

CQC South Central Region Acute Hospitals.



Presenter CQC representatives
Event Health Overview and Scrutiny Panel meeting
Date 31 January 2019

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve
- Register
- Monitor and inspect
- Use legal powers
- Speak independently
- Encourage improvement
- People have a right to expect safe, good care from their health and social care services



Register	Monitor, inspect and rate	Enforce	Independent voice
We register those who apply to CQC to provide health and adult social care services	We monitor services, carry out expert inspections , and judge each service, usually to give an overall rating , and conduct thematic reviews	Where we find poor care, we ask providers to improve and can enforce this if necessary	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

Our 5 key questions



Are services...



Safe?



Effective?



Caring?



Responsive
to people's needs?



Well-led?

#CareExpectations



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Regulation to inspire improvement



What we do:

- ▶ Set clear expectations
- ▶ Monitor and inspect
- ▶ Publish and rate
- ▶ Celebrate success
- ▶ Tackle failure
- ▶ Signpost help
- ▶ Influence debate
- ▶ Work in partnership



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Beyond Barriers: What did we find?

Can be used as one slide in a wider slide deck

- A system designed in 1948 can no longer effectively meet 2018 needs
- Living longer – but with more complex health problems
- Increasingly, our care must be delivered by more than one person or organisation
- In 2018, we expect care to be personalised to people's individual circumstances
- A fragmented health and care system designed in 1948 can not meet the needs of today's population or operating environment
- We must remove the barriers to collaboration at a local and national level and create an environment that drives people and organisations to work together

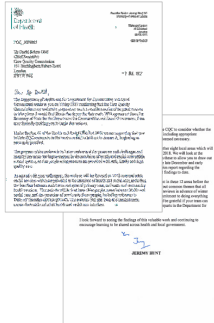


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Why did we carry out these reviews?



- Secretaries of State asked CQC to undertake a programme of **targeted reviews** in local authority areas
- Reviews sat **outside CQC's usual legal powers** (under Section 48 of the Health and Social Care Act)



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How did this fit with our usual work?



Reviewing local systems reflected key findings of recent reports including:

- State of Care 2016 & 2017
- Integrated care for older people

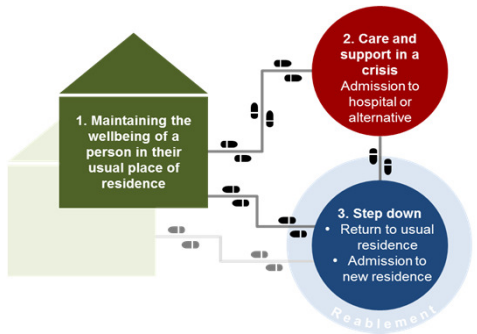
Also built on our previous programme of 'place reviews':

- 2015/16 - North Lincolnshire, Tameside, Salford
- 2016/17 – Cornwall, London Borough of Sutton



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What did we look for in our reviews?



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A system designed in 1948 can no longer effectively meet 2018 needs



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What we found 1/2







- People experience the best care when people and organisations work together to overcome a fragmented system
- Dedicated staff regularly going beyond the call of duty
- There were examples of good practice in every local system we looked at
- Where local leaders share a clear vision, it provides a shared purpose for people and organisations across the local health and social care system
- But in a fragmented health and social care system there are barriers to collaboration at a local and national level

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What we found 2/2



-  **Funding:** Health and social care organisations are limited in how far they can pool resources and use their budgets flexibly across prevention, social care and healthcare
-  **Managing performance:** Organisations are held to account for their own performance, not the performance of the system as a whole
-  **Workforce:** Services do not always have the right staff, in the right place, at the right time – the health workforce and social care workforce are seen as separate entities
-  **Oversight:** Regulation usually looks at quality of care in individual providers, rather than across a system as a whole

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Recommendations to local and national leaders, and government



1. An agreed joint plan that sets out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period
2. A single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people
3. The development of joint workforce plans with more flexible and collaborative approaches to staff recruitment, retention and development
4. New legislation to allow CQC to regulate systems and hold them to account for how they work together to support and care for older people

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Under pressure



- Report published in May 2018
- To better understand the issues faced by emergency departments, and identify areas of risk
- We worked with over 70 frontline clinicians to identify best practice to make sure patients are kept safe
- A new way of working to prompt new ways of thinking

Meeting the quality challenge Emergency Departments



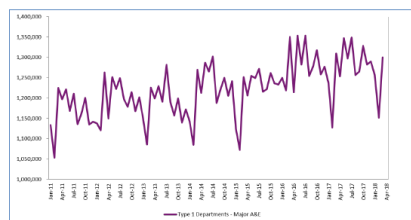
- Demand is leading to steadily increasing pressure on EDs
- Staff have generally maintained safety by going to extraordinary lengths
- Inspections have found much good practice, but some unsatisfactory care
- New ways of collaborating needed to keep people well, reduce attendances and reduce admissions
- Clinical staff have provided us with their insights into steps that can be taken to improve care
- Hospital cannot work alone the pressure is a symptom of much wider system capacity problem
- A whole system approach is needed now to change the situation before next winter

Demand



- Demand on health and social care services is leading to increasing pressure on emergency departments

Figure 1 – Total monthly attendances to emergency departments (type 1)⁵



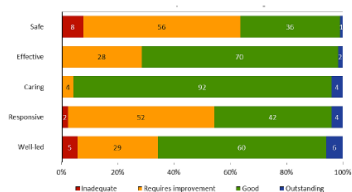
Source: NHS England

Variation



- Our inspections have found evidence of good practice and improvements but too much variation in planning for and managing increased patient attendances

Figure 2 – NHS acute hospital A&E ratings by key question⁶



Source: CQC ratings data, April 2018

Eight issues



1. **Ambulance arrivals** – delays in patient handovers from ambulance into hospital.
2. **First clinical assessment** – delays in early assessment of patients.
3. **Deterioration** – monitoring of patients and identification of people at risk of deterioration.
4. **Escalation** – strategies for managing surges in demand.
5. **Specialist referrals** – delays in referrals and the working relationships between the emergency department and specialty teams.
6. **Use of inappropriate physical spaces** – this includes, for example, corridors for the care and treatment of patients.
7. **Staffing** – the wellbeing of staff and staff shortages.
8. **Patient outcomes** – the importance of all services monitoring the outcomes of their treatment and taking action if they are not within the expected range.

Collaboration and planning



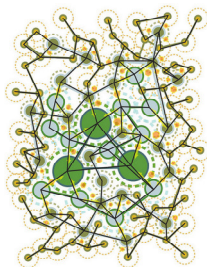
- It is clear, what used to work doesn't work anymore
- New ways of collaborating and planning for surges in demand need to happen *now* to ensure that next winter is different



It's a system issue



- However, hospitals cannot work alone
- Longer term, transformation is needed across the health and care system as whole
- Problems in urgent and emergency care are symptomatic of a wider capacity problem in the health and social care system
- This will only increase unless there is a whole system approach to planning for, and managing heightened demand



These challenges are not insurmountable



- A multidisciplinary group worked with frequent users of their ED for a number of reasons such as violence and aggression (800 per year).
- The team is made up of;
 - Matron, consultant, psychiatry liaison nurse, homeless health team, drug and alcohol nurse and primary care
 - Regular input from police, ambulance and other specialities
- Support plans are made for individuals and people are signposted to other services to support them.
- **The group has shown a reduction in ED attendances and admissions of 80% from these frequent users.**



Bristol Royal Infirmary – High Impact User Group

Services inspected during Comprehensive Inspection April 2018.

- Medicine
- Outpatients
- Diagnostic Imaging
- Maternity
- Children and Young People
- Critical Care
- End of Life Care

Further Well Led inspection conducted 9-10 May 2018. We also inspected a further two services

- Surgery
- Urgent and Emergency Care.

• Our overall rating of the Trust stayed the same as our last comprehensive inspection in 2015. We rated the Trust as requires improvement.

Individual service ratings

- Critical care.. Outstanding
- Outpatients Good
- Urgent and Emergency Requires improvement
- Maternity Requires Improvement
- Medical Care Requires improvement
- Diagnostic imaging Good
- Surgery Requires improvement
- Children and Young people Good
- End of life care Good.

Ratings table 

 20180628 Ratings table PHT.pdf

Thank you 



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