

Plymouth City Council’s Wellbeing Overview and Scrutiny Committee

26th April 2017

Subject	Plymouth Hospitals Trust’s Care Quality Commission Re-Inspection July 2016
Prepared by	Julie Morgan, Deputy Head of Quality Governance
Approved by	Greg Dix, Director of Nursing and Chief Operating Officer
Presented by	Bev Allingham, Deputy Director of Nursing

Purpose

The purpose of this report is to provide an overview of the key findings of the 2016 Care Quality Commission (CQC) inspection report which was produced further to our July re-inspection and the action being taken in response.

Decision	
Approval	
Information	
Assurance	●

Corporate Objectives

Improve Quality	Develop our Workforce	Improve Financial Position	Create Sustainable Future
●			

Executive Summary

Plymouth Hospitals NHS Trust was inspected by the CQC in July 2016 as a follow up to the comprehensive inspection that was carried out in April 2015. Whilst we have again been rated as ‘Requires Improvement’ overall for our services, the report clearly demonstrates significant improvements across the core services and this is clearly demonstrated in the comparison of ratings at Annex 1. An Action Plan has been developed in response to the Quality Report which addresses the ‘Must Do’ and the ‘Should Do’ areas for improvement; a copy of the Action Plan monitoring report is appended at Annex 2.

Quality Impact Assessment

Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 results in the provision of services to patients that fails to meet essential standards of quality and safety.

Financial Impact Assessment

Failure to maintain compliance may incur financial penalties as part of any regulatory action taken by the CQC.

Regulatory Impact Assessment

Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 may result in the issuing of a warning notice, imposition of a condition of registration, suspension or cancellation of registration, or under criminal law, a caution or prosecution.

Equality and Diversity Impact Assessment

Any equality and diversity issues identified in the report will be addressed in our action plan.

Environment & Sustainability Impact Assessment

Not applicable.

Conclusion and Recommendations

The Trust is delighted with the recognition of the improvements that have been made since the 2015 Inspection. Monthly updates of progress against the Action Plan are undertaken with the next external reports of progress planned for the end of April 2017. It is recommended that the Committee takes assurance from the progress that we have made and our plans to make further improvement.

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Purpose

- 1 The purpose of this report is to provide an overview of the key findings of the 2016 Care Quality Commission (CQC) inspection report which was produced further to our July re-inspection and the action being taken in response.

Quality Report

- 2 Plymouth Hospitals NHS Trust was inspected by the CQC in July 2016 as a follow up to the comprehensive inspection that was carried out in April 2015. During the previous inspection we were rated as 'Requires Improvement' overall. The follow up inspection therefore focussed on those areas rated previously as 'Requires Improvement' and 'Inadequate' (see Annex 1). The CQC also inspected the Well Led domain at Trust level.
- 3 Whilst we have again been rated as 'Requires Improvement' overall for our services, the report clearly demonstrates significant improvements across the core services and this is clearly demonstrated in the comparison of ratings at Annex 1.
- 4 The CQC have aggregated the ratings from the previous inspection and given new overall ratings for each core service. Inspectors have reported a marked improvement and there are no more 'Inadequate' ratings.
- 5 Our ratings for each of the five domains assessed by the CQC is shown below:

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

- 6 Of the 18 domains rated as 'Requires Improvement' or 'Inadequate' for Derriford Hospital in 2015 we have improved in 14. Of particular note is the dramatic improvement

in Outpatients and Diagnostic Imaging. For Mount Gould Hospital we improved in the Safe Care domain from 'Requires Improvement' to 'Good'.

- 7 The report recognises many areas of outstanding practice including:
 - There had been an outstanding response from the critical care teams and the hospital trust to areas of concern raised in the previous report.
 - The audit processes used through the fundamentals of care audit and the departmental nursing assessment and assurance framework.
 - The new role within the acute medical units and the short stay ward to enable medicines for patient discharges to be prepared more efficiently.
 - Access for patients to receive care and treatment on the stroke pathway had improved since the last inspection.
 - The multi-disciplinary working between the Specialist Palliative Care Team and the wider hospital and local community were outstanding.
 - The use of prompt cards in outpatient areas to give staff easy access to phone numbers and processes involving safeguarding and the management of patients with complex needs.

- 8 Other positive feedback included:
 - A positive incident reporting culture and staff were open and honest with patients and their relatives when anything went wrong.
 - When people in outpatients and diagnostic imaging received care from a range of different staff, teams or services, this was co-ordinated well ensuring that all relevant teams were involved in the planning and delivery of care and treatment.
 - Staff felt that senior managers were visible, approachable and accessible; they told the CQC that they felt respected and valued and spoke about an open culture.
 - Improvements noted in the number of medical outliers, multiple patient ward moves and moves out of hours.

Action Plan

- 9 An Action Plan has been developed in response to the Quality Report which addresses the 'Must Do' and the 'Should Do' areas for improvement; a copy of the Action Plan monitoring report is appended at Annex 2.

- 10 Delivery of the completed Action Plan is subject to a process of internal and external monitoring and reporting. Further to the success of the arrangements established to govern delivery of the previous Action Plan, delivery of the new Action Plan is again being overseen by a CQC Post Inspection Project Group. Ongoing assurance is reported internally to Safety and Quality Committee at each meeting and externally to the CQC, NEW Devon Clinical Commissioning Group and to NHS Improvement until completion.

- 11 Any concerns with lack of delivery of actions or lack of desired impact of the actions will be escalated to Trust Management Executive and Trust Board as required.

Conclusion and Recommendations

- 12 The Trust is delighted with the recognition of the improvements that have been made since the 2015 Inspection. Monthly updates of progress against the action plan are undertaken with the next external reports of progress planned for the end of April 2017.
- 13 It is recommended that the Committee takes assurance from the progress that we have made and our plans to make further improvement.