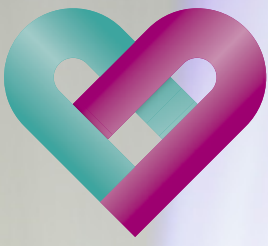




# CQC Inspection

Your guide to the inspection process



Together

*“Together, we work hard to continuously improve the quality of care, treatment and services we provide to our patients.”*



## Our mission is to provide excellent care with compassion

The quality of our services is checked regularly by the Care Quality Commission (CQC) when they visit our hospitals to carry out reviews and inspections. A CQC inspection is a great opportunity to demonstrate the excellent work you do, every day, to provide the highest standards of care. The purpose of this booklet is to equip you with information about Lancashire Teaching Hospitals and help you understand and demonstrate our vision and values, and the context in which you contribute to excellent care with compassion.

### Your Executive Team

 <b>Kevin McGee</b> Chief Executive	 <b>Jonathan Wood</b> Deputy Chief Executive & Finance Director	 <b>Gerry Skailles</b> Medical Director	 <b>Sarah Cullen</b> Nursing, Midwifery & AHP Director	 <b>Karen Swindley</b> Workforce & Education Director	 <b>Faith Button</b> Chief Operations Officer
 <b>Ailsa Brotherton</b> Director of Continuous Improvement	 <b>Naomi Duggan</b> Director of Communications and Engagement	 <b>Gary Doherty</b> Director of Strategy	 <b>Stephen Dobson</b> Chief Information	 <b>In Recruitment</b> Company Secretary	

### About Lancashire Teaching Hospitals NHS Foundation Trust

We aim to provide outstanding healthcare for our local communities, together with the highest standard of specialised services for patients in Lancashire and South Cumbria. As one of the top hospital research centres in the UK, we lead clinical trials and studies that will improve the health and life expectancy of this and future generations. We promote and value innovation, and embrace new ways of working, emerging technologies, and pioneering practice. Our Continuous Improvement ethos, encourages and supports colleagues to identify and implement better ways of working, while our Always Safety First strategy sets out our vision and plan to have highly reliable systems and processes in place to reduce the risk of harm and promote a safety culture. Our world-class teaching facilities and award-winning education teams are growing the healthcare workforce of the future, and supporting every member of our team to develop and flourish.

# Our Big Plan

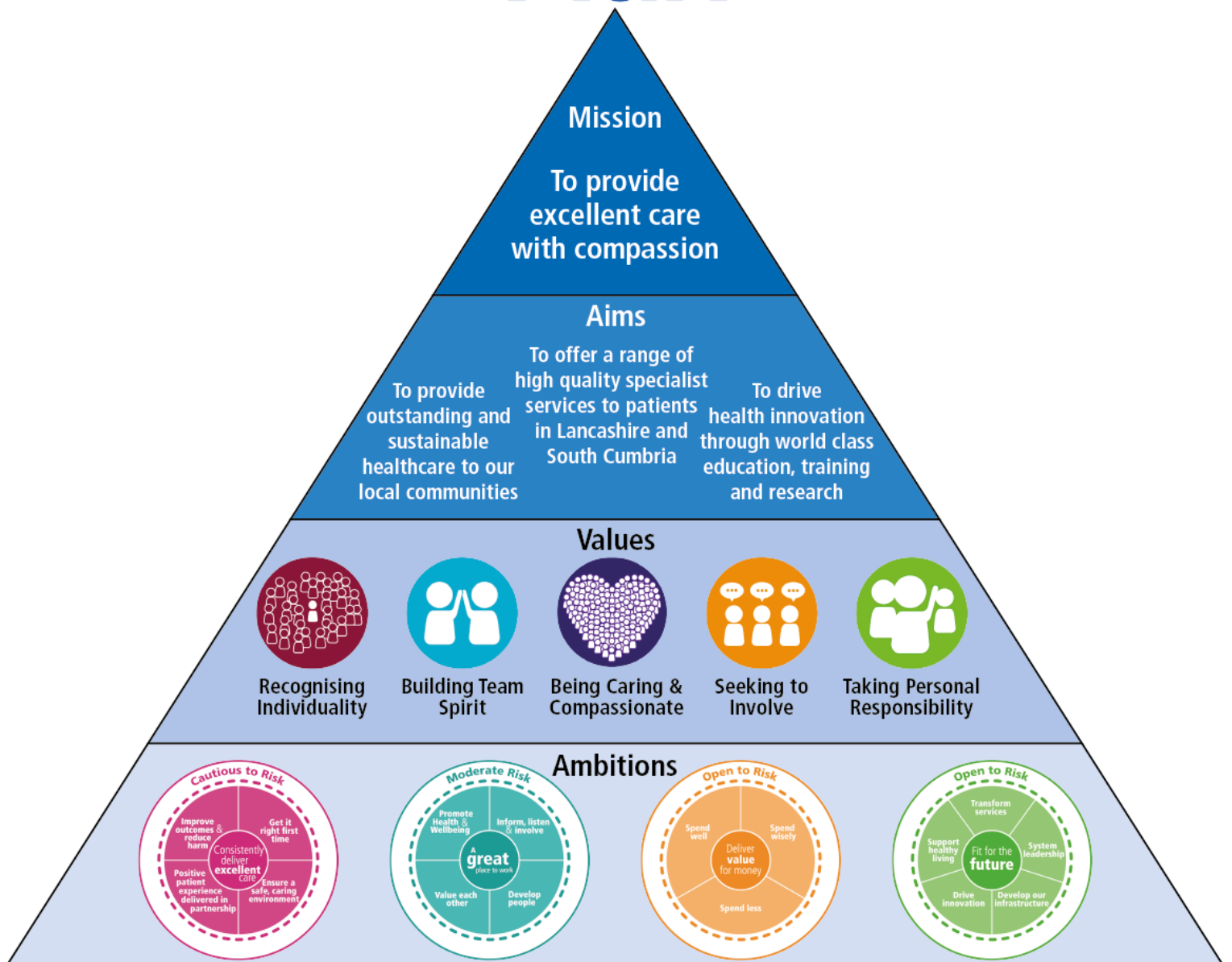
Our Big Plan sets out our strategic direction, and our aims are to:

Provide outstanding healthcare to our local communities.

Offer a range of high quality specialised services to patients in Lancashire and South Cumbria.

Drive innovation through world-class education, training and research.

We have four ambitions, and set goals every year to drive progress towards achieving our aims and mission.



# Our Values

Our values define the standard of behaviour we expect, from every single member of staff, in every interaction.



## Being caring and compassionate

Being caring and compassionate is at the heart of everything we do, we will understand what each person needs and strive to make a positive difference in whatever way we can.



## Recognising individuality

We appreciate differences, making staff and patients feel respected and valued.



## Seeking to involve

We will actively get involved and encourage others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service.



## Building team spirit

We will work together as one team with shared goals doing what it takes to provide the best possible service.



## Taking personal responsibility

We are each accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of.

# Our Services

**We provide general hospital services to our local population, including:**

- Anaesthetics.
- 24-hour emergency department facilities.
- Child health.
- Ear, nose and throat surgery.
- General medicine, including elderly care.
- General surgery and urology.
- Gynaecology.
- Intensive, high dependency and coronary care units.
- Maternity services.
- Ophthalmology.
- Oral and maxilla-facial surgery.
- Orthopaedics.
- Rehabilitation services. Support services for diagnosis and treatment, such as pathology, x-ray, physiotherapy, occupational therapy and specialist nurse.

**We are also proud to provide specialised tertiary services for 1.5million people in Lancashire and South Cumbria:**

- Adult Allergy & Clinical Immunology
- Cancer (including radiotherapy, drug therapies and cancer surgery)
- Disablement services such as artificial limbs and wheelchairs
- Major Trauma
- Neurosurgery and Neurology (brain surgery and nervous system diseases)
- Renal (kidney diseases)
- Vascular

**We provide services from Chorley & South Ribble Hospital, Royal Preston Hospital and the Specialist Mobility & Rehabilitation Centre as well as from a number of locations throughout Lancashire and South Cumbria.**

# Our Board

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## Executive Directors



**Kevin McGee**  
Chief Executive



**Jonathan Wood**  
Deputy Chief Executive  
& Finance Director



**Karen Swindley**  
Workforce & Education  
Director



**Dr Gerry Skailes**  
Medical Director



**Sarah Cullen**  
Nursing, Midwifery  
& AHP Director



**Faith Button**  
Chief Operating Officer

## Non-Executive Directors



**Prof. Ebrahim Adia**  
Chair



**Tim Watkinson**  
Vice Chair



**Paul O'Neill**  
Non-Executive Director



**Kate Smyth**  
Non-Executive Director



**Jim Whitaker**  
Non Executive Director



**Tricia Whiteside**  
Non-Executive Director



**Ann Pennell**  
Non Executive Director



**Victoria Croken**  
Non-Executive Director

## Directors in attendance at Board



**Ailsa Brotherton**  
Director of Continuous  
Improvement



**Stephen Dobson**  
Chief Information Officer



**Gary Doherty**  
Director of Strategy



**Naomi Duggan**  
Director of Communications  
& Engagement



**In recruitment**  
Company Secretary

# About the Care Quality Commission (CQC)

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As our regulator, the CQC's role is to ensure that patients receive safe, effective, compassionate, high-quality care.

You can find out more about what they do at [www.cqc.org.uk](http://www.cqc.org.uk)

The CQC monitors, inspects and regulates services to make sure that they meet fundamental standards of quality and safety. It publishes its findings, including performance ratings, to help people choose the best place for their care.

Providers of health and care services are regularly inspected. Whenever we have an inspection, it is a great opportunity to showcase all the fantastic work we do, demonstrate we know where we need to improve and describe what we are doing about it.

A CQC inspection is not about finding fault. It is an objective view of the quality of services we provide, so that we can learn and improve. There are six questions (or Key Lines of Enquiry) they will ask about our services:

**Are they safe?**

**Are they effective?**

**Are they caring?**

**Are they responsive?**

**Are they well-led?**

**Are our resources used effectively or efficiently?**

You shouldn't be nervous about talking to inspectors; an inspection should be a positive and informative process for everyone.

It is an opportunity for you to share your story and a chance to tell the CQC what a fantastic job we do here for our patients.

It is also an opportunity to describe how we have used feedback from patients to improve our services, and how we are managing the challenges our services face in a positive and constructive way.

Whatever your role, you are a vital part of the team delivering excellent care with compassion.

## CQC Rating

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Following an inspection, the CQC will give one of four ratings:

**Outstanding:**

The service is performing extremely well.

**Good:**

The service is performing well and meeting expectations.

**Requires Improvement:**

The service isn't performing as well as it should and the CQC have told the service how it must improve.

**Inadequate:**


The service is performing badly and the CQC have taken action against the person or organisation that runs it.

The rating we receive is important as this tells our patients, their families and carers what they can expect when accessing our services.

# How the CQC rated us last time:

Our current CQC rating is: Requires Improvement.

We have made excellent progress to improve the quality of care we provide since our last inspection, and are working towards delivering **Good** and ultimately, **Outstanding** care.



Overall Requires improvement Road overall summary	Safe	Requires improvement
	Effective	Requires improvement
	Caring	Good
	Responsive	Requires improvement
	Well-led	Good

## What has changed since the last inspection?

The last time Lancashire Teaching Hospitals was inspected by the CQC was before the Covid-19 pandemic. The Trust has seen numerous changes since then, with strategic developments driven by findings from the last inspection taking place alongside operational changes prompted by our ongoing response to the pandemic. Key developments include:

### Always Safety First

Always Safety First is our response to the national patient safety strategy and sets out our vision and plan to have highly reliable systems and processes in place to reduce the risk of harm and promote a safety culture.

Our Always Safety First strategy was launched in 2021 and has a number of key priorities, including:

- Equipping patients, staff and partners with the skills and opportunities to improve patient safety.
- Introducing the concept of Safety 2 to the way we work, understanding and learning from processes that we know usually go right alongside our existing 'Safety 1' approach which considers insight and learning from when things go wrong.
- Designing and supporting programmes to deliver effective and sustainable change.

Some highlights from our Always Safety First programmes of work have been strong progress in the prevention of pressure ulcers across our collaborative wards, improved compliance with completion of risk assessments including venous thromboembolism (VTE) prophylaxis and development of a safety surveillance system for wards.

### Access & Flow/Discharge

To reduce pressures facing our Urgent and Emergency Care pathway, we have worked closely with the Emergency Department, North West Ambulance Service and other community partners and therapy teams to develop new pathways which avoid and bypass the Emergency Department. These include the new Acute Frailty Unit and Same Day Emergency Care Unit pathways and signposting patients to relevant community and hospital based rapid access clinics.

We redeveloped the Discharge Lounge at Royal Preston Hospital to widen access to patients who are able to go home early, in order to maximise efficient use of our bed spaces.

At a system level, we have also been working with other Trusts in our Integrated Care System to develop a collaborative approach to patient discharge, pooling our resources with the community trust and adult social care to ensure efficient flow and a positive experience for patients as they leave our wards.

Additional capacity within the organisation has been created through the opening of Ward 5, Avondale and Fell View and most recently the Nightingale unit to manage the increase in demand across the system.

Our new Critical Care Unit opened in 2021 and now provides an increase of 6 beds in a much improved environment.

We have also increased the size of the Emergency Department by relocating the Day Case Unit to Chorley and increased the staffing establishments within the department.

### Patient Experience and Involvement

Providing excellent care with compassion depends upon putting patients and carers at the very heart of every decision we make. It is important that patients feel they received individualised care in our services.

Some ways in which we have achieved this is by involving patients as partners and making sure adjustments are made to reduce health inequalities, reviewing our communication and translation methods, creating a multi-faith clergy covering numerous different faiths, appointing a new Associate Director of Patient Quality, Experience



and Engagement, learning from complaints and concerns and friends and family test feedback and through our Hidden Disabilities and Caring campaigns and our new Mental Health, Learning Disabilities, Autism, Dementia and Equality, Diversity and Inclusion Strategies.

### Staff Engagement and Organisational Development

Improving staff experience continues to be a high priority for us, particularly given the operational challenges the organisation has experienced during the Covid-19 pandemic. Although the need for social distancing has made face-to-face gatherings challenging, use of Microsoft Teams has helped colleagues to stay connected throughout the Covid pandemic.

Two-way communication with staff is a key priority and over the last year. Communication mechanisms have included but not been limited to: a wide range of inclusion forums; Freedom to Speak Up Champions; the 'TED' Team Engagement and Development tool; the weekly Nursing, Midwifery and AHP Forum each Wednesday; the Executive Question and Answer sessions; and the Friday afternoon briefing from the Senior Operational Group (SOG) to help colleagues stay in touch with Trust priorities.

### Governance and Risk Maturity

A key focus for the Trust since the last inspection has been to spend time supporting colleagues at all levels of the organisation in understanding what good governance looks like and by maturing the way we manage risks and issues.

Some ways in which we have achieved this is through training and education, reviewing meeting structures, refreshing our Risk Management Strategy, introducing governance dashboards, through our STAR quality assurance framework and by weaving risk into everything we do including Our Big Plan strategy and our business planning framework.

The work undertaken was reviewed by NHS England and Improvement's Quality Governance Lead who commended the work undertaken as an exemplar and is working with the Trust to share the work with other organisations and create some national guidance.

### Continuous Improvement

Continuous Improvement is our commitment to improve and transform our services at system pathway and local level by reducing unnecessary variation, improving outcomes and increasing reliability in our processes. It brings together a mixture of improvement tools and techniques and applies these to specific challenges and problem.

Since the launch of the programme in 2018, we have seen improvements to a number of pathways including: frailty; colorectal; sepsis; inflammatory bowel disease and development of the Acute Frailty Unit. The Continuous Improvement Team have also provided bespoke improvement capability training through a number of programmes including through the Flow Coaching Academy Programme, the Microsystem Coaching Academy Programme and by incorporating training into improvement programmes. A new coaching programme is run each year with more and more teams working together to improve the outcomes and experiences of patients and staff.

Our teams have delivered a number of improvement projects. These include improvements in treatment of sepsis, and development of a new Paediatric Early Warning Score form for use on Ward 8.

More information on our delivery approach and vision for Continuous Improvement can be found in our refreshed strategy for 2021/2023.

### COVID-19

The COVID-19 pandemic has created challenges for us as a Trust, in common with the wider health service, but has also reinforced our status as leaders and innovators in the NHS.

Our teams developed a COVID-19 recovery package that was accessed by patients and healthcare professionals across several countries.

The Trust won a national award for its work to develop online training resources as social distancing measures were introduced.

Lancashire Teaching Hospitals was also among the first Trusts in the country to create a purpose-built video clinic suite to facilitate social distancing and increase clinic capacity as part of recovery plans.

More recently the Trust has conducted research on COVID-19 vaccines in pregnancy and was involved in clinical trials of the first antiviral drug approved for treatment of patients with COVID-19. The Trust was also among a small number of Trusts to set up a Nightingale Surge Hub following the start of the Omicron variant wave.

Lancashire & South Cumbria  
**New Hospitals**  
Programme



## New Hospitals Programme

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Lancashire Teaching Hospitals is working as part of the New Hospitals Programme, which is exploring options for the future of NHS services in Lancashire and South Cumbria.

This is a once-in-a-generation opportunity to transform our region's hospitals by 2030.

By creating a network of brand new and refurbished facilities, the programme aims to help local people live longer, healthier lives. By doing this, Lancashire and South Cumbria will also become a world-leading centre of excellence for hospital care.

The New Hospitals Programme is aiming to address significant problems with ageing hospitals in the region, including Royal Preston Hospital.

There is a wide variety of options available, including partial hospital rebuilds and the creation of a single new hospital to replace both Royal Preston Hospital and Royal Lancaster Infirmary.

To find out more about the programme and learn the latest about the options, visit [newhospitals.info](https://newhospitals.info)

# Continuous Improvement

We use continuous improvement methodology to drive transformation and progress. As a Flow Coaching Academy, we are developing and sharing continuous improvement best practice, and leading a range of programmes at a system, organisational and local level.



**Always  
Safety First**

## System level

Always Safety First strategy - our response to the National Patient Safety Strategy is a mind-set shift to making safety our highest priority and everyone's responsibility.



## Pathway level

The Flow Coaching Academy coaches teams to deliver measurable and sustained improvements in a clinical pathway.



## Local department and ward level

Our Microsystem Coaching Academy is an improvement programme coaching teams to deliver local ward and department level improvements.

# Partnership working

We also believe that working in partnership makes the best use of resources, and delivers the best outcomes for our patients.

As part of the Integrated Care System for Lancashire and South Cumbria we are working with commissioners, providers, local authorities and the third sector across the region to change how we work, therefore improving the quality of life and mortality for our communities.

As part of the Integrated Care Partnership for Central Lancashire, we are making good progress to transform acute services.



# The CQC Inspection Process

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The inspection involves a number of elements:

## Review of information gathered

Inspectors are already looking at a wide range of information about us from patient and staff experience surveys through to performance and quality data and we regularly submit information about our work to the CQC, so the inspectors will know some things about us before they arrive. However, we shouldn't assume that every inspector will remember everything we have submitted, so we should take the opportunity to explain what we do and how we work carefully.

## Focus groups

Inspectors will hold a number of focus groups ahead of the inspection. Dates will be communicated once they are confirmed by the Inspection Team.

The focus groups may be specific to staff groups and bands, include clinical and non-clinical staff and are your opportunity to engage with the CQC and promote the work of your service or team.

## Unannounced core service inspection

Inspectors will also inspect one or more of our core services. We do not yet know which of our core services will be inspected, nor when this will happen. Inspectors will give us 30 minutes notice before they arrive at our hospitals to undertake their inspection. We will let everyone know when this happens.

During the core service inspection, the Inspection Team may request 1:1 interviews with key members of staff.

## Well-led inspection

During the well-led element of the inspection, inspectors will meet with a range of staff by prior arrangement, and seek their feedback. Staff on the interview list will receive notification in advance.

## System Level inspection

During a system level inspection the inspectors will select patient pathways to follow from the patient's home to hospital through to discharge and to the final destination for the patient. The CQC are looking to test the effectiveness of system working, team relationships across a number of services, and how services work together to get the right outcomes for patients.

## The inspection team

There are usually up to 20 people in the Inspection Team. They will be a mix of CQC staff, specialist advisors who are peers from other hospitals, and patients who have experienced NHS services. Everyone in the CQC team will be wearing a red lanyard and CQC ID badge. Members of the inspection team always introduce themselves. If they don't, please ask them to show their ID - just as you would with anyone.

## What happens during an inspection?

**During an inspection, members of the CQC team will:**

- Observe care and review patient notes.
- Talk to teams, managers, clinicians, administrators, receptionists, cleaners, porters etc.
- They will also talk to patients, carers and visitors.
- They will distribute cards/comments boxes around the Trust seeking feedback on our services.

## What to do when the team arrives?

- Welcome the inspectors to your ward/department and introduce yourself.
- Ask to check their identity badge before disclosing any information.

- Ensure the most senior member of your team is called to meet and guide the inspector around your service.
- If the inspectors arrive out of hours, ensure a member of your team involves the on-call manager immediately.
- Inspectors know that patients and families come first. If you are busy with a patient, just let the inspector know and they will wait.

### If an inspector asks to talk to you

- There isn't a right or wrong answer to the questions they will ask.
- Be open, honest and as helpful as you can.
- Be proud and positive about the excellent work you do. This is your opportunity to demonstrate your skills and commitment.
- Remember to keep your conversations away from public areas to avoid disruption or breaching patient confidentiality.
- Respect patient privacy and dignity. Always check with the patient first if the inspectors want to observe your treatment or interaction with them.
- If you don't understand the question or don't know the answer, just ask for clarification or say where you would look for the answer.

### If an inspector asks to see additional information or documentation

You may be asked to show the inspector documentation, for example:

- Daily checklists.
- Patient records.
- Patient information leaflets or policies/procedures.
- Staff rotas.
- Statutory and mandatory training records.
- Audits and action plans.

You may want to remind yourself now where you can find these documents.

The inspector can look at the information but should not take any documents away. Should they request copies of your documentation, you must note the request and inform the **Governance Team via [cqc@lthtr.nhs.uk](mailto:cqc@lthtr.nhs.uk)**, as soon as possible.

### What if an inspector wants to access patient notes?

- The inspection team will want to review patient and electronic patient records.
- They are allowed to view these but access should be supervised by a staff member and patient information must not be taken away.

### What if the inspection team pick up an issue?

- Act promptly and responsively.
- Be open and honest.
- Where issues are raised, put it right if you can straight away.
- Tell your team manager/leader that issues have been raised.
- If you cannot resolve the problem, please inform your ward/department manager, divisional manager, and send an email to **[cqc@lthtr.nhs.uk](mailto:cqc@lthtr.nhs.uk)** or call **07725611321** or **07930442701** as soon as possible.

### After the inspection

- The inspectors will provide some initial feedback on their last day on site.
- If possible, hold a 'debrief' with your team and thank them for their contributions.
- All data, information and feedback will be reviewed and final report produced.
- It will take several weeks for the final report and rating to be announced.

# The CQC Inspection Process continued

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The CQC's focus is on good, safe patient care. They will follow these key lines of enquiry and ask questions based on each.

## 1 – Are Our Services Safe?

This is all about the safety of patients and staff and whether they are protected from abuse and avoidable harm.

Here are some of the main areas it covers:

- Incidents and learning from them.
- Infection control and hygiene.
- Environment and equipment.
- Medicines management.
- Records management.
- Safeguarding.
- Training.
- Staffing.
- Protecting information.

Some questions for you to think about:

Do I know what to do in an emergency?

Do I know how to report an incident, near miss, allegation of abuse, or a safeguarding issue?

Have I been trained in safeguarding?

Am I up to date with life support training and other mandatory training?

Do I make sure that the clinical environment is safe?

Are the medical devices I use well maintained and decontaminated before and after use?

Have I completed my medical devices training?

Do I know where to locate resuscitation equipment?

Do I make sure resuscitation equipment is checked and recorded daily, kept in an orderly way and stock is replaced as necessary?

Do I make sure equipment is clean?

Do I make sure patient notes are kept securely?

Do I make sure medicines are stored securely?

Do I make sure fridge temperatures are checked and recorded daily?

Do I record the use of controlled drugs correctly in the controlled drugs register?

Have I been trained and signed off to use Patient Group Directions?

Do I make sure patients are given medicines on time and there are no missed doses?

Do I make sure patients prescriptions charts reflect the patients' medical notes?

Do I adhere to our policies?

Do I follow hand hygiene procedures and infection control procedures?

Do I make sure commodes are clean in line with the Trust policy?

Do I check a patient's skin is clean before surgery?

Do I know who to contact for advice on infection control?

Do I make sure sharps bins are 'part closed' when not in use?

Do I make sure clinical waste is correctly disposed of?

Do I make sure hazardous substances are stored correctly in locked cupboards when not in use?

Are there toys in my ward or department and do I make sure these are clean?

Do I know how to raise day-to-day concerns or make a complaint internally?

Do I know what our whistleblowing policy is?

Do I always lock my computer screen when I step away?

Do I make sure patient safety checklists, risk assessments, risk registers, policies, procedures, and protocols are up to date and do I do this consistently?

Do I identify, monitor and introduce ways to minimise risks?

Do I write in notes legibly, sign and date records, record my registration number (e.g. GMC number) and record a bleep or contact number?

Do I understand the staffing levels, harms data, incident data, and trends on my ward?

## 2 – Are Our Services Effective?

This looks at whether the care, treatment and support we provide to our patients achieves good outcomes, helps maintain quality of life and is based on the best available evidence.

### Here are some of the main areas it covers:

- Evidence-based care.
- Availability of pain relief.
- Nutrition and hydration.
- Patient outcomes.
- Multidisciplinary working.
- Health promotion.
- Consent, Mental Health Capacity, Deprivation of Liberty Safeguards (DoLS).
- Respecting equality, diversity and inclusion.
- Ease of access to policies and information.

### Some questions for you to think about:

Do I assess the patient holistically and consider all their care needs? Do I document this in their care plan?

Do I involve patients in preparing their own care/treatment plans?

Do I ensure multidisciplinary involvement in patient care, and participate in handover and multidisciplinary meetings?

Do I make sure patients who need pain relief are consistently provided with it?

Have all my competencies been assessed and signed off this year?

Am I aware of NICE guidance relevant to my work? Is this followed?

Do I get involved in clinical audits and can I evidence improvements?

Am I given the opportunity to learn and develop?

Do I fully understand the relevant Consent, DoLS, Mental Health Capacity and decision-making requirements?

Do I know how to access our policies?

## 3 – Are Our Services Caring?

This looks at whether we involve and treat patients with compassion, kindness, dignity and respect.

### Here are some of the main areas it covers:

- Compassion, privacy and dignity.
- Respecting confidentiality.
- Involving patients in their care.
- Named Consultant.
- Named Nurse.
- Emotional support.
- Awareness of different cultural and religious practices and preferences.

### Some questions for you to think about:

Do I always introduce myself by name?

Do I wear my NHS ID badge at all times?

Do I give patients/carers information about services available to them, about their treatment or medication, and where to get further support?

Do I always involve patients/carers in decisions about their care and treatment?

Do I always treat patients and carers with dignity, respect and kindness?

Do I respect privacy and confidentiality at all times, including during handover?

Do I know where to find and how to complete the following documents: End of Life Medical Care Plan, End of Life Nursing Care Plan, and Last Days of Life Intentional Rounding Form?

Is the environment clean and comfortable?

Do my patients know how to make a compliment or complaint?

Do I always consider the patients' personal, cultural or religious needs?

Are all noticeboards and information leaflets up to date?

What do I understand by discrimination, equality and diversity?

## 4 – Are Our Services Responsive?

This looks at whether services are organised so that they meet peoples' needs.

Here are some of the main areas it covers:

- Service planning and delivery to meet the needs of local people.
- Access and flow, including smooth patient referrals and transfers between departments.
- Meeting patients' individual needs.
- Learning from complaints and concerns.

Some questions for you to think about:

Do I take a personalised approach to care?

Do I always prioritise patients according to their needs?

Do I know how to make arrangements to support special needs (e.g. learning disabilities)?

Do I know how to arrange an advocate or interpreter for a patient?

Do I provide information on the benefits/risks of treatment? Do I gain valid consent and do I know how to document this?

Am I able to test for capacity under the Mental Capacity Act and do I understand Deprivation of Liberty (DoLs)? If a patient lacks capacity, do I know how to ensure their best interests are assessed and recorded?

Do I encourage patient feedback and do I act upon it?

Do I answer call bells promptly?

Does my team share lessons learned from clinical audits, incidents or complaints/compliments?

Do ward meetings and safety huddles take place on my ward?



## 5 – Is Our Organisation Well-led?

This looks at the leadership, management and governance at all levels of the organisation, making sure it is providing high-quality care that is based around peoples' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Here are some of the main areas it covers:

- Mission, strategic aims, ambitions and goals.
- Governance, risk management and quality measurement.
- Leadership of the organisation, and individual services and departments.
- Culture; what the organisation is like to work for.
- Staff engagement.
- Demonstrates continuous improvement and innovation.

Some questions for you to think about:

Did I have a corporate and local induction when I started working here?

Do I know our mission, strategic aims and values? How do these values apply to me?

Is my mandatory and essential training up to date? If not, do I know how to arrange this?

Have I had my annual appraisal?

Do I have a personal development plan?

Do I attend team meetings and training events?

Do I know how to raise a concern or complaint or raise a safeguarding concern?

Do I know how to find health and wellbeing support?

Do I know how to find support in human resources, occupational health or a union, or how to contact the Freedom to Speak Up Staff Guardian – Steve O'Brien?

Do I know what the current risks are for my team or service?

Are lessons and learning from incidents, complaints, audits and patient feedback shared? Do I know what actions are in place following these?

Do I know who senior managers for my department/service are?

Do I know who the Chief Executive, Executive team and Board members are?





## 6 – How Well Do We Use Our Resources?

This element looks at how well the organisation uses the resources at its disposal.

Effective use of resources is fundamental to enable us to deliver and sustain safe, high-quality services for patients.

**Here are some of the main areas it covers:**

- Clinical services.
- People.
- Clinical support services.
- Corporate services, procurement, estates and facilities.
- Finance.

**Some questions for you to think about:**

How well do we use our resources to provide clinical services?

Do we have significant gaps in current staff rotas? What am I doing to address these?

Do I/my team use our e-rostering system?

Do I know what the staff retention rate in my area is?

Do I know what the staff sickness absence and turnover rates are in my department/ward?

How much do we rely on temporary staff, in particular agency and locums?

Do I know what our non-pay costs are and do I scrutinise these on a regular basis?

Am I on target to meet my budget?

How often do I look for cost efficiencies and am I able to realise these?

Is there an appropriate skill mix for the work being carried out?

# Useful Information

## Equality, Diversity and Inclusion

We believe a vibrant workplace that values difference and celebrates diversity creates the best working environment, and results in better care for our patients and our staff.

Our [Equality and Inclusion Strategy](#) sets out our approach to delivering care that responds to everyone's needs, and to creating a place to work that is welcoming and diverse.

The strategy outlines what we are doing to ensure our services meet the needs of people with the protected characteristics of:

- Age.
- Disability.
- Gender Reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity status.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation.



This is championed by [Our People Plan](#) which specifically sets out our aims for staff to be inclusive and supportive and is underpinned by a number of commitments.

These are to:

- Ensure our workforce is representative of all groups, across all levels of the organisation.
- Develop a culture which supports the Trust values so staff are not subject to discrimination, harassment and bullying at work.
- Develop staff engagement and development opportunities to provide equal access to all groups.
- Ensure our workforce is supported so everyone has opportunities to reach their full potential.

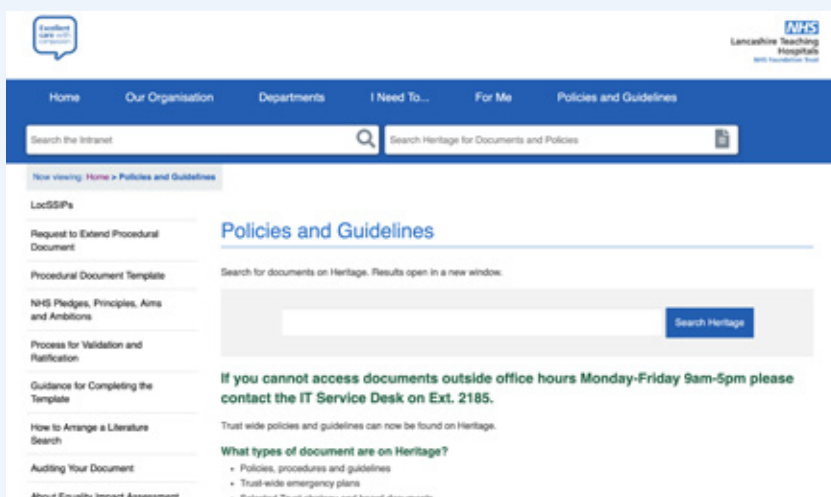
We also have an Equalities Forum and a number of support ambassador forums including BME, Living with Disability, Multi Faith and LGBTQ+.

## Policies

The CQC may ask you about our policies.

You are not expected to know every single policy inside out. However, you should have an understanding of the basic principles of our key policies, and most importantly, where to find a policy. All of our policies are on the intranet (see screenshot right of where to find them on our intranet).

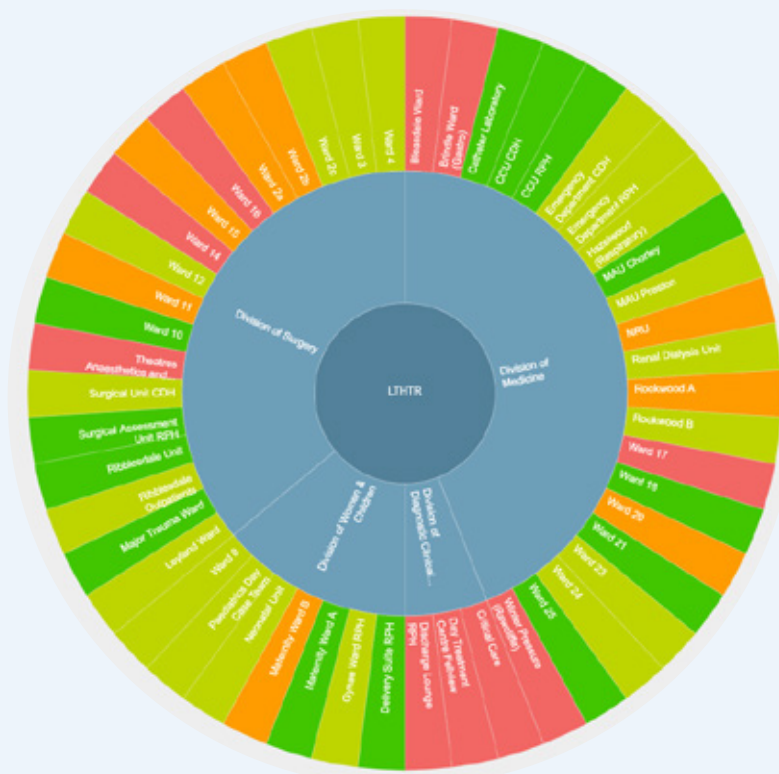
Clinical guidelines can also be accessed via the Induction App.



# Staffing

The number and skill mix of staff on duty directly affect the quality, safety and experience of care our patients receive. It also affects the experience of our teams. This is taken very seriously and whilst it is not always possible to achieve planned staffing numbers, a number of actions are in place and available to support teams with staffing challenges.

- Staffing levels and patient acuity are input by the shift leader three times per day at handover into 'SAFECARE' or in children and maternity within the specialty specific staffing tools.
- The shift leader registers all staff that are present on shift and then makes an assessment of acuity using the Shelford Acuity Model or the specialty-specific acuity tool. This calculates the requirements for the ward and feeds into daily staffing review huddles.
- Matrons and site managers review staffing data and can be contacted to raise concerns about staffing levels on a shift by shift basis by anyone at any time. Immediate safety concerns should always be raised through the matron or site manager at the time who will work to resolve the situation.
- HCAs and other support staff are integrated in our teams to mitigate any reduction in the numbers of registered nurses on shift. There should not be any times where only one registered nurse is on duty. On the rare occasions this happens due to unplanned sickness, staff should speak directly to the site manager who will support a resolution.
- Bank and agency staff are available on an unlimited basis through the ward manager and matron and rosters are published six weeks ahead of time to give the best chance to fill vacant shifts. The number of staff on the bank has increased significantly in the past year to increase the likelihood of filling shifts.
- Safecare and specialty staffing systems are designed to allow staff to capture red flags such as delays in pain relief, delays in intentional rounding and staff missing breaks. This information is important to ensure it highlights areas where teams are flagging there is a concern. Datix can also be used to record any clinical incidents resulting in harms or near misses.
- Our staffing systems give us an overview of staffing and informs the matrons and site managers on how and where to deploy staff. This information is shared at patient flow meetings and at staffing huddles where decisions are agreed to ensure the needs of all patients are met across the organisation.
- The Safecare sundial (below) is an example of how Safecare brings all the information together to give a high level view of staffing. The red and amber areas are those with less staffing than planned.
- Nurse and midwifery staffing levels are assessed and determined formally twice yearly through a review process.



# How to raise a concern

It is important that everyone feels able to raise any concerns they have about staff or patient safety, care quality and staff wellbeing. By raising concerns we can ensure issues are addressed, and we can prevent problems in the future.

The graphic below details the process we hope staff would follow when raising a concern. Your line manager should be the first point of contact. If you do not feel able to talk to your line manager, you should approach your line manager's manager.



If your concern is about an incident, near miss or issue that could or did have a harmful effect on a patient, colleague, contractor or member of the public, then this should be reported to your line manager and recorded on Datix.

## Freedom to Speak Up

- If you have a concern and do not feel able to raise it with your line manager, or manager's manager or action has not been taken, you can speak in confidence to our Freedom to Speak Up Guardian.
- We also have a network of Freedom to Speak up Champions.
- Alternatively, you may prefer to speak to one of our Freedom to Speak Up Champions.
- Contact details are available on our hospital intranet at <https://intranet.lthtr.nhs.uk/freedom-to-speak-up>



## Consent

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### Valid consent is :

“the voluntary and continuing permission of the patient to receive a particular treatment, based on an adequate knowledge of the purpose, nature, likely effects and risks of that treatment including the likelihood of its success and any alternative to it”

### Why is consent important?

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery.

Seeking consent is also a matter of common courtesy between health professionals and patients. It must be given voluntarily and freely without pressure or undue influence.

### For more information

Refer to [Consent to Examination and Treatment Policy](#).



## Duty of Candour

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Patients, families and carers must be given open, honest and timely communication following incidents that cause moderate or severe harm, or death. This means being open and honest about what we think has happened and what we are doing about it. All our staff should act in an open and transparent way with our patients, and their relatives and/or carers.

To meet the requirements of [Duty of Candour](#), we must:

- Tell patients, their relatives and/or carers as soon as possible if an incident has occurred which has caused moderate or severe harm, or death. This should include a discussion about what has happened.
- Offer an apology and let the patient, their relatives and/or carers know we will be undertaking an investigation into the incident. An apology is not an admission of liability.
- Report the incident via the Datix electronic incident reporting system and to senior staff immediately.
- Follow this up by sending the patient/carer a letter summarising the disclosure, apology and next steps within 10 days of the incident occurring.
- Provide patients and their relatives and/or carers with the appropriate support following an incident.
- Share our findings with the patient, family and/or carers.
- Share learning and improvements across the organisation.

[For more information](#)

Refer to [Duty of Candour Policy](#) or contact your Divisional Governance Manager.



## Mental Capacity Act (2005)

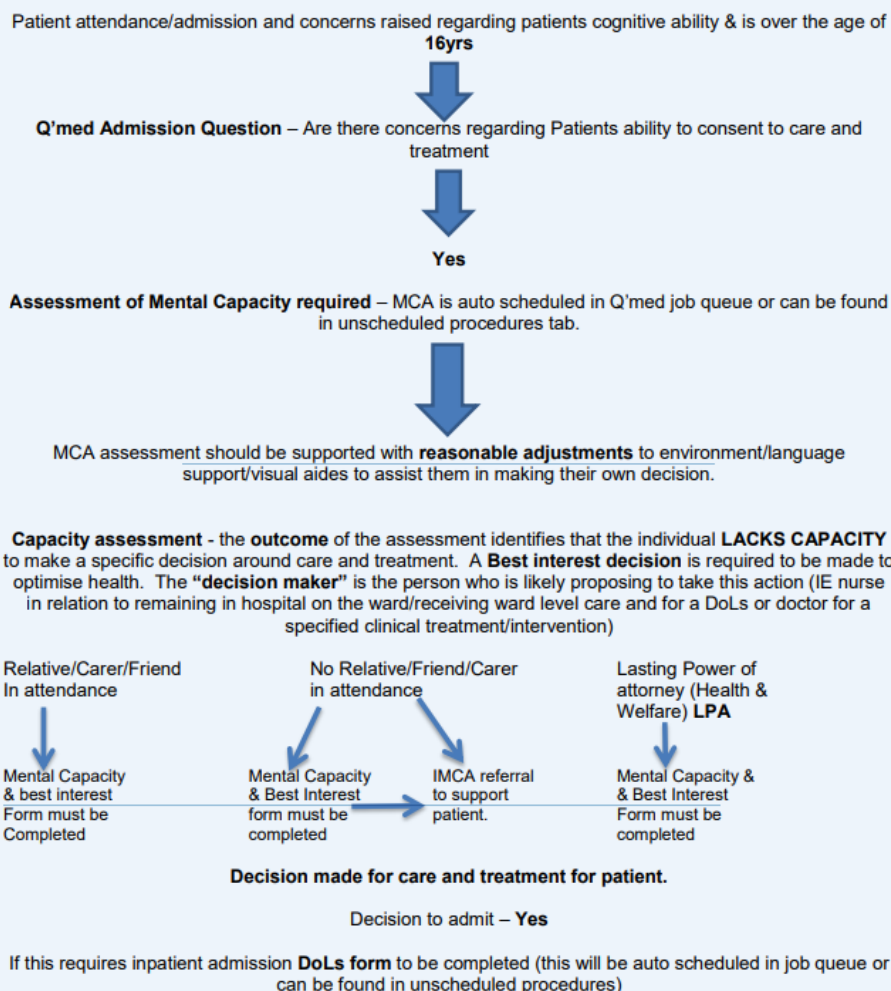
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The Mental Capacity Act (2005) sets out a legal framework of how to act and make decisions on behalf of people who lack capacity to decide about their own health and welfare. It applies to people aged 16 and over. Our [Mental Capacity Act and Deprivation of Liberty Safeguards Policy](#) sets out our approach.

There are five key principles:

1. **Presume capacity:** Everyone has the right to make his or her own decisions unless it is proven otherwise through a capacity assessment.
2. **Help to make a decision:** All reasonable steps must be taken to assist a person to make a decision themselves. This might include providing information in a format that is easier to understand or at a different time of day.
3. **Unwise decision:** Making what you think is an 'unwise decision' does not prove lack of capacity. Everyone has the right to make their own life choices if they have the capacity to do so.
4. **Best interest decision:** An action or decision made on behalf of a person who lacks capacity must be done in their best interests.
5. **Least restrictive option:** Treatment and care provided to someone without capacity must be the least restrictive to their basic rights and freedoms.

## Mental Capacity/Best Interest/DoLs Process



## The Mental Capacity Test

The Mental Capacity Act (2005) is a legal framework to safeguard and protect the human rights of people who lack capacity to give informed consent.

In line with the framework as set out by the Mental Capacity Act, staff need to follow the processes set out as below within the Quadramed system, that will support assessment and decision making in order to ensure the principles of the act are followed.

### A person is unable to make a decision if they cannot:

- Understand the information relevant to the decision – Document what you asked and the patient's reply.
- Retain that information – Document if the patient has not been able to remember the discussion.
- Use or weigh up that information as part of the process of making a decision – Document any questions the patient has and how they demonstrate their understanding.
- Communicate their reply – Document the patient's response, whether verbal or otherwise.

An assessment of a patient's Mental Capacity should be clearly documented on a Mental Capacity Assessment via Quadramed within the patient's electronic care record. A decision should then be made in the patient's best interest in accordance with the Mental Capacity Act. Any discussions with the patient's families/carers in the decision making must also be clearly documented.

### For more information

Refer to the [Mental Capacity Act and Deprivation of Liberty Safeguards Policy](#).

### Key Contacts

**The Trust Safeguarding Team** can be contacted via the Safeguarding Duty line on:  
Tel: 01772 523676 Ext: 3676





## Deprivation of Liberty Safeguards (2009) (DoLS)

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The deprivation of a person's liberty should only happen when absolutely necessary.

Our [DoLS policy](#) sets out our approach.

Deprivation of Liberty Safeguards (DoLS) apply to patients who need to remain in hospital to receive appropriate care and treatment. It must be in the best interests of the person to protect them from harm.

The point at which restriction and restraint move to deprivation of liberty is not easy to define. It depends on various factors, but applies to people in registered care settings or hospitals who:

- are over 18 years old.
- have a diagnosed mental/cognitive disorder.
- lack capacity to give consent to the arrangements for their care.
- need to be deprived of their liberty in their best interests, to protect them from harm where this is a necessary and proportionate response.

There are two key questions to ask:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

### For more information

Refer to the [Mental Capacity Act and Deprivation of Liberty Safeguards Policy](#).

### Key Contacts:

**The Trust Safeguarding Team** can be contacted via the Safeguarding Duty line on:

Tel: 01772 523676 Ext: 3676



## Safeguarding Adults and Children

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Safeguarding is everyone's responsibility. It is the process of protecting adults at risk and children from abuse or neglect, protecting their health, development and well-being, thus enabling them to live free from harm in a safe environment with the support they require.

We have a duty to ensure we keep adults and children safe whilst they are in our care, but we must also recognise and escalate where there are concerns about care and treatment at home and across the wider community by working collaboratively with other organisations, agencies and practitioners and understanding each other's roles.

Our safeguarding policies set out our approach.

### Safeguarding Adults

The following six principles are key to underpinning all Safeguarding Adult work:

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
- **Prevention:** It is better to take action before harm occurs.
- **Proportionality:** The least intrusive response appropriate to the risk presented.
- **Protection:** Support and representation for those in greatest need.
- **Partnership:** Local solution through services working with their communities.
- **Accountability:** Accountability and transparency in delivering safeguarding.

There are 10 categories of abuse recognised for adults within the Care Act 2014:

- Physical abuse.
- Domestic violence.
- Sexual abuse.
- Psychological abuse.
- Financial or material abuse.
- Modern slavery.
- Discriminatory abuse.
- Organisational abuse.
- Neglect and acts of omission.
- Self-neglect.



## Safeguarding Children

Remember a child is a child until their 18th Birthday, therefore child safeguarding procedures apply to all children irrelevant of the area/ward/department in which they are being cared for.

Staff need to remember to utilise “professional curiosity” to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. Professional curiosity can require staff to think ‘outside the box’, beyond their usual professional role, and consider families’ circumstances holistically.

It is also important that staff remember to “think family” when caring for patients. Ask yourself “could there be a vulnerable child or adult with care and support needs in your patient’s home that could be “at risk”.

**There are four categories of abuse for children recognised within the Children Act 1989 & 2004:**

- Physical.
- Sexual.
- Emotional.
- Neglect.

Children can also be effected by abuse from outside of the family home, this is known as contextual safeguarding and includes the following:

- Child Trafficking
- Child Sexual Exploitation
- Child Criminal Exploitation
- Gangs and radicalisation
- County lines

## For more information

Further information can be found on the Safeguarding pages within the Trust Intranet.

## Key Contacts:

**The Trust Safeguarding Team** can be contacted via the Safeguarding Duty line on:  
Tel: 01772 523676 Ext: 3676

# Risk Management

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Our [Risk Management Strategy](#) sets out our approach.

## What is a risk?

A risk is the probability of something causing harm or damage to people (including staff, patients, visitors), service provision, or buildings and equipment.

## What types of risk are there?

Risks can be identified from a number of sources including:

- clinical practice.
- environmental.
- health and safety.
- complaints.
- claims.
- safety.
- organisational.

## What should I do if I think there is a risk in my ward/department?

If it is safe to do so, make it safe immediately by introducing controls to minimise the risk. Inform your manager if a risk still remains. Complete a risk assessment and work on further controls to minimise the risk.

## Who is responsible for identifying risks in my ward/department?

Everyone is responsible for identifying risks to their own safety or to that of others, and if appropriate reporting them to their manager.

## What is a risk assessment?

It is a systematic process of identifying, quantifying and controlling risks. As part of managing safety in your workplace, you must control the risks. To do this you need to assess what hazards there are and ensure you take reasonable steps to reduce the risk of that hazard causing harm.

## Who is responsible for risk assessments on my ward/department?

All levels of staff are responsible for risk assessments. Wards managers are ultimately responsible for the assessment of risks on their ward.

## What is a risk register?

The risk register is a list of all risks that threaten the objectives of the organisation, division, specialty, ward, team or department.

## Where would I find the risk register on my ward/department?

Risks are all logged on Datix.

## How do concerns in my area get onto the risk register?

Any risk identified must be discussed with the ward/department manager or matron who may then decide to include a risk on the local risk register or, if necessary, escalate as appropriate.

## For more information

Refer to the [Risk Management Strategy](#) or contact your Divisional Governance Manager/Team.



## Incident Management and Reporting

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Serious incidents in healthcare are relatively uncommon but when they do occur we have a responsibility to ensure that there are systemic measures in place for safeguarding people, property, NHS resources and reputation. We strongly support an open and transparent incident reporting process to ensure patient and staff safety, and actively promote the importance of learning to prevent re-occurrence.

### What is an incident?

An incident is an unexpected or unforeseen event resulting in harm or the potential to cause harm to persons, property or reputation caused by an act or omission in care/service delivery or process.

### What must I do if I'm involved in or identify an incident?

Ensure the person(s) affected is safe from harm then report the incident and escalate it to the relevant person and/or your line manager.

### How do I report an incident?

Report incidents on the Datix system, which you can access on the intranet via <https://intranet.lthtr.nhs.uk/datix/>. If you do not have access to a PC, please inform your manager who will be able to support you in logging the incident.

### How is feedback from issues relating to incidents fed back to me?

Feedback is provided to the reporter by the incident handler (investigator). This can be done through the Datix system. For serious incidents that have been subject to a formal investigation, we share learning through our Learning to Improve bulletins <https://intranet.lthtr.nhs.uk/learning-to-improve-bulletins> and through local briefings.

### Why is it important to report incidents?

To highlight risks or actual events that compromise patient, staff and visitor safety and/ or quality of care. If you don't report an incident, we won't know what went wrong and why, and what steps we can put in place to help prevent a reoccurrence.

### What about reporting near misses?

Reporting near misses is an opportunity to prevent future incidents from occurring. It also plays a key part in information gathering and trend analysis, and contributes to organisational learning.

### For more information

Refer to the [The reporting of Adverse Incidents Policy](#) or contact your Divisional Governance Manager/Team.



## What are Never Events?

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Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available and should have been implemented. Examples of Never Events include wrong site surgery, misplaced nasogastric tube, retained foreign object post procedure and administration of medication by the wrong route.

### How do we manage serious incidents?

- We review all incidents that are reported on Datix every day.
- Any serious incidents that are identified are subject to a Rapid Review whereby the known facts are reviewed within 72 hours of the incident occurring.
- Once the Rapid Review is completed, a decision is made as to whether the incident will be managed as a Serious Incident and a decision is made as to the level of investigation required.
- If the Serious Incident meets certain criteria then it will be reported externally to the national Strategic Executive Information System (StEIS).
- The ensuing Root Cause Analysis (RCA) will be reviewed by the Trust's Safety and Learning Group.
- All StEIS reportable Serious Incident RCAs will be submitted to our commissioners for final sign off once approved by the Safety and Learning Group.
- Any Serious Incidents that do not meet StEIS criteria but still require formal investigation will be managed by the Trust's Safety and Learning Group.

### For more information

Refer to the [Procedure for the reporting of Serious Untoward Incidents to StEIS](#) or contact your Divisional Governance Manager/Team.

# Learning from 'Never Events'

Since the CQC last inspected Lancashire Teaching Hospitals, we have recorded a number of 'Never Events'. When such incidents occur, they provide valuable opportunities to reflect, learn and improve. Details of some Never Events and associated learning and actions since the last inspection are included below.

## Unintended retention of a foreign object

What happened	Key learning and actions
An internal stiffener was left in-situ following a procedure to insert a ureteric stent. The incident was discovered when the patient attended for stent exchange six weeks later.	The procedure was carried out using unfamiliar equipment. The stiffener was not a countable object and therefore was not included in final reconciliation and consequently it was not identified that it had been retained inside the patient. Stiffeners since have been added to the Interventional Radiology swab count documentation. Staff are reminded to ensure checks also include equipment that is not frequently used.

## Surgery carried out on wrong patient

What happened	Key learning and actions
A hydrodilatation procedure was requested for the wrong patient in error. Procedural checks were not carried out and the patient received the wrong procedure.	Contributory factors included the ability to keep multiple patient records to be open at the same time, busy clinical environment and lack of challenge from colleagues when clinical information did not tally with information from the patient. World Health Organisation (WHO) checklists have been completed, and are audited on a monthly basis.

## Wrong site surgery

What happened	Key learning and actions
A patient received Botulinum injections into the wrong leg. The patient usually had their right leg injected in order to assist improvement with their gait but on this occasion, their left leg was incorrectly injected.	There were no local procedures or checklists in place to ensure a second check and prevent the incident occurring. Checklists have now been introduced.

## Wrong site surgery

What happened	Key learning and actions
<p>A patient attended for a common flexor origin release procedure for the condition known as 'golfer's elbow'. Once the procedure had concluded and while the patient was in the theatre recovery area, the operating surgeon realised they had instead performed an ulnar nerve release, rather than a common flexor origin release.</p>	<p>The error was caused by an inadvertent slip in concentration. The Trust has now reviewed, standardised and ensured the WHO Safer Surgery Checklist is performed across all specialties.</p>

## Misplaced orogastric or nasogastric tubes

What happened	Key learning and actions
<p>There were three Never Events involving misplacement of orogastric or nasogastric tubes, with the result that feeding of patients caused them to deteriorate.</p>	<p>Following these incidents, radiologists check and confirm that nasogastric tubes have been inserted in the correct position before they are used for feeding and medical staff in Critical Care are expected to complete e-learning training on nasogastric tube insertion before they can confirm nasogastric tubes are safe to use. Guidance documents have been updated to reflect these changes.</p>

## Wrong stent used in surgery

What happened	Key learning and actions
<p>A wrong brand of stent was inserted in a patient who attends for regular ureteric stent changes.</p>	<p>The 'Safer Surgery Risk Management Procedure' and 'Principles of Checking Surgical Implants' were not followed in their entirety, and this contributed to the error. The 'Prosthetic Pause' is now completed in all theatres throughout the Trust and is included within safety checklists and audited on a monthly basis to ensure final checks are made prior to use of implants and prosthetics.</p>







## Complaints and Compliments

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If we are to offer the highest quality care, it is important that we work in partnership with patients, their families and carers. This includes gaining a better understanding of the priorities and concerns of those who use our services.

We value comments and compliments about services provided since learning from experiences will help us improve our care for patients, families and carers.

### How would the organisation expect me to respond to a concern, complaint or compliment?

If patients, relatives or carers are worried about any aspect of their treatment or care, we encourage them to speak with the medical and nursing staff involved with their care as soon as concerns arise. It is important that you listen carefully to their concerns as this could contain valuable feedback.

### What should I do if someone comes to me with a concern or complaint?

If you can resolve the issue then please do so. If not, then escalate to the senior person on duty in your area. This is the best and quickest way of resolving concerns, and can often avoid a formal complaint being made.

### What should I do if I don't know how to respond to the concern or complaint?

Escalate the issue to the relevant manager or matron or, if this is not possible, contact the Patient Advice and Liaison Service.

### Questions for you to think about

- How do you take account of patient feedback?
- Can you think of a time when feedback led to a change or improvement in care/service provided?

### For more information

Refer to [Customer Care and PALS Policy and Procedure](#).

### Key Contacts

#### • Patient Advice and Liaison Service

◇ 07591 988962

◇ Email: [PALS@lthtr.nhs.uk](mailto:PALS@lthtr.nhs.uk)



## My CQC

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There are lots of things you can start to do now to ensure you are prepared for the inspection; these are things you probably already know and do.

- Keep informed – attend briefings, talk to your team, colleagues, and managers.
- Make sure you know your managers and the executive team.
- Ensure patient assessments, risk assessments, risk registers, policies, procedures, and protocols are accurate and up to date.
- Check your notice boards for out of date information and update regularly.
- Know your service! What are your strengths and challenges; what improvements have you made recently, and what else are you planning to do?
- Understand your staffing levels, harms data, incident data, and trends.
- Know how to raise a concern e.g. safeguarding, incident reporting, whistle blowing.
- Understand your role in relation to assessing mental capacity and Deprivation of Liberty (DoLs).
- Understand how lessons are learnt and how improvements in care and treatment occur.
- Ensure your mandatory training, essential training, and appraisal are up to date.

# My CQC Self-assessment questions

Answer yes or no, if no please note what action you will take.

**I know the Trust aims and ambitions and the annual goals for this year. Y/N**

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**I know the Trust Values. Y/N**

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**I know who my line manager and department head are. Y/N**

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**I know who members of the Board are. Y/N**

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**I know how to access policies and/or clinical guidelines relevant to my area. Y/N**

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**I have had an appraisal in the last 12 months. Y/N**

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**My mandatory and essential training is up to date. Y/N**

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**I know how to log an incident on Datix. Y/N**

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**I know how lessons are learnt and how improvements in care and treatment occur. Y/N**

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**I know how to identify a risk and how to manage it. Y/N**

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**I know how to raise a safeguarding concern. Y/N**

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**I know who the Freedom to Speak Up Guardian is and how to contact them. Y/N**

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# How you can prepare for the inspection

**What are you proud of?**

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**What do your patients say about your service?**

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**What new ways of working have you tried/or are you aware of?**

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**How good is the service you provide?**

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**What quality improvements have you made/or are aware of in your service recently?**

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**What areas are your team trying to improve? Why and how are you doing this?**

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If you would like more information or advice, please contact:

**Christine Morris, Associate Director of Governance.**

Tel: 07930 442 701

Email: [christine.morris@lthtr.nhs.uk](mailto:christine.morris@lthtr.nhs.uk)

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