

SUMMARY REPORT

Plymouth Health and Adult Social Care Overview and Scrutiny Committee

26th September 2018

Subject	University Hospitals Plymouth NHS Trust Action Plan following the recent CQC inspection
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Approved by	Greg Dix, Chief Nurse
Presented by	Greg Dix, Chief Nurse

Purpose

The purpose of this report is to provide an overview of the key findings of the 2018 Care Quality Commission (CQC) inspection report 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

University Hospitals Plymouth NHS Trust was inspected by the CQC in April – May 2018. This involved an inspection of the following core services alongside a Trustwide Well-Led inspection:

- Urgent and Emergency Services;
- Medical Care;
- Surgery;
- Maternity;
- Outpatients; and
- Diagnostic Imaging.

Overall we have been rated again as Requires Improvement:

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

Ratings for Derriford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018
Medical care (including older people's care)	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↓ Aug 2018
Surgery	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Critical care	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016	Good Jun 2015	Good Nov 2016
Maternity	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
Services for children and young people	Good Nov 2016	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016
End of life care	Good Jun 2015	Good Nov 2016	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016
Outpatients	Good Aug 2018	Not rated	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018
Diagnostic imaging	Requires improvement Aug 2018	Not rated	Good Aug 2018	Inadequate Aug 2018	Inadequate Aug 2018	Inadequate Aug 2018
Overall*	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Outstanding ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018

Change to ratings

Safe and responsive remain as requires improvement, but effective and well-led dropped by one rating to requires improvement.

However, the Trust has maintained the rating of 'Outstanding' for Caring. Staff were witnessed delivering kind and compassionate care, even in times of increased pressure (the site was escalated to OPEL 4 during the inspection).

The rating reduction for Well-Led relates to:

- The Trust's failure to meet almost all national targets or standards for treating patients.
- Although there had been actions taken and advancements made around improving culture, there were several significant problems to be addressed.

Key themes within the Effective domain which led to a rating reduction are:

- Not all staff had received an appraisal in the last year.
- Patients were re-attending ED in higher numbers than the national average.
- The management of Deprivation of Liberty Safeguards was not consistent

Warning Notices

The Trust has received two Warning Notices, one for Pharmacy and one for Diagnostic Imaging.

Significant improvement is required to ensure that patients suspected of having cancer have timely access to initial assessment, test results and diagnosis in diagnostic imaging.

Significant improvement is required to ensure that systems and processes for safely managing medicines are operating correctly both within the pharmacy services and across the Trust, and are effectively governed so that people are given the medicines they need, when they need them and in a safe way.

We are required to make these improvements by Friday 26 October 2018. The key work

streams to address these areas of concern had already started before receipt of the report, and in a number of cases had started before the inspection itself.

Outstanding Practice

The report recognised many areas of outstanding practice including:

- The Trust had outstanding results of significantly low levels of both clostridium difficile and MRSA hospital attributable infections, and significant reductions in MSSA and E. coli infections in the bloodstream. There had been a significant reduction in urinary-catheter infections and no wards had been closed in the year 2017/18 for Norovirus.
- There was an outstanding commitment and range of activities to engage at a Trust-wide level with people who used the services.
- The Trust has a group of dedicated, caring and special individuals who gave up their time to volunteer to support the Trust, patients and carers. They are a credit to themselves and the Trust.
- Additional training had been provided to staff to enable patients undergoing an oesophagectomy to be transferred straight from surgery to the ward rather than the high dependency unit.
- The rheumatology department used patient reported outcomes in which patients suffering from inflammatory arthritis reported their symptoms to the hospital electronically. The clinicians then collated this, reviewed it and used the system to monitor stable patients or called them in for review.
- The succession planning for leadership roles through the off-rotational expert role within the midwifery service provided an opportunity for those wishing to progress to build knowledge and skills in a structured and supportive environment.

Trustwide themes for improvement

- Address and resolve the remaining issues with staff and staff groups who do not feel valued and supported.
- Ensure that Deprivation of Liberty Safeguard applications are fully understood.
- Address and resolve the issue of unrecognised or unaddressed risks in the pharmacy and diagnostic imaging teams connected with patient safety, staff pressures, performance, and governance failings.
- Work with stakeholders and commissioners to address the failure to meet almost all the national targets or standards for patient care. This includes most significantly the cancer standards and the failure of meet diagnostic standards.

Action Plan

An Action Plan has been developed in response to the Quality Report which addresses the 'Must Do' and the 'Should Do' areas for improvement; this includes the Warning Notices. A copy of the Action Plan is appended at Annex 1. 11% of the actions have already been completed.

The Action Plan will be translated into an Action Plan monitoring report which includes key outcome metrics to enable us to clearly measure and monitor our progress.

Delivery of the completed Action Plan is subject to a process of internal and external monitoring and reporting. Progress against the actions required to address the two warning notices is being reviewed weekly. Delivery of the remainder of the Action Plan is being overseen by a CQC Post Inspection Project Group monthly. Ongoing assurance will be 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.

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.

Quality Impact Assessment

Failure to comply with the Health and Social Care Act 2008 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 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

Monthly updates of progress against the Action Plan will be undertaken with the first external reports of progress planned for the end of September 2018 for the two warning notices and end of October 2018 for the remainder of the Action Plan.

It is recommended that the Committee takes assurance from the progress that we have started to make and our plans to make further improvement.