

Outcome to the CQC in January 2016

Sue Hardy – Chief Executive
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Introduction

- CQC planned inspection January 2016
- Prompt response to immediate issues raised, although there were conflicting responses from regulatory bodies
- Many individual areas reviewed received good ratings and no areas rated inadequate
- The compassionate attitude of staff was recognised and we were aware of where we needed to improve



Our rating – ‘Requires Improvement’

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Good	Good	Good	Good	Outstanding	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity & Gynaecology	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients & Diagnostic Imaging	Requires improvement	Inspected but not rated ¹	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Positive highlights from the formal report

- The Emergency Department was rated Outstanding in the 'Well Led' domain.
- Stroke service patient outcomes receiving highest SSNAP rating
- MSK ERAN team
- Calls for Concern service
- Radiology learning tool
- Mystery Shopper scheme
- Safe@Southend
- High compliance rates for cleaning of high risk equipment by nurses and technicians



Positive highlights from the formal report

- Across the trust, staff went the extra mile for patients and demonstrated caring and compassionate attitudes.



Summary of actions in the formal report

- 5 requirement notices:
 - Regulation 12 - safe care and treatment – actions completed
 - Regulation 16 - Premises and equipment – actions on track
 - Regulation 17 - Good Governance – actions on track
 - Regulation 18 (1) – Staffing – actions on track
 - Regulation 20 – Duty of Candour – actions completed
- 31 MUST do actions
- 30 SHOULD do actions



Key actions arising from the formal report

- Staffing ratios
- Mortuary facilities and equipment
- Duty of candour regulations
- Elective surgical cancellations and processes
- Backlog of patients waiting for follow up appointments
- Medication storage and monitoring
- Learning from incidents
- Safeguarding training
- Documentation in patient records



In summary

- All requirement notices have been achieved or have clear timescales in place
- Majority of actions have been completed and those still in progress have timescales in place for achievement and robust evidence is being collated



Challenges and opportunities



Moving forward together

- Working with our external stakeholders to address system wide challenges
 - Impact of CQC inspections of GP surgeries/regulatory action, single-handed GP surgeries and closure of St Luke's walk in centre
 - Capacity concerns in the community around health and social care cover increasing delayed discharges, averaging 30 a week
 - Emergency demand and acuity continue to increase – recognition that we need system-wide support to manage demand
 - Health & Social Care Summit September 2nd 2016
- Success Regime – pace of change and transition impact on retention of staff and morale
- Increased regulation - pay costs, use of agency staff, standards, reset etc.
- Financial improvement plan
- Workforce

Any questions?

