

NUH response to CQC inspection report & ratings

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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 pathways & services inspected

- Urgent & Emergency Care
- Medicine (including Healthcare of Older People)
- Critical Care
- Children & Young People
- Maternity
- Neonatal
- 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**



Report reflections

- Reassures patients, relatives, carers and our local community
- Recognises staff are motivated to deliver the best possible care and their pride in NUH
- Commended for delivering outstanding patient care
- Report informs our continuous improvement programme & areas additional attention is required (Safe domain)

Outstanding practice (1)

- Our unique Junior Doctor Liaison role (which offers pastoral support to over 1,000 trainees and trust grades across the Trust)
- Our approach to Shared Governance which is the most established programme in the NHS and strengthens staff engagement & empowerment
- Strong local community engagement to drive improvements such as seeking input from patients to develop the Memory Menu
- Strong ethos of learning & training (Emergency Medicine)

Outstanding practice (2)

- Integrated Discharge Team – including training for teams across NUH re: excellence in discharge practice
- ‘Outstanding’ for end of life care for patients and their families (City Hospital)
- At forefront of national best practice in Critical Care, including NHS Blood and Transplant Guidelines
- Praise for making hospital fun for young patients who are cared for in our Nottingham Children’s Hospital (Giggle Doctors, Therapy Dogs and Spiderman)
- Strong digital culture (how the Trust embraces technology to improve safety and quality of care)

**“Feedback from people who use the services
was continually positive”**

**“There is a strong, visible person-centered
culture”**

**“Staff were motivated and inspired to deliver
care that was kind and promoted dignity”**

**“Staff were consistently compassionate about
patient care and strived to go ‘above and
beyond’ where they could”**

“Most managers across the trust promoted a positive culture that supported and valued staff”

“The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.”

“There was a strong culture of continuous improvement, driven through transformation work”

“The service took account of patients’ individual needs”

“Concerns and complaints were treated seriously, investigated and lessons learned from the results”

“The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish”

“The Trust had a ‘Best-of-Breed’ Strategy to become a ‘Paperless Hospital’ by 2020 and had a mission to be a global digital exemplar. The trust was very digital orientated”

“We saw numerous examples of where engagement with the local population had brought a tangible value”

“There was a strong focus on research and innovation which supported local, national and international best practice”

“The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation”

Safe domain: 'requires improvement'

- Some concerns about consistency of prescribing, giving, recording and storing medicines and compliance with mandatory training as well as cleanliness and staffing levels in some local areas to ensure optimal patient care
- **MUST DOS**

Ensuring we fully, clearly and consistently document
Do Not Attempt Resuscitation CPR decisions

Improvements needed (2)

Other areas that the CQC advised we make improvements in include:

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

Monitoring progress

- Oversight from Quality Assurance Committee & NUH Trust Board

Questions & discussion