

CQC Update Stockton Adults and Health Scrutiny Committee



11 December 2018

Victoria Head - Inspection Manager - Acute Hospitals

Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



Our model of regulation



Register

We register those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We monitor services, carry out expert inspections, and judge each service, usually to give an overall rating, and conduct thematic reviews

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an independent voice on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

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What do the overall ratings mean?





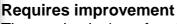
Outstanding

The service is performing exceptionally well.





The service is performing well and meeting our expectations.



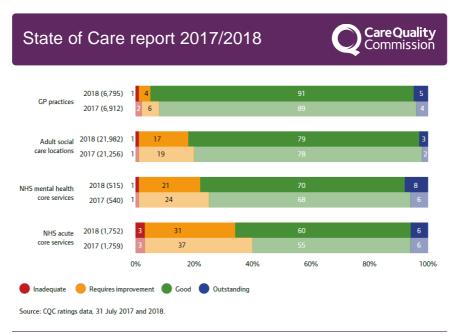
The service isn't performing as well as it should and we have told the service how it must improve.



The service is performing badly and we've taken action against the person or organisation that runs it.

Care Quality Commission State of Care report 2017/2018 1,336 199 Data used in this report This report sets out the Care Quality Commission's (CQC's) assessment of the state of care in England in 2017/18. We use our inspections and ratings data, along with other information including that from people who use services, their families and carers, to inform our judgements of the quality of care. 216 independent acute hospitals To present as contemporary a picture of quality as possible, the data on inspections and ratings in this report are for CQC ratings published as at 31 July 2018. 6,950 21,982 adult social care services 237 10 148 NHS or independent community health providers or locations

NHS mental health trusts



State of Care report 2017/2018





Source: CQC ratings data 1 August 2017 to 31 July 2018

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State of Care report 2017/2018



What we found:

- Most hospitals are delivering good quality care and looking after patients well.
- Our reports highlighted many examples of how hospitals are improving and continuing to improve the quality of care they offer, even though there are constraints. We encourage trusts to follow this good practice to improve their own services.
- But we also found that some trusts have blind spots about the quality of care they are delivering in a particular core service, even in some trusts rated good overall.

The Challenge - Access



- People who live in different places have a different quality of service. They may have to travel further for good services.
- In one area in England only half of the people are happy about when they can see a GP.
- In another area most of the people are happy about when they can see a GP.
- 1.4 million older people do not get the care they need.
- Older people are often looked after by family and other carers.
 They told us that they do not get the help they need to do this.

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The Challenge - Quality



- We check every care service. We say they are good or bad. We checked some services in July 2018 and found they were good.
- We found that
 - 9 out of 10 GP surgeries were good
 - · 8 out of 10 adult social care services were good
 - 7 out of 10 NHS mental health services were good
 - 6 out of 10 NHS hospitals were good
- · Some people in England don't get good care. We found that
 - 1 out of 6 adult social care services weren't good
 - 1 out of 5 NHS mental health services weren't good
 - 1 out of 3 NHS hospitals weren't good

The Challenge - Workforce



- It is important that there are enough care workers for everyone.
 We help check they are good at their job so that you get good services.
- · There are not enough care workers in services like
 - GP surgeries
 - · care in the home.

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The Challenge – Demand & capacity



- Many people are living longer than they used to. More people are living with long term illnesses like
 - diabetes
 - · cancer.
- This means more people will need to use health and care services.
- Services like Accident and Emergency are now really busy.

The Challenge – Funding & commissioning



We need a lot of money to pay for health and care services.

The government has promised to give the NHS more money.

Adult social care services need more money. But we don't know when they will get this.

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University Hospital North Tees (published March 2018)



· Our ratings for University Hospital North Tees

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Requires Improvement	Good

Our ratings for University Hospital Hartlepool

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Requires Improvement	Good

Our ratings for Minor Injuries Unit, One Life Centre

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good		Good	Good	Good

University Hospitals North Tees-continued



Our ratings for Community health services

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Good	Good

 Our overall ratings for North Tees and Hartlepool NHS Foundation Trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Good	Good

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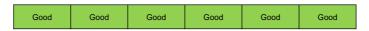
Core services inspected



Urgent and emergency services

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Requires Improvement	Outstanding	Good	Good	Good

Medical care (including older people's care)



Maternity North Tees



Maternity Hartlepool

Good	Good	Good	Requires Improvement	Good	Good
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Outstanding Practice



Urgent and Emergency services

- Strong Visible person-centred culture
- · Dignity maintained for all patients and relatives.

Maternity

- Training of all grades of staff including obstetricians.
- Simulation training for community midwives in a home environment.
- · The bereavement suite

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Areas the trust MUST improve



Urgent and emergency care

- The trust must ensure all staff in the emergency department are supported to become compliant with all aspects of mandatory training.
- The trust must ensure that results of RCEM audits including severe asthma, Consultant sign off, Vital signs, Procedural sedation and VTE improve.

Medical

 The trust must ensure staff across medicine are compliant with mandatory training requirements including safeguarding training.

Areas the trust MUST improve



Maternity

- The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced people so that women's choices can be met.
- The trust must ensure compliance with all aspects of mandatory training, including safeguarding training, levels 1 and 3

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Areas the trust SHOULD improve



Urgent and emergency care

- Ensure staff are supported to be complaint with appraisal rates
- Develop contingency planning to cover leave of RSCNs
- Carry out development work to improve on national and local audit results.
- Improve processes to reduce the number of patients who reattend on an unplanned basis.
- Manage complaints in line with policy timescales.
- Ensure the areas used for assessing the mental health of patients in the emergency department are safe, and suitable.

Areas the trust SHOULD improve



Medicine

- Ensure compliance with appraisal compliance rates across medicine.
- Ensure clinical supervision is embedded and consistent across all wards.
- Ensure documentation for mental capacity act assessments and deprivation of liberty safeguards is fully completed as required.
- Consider ways to improve the time taken to respond to complaints in line with trust policy.

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Areas the trust SHOULD improve



Maternity

 Consider better access times to antenatal services at Hartlepool.

Current regional concerns



Limited as to what can be shared due to current inspection programme; CQC next phase involves more unannounced inspections.

Themes of main concerns in the region:-

- Workforce and staffing
- Delayed transfers of care (impact on patient health and well being & bed availability for others)
- Healthcare associated infections
- Winter planning

Next phase approach for NHS trusts 12 weeks 12 weeks 9 weeks

Provider information request

- Used for monitoring, inspection and rating
- Includes a provider's statement of quality

Regulatory planning meeting

- Internal CQC meeting to determine inspection activity
- Using stakeholder views, CQC Insight, local relationships

Inspection

- · Announced wellled inspection · At least one
- unannounced core service

Reporting

Care Quality Commission

·Reports will be published on our . website

Ongoing monitoring – all year round

- Replacing Intelligent Monitoring with new Insight model
- Strengthened relationship with providers Continue to listen to people who
- Focused inspections if concerns change core/location rating only
 - use services

The updated well-led framework: Key Lines of Enquiry



Does the leadership have capacity and capability to deliver high quality, sustainable care?

Is there a **culture** of high quality, sustainable care?

Is there a clear **vision** and credible **strategy** to deliver high quality sustainable care to people, and robust plans to deliver?

Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?

Are services well-led?

Are there clear and effective processes for managing risks, issues and performance?

Is robust and appropriate information being analysed and challenged? Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to ensure high quality sustainable services? Are there robust systems, processes for learning, continuous improvement and innovation?

Any questions?



