

# CQC Inspection

## *Good rating*



Paula Head – Chief Executive

- Our journey of improvement
- Our approach
- What the CQC found
- Ratings
- What the CQC said we do well
- Challenges highlighted
- Actions to address the challenges
- Conclusions

# Our journey of improvement

2011

Post merger and staff engagement very low

2012

Quality of services and consistent delivery questioned by commissioners

2012

Senior leadership team turnover, clinicians grievance, new chair appointed

2013

Leadership stabilised appointment of CEO, clinically-led structure in place

2013

Strategy, vision and values clear. TDA support FT progress rapid change needed, focus on quality of services and quality governance.

2014

Five of staff survey indicators in 2014 in top 20 for all NHS organisations – top 100 places to work. Culture of excellence and continuous improvement. Ready for the CQC

Dec 2014

CQC said

We see the inspection as a journey of continuous improvement

SCT promise

Our journey continues towards *excellent care at the heart of the community*

## Compassionate care

Caring for people in ways we would want for our loved ones.

## Working together

Forging strong links with the people we care for, our wider public and health and care partners.

## Achieving ambitions

For our users, our staff and our organisation.

## Delivering excellence

Because our patients and partners deserve nothing less.



Continuous improvement toward excellence

# What the CQC found

	Are the services at this trust <b>Safe?</b>	Are the services at this trust <b>Effective?</b>	Are the services at this trust <b>Caring?</b>	Are the services at this trust <b>Responsive?</b>	Are the services at this trust <b>Well-led?</b>	<b>Overall</b>
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires Improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Outstanding	Good	Good

## ***A positive culture across the organisation***

- *The Board provided clear leadership to its staff and the culture of the organisation was found to be positive across all of the services.*

## ***A successful clinical transformation programme***

- *In a relatively short time (two years) the new trust board and executive team had transformed the organisation through a change programme that involved substantial cultural and clinical challenges.*

## ***The staff were caring across the organisation***

- *There were elements of good practice across a range of units and teams within each core services. The staff were caring and there was good practice to ensure safe, effective and responsive care. The organisation was well led.*

## ***End of Life Care responsiveness was outstanding***

- *In End of Life care it was felt that the responsiveness of this service was outstanding with national recognition of the transformation by NHS England.*

## ***Staff were caring and a genuine fondness for children was observed***

- *Children's services were found to be good in caring. The inspection team observed staff interact with children and their families during the inspection and found the interactions to be very caring, compassionate and tactful.*

- I would be happy for my mother to be looked after on this ward...
- I felt part of the team for the morning...
- You're the best prepared trust for a CQC inspection of all the ones I've seen...
- Staff saw the inspection as part of a journey of quality improvement and not a tick box process...
- Crawley is the cleanest hospital I have visited since I started inspections...

*Following feedback in December 3 areas for change were highlighted we have responded with some immediate improvements*

## Dementia

- Trustwide Workshop for Community Matrons and Inpatient Service Leads has taken place to introduce the dementia assessment tool
- Dementia self assessments are being conducted across all inpatient areas to identify gaps
- A Dementia lead is being recruited for the Trust

## Health Records

- Work was already underway at the time of inspection to standardise records.
- A detailed plan has been put in place by the Deputy Chief Nurse Adults.

## DNACPR

- A risk has been added to the Trustwide Risk Register regarding training as DNACPR is no longer part of resus training.
- Progress on actions is being monitored through EoLC working group.



- The provider should review its recruitment policy to ensure that the vacancy levels in the trust reduce to ensure sustainability.
- The executive team should give consideration to strengthening the role of the middle management teams and in particular clarifying the role of the Clinical Director within the clinical teams.
- The trust should review how to achieve consistency of standards within services across the three localities to minimise variation.
- The trust should take action to review record keeping and ensure that all records are well maintained, up to date and personalised to meet patients' needs.
- The trust should undertake an audit of medicines administration and documents relating to this to ensure that patients receive the correct medicines at the correct time.
- The trust should review its processes for pain assessment and evaluation.
- The trust should ensure that all appropriate staff have access to and attend dementia training.

## Record keeping

Review record keeping and ensure all records are well maintained, up to date and personalised to meet patients' needs.

### Headline actions:

- Split into phases: assessment, initial documentation and integrated care plans.
- Inpatient units now using standard core admission pack.
- Being rolled out for community teams and incorporated parity of esteem.
- Developed guidance on record keeping.
- Care plan training being rolled out across trust – best practice and personalised
- Nursing and therapy web page for access to best practice standards.

### Working with our partners:

- Transfer paperwork and processes between agencies.
- Work with providers to move toward own records.
- Single integrated record (electronic).

## Staffing and recruitment

The provider should review its recruitment policy to ensure that the vacancy levels in the trust reduce to ensure sustainability.

## On-going actions

- PDSA cycles across SCT e.g. paying substantive rates to bank, golden hellos, housing support.
- Assertive recruitment.
- Review agency sourcing.
- Role out of competency framework and skills training to ensure retention.
- Full recruitment plan.

## Strategic actions

- Developed options of care management with different skill mix.
- Community providers sharing international recruitment and other best practice (TDA).
- Taking part in development of NICE guidance on staffing levels for community inc MDT.
- Working with University of Brighton on commissioning of nursing placement.
- Sussex and system wide activities.

## Clinical and managerial leadership

The executive team should give consideration to strengthening the role of the middle management teams and in particular clarifying the role of the clinical director (CD) within the clinical teams:

- Using Monitor toolkit to clarify roles within service line management.
- Competency assessment and development for middle management.
- Competency framework for clinical grades band 8a and above with development.
- CDs and AMDs working on model for clinical leadership.
- New clinical executive include CDs meets from next month.

## Consistent standards

The trust should review how to achieve consistency of standards within services across the three localities to minimise variation.

- Clinical quality half days.
- Share best practice across commissioners e.g. safeguarding.
- Competency framework – piloted and rolled out in band 5 and 6 and developed in 7 and 8a.
- Sharing of practice events and quality summits.
- Leading best practice in pressure damage across the system.
- Active part in patient safety collaborative.

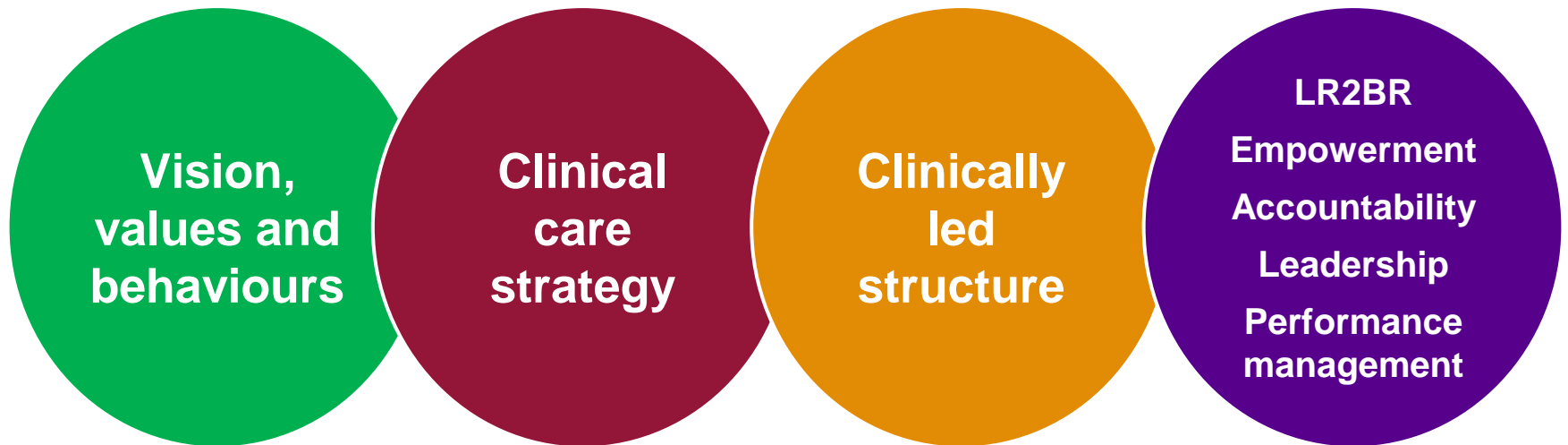
The trust should undertake an audit of medicines administration and documents relating to this to ensure that patients receive the correct medicines at the correct time.

- Audit included in annual audit plan.
- Review of medicines management team for future.
- Considering taking new approach to medicines administration.

The trust should review its processes for pain assessment and evaluation.

- Review pain assessment documentation from acute and adapt for community use.
- Task and finish group establishment .

*Well-led*



We are on journey of continuous improvement and will live by our values in learning and improving from this report:

- **Compassionate Care**

The person we care for will be at the centre of all of our improvements.

- **Working Together**

We will work with you, our partners, to take the actions we need to improve.

- **Achieving Ambitions**

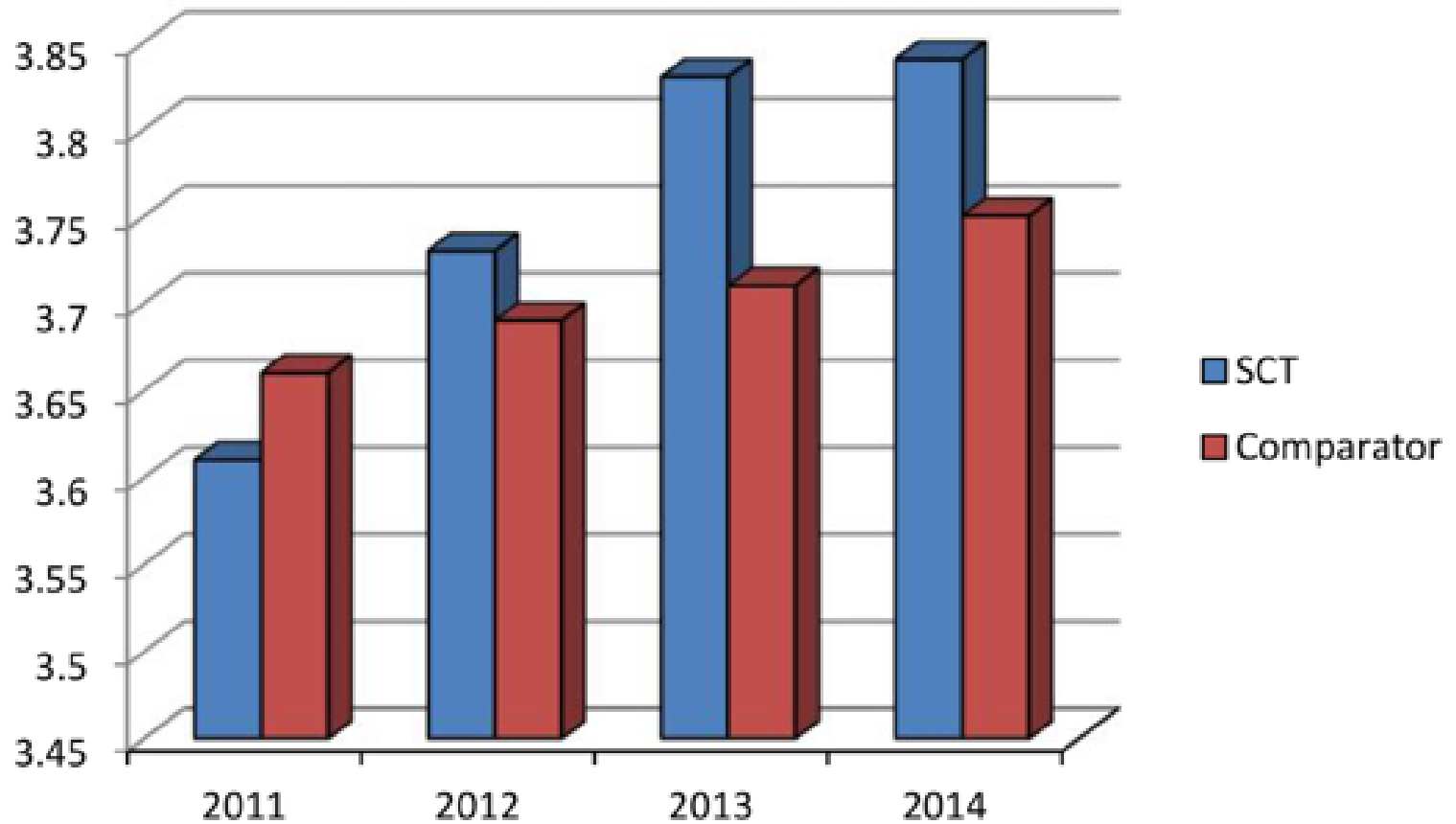
We are working toward outstanding for our patients so this wont be a tick box exercise.

- **Delivering Excellence**

It is our staff working with, and in support of, patients that will deliver excellence – with them we are developing our quality improvement plans.



# Thank you to staff





# CQC Inspection

## *Good rating*



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