

Care Quality Commission – update

September 2018

1. INTRODUCTION

The CQC conducted an announced inspection of six core services on 10 and 11 April 2018. They were Emergency and Urgent Care, Medicine (including older persons care), Surgery, Critical Care, Outpatients and Diagnostics. They inspected outpatients and diagnostics separately for the first time on this inspection.

The CQC plan their inspections based on everything they know about services, including whether they appear to be getting better or worse. Their inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level.

The Trust was inspected by the CQC in regard to the well-led key question on 2 and 3 May 2018.

The CQC reported that the Trust has implemented a number of changes since their last inspection to improve safety and it was noted that this had been sustained. However, there were still improvements to be made in key areas such as retention of staff, mandatory training and ensuring safety checks were completed.

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

CQC improvement action plan

Following the core service and well-led inspections earlier this year, a CQC improvement plan has been developed to ensure ‘must do’ and ‘should do’ actions identified by the CQC are addressed.

This year we had 12 ‘must do’ actions and 28 ‘should dos’. A number of these are already completed, with the outstanding actions being worked through and monitored closely.

A number of the 'must do' actions were issues we could tackle quickly, such as:

- Meeting national specifications for cleanliness on the frequency of cleaning audits carried out in all high-risk areas.
- Making sure nursing staff are appropriately skilled and competent to carry out their roles, to provide safe care, in the surgery department.
- Embedding an effective system to ensure the service meets the trust targets for mandatory training, including safeguarding training to protect vulnerable adults and children and young people from harm and abuse.
- Ensuring emergency equipment within the emergency and urgent care department is checked consistently.
- Ensuring fire safety checks are undertaken in the emergency and urgent care service.
- The trust must plan for an automated system for the cleaning of ultrasound equipment in line with Health and Safety Executive guidance.

Others related to consultant cover in our Emergency Department, improving flooring and walls in theatres, eliminating mixed sex accommodation, ensuring areas where patients are treated are appropriate, and improving the Referral to Treatment time for outpatients.

Next steps

The CQC has amended its inspection regime since the last visit and in future they will select one service to inspect each quarter. Our next visit will be in October.

Core service and well-led inspections are now annual and involve inspecting the five key questions in at least one core service, followed by an inspection of how well-led a provider is. An additional service may also be inspected. Most core (and additional) service inspections will normally be unannounced.

The inspection of the well-led key question at trust level will follow the core service(s) inspection.