

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE TRUST HEALTHCARE GOVERNANCE COMMITTEE

HELD ON 18 APRIL 2011

Subject:	CQC Inspection Programme – Dignity and Nutrition for older people
Supporting Director:	Professor Mike Richmond, Medical Director
Author:	Mrs Sandi Carman, Head of Patient and Healthcare Governance
Status¹	Note

PURPOSE OF THE REPORT:

The purpose of this report is to update the Committee regarding the Trusts involvement in the CQC inspection programme which included an unannounced visit on the 23 March and required submission of supporting documentation by the 28 March 2011.

KEY POINTS:

This review is a targeted inspection programme of NHS hospitals looking at whether older people are treated with respect and how they are helped with food and drink when they need it.

An unannounced visit was undertaken by an inspection team to Hadfield 3 and 6 on the 23 March 2011. The inspection team was led by Shelagh Murphy, CQC Inspector and included a practising NHS nurse and an 'expert by experience', an older person who has received hospital care and who can give the patient perspective.

The programme specifically focuses on parts of the new [essential standards of quality and safety](#) – in this case, aspects of Outcome 1 (respecting and involving people) and Outcome 5 (meeting nutritional needs).

The CQC are inspecting selected wards in about 100 NHS hospitals.

The inspection team collected the views of patients and staff on the wards, reviewed case notes, observed practice and assessed the environment.

Additional documentation was requested which included

- Provider Compliance Assessments for Outcome 1: Respecting and Involving People who use Services and Outcome 5: Meeting Nutritional Needs.
- Evidence of assurance relating to the readiness of staff to deliver care that respects patients' dignity and meets their nutritional needs, evidence of compliance with single sex accommodation, food quality and protected mealtime policies.
- Supplementary evidence submitted included real time monitoring reports relating to mix sex accommodation and the Patient Experience report October to December 2010.

Immediate feedback from the visit was positive, with very few areas for concern. A lessons learnt log regarding the visit process has been commenced and will be finalised in the next month.

Further feedback will be available from the CQC on the 20 May 2011 and the final report will be published on the CQC website (date to be confirmed).

IMPLICATIONS²

Achieve Clinical Excellence	
Be Patient Focused	
Engaged Staff	
CQC Evidence	Outcome 1- The initial verbal feedback from the visit was very positive Outcome 5- The initial verbal feedback from the visit was very positive

RECOMMENDATION(S):

The Committee are asked to note the unannounced visit and subsequent documentation submissions. A further update will be submitted in June 2011.

APPROVAL PROCESS

Meeting	Presented	Approved	Date

- ¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the three pillars (aims) of the STH Corporate Strategy 2008-2012