

# Briefing: Responding to CQC Inspection July 2018

## 1. Purpose

- 1.1. This document is for information and sets out the context of the most recent CQC inspection of North Devon District Hospital, managed by Northern Devon Healthcare NHS Trust, and covers the findings from the inspection, actions being taken and how actions and improvements will be assured.
- 1.2. This briefing assumes that the reader has read the inspection report, which can be found on the CQC website here: <http://www.cqc.org.uk/location/RBZ12> and is supported by the Trust's Quality Improvement Plan.

## 2. Background

- 2.1. The Care Quality Commission carried out an unannounced inspection at North Devon District Hospital in October 2017 to look at four aspects of our services: urgent and emergency services; maternity; end of life care; and outpatient services. The inspection report was published on 9 January 2018 and highlighted a number of areas for improvement and a subsequent warning notice. A further unannounced inspection occurred on the 17 and 8 July 2018.
- 2.2. The report published on the 18 September 2018 detailed the findings of the unannounced follow-up inspection on 17 and 18 July 2018. This inspection was focused solely on the improvements required as detailed within the warning notice. The CQC did not review the ratings as part of this inspection.
- 2.3. The inspection identified that the Trust had made progress in addressing previous concerns and the report identified improvements. However, systems and processes needed more time to fully embed and progress needed to continue.
- 2.4. The CQC assesses services against five criteria. Safe, effective, responsive and well-led were rated as requires improvement. Caring was rated as good. As a result, the Trust's overall rating remains 'requires improvement' following the report in January 2018.

Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

*Table 1: NDHT's overall CQC rating, as of January 2018*

- 2.5.** Many of the recommended improvements had been made and the Trust is taking action in the remaining areas and approaching improvements in a wider manner to progress from requires improvement to good, and aspiring to achieve outstanding.

### **3. Findings and actions**

Following receipt of the CQC inspection report, NDHT submitted its Quality Improvement Plan to further enhance services across North Devon.

The action plans can be categorised into Trust-wide and service-specific.

- 3.1.** The recent report recognises progress. Some examples:

3.1.1. Staff training had greatly improved in urgent and emergency services

3.1.2. In maternity services:

3.1.2.1. Incident investigations had improved

3.1.2.2. The culture within the service was improving

3.1.3. There was improved oversight, audit and assessment of the end of life service

3.1.4. In outpatients, the Trust had better oversight of waiting lists

- 3.2.** Areas where further action needs to be taken:

3.2.1. Cleanliness of emergency department (significantly impacted due to major refurbishment works - now complete, with spot checks to support cleanliness)

3.2.2. Mandatory training compliance in maternity unit (now improved and above target)

3.2.3. Audits to measure effectiveness of improvements in maternity services (annual plan that was in place at the time of inspection continues to progress within agreed timelines)

3.2.4. Skill mix of staff and incident reporting culture on chemotherapy unit has been supported with revised leadership and senior leadership support)

3.2.5. Managing long waiting lists (trajectories in place and monitored)

- 3.3.** Looking ahead to maintaining improvements:

3.3.1. Quality Improvement Plan (attached) in place, delivering an outcomes based programme of quality improvements to achieve a good rating from the CQC and detail the journey to outstanding.

3.3.2. Quality priorities agreed by the board in April 2018 for 2018/19 address the more complex issues highlighted by CQC which will take time to resolve:

3.3.2.1. Improving patient flow and managing our waiting lists

- 3.3.2.2. Implementing integrated governance
- 3.3.2.3. Strengthening the training and appraisal processes
- 3.3.3. Collaborative agreement with RD&E commenced on 18 June 2018 and has:
  - 3.3.3.1. Revised the executive team and clarified responsibilities to ensure effectiveness.
  - 3.3.3.2. Identified immediate priorities: maternity services, IT systems, managing waiting lists.
  - 3.3.3.3. Identified clinical specialities where focus is required.
  - 3.3.3.4. Completed a 'Diagnostic' which identified strengths and weaknesses across organisation.
  - 3.3.3.5. Commenced a review of governance and a governance development plan due to deliver a revised structure in January 2019.
  - 3.3.3.6. Ensured a Trust-wide focus on quality, with quality, performance and finance priorities aligned.
  - 3.3.3.7. A planned financial deficit for 2018/19, recognising need to invest in quality improvement.
  - 3.3.3.8. A robust winter plan in place including increased bed base to reduce pressure on emergency department and ensure patients are seen in the best place for their needs.
  - 3.3.3.9. A longer-term options appraisal looking at how we can secure the long-term sustainability of clinical services for the population of northern Devon.

## **4. Reporting and monitoring**

- 4.1. The Quality Improvement Plan ensures achievement and monitoring is embedded in good governance with a robust process to internally and externally monitor our progress.
- 4.2. Each outcome has a designated lead who is responsible for the completion, with a clear route to monitoring implementation according to agreed timescales.
- 4.3. Regular updates and evidence are supplied to the CQC with evidence of implementation.
- 4.4. Actions and improvements will be reported through the CQC and regulators (NHS Improvement) through an agreed strategic oversight meeting.

## 5. Conclusion and recommendations

- 5.1. The Trust can evidence that it is continuing to improve services in all areas identified by the CQC inspection and beyond, aspiring to achieve good at the next inspection and aspiring to achieve outstanding at future inspections. The latest inspection recognises improvements, but also recognises improvements that need to continue. Our approach continues to be well-received by regulators and the CQC.
- 5.2. Ongoing monitoring will continue through improved governance structures. A process of self-assessment of compliance is being introduced to ensure this is sustained and measurable going forward.
- 5.3. System oversight meetings will continue and an invitation for the Chair of Scrutiny to attend is extended.