

helo my name is...

Sharron Hotson, Director of Clinical Quality

CQC Inspection





Provider Information Request (PIR)

- Prior to the inspection, the CQC were provided with over 100+ 'data sets' plus additional documentation such as policies, strategies, and Board and Committee papers
- Helps the CQC to decide what , where, when to inspect



Insight report

- Published monthly by the CQC
- Used to monitor changes provider, location, core service
- 1 place for all information that the CQC hold
- Helps the CQC to decide what , where, when to inspect
- Shared with NHSE, NHSi, CCG's, Healthwatch
- Mapped to Key Lines of Enquiry (KLOE)
- May trigger conversation, request for information or inspection





University Hospitals of Leicester NHS Trust

The CQC Inspection

Caring at its best

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- On the 28th 30th November 2017, the CQC carried out a three day unannounced inspection of Urgent and Emergency Care, medicine and maternity services across all three hospital sites
- On the 4th 7th December 2017, the CQC carried out a four day unannounced inspection of outpatient services, diagnostic services and maternity Services at St Mary's Birthing Centre
- Not all core services were inspected during these visits e.g. Critical Care, End of Life Care, Surgery, Children & Young People





The CQC Inspection

Caring at its best

- The maximum intervals for re-inspection are:
 - one year for core services rated as inadequate
 - two years for core services rated as requires improvement
 - three and a half years for core services rated as good
 - five years for core services rated as outstanding



The Well-led review

- The CQC's well led review took place on the 10th 12th January 2018
- The CQC:
 - Interviewed members of the board, both executive and non-executive directors
 - Interviewed a range of senior staff across the hospital this included a wide group of clinical and non-clinical service and specialty directors
 - Met and talked with a wide range of staff to ask their views on the leadership and governance of the trust
 - Looked at a range of performance and quality reports, audits and action plans; board meeting minutes and papers to the board, investigations
 - Sought feedback from patients, local people and stakeholders

One team shared values



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CQC ratings

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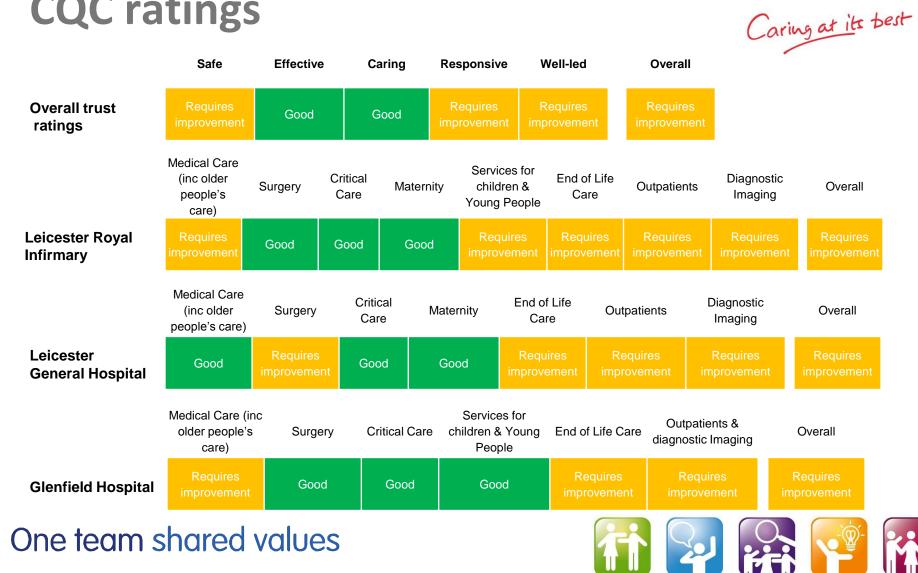
University Hospitals

- On Wednesday 14th March 2018, the CQC published their final reports along with their ratings of the care provided
- The CQC rated the Trust overall, as 'Requires Improvement'
- The Leicester Royal Infirmary, the General and Glenfield Hospitals were all individually as '**Requires Improvement**'
- St Mary's Birth Centre was rated as 'Good'
- Of the 100 ratings (for each domain of each core service)
- No services were rated as 'Inadequate'
- The effectiveness of our East Midlands Congenital Heart service at Glenfield was rated as 'Outstanding'



NHS **University Hospitals** of Leicester **NHS Trust**

CQC ratings



CQC findings



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- The trust had a clear vision and set of values with quality and sustainability as the top priority
- Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team
- The board were viewed as accessible, approachable, visible and highly experienced, with transparent accountability at decision-making levels.
- Most staff in the trust articulated and demonstrated the values of the organisation and reported feeling supported, respected and valued
- Staff described a no blame culture and how they were encouraged to report incidents



CQC findings



Caring at its best

"Although some improvements had been noted since our previous inspection, there were still many service areas where the rating remained the same".

"We identified key risks in some core service which local leaders were not aware of. Governance structures and systems were not always operating effectively in some core services. There had been a lack of oversight in some areas, including the management of patients receiving insulin".

"However, inspectors also observed many areas where good and outstanding practice was being carried out. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them with kindness and provided emotional support to minimise their distress".

"The trust leadership knows what it needs to do to bring about improvement in the areas identified and our inspectors will return at a later date to check on what progress has been made."





Caring at its best

Examples of outstanding practice highlighted by the CQC

Urgent and Emergency Care at the LRI:

- Established one of the first dedicated Emergency Department Sepsis Team in the UK leading to significant improvements in the treatment of high risk patients with antibiotics within 1 hour of arrival
- Purpose built department designed to take into account those with mental health needs and children and to ensure suitable long term sustainability

Medical Care (including older persons care) at the LRI and Glenfield:

- Implemented 'Red2Green' which aims to reduce the wasted time within a patient journey
- Meaningful activities coordinator's working across 11 wards at the LRI including care of older people, speciality medicine and the Acute Frailty Unit





Caring at its best

Examples of outstanding practice highlighted by the CQC

Maternity services at the LRI, LGH and St Marys Birthing Centre:

- Dedicated home birth team with the aim of increasing the home birth rate and providing continuity of care
- Extended postnatal care at St Mary's Birth Centre of particular benefit to women with complex needs, e.g. physical disabilities or mental health conditions

Outpatients at the LRI and LGH:

- Improved referral pathways
- Outstanding service provided by the diabetes clinic with care and multidisciplinary clinics wrapped around the patient





Caring at its best

Examples of outstanding practice highlighted by the CQC

Diagnostic Imaging at the Royal Infirmary and General Hospital

- CT forensic service providing virtual autopsies and leading experts in the development of this service
- Role extension of non-medical staff



Areas for improvement



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- Section 29A Warning Notice issued by the CQC on the 13th December 2017 in relation to insulin safety
- Actions were taken at the time of the inspection to address immediate concerns
- Further assurance provided in the form of an action plan and evidence of improvements



Areas for improvement

Caring at its best

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- Since the inspections a number of improvements have been made and some concluded
- An action plan has been developed and submitted to the CQC covers both MUST DO and SHOULD DO compliance actions
- Action that the Trust MUST take, is necessary to comply with legal obligations
- Action that the Trust SHOULD take, is necessary to address minor breaches which do not justify regulatory action, to prevent us from failing to comply with legal requirements in future or to improve the quality of services



University Hospitals of Leicester

Conclusions

- We are an organisation which is:
 - Improving quality systematically
 - Dealing with substantial increases in demand
 - Working better with our partners
 - Tackling longstanding strategic issues
 - Building a more empowered culture
 - Staffed by very committed people
- It is our ambition to achieve 'Good' for all services at all four sites





