@marshall_johnny

The context

- NHS England predicts a **£30bn funding gap** by 2021.
- By 2025, **18 million people** in England will have at least one long-term condition.
- The number of people with **three or more conditions** is expected to rise from 1.9 million to 2.9 million between 2008 and 2018.
- The number of **younger adults with physical sensory impairment** has risen by 7.5 per cent from almost 2.9 million to 3.1 million.
- The population aged 65 and over will grow by 1.92 million between 2012 and 2020.
- The greatest growth is expected in those **aged 85 or older.**
- People in the poorest areas of England will, on average, **die seven years earlier** than people living in the richest areas.
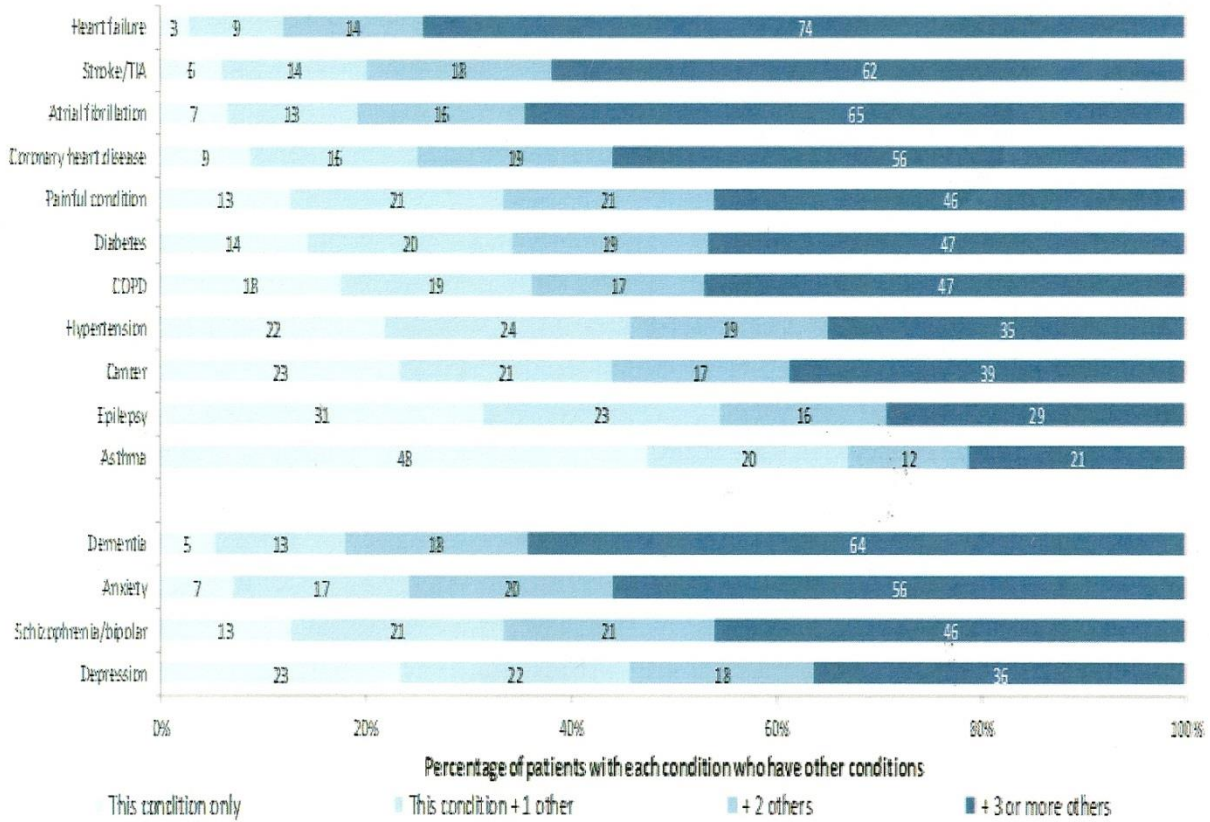
Percentage of patients with each condition who have other conditions

This condition only | This condition + 1 other | + 2 others | + 3 or more others

We are a guest in other people's lives.

We should see people as assets not issues

Our outcomes should be theirs.

We should organise around them and not our professional egos

World Economic Forum

Embrace data and information to transform health and care

Innovate healthcare delivery

Build the healthy cities and countries of the future

Sustainable Health Systems
Visions, Strategies, Critical Uncertainties and Scenarios
A report from the World Economic Forum 2013

Our Purpose

The relief of sickness and the preservation and protection of public health

Our mission

To be the authentic voice of NHS leadership

Our objectives

1) To be a system leader in health and care.

2) To effectively represent organisations that provide, commission and plan NHS and care services:

• with politicians, national bodies and stakeholders

• as the employers organisation with staff and trade unions

• as the voice of the NHS in Europe

3) To support organisations to improve the health of patients and the public

The authentic voice of NHS leadership
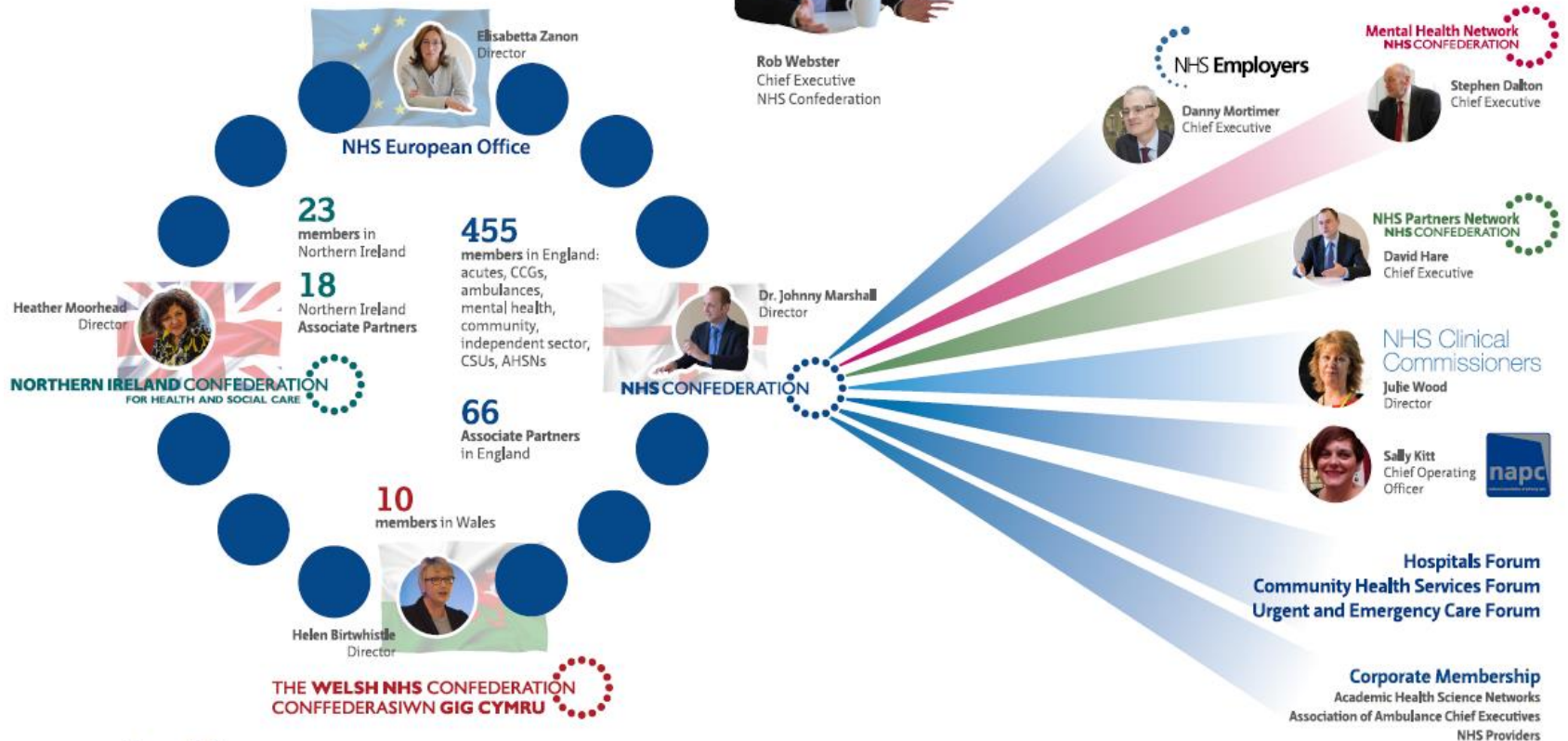
The health & care system from April 2013
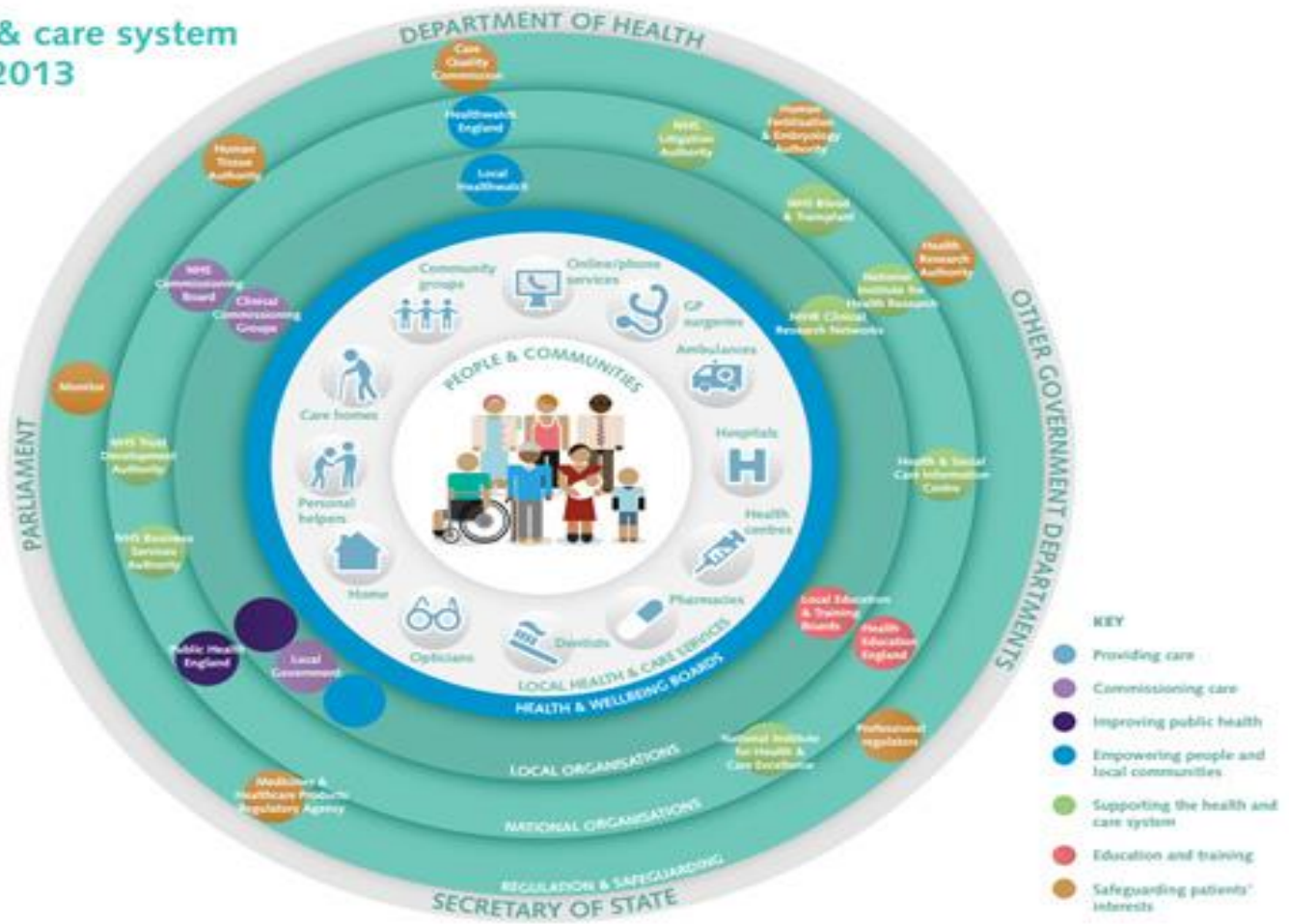
Thank you

@marshall_johnny

@nhsconfed

Can online public feedback help healthcare get better?

James Munro

Patient Opinion

james.munro@patientopinion.org.uk

Berwick Report, August 2013

Recommendation 8

"All organisations should seek out the patient and carer voice as **an essential asset** in monitoring the safety and quality of care."

Keogh Report, July 2013

"Patients, carers and members of the public... should be confident that their **feedback is being listened to** and see **how this is impacting** on their own care and the care of others."

Where the NHS needs to improve

Based on your personal experience of the NHS, which two or three of the following do NHS hospitals most need to improve?

Category	Value
Listening to patients/carers about how services should be improved	40
Quality of medical care patients receive	39
Listening to concerns raised by staff	36
Responding to patients' personal needs	30
Safety of patients in their care	27
Responding to complaints from patients/carers	20
Monitoring/managing staff performance	19
Balancing the books/finances	18
Other	5
Don't know	5

I will be seen as a troublemaker

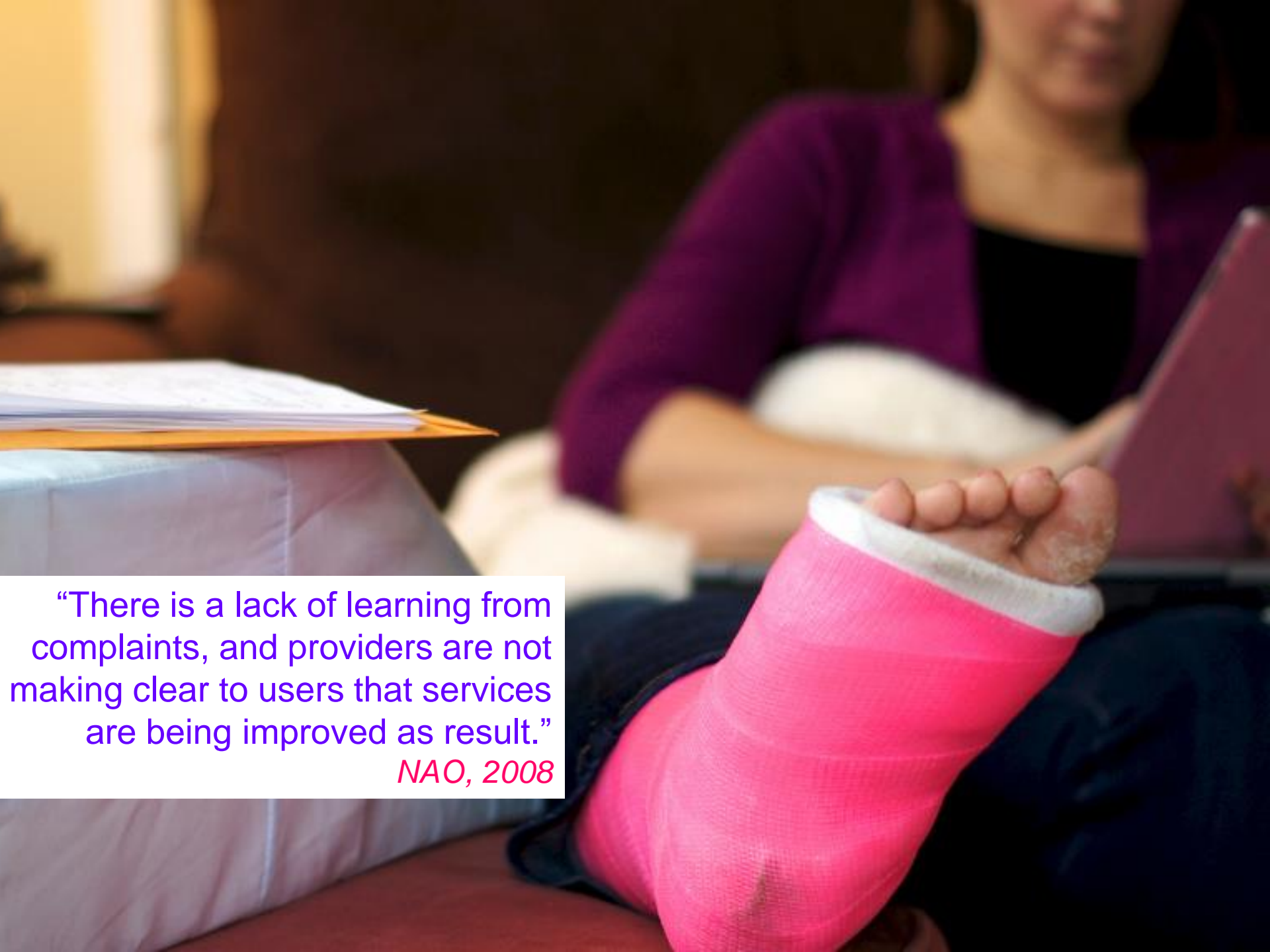"More than half of those who had voiced a concern about poor care felt that their feedback wasn't welcomed"
CQC, 2013

Nothing will be done

"There is a lack of learning from complaints, and providers are not making clear to users that services are being improved as result."
NAO, 2008

Patient Opinion
Every voice matters

An independent site about your experiences of UK health services, *good* or *bad*.
We pass your stories to the right people to make a difference.

▶ *Information for professionals*

Home | *Tell your story* | **About us**

▶ **Search** | Search for stories about...

eg Leeds General Infirmary, heart surgery, depression, S3 8EN

<

>

I made sure my mum could keep in touch

Now the staff know how they helped our family

Your stories help me to keep improving

Featured stories

▶ *View latest stories*

"I still have **not been given an answer** as to why I was not operated on."

STORY READ

experienced by **1** other

About: Forth Valley Royal Hospital / General surgery

"The Mindfulness course facilitators were brilliant and *listened patiently*"

STORY READ

About: Six Degrees Social Enterprise (CIC)

"A very helpful doctor *took the time* to direct us to a local late night pharmacy"

STORY READ

About: Goole & District Hospital (Acute)

Patient Opinion in 2 minutes
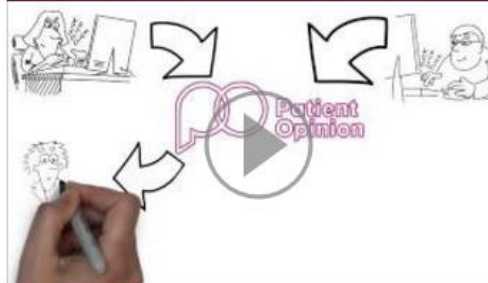
Who's listening to your stories?

128,215 stories told

6,221 staff listening

Who's listening to your stories?

128,215 stories told

6,221 staff listening

In the past month...

73% of stories received a response

5% of responses to concerns led to change

More...

"Professional and caring"

About: Darent Valley Hospital / Accident and emergency

💬 *Posted by [Proud of our NHS](#) (as the patient), 8 months ago*

I had cause to visit the A&E department at Darent ~~Valley~~ with chest pains. I was seen very quickly by the tri~~age~~ blood tests. Thirty minutes later a further ECG was ~~taken~~ tests came within an hour or so.

~~At all times the nurses and the doctor were reass~~

💬 **Response from E-Communications Manager, Dartford and Gravesham NHS Trust** [8 months ago](#)

Thank you for taking the time to write such a glowing review on our Emergency Department. Words such as "Professional", "Caring" and ~~...~~ y to read and are a real boost to our

~~...~~ eling much better and we have taken on board ~~...~~ e floor and bins.

💬 Update posted by [Proud of our NHS](#) (the patient) [8 months ago](#)

I am sorry about the comments regarding the floor and the bin - I actually meant to take them out before I submitted my review but clearly forgot.

Given that my visit was early in Saturday morning after a busy Friday evening I think that a bit of untidiness in the waiting room can and should be forgiven!

Once again my thanks to all the staff who treated me.

~~...~~ onse is helpful

Posted by Smiler61 (as the patient), last month

Response from **Ben Mearns**, Clinical Lead, Acute & Elderly Medicine, Surrey and Sussex Healthcare NHS Trust on 02/02/2014 at 17:25

⟳ We have made a change

...ve my arms and ...r boss my legs ...s disoriented felt

Dear Smiler61

Thanks for that. I'm glad for the clarification and I will make sure our Stroke Lead Consultant goes down to the Emergency

...'t see anybody for ...ctor turned up, I

Update posted by Smiler61 (the patient) on 02/02/2014 at 21:33

CHANGE MADE
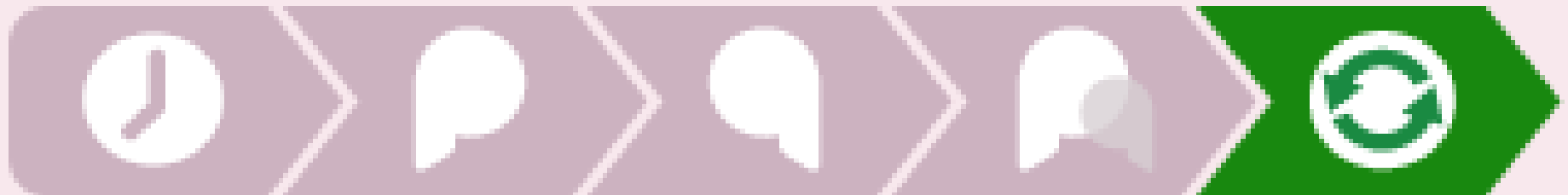
This story led to a change

"Why do we end prescriptions on Fridays?"

Response from Dennis Dewar , PALS Co-ordinator , 5 Boroughs Partnership NHS Trust on 18/01/2011 at 09:37

Thanks for taking the time to make us aware of this problem.

CHANGE MADE

This story led to a change

Activity

3 other people have had similar experiences

17 staff members have read this story

- ▶ 2 at Devon Partnership NHS Trust
- ▶ 3 at Healthwatch Devon
- ▶ 5 at NHS South Devon and Torbay CCG
- ▶ 5 at NHS South Devon and Torbay CCG (joint commissioner for mental health)
- ▶ 1 at NHS England - Devon & Cornwall Area Team
- ▶ 1 at Department of Health, Quality Improvement Team

Who has Patient Opinion told about this story?

Ben Mearns
@BenMearns

@patientopinion @paulhodgkin @sashnhs People think it's stressful for us, but it removes stress as everything is out there for all to see.

↩ Reply   ⟳ Retweeted   ★ Favorite   ••• More

RETWEET
1

2:30 PM - 12 Jan 2014

YOUR STORIES MAKE ME BETTER AT MY JOB

"At times it also helps to actually reduce complaints. We can get in touch with a user straight away and we can avoid a lengthy complaint response."

Dr Arne Rose, associate medical director, HEFT

Dear Craig

Thank you for your response confirming the service is working towards making improvements and reflecting on the issues I raised. I just wanted to note how positive and constructive an experience I felt the meeting with the meeting with the Clinical Director was. My partner and I were able to make suggestions around changes which I believe will be relatively simple and inexpensive to implement.

This experience and the way my comments have been handled have been the complete opposite to my experience of making a formal complaint about a previous issue with another service.

I would encourage any patient who wants to work with staff to engender positive changes for others to use Patient Opinion and bypass the stressful and adversarial complaints process.

Once again, thank you for taking the time to listen and act upon my story.

Berwick on culture

"Achieving a vastly safer NHS will depend far more on major cultural change than on a new regulatory regime."

Nottinghamshire Healthcare NHS Trust (Derbyshire and Nottinghamshire)

Activity

2,688 stories told

805 staff listening at this nhs trust

176 stories have led to changes

▶ *Tell your story – make a difference*

"I think Patient Opinion has given us much more of a connection with service users, carers and families and that's because we can actually work directly with people."

Jane Danforth involvement officer

"More than just listening, it has helped us to focus on what we can change to improve our service.

We've learnt that Patient Opinion gives patients a powerful voice, which in turn has empowered us."

Lisa Metcalf podiatrist

Involvement Team
@InvolveT1

Following

Sharing stories @patientopinion has changed the culture of the Trust for the better. Staff own their own #feedback

Notts Healthcare @NottsHealthcare

No one gets it right all of the time, but it's important to be open and act on feedback.
twitter.com/jamesfm55/stat…

RETWEETS
4

FAVORITES
2

4:15 PM - 6 Oct 2015

Activity

4 staff members have read this story

27 learners have read this story

▶ 22 at Plymouth University adult nursing BSc (9-2013-p)

▶ 5 at Plymouth University mental health nursing BSc (9-2014)

Who has Patient Opinion told about this story?

Patient stories can offer students opportunities to gain insight into how care affects their patients' experiences, and to reflect and learn from this

Using patient storytelling in nurse education

In this article...
> **The value of storytelling in nurse education**
> **Using the Patient Opinion website to provide patient feedback**
> **Analysis of two patient stories**

5 key points

1 Storytelling has been used for centuries to pass on wisdom

2 Patient stories can help students improve their understanding and problem-solving abilities

3 Stories enable practitioners to identify what is most important to patients

Author Fiona Tevendale is third-year student nurse at the University of Edinburgh; Dorothy Armstrong is visiting fellow at the University of Edinburgh and professional adviser to the Scottish Public Services Ombudsman.
Abstract Tevendale F, Armstrong D (2015) Using patient storytelling in nurse education. *Nursing Times*; 111: 6, 15-17. Patient stories have a range of benefits in

Using stories in teaching is empowering because they enable learners to reframe experiences and shift their perspective to focus on details or take an overall view. Stories, including those on Patient Opinion, can challenge us and encourage new learning and discovery (Owen, 2004).

Traditionally, storytelling has been used for centuries to pass on wisdom; this suggests stories would be valuable in nurse

The world is changing – fast

Old world	New world
Hierarchy	Network
Broadcast	Conversation
Hiding	Sharing
Few	Many
Closed	Open
Passive recipients	Active participants

Alan Greene
@DrGreene

The biggest innovation in healthcare? Not tech. People talking with and listening to each other. @SusannahFox #health2con

← Reply   ⟲ Retweeted   ★ Favorite   ••• More

43
RETWEETS

21
FAVORITES

12:57 AM - 2 Oct 13

YOUR STORIES HELP US KNOW WHAT MAKES A DIFFERENCE

Barbara, colorectal nurse specialist
Northumbria

Compassion in quality – the nursing view

Sarah Elliott
Regional Chief Nurse (South)

29 October 2015

Proud to Care

NHS England

"The NHS belongs to us all. It is there to improve our health and well-being, support us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.

It works at the limits of science - bringing the highest levels of human knowledge and skill to save lives and improve health.

It touches our lives at times of basic human need, when care and compassion are what matter most."

The future is in our hands…

THE NHS CONSTITUTION
the NHS belongs to us all
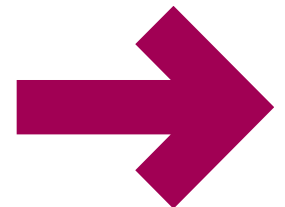
Quality

- Patient experience

- Clinical effectiveness

- Patient safety
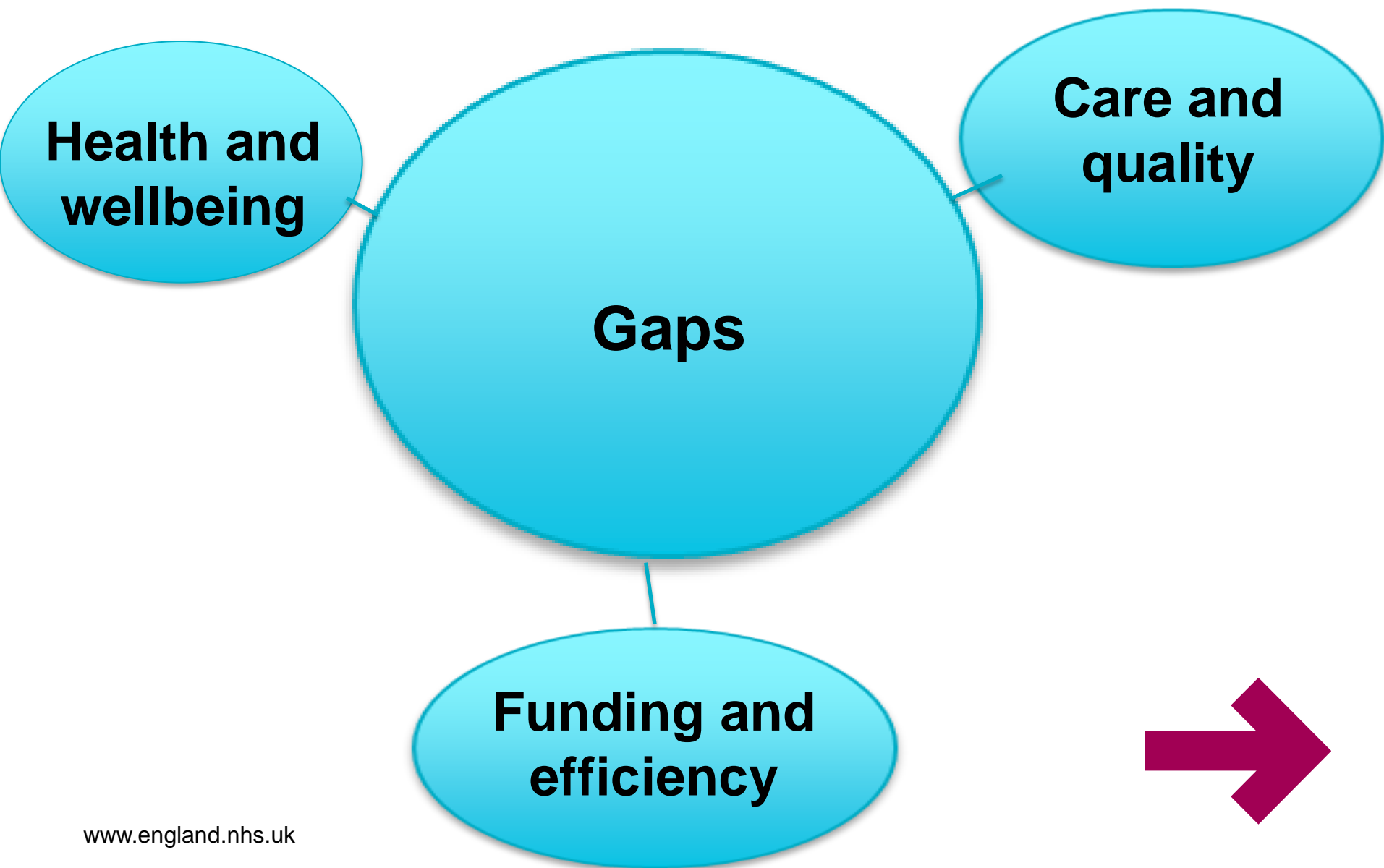
What we know

- Meeting the health and care needs of people in their local communities will require a different approach

- Ageing population requires an emphasis on frailty

- Needs of communities changing – secondary prevention

- Need to engage and mobilise Community and Primary Care Nursing

- Partnership approach required

50 vanguards developing their visions locally

NHS

|	Integrated primary and acute care systems (PACS) vanguards
1	Wirral Partners
2	Mid Nottinghamshire Better Together
3	South Somerset Symphony Programme
4	Northumberland Accountable Care Organisation
5	Salford Together
6	Better Care Together (Morecambe Bay Health Community)
7	North East Hampshire and Farnham
8	Harrogate and Rural District Clinical Commissioning Group
9	My Life a Full Life (Isle of Wight)
	Multispecialty community providers (MCPs) vanguards
10	Calderdale Health and Social Care Economy
11	Erewash Multispecialty Community Provider
12	Fylde Coast Local Health Economy
13	Vitality (Birmingham and Sandwell)
14	West Wakefield Health and Wellbeing Ltd
15	Better Health and Care for Sunderland
16	Dudley Multispecialty Community Provider
17	Whitstable Medical Practice
18	Stockport Together
19	Tower Hamlets Integrated Provider Partnership
20	Better Local Care (Southern Hampshire)
21	West Cheshire Way
22	Lakeside Surgeries (Northamptonshire)
23	Principia Partners in Health (Southern Nottinghamshire)
	Enhanced health in care home vanguards
24	Connecting Care – Wakefield District
25	Gateshead Care Home Project
26	East and North Hertfordshire Clinical Commissioning Group
27	Nottingham City Clinical Commissioning Group
28	Sutton Homes of Care
29	Airedale and partners
	Urgent and emergency care (UEC) vanguards
30	Greater Nottingham Strategic Resilience Group
31	Cambridgeshire and Peterborough Clinical Commissioning Group
32	North East Urgent Care Network
33	Barking & Dagenham, Havering & Redbridge System Resilience Group
34	West Yorkshire Urgent and Emergency Care Network
35	Leicester, Leicestershire & Rutland System Resilience Group
36	Solihull Together for Better Lives
37	South Devon and Torbay System Resilience Group

|	Acute care collaboration (ACC) vanguards
38	Salford and Wigan Foundation Chain
39	Northumbria Foundation Group
40	Royal Free London
41	Dartford and Gravesham
42	Moorfields
43	National Orthopaedic Alliance
44	The Neuro Network (The Walton Centre, Liverpool)
45	MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
46	Cheshire and Merseyside Women's and Children Services
47	The Royal Marsden, Manchester Cancer and UCLH
48	East Midlands Radiology Consortium (EMRAD)
49	Developing 'One NHS' in Dorset
50	Working Together Partnership (South Yorkshire, North Derbyshire and Mid Yorkshire)

Principles for developing vanguard models

Traditional care	Triple Aim Care
'Visit' – 'Admission'	Move knowledge, not people
What is the matter with you?	What matters to you?
Use professional capacities	Use all available skills and resources
Add….	Simplify….
Standardize	Individualize treatment
Specialization above all	Co-operate above all
Inside the building	Outside the building
Professionals design and deliver	Co-design and co-production
Assume need…..grow revenue	Assume abundance…return the money
Cure illness	Create well-being

What will success look like?

- Nationally replicable models

- More accessible, more responsive and more effective health, care and support services

- Fewer trips to hospitals

- Care closer to home

- Better co-ordinated support

- 24/7 access to information and advice

- Access to urgent help easily and effectively, seven days a week

NHS England
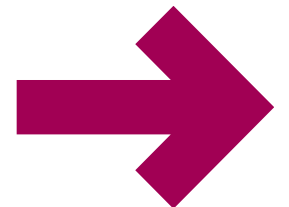
Efficiency without quality is unthinkable, quality without efficiency is unsustainable

Compassion in Practice

An alternative guide to the new NHS in England

‘Culture of Care’ Barometer

NHS England

Building and Strengthening Leadership

Leading with Compassion

November 2014

How to ensure the right people, with the right skills, are in the right place at the right time

A guide to nursing, midwifery and care staffing capacity and capability

THE CARE CERTIFICATE

DRAW THE LINE
RAISING CONCERNS
TOGETHER WE CAN MAKE A DIFFERENCE

Values essential to compassionate care

Using the 6Cs

NHS England
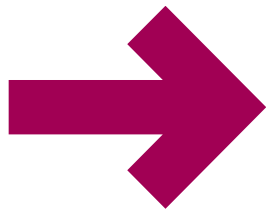
Care
- Politeness, empathy, understanding and sincerity are key
- Staff need to have time to care (reduce paperwork)
- Effective and improved discharge is really important for patients

Compassion
- Treat patients as you would your relatives
- Continuity of care is important
- Non judgemental and view mental health issues from the patient's perspective

Courage
- Staff should know how to raise concerns and feel empowered to do this
- Strong leadership and set high standards
- Embrace change and push boundaries

Commitment
- Openness and transparency with patients and visitors
- Putting patients first
- Staff need to feel supported and valued

Competence
- Patients should feel confident and safe with staff
- Staff will listen to patients and understand individual mental health needs
- Protected education and development time for staff

Communication
- Positive recovery focused interactions
- Involve patients and carers in planning care
- 'I want nurses to listen to me and understand my point of view'

STUDENT PARAMEDIC

#MakeADifference   #StudentParamedic

www.england.nhs.uk

Leadership

Innovative leadership in action

- Approximately 90% of prisoners at HMP Maidstone smoked.
- 276 patients screened
- The consequences were detrimental to quality of life and a significant financial burden to the NHS.
- The cost per A&E visit from a prison is £1,139.57 due to technicalities involved with moving prisoners.

Leaders of today

Leaders of tomorrow

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." - Maya Angelou

Thank you!

Assessing quality in the NHS in England - data, inspection and rating

Professor Sir Mike Richards
Chief Inspector of Hospitals

October 2015

Overview

- CQC's role and purpose

- Our approach to inspecting quality of care in hospitals

- What we have found so far

- How CQC can help drive quality improvement

- Extending CQC's role to include assessment of use of resources

Our purpose and role

CareQuality Commission

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care
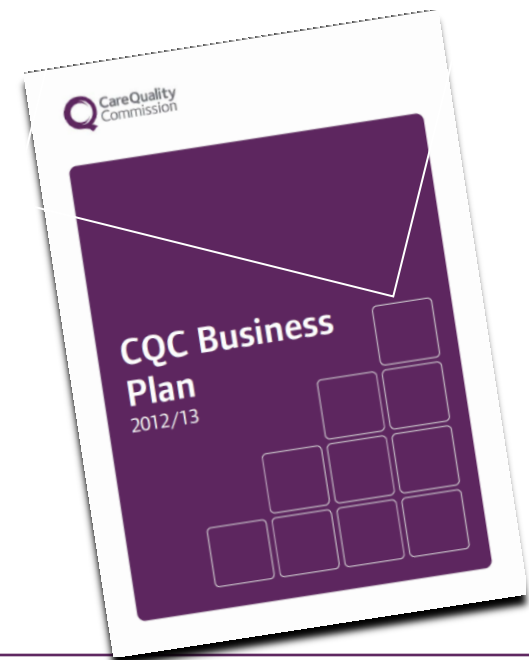
Our New Approach

We ask these questions of all services:

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive?

- Is it well led?

CQC's 5 key questions

Safe? Are people protected from abuse and avoidable harm?

Effective? Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?

Caring? Do staff involve and treat people with compassion, kindness, dignity and respect?

Responsive? Are services organised so that they meet people's needs?

Well-led? Leadership? Vision and strategy? Governance? Staff culture? Patient and public engagement? Awareness and handling of problems? Board to ward connectivity?

Care Quality Commission

A new approach: Why?

- Previous CQC inspections

  - Missed important problems

  - Focused on compliance vs non-compliance

  - Did not give a picture of overall quality of care

  - Were undertaken largely by 'generic' inspectors without expert clinical input

  - Did not command confidence (e.g. from providers)

  - But … had good elements (e.g. evidence gathering)

Comprehensive Surveillance (1)

- Helps CQC to identify hospitals / trusts which are at high / low risk of delivering poor quality care

- Assists CQC in prioritising inspections

- is NOT used alone to form judgements

Comprehensive surveillance (2)

CQC monitors multiple national data sources including

- Safety: Infection rates (MRSA; c diff); incident reporting; "never events"

- Effectiveness: Mortality and national clinical audits

- Caring: Patient surveys – Inpatients; A+E; maternity; children & young people; cancer)

- Responsive: Performance targets (e.g. waiting times); Patient complaints

- Well-led: NHS staff survey; GMC national trainee survey; concerns raised by staff

Our approach: Hospitals

CareQuality Commission

3 Phases

1. Pre-inspection:
   - Selection of trusts
   - Planning
   - Datapack
   - Recruitment of teams

2. Inspection:
   - Large team (30+ people)
   - 8 core services
   - 5 key questions
   - Public listening event
   - Visits to clinical areas
   - Staff focus groups
   - Interviews with senior managers
   - Announced and unannounced visits

3. Post-inspection:
   - Report writing
   - Confirmation of ratings
   - Quality Summit

Why do we need intelligence and inspection to form a judgement?

CareQuality
Commission

Safety

	Contribution of	
	Intelligence	Inspection
• Incidents (recording and learning)	✓	✓
• Cleanliness and infection control	✓	✓
• Equipment and environment	-	✓
• Medicines management	-	✓
• Records	-	✓
• Safeguarding	-	✓
• Mandatory training [NB could be requested prior to inspection]	-	✓
• Managing deteriorating patients	-	✓
• Nurse staffing	✓	✓
• Medical staffing (currently)	-	✓

8 Core Services

Care Quality Commission

- The following 8 core services will always be inspected:

  1. Urgent and emergency services
  2. Medical care, including frail elderly
  3. Surgical care, including theatres
  4. Critical care
  5. Maternity and gynaecology
  6. Children and young people
  7. End of Life Care
  8. Outpatients and diagnostic imaging

- We will also assess other services if there are concerns (e.g. from complaints or from focus groups)

Ratings

Care Quality Commission

- We rate each service on each of the five key questions (Safe? Effective? Caring? Responsive? Well led?)

- 4 point scale:

Outstanding
Good
Requires Improvement
Inadequate

Trust X ratings grid

Hospital location A

	Safe	Effective	Caring	Responsive	Well-led		Overall
Accident and emergency	Good	Good	Good	Requires Improvement	Good		Good
Medical care (including older people's care)	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement		Requires Improvement
Surgery	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement		Requires Improvement
Intensive / critical care	Requires Improvement	Good	Outstanding	Requires Improvement	Requires Improvement		Requires Improvement
Maternity and family planning	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement		Requires Improvement
Services for children and young people	Good	Good	Good	Good	Good		Good
End of life care	Good	Good	Good	Outstanding	Good		Good
Outpatients	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement		Requires Improvement
Overall	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement		Requires Improvement

Overall provider rating

	Safe	Effective	Caring	Responsive	Well-led	Overall trust rating
Trust by key question	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

What have we done so far?

Care Quality Commission

We have inspected:

- Over 70% of acute trusts

- Over 70% of mental health trusts

- Over 80% of standalone Community Health services

- 4 out of 10 large ambulance trusts

Inspections of independent sector hospitals have been piloted

Key findings: Variation

- The degree of variation between the best and the worst is large and unacceptable

- There is variation

  - Between trusts

  - Between services within a trust

  - Within individual services (e.g. one ward may be inadequate, while others are functioning well)

Frimley Park NHS Foundation Trust 2014

	Safe	Effective	Caring	Responsive	Well-led		Overall
Accident and emergency	Outstanding	Inspected but not rated	Good	Outstanding	Outstanding		Outstanding
Medical care (including older people's care)	Good	Good	Outstanding	Outstanding	Outstanding		Outstanding
Surgery	Good	Good	Good	Outstanding	Outstanding		Outstanding
Intensive / critical care	Outstanding	Good	Outstanding	Good	Outstanding		Outstanding
Maternity and family planning	Good	Good	Good	Good	Good		Good
Services for children and young people	Requires Improvement	Good	Outstanding	Good	Good		Good
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding		Outstanding
Outpatients	Good	Inspected but not rated	Good	Outstanding	Good		Good
Overall	Good	Good	Outstanding	Outstanding	Outstanding		Outstanding

Wexham Park Hospital 2014

	Safe	Effective	Caring	Responsive	Well-led		Overall
Accident and emergency	Requires Improvement	Inspected but not rated	Requires Improvement	Inadequate	Requires Improvement		Requires Improvement
Medical care (including older people's care)	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement		Inadequate
Surgery	Inadequate	Good	Requires Improvement	Inadequate	Inadequate		Inadequate
Intensive / critical care	Good	Good	Good	Requires Improvement	Good		Good
Maternity and family planning	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate		Inadequate
Services for children and young people	Good	Good	Good	Good	Good		Good
End of life care	Requires Improvement	Good	Good	Requires Improvement	Good		Requires Improvement
Outpatients	Requires Improvement	Inspected but not rated	Good	Inadequate	Requires Improvement		Requires Improvement
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate		Inadequate

Variation between Community Trusts

Birmingham

	Safe	Effective	Caring	Responsive	Well-led		Overall
Adults – long term conditions	Good	Good	Good	Good	Good		Good
Children's and Family services	Good	Good	Good	Requires improvement	Good		Good
Inpatient services	Good	Requires improvement	Good	Good	Good		Good
End of life care	Good	Good	Outstanding	Good	Good		Good
Other service: Dental	Good	Good	Good	Good	Good		Good
Other services: Learning disability	Good	Good	Good	Good	Good		Good
Overall	Good	Good	Good	Good	Good		Good

Liverpool

	Safe	Effective	Caring	Responsive	Well-led		Overall
Adults – long term conditions	Good	Requires improvement	Good	Requires improvement	Requires improvement		Requires improvement
Children's and Family services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement		Requires improvement
Inpatient services	Good	Requires improvement	Good	Requires improvement	Requires improvement		Requires improvement
End of life care	Good	Good	Good	Good	Requires improvement		Good
Other services: Walk-in Centres	Good	Good	Good	Good	Requires improvement		Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement		Requires improvement

Variation between Mental Health Trusts

Nottinghamshire Healthcare NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental Health Inpatient Services	Good	Good	Good	Good	Good	Good
Services for adults	Good	Good	Good	Requires Improvement	Good	Good
Services for Children & Young People and Families	Requires Improvement	Good	Good	Good	Good	Good
End of Life Care	Good	Good	Good	Good	Good	Good
PICU & Health Based Places of Safety	Good	Good	Requires Improvement	Good	Good	Good
Rapid Response Liaison Psychiatry	Good	Good	Good	Good	Good	Good
Services for Older People	Good	Good	Outstanding	Good	Good	Good
Services for people with LD or Autism	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Specialist eating disorder service	Good	Good	Good	Good	Good	Good
Crisis Resolution & Community-based crisis services	Good	Good	Good	Good	Good	Good
Perinatal services	Good	Good	Good	Good	Good	Good
Long Stay Services	Requires Improvement	Good	Good	Good	Good	Good
Forensic Services	Good	Good	Good	Good	Good	Good
CAMHS	Requires Improvement	Good	Good	Good	Good	Good
Adult Community based services	Requires Improvement	Good	Good	Good	Good	Good
Acute admission wards	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Outstanding	Good	Good	Good

Norfolk & Suffolk NHS FT

	Safe	Effective	Caring	Responsive	Well-led	Overall
Adult acute wards & PICU's	Inadequate	Requires Improvement	Good	Inadequate	Inadequate	Inadequate
Adult long stay / rehabilitation wards	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Forensic inpatient / secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
CAMHS	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement	Requires Improvement
Wards for people with a learning disability or autism	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Adult community-based services	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Community-based crisis services & HBPoS	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Specialist community-based services for children & young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based services for older people	Requires Improvement	Good	Good	Inadequate	Requires Improvement	Requires Improvement
Community-based services for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

Overall ratings at trust level

NHS Acute trusts

	% (approx)
Outstanding	**2%**
Good	**18%**
Requires Improvement	**70%**
Inadequate	**10%**

Key Findings: Compassionate care

Care Quality Commission

- Compassionate care is alive and well in the NHS in all trusts inspected

- In a relatively small number of individual services or wards we have found that the standard of care is not as good as it should be. This largely relates to wards that were understaffed especially those for the frail elderly or "escalation" wards (e.g. those opened in response to Winter pressures)

Key Findings: Culture

- Culture may be difficult to define but relatively easy to recognise

- The staff survey and staff sickness levels give a good indication of culture, which can then be explored at focus groups

- In several trusts we have seen a truly open and learning culture, with very positive views from staff about the leadership of the trust – these trusts have generally performed well across all or most of the core services

- In contrast, we have observed some trusts with a 'them and us' culture between clinicians and managers

- Culture can be improved and this does not necessarily take decades!

How can CQC help to drive improvement? (1)

- Influence of ratings
  - Patient choice (e.g. maternity)
  - Provider reputation
  - Providers are required to display ratings in prominent places

- Enforcement action
  - "Requirements" (Compliance Actions)
  - Warning Notices
  - Changes to registration (including conditions or ceasing)
  - Prosecution

How can CQC help to drive improvement? (2)

- Special Measures

  - New regime, introduced in July 2013

  - Recognises that some Trusts have both

    - Inadequate quality (safe, effective, caring, responsive) and
    - Leadership that is unlikely to be able to deliver high quality care ("Good") within a reasonable timeframe.

  - CQC recommends special measures to Monitor or the NHS Trust Development Authority

  - Trusts in special measures receive additional support (e.g. buddying)

  - Special measures **may** lead to changes in senior management

  - CQC re-inspects to recommend whether trusts come out of special measures

- A report from Dr Foster has shown that decreases in mortality have been faster in the first 11 trusts to be placed in Special Measures than for the country as a whole

Special Measures

- 24 trusts / FTs have been placed in Special Measures between July 2013 and October 2015

  - 11 following Keogh reviews of 14 NHS trusts with high mortality in early 2013

  - 13 subsequently on the recommendation of the Chief Inspector of Hospitals

- 10 trusts have now exited Special Measures with further decisions pending

United Lincolnshire Hospital Trust (1)

CareQuality Commission

July 2014

Our ratings for Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Outstanding	Good	Good
Maternity & Family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Inadequate	Not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

March 2015

Our ratings for Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Outstanding	Good	Good
Maternity & Family planning	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

How can CQC drive improvement? (3)

CareQuality Commission

- CQC is NOT an improvement agency but is an agent for improvement

- We work with others to drive improvement
  - Providers
  - Commissioners
  - NHS Improvement (Monitor/TDA)
  - Professionals
  - Patients

Reflections after 2 years

- The CQC's new approach is more robust and credible than that previously used

- Providers tell us so
  - An independent evaluation (Prof K. Walshe) has confirmed this

- We are still on a learning curve. Our recent inspections are much better than those in the first 6 months.

- Consistency is the greatest challenge, particularly as judgement is required to synthesise all the evidence

How do we ensure consistency?

- Recruiting good teams (clinicians, managers, inspectors, experts by experience)

- Training

- Consistent methodology: KLOEs and subheadings

- National quality assurance group

- Factual accuracy checks

Extending CQC's remit

- The Secretary of State for Health has asked CQC to assess the use of resources by NHS Trusts/FTs

- We are currently developing our thinking on this

- We will build on the work being undertaken by Lord Carter

- We will pilot our approach from April 2016 onwards

Summary

- The new inspection programme has come a long way in the past 2 years

- It is undoubtedly better than the model it has replaced

- We can and must continue to improve

- We will now extend our role to include use of resources

- We are also considering other improvements to our assessment methodology and will consult on this over the next few months