

Health Overview and Scrutiny CommitteeCare Quality Commission Update Report January 2016Background

The Trust had an initial Care Quality Commission (CQC) Inspection in March 2014 and was rated, overall, as “inadequate” broken down by:

- Safe – inadequate
- Effective – requires improvement
- Caring - good
- Responsive - requires improvement
- Well led – inadequate

The key highlights of the report were as follows:

- There was a concerning divide between senior management and frontline staff;
- The governance assurance process and the papers received by the Board did not reflect our findings on the ground;
- The staff survey illustrated cultural issues within the organisation;
- Patient safety incidents were not always identified and reported and;
- Patients had excessively long waits for follow-up appointments.

At this time the Trust was also placed into special measures, a Director of Improvement was appointed by Monitor and the improvement journey began.

Current Situation

The second CQC inspection took place in July 2015 and the Trust was rated, overall as “requires improvement” broken down by:

- Safe – requires improvement
- Effective – inadequate
- Caring - good
- Responsive - requires improvement
- Well led – requires improvement

The key highlights of the report are as follows:

- The Trust is no longer rated “inadequate” and has now improved to the next grade up (“requires improvement”) which is the same rating as the majority of NHS Trusts in England;
- Two of the Trust’s five hospitals have been rated as “Good” with the other three being rated “requires improvement”;
- There is a well-developed approach to the management of learning from complaints and care is rated as “good” across the whole Trust;
- There has been significant improvement in the culture and processes surrounding the reporting of incidents;
- Infection control policies and procedures were in place and adhered to and the environment was clean;
- A suitable Board structure is in place which is underpinned by a governance structure that has been revised following external review and;
- Despite recruitment challenges staffing levels had improved.

In addition to the overall Trust rating the CQC report gives an individual rating to each of the Trust’s five hospitals.

- The William Harvey Hospital in Ashford is now rated as “requires improvement” but critical care and outpatient and diagnostic imaging are rated as “good”.
- The Kent and Canterbury Hospital in Canterbury is now rated as “requires improvement” but children’s services, critical care and outpatient and diagnostic imaging are rated as “good”.

- The Queen Elizabeth the Queen Mother Hospital in Margate is now rated as “requires improvement” but again critical care and outpatient and diagnostic imaging are rated as “good”.
- Buckland Hospital in Dover and the Royal Victoria Hospital in Folkestone are now rated as “good”.

The main areas of improvement between the 2 inspections are much improved leadership in many areas, improving staff engagement, strengthened governance arrangements and demonstrably better working relationships with external partners. The report also recognised areas that were outstanding including our Outpatient Improvement Plan which has significantly improved services for patients, the positive impact Quality Improvement and Innovation Hubs have made and the added value to outcomes delivered by the pre-operative joint clinics.

Further areas for improvement

The CQC report, published on 18th November, also noted some important areas for improvement including:

- Ensuring there are sufficient numbers of suitably qualified, skilled, and experienced staff available to deliver safe patient care;
- The development of robust systems to monitor the safe management of medicines;
- Ensuring suitable arrangements for patients with mental health issues whilst awaiting assessment;
- Replacing the Liverpool Care Pathway and;
- The need for sufficient, well maintained equipment.

In addition, following helpful CQC comments, the Trust is giving particular attention to improving the exceptionally busy Emergency Departments across all three acute sites and is working with its health and social care partners to improve the overall emergency pathway across the Trust.

In order to both support and ensure the delivery of the improvements required the Trust has a High Level Improvement Plan which is reported on monthly to Monitor. On Friday 27th November 2015, the Improvement Plan Delivery Board (IPBD) held an away day. Seventy members of the organisation attended with multidisciplinary membership and representation from all levels. This away day was used to populate the detail of the Improvement Plan in addition to exploring those cultural issues that inhibit or delay change within a complex organisation. On Friday 4th December 2015, we invited our partnership stakeholders to a half day session to gain commitment around cross organisational solutions to the high level actions contained in the plan. The Trust has also mapped the five priorities in our Quality and Improvement Strategy to the CQC core domains and identified 30 high level actions grouped into 12 work streams.

- End of Life Pathway
- Emergency & Urgent Care Pathway
- Maternity Pathway
- Children & Young People
- Mental Health
- Access & Operations
- Patient Safety
- Workforce & Culture
- Environment & Equipment
- Patient Experience
- Clinical Strategy
- Leadership & Governance

From January 2016 the Trust has put in place a Programme Management Office (PMO) to drive, challenge and track delivery of the Improvement Plan. This is being led by Dr David Hargroves who is a Stroke Consultant and offers the clinical leadership to drive forward the improvements. There is Executive leadership in place to support the PMO and Divisions.

The Trust welcomes the new plan and the refreshed focus that the latest inspection reports have provided. The work undertaken within the Trust in the last eighteen months and the new plan provide a platform to achieve our goal of getting to a rating of “good”, working in partnership with our staff, our partners and of course our patients.