

What good looks like and the role of the CQC

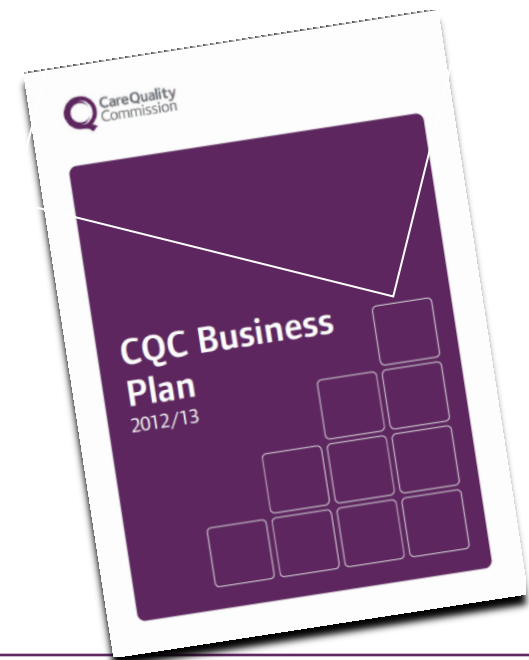
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Our purpose

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

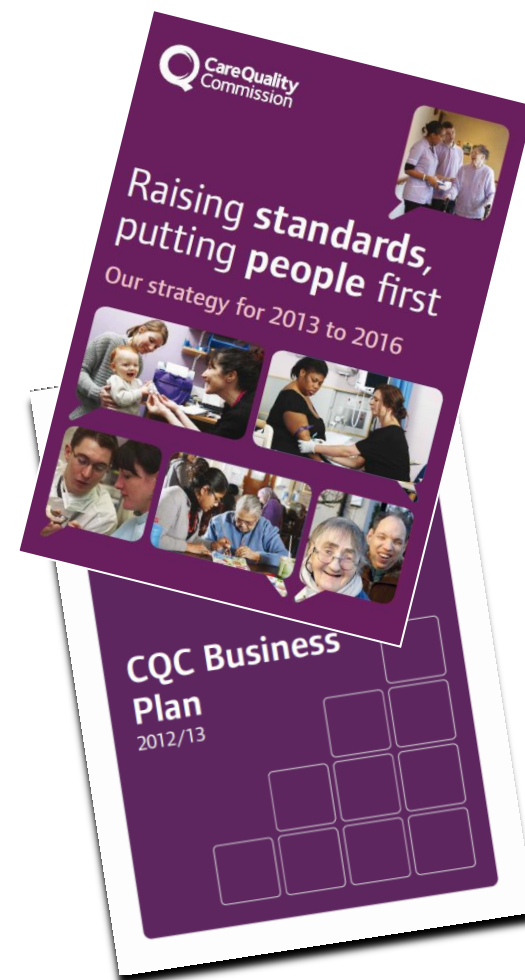
Our role

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



We ask these questions of all services:

- Is it safe?
- Is it effective?
- Is it responsive?
- Is it caring?
- 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? | Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture? |

The Transition Challenge



Families

“ I don't know
what lies ahead”
“I am scared”
“They wont know
us”



Staff

“There is no-
one on the
other side”
“doing our
best”

Safe	Transition
Incidents	How do you know what you don't know? Cohort of patients. Learning lessons + wider context of interested parties
Environment & Equipment	Age appropriate, emergency trolleys. Shared environments. Technology mapping/skills
Safeguarding	CYP – adult transition. Link to reporting. TNA,
Assessing and Responding to pt risk	Planning. Clear scoping of individual needs. Reduce odds.
Staffing	Who/What/How

Effective	Transition
Evidence Based Care and Treatment	Policies/Procedures – evidence Based. Research – MDT considerations
Patient Outcomes	Clinical Audit related to transition – how do you know what good looks like? MDT considerations
Competent Staff	Paeds/Adults training. Complex needs, individual needs, link roles, technology,
MDT Working	Patient centred. MDT beyond walls/Clinics/Liason/Handover/Planning

Caring	Transition
Compassionate Care	Measuring compassion : What was the experience of transition? Examples of pre and post evaluation
Understanding and involving pts and people close to them	Family involvement/CYP independence and choice
Emotional Support	Psychological support. MDT approach and across boundary emotional support. Roles as primary contact

Responsive	Transition
Service planning to meet the needs of the local people	Strong leadership. “Pushing” the system. Clear decision making. Future planning.
Access and Flow	Know your position. Who/What/Why/How often. Transition clinics MDT. Complex support requirements
Meeting Individual Needs	Condition specific pathway plans. Complex pathway plans

Well-Led	Transition
Vision and Strategy	Strategic understanding. System challenge. Not accepting the current. Long-term vision and goals – shared collaborarion. Supportive
Governance Arrangements	Risk and quality measurements. What worked well? Shared learning
Leadership of Services	Sharing expertise. Desire to improve. Thinking beyond boundaries
Public and Staff Engagement	Meaningful engagement. Taking on the too hard to tackle box.

The Challenge



Keys messages : Good



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What good really looks like

**"Coming together is a beginning;
keeping together is progress;
working together is success."**

Henry Ford

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Thank you for listening .



Any Questions?