

CQC Improvement Plan (Action Plan) Update report

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Our inspection

- Team of 30 inspectors, made up of patients, doctors, nurses, other healthcare professionals (eg: specialist leads for Safeguarding, Infection Control & Staffside) visited QMC and City Hospital over 15 days (announced and unannounced) between November 2018 and January 2019
- CQC spoke to patients, carers, staffside leads and staff of all levels
- They also sought views and perceptions of NUH from external partners as part of the inspection

7 core services inspected

- Urgent & Emergency Care
- Medicine (including Healthcare of Older People)
- Critical Care (QMC campus only)
- Children & Young People
- Maternity
- Neonatal (City campus only)
- End of Life Care

3 parts to our inspection:

- Core service review
- Well-led review (over three days)
- Use of Resources review

We've been rated

'good' overall by the Care Quality Commission



Caring

Outstanding



Effective

Good



Well-led

Good



Responsive

Good



Safe

**Requires
improvement**



Driving Improvement

- Two core services were rated as requiring improvement:
 - Urgent and emergency care at QMC (safe and responsive domains)
 - Maternity at QMC and City (safe and well led domains)
- Overall rating of requires improvement for the safe domain.
- The full report can be found at <https://www.cqc.org.uk/provider/RX1?referrer=widget3>

Action Plan

- The inspection resulted in ONE MUST DO regulatory action in relation to the documentation of do not attempt cardiopulmonary resuscitation (DNACPR) decisions and 54 SHOULD DO actions.
- A detailed action plan was developed to respond to these recommendations

Progress- 'Must-Do'

- There has been progress against implementation of the 'Must Do' action (DNACPR decision making and recording) but not at the required pace. Key issue relates to completion of all sections of the form in a timely manner
- CQC aware and have supported development of a targeted QI project to drive improvement in performance which will commence December 2019

Progress- 'should- do'

- 26 of the 'should do' recommendations are on track for completion or have been completed and embedded in practice.
- 13 of the 'should do' recommendations are considered to need investment to implement properly and have been reviewed at Management Board
- The remaining 15 are off track with a recovery plan in place

Update of key areas of focus

May 2019

- More consistent application of the principles of the Mental Capacity Act
- Improving compliance with medical equipment checks
- Keeping clinical bins locked at all times

December 2019

- MCA Champions in all areas with positive initial audit results and further audit planned to test embeddedness
- Process reviewed through nursing dashboard and offering good assurance
- Spot checks in place and offering good assurance

Monitoring progress

- CQC action plan oversight group established under leadership of Chief Nurse
- Oversight at Quality and Safety Committee and Management Board with upward reporting to Quality Assurance Committee & NUH Trust Board.
- Internal audit has reviewed and tested the robustness of monitoring and oversight process and issued a significant assurance opinion (Nov 2019)

Questions & discussion