media;
 - 3.2.5 A programme of ward-based mock inspections and feedback.
- 3.3 The Head of the Inspection team for the Trust was identified at the event in December 2013. There was a discussion regarding the number of bed-holding locations and the geographical distance between the sites. Other than the Royal Cornwall Hospitals NHS Trust, EKHUFT has the greatest distance between sites. In order to prepare for the inspection, the CQC Head of the team visited each site in February 2014 and was escorted around each location by the Chief Executive, the Medical Director and the Chief Nurse and Director of Quality and Operations. The CQC preparations for the actual inspection were based on this visit.
- 3.4 The Trust received a draft datapack on 28 February 2014, which summarised performance against the five domains and reported against some of the measures within the Intelligent Monitoring Report. There were a number of significant errors in the report including the classification of the Trust as “high risk”, missing the areas of Thanet and Shepway from the catchment area and demographic assessment of deprivation and stating that the Trust employs 3,000 staff, rather than the 7,500 it currently employs.

4 INSPECTION

- 4.1 The three main sites were inspected on three sequential days. The CEO delivered a presentation on 03 March 2014, outlining some of the challenges faced by the Trust, as well as some areas of good performance and innovation. Neither the Head nor the Chair of the inspection team was present at this presentation.
- 4.2 The Queen Elizabeth the Queen Mother Hospital was inspected on 04 March, the William Harvey Hospital on 05 March and The Kent and Canterbury Hospital on 06 March. The team were on the three sites collectively on the morning of 07 March, before verbal feedback was delivered to the CEO, Medical Director and the Chief Nurse and Director of Quality at mid-day.

5 DRAFT REPORT

- 5.1 The draft inspection report was received by the Trust on 10 June and, in line with the CQC’s procedures, a factual accuracy report was submitted by the Trust to the CQC ahead of their time frame of 10 working days. There were 503 separate points of factual accuracy reported; some minor e.g. spelling and grammatical errors and some more fundamental e.g. the areas of inaccuracy in the datapack highlighted at paragraph 3.4 of this report, the birth to midwifery ratio stated in the

report and the lack of consultant anaesthetic cover for critical care areas to cover the weekends.

- 5.2 The Trust started to develop a set of actions at this stage; however, with the report being embargoed, it was not possible to engage with a full range of staff directly at this stage.
- 5.3 A letter was also written to the CQC Chair of the Hospital Inspection Programme at the same time highlighting inconsistencies in the report findings and grading applied. The grading applied to the Trust overall at this stage was “inadequate”, that for the WHH and QEQMH also “inadequate” and for the K&CH “requires improvement”.
- 5.4 The Head of the CQC inspection team and the deputy chief CQC inspector then visited the Trust on 10 July to work through some areas where the report findings did not reflect the evidence supplied by the Trust prior to and during the inspection.

6 FINAL REPORT AND QUALITY SUMMIT

- 6.1 The final reports were received by the Trust on 04 August. There had been some changes to some of the “Key Findings” outlined in the draft reports. This did not result in any changes to the overall Trust grading, which remains as “inadequate”, as does that for the WHH. The grading for the K&CH worsened to “inadequate” as the CQC had miscalculated the scoring in their draft report; the grading for the QEQMH improved to “required improvement”. This site has more action to take against the “must do” areas identified by the CQC.
- 6.2 The purpose of the Quality Summit is to develop a plan of action and recommendations based on the CQC inspection team’s findings as set out in the final inspection report. This plan will be developed by partners from within the health economy and the local authority. The Quality Summit took place on 08 August where the Trust presented its first overview of the actions required. There was representation from a number of stakeholders including the commissioners, Health Education England Kent, Surrey and Sussex (HEKSS), the General Medical Council (GMC), Kent County Council and HealthWatch. It was agreed that a mid-point review would take place before the submission of the finalised action plan; this took place on 11 September.
- 6.3 The reports were released into the public domain on 13 August and since then, the Trust, with engagement of staff and patient feedback has been developing an Improvement Plan. The most current version of the High Level Improvement Plan is attached at Appendix 1. A more detailed plan is in place to support the high level plan and there is an additional plan to address the issues raised in the report about raising concerns, bullying and harassment and leadership. The current version is attached at Appendix 2.

6.4 After the Quality Summit and the feedback from stakeholders, the Trust has been placed in Special Measures by Monitor. This means that an Improvement Director will be appointed to provide support to the Trust and hold it to account for making progress against the Improvement Plan. The Trust will also publish monthly updates of the changes it is making to improve the services it offers to patients. Monitor is also imposing an additional license condition on the Trust so that if it fails to make the changes needed, further action could be taken including replacing members of the Trust's leadership team if necessary.

7 NEXT STEPS

- 7.1 The Trust is monitoring progress against the plan. This will be overseen by Monitor and the Improvement Director once appointed.

- 7.2 The CQC will re-inspect the Trust at some stage as part of its unannounced programme; there will be a formal announced inspection too; however this is likely to occur once the Trust has had an opportunity to make progress against the Improvement Plan.