



**Trust Board Meeting
01 October 2015**

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| Title of the paper: | Care Quality Commission (CQC) update | | |
| Agenda item: | 10/30 | | |
| Lead Executive: | Helen Brown, Director of Strategy and Corporate Services | | |
| Author: | Helen Brown, Director of Strategy and Corporate Services | | |
| Trust objective: | Tick as appropriate: <input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; | | |
| Purpose: | The aim of this paper is to provide an update on the outcome of the inspection of the Care Quality Commission (CQC) of all three hospital sites between 14 – 17 April, 1 May and 17 May 2015. | | |
| Previously discussed and date for further review: | | | |
| Committee | | Date | |
| N/A | | | |
| Benefits to patients and patient safety implications | | | |
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| Risk implications for the Trust | | Mitigating actions (controls) | |
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| Links to Board Assurance Framework, CQC outcomes, statutory requirements | | | |
| Legal implications (if applicable) | | | |
| Financial implications (if applicable) | | | |
| Recommendations | | | |
| The Board is asked to note the report. | | | |

Trust Board meeting – 01 October 2015

Care Quality Commission Update

Presented by: Helen Brown, Director of Strategy and Corporate Services

1. Summary

The Care Quality Commission (CQC) inspected all three hospital sites at West Hertfordshire Hospitals NHS Trust between 14 – 17 April, 1 May and 17 May 2015.

CQC carried out this inspection as part of its comprehensive inspection programme. In addition, they undertook an unannounced inspection on 1 and 17 May at Watford General Hospital. Verbal feedback was provided by the CQC to the Trust on the 17th April and the Trust took a number of immediate actions to address the key risks and issues raised at that time. ***Further information on work undertaken since the visit to address the concerns raised is attached for information (Attachment A)***

The draft written reports (one Trust wide summary report and three detailed reports, one for each of the Trust's three key hospital sites) were received by the Trust on the 10th August. In line with the CQC process the Trust submitted detailed factual accuracy comments on the draft reports on the 25th August 2015. The CQC made a number of revisions in response to the trust's factual accuracy comments and published final reports on the 10th September 2015.

Overall, the CQC rated West Hertfordshire Hospitals NHS Trust as inadequate in two of the five key domains – safe and well-led. The overall score for both the Watford and St Alban's Hospitals was inadequate. For Hemel Hempstead Hospital the overall score was 'needs improvement'.

In addition the CQC made a recommendation to the Trust Development Authority (TDA) that the Trust be placed into special measures. The TDA accepted this recommendation. ***A letter from the TDA was received by the Trust on the 16th September confirming this decision and setting out the key elements of support to be provided to the Trust to ensure that rapid and sustained improvement is delivered. (Attachment B)***

2. Improvement Plan

The Trust is required to develop and submit a comprehensive improvement plan to address the concerns set out in the report by the 8th October 2015.

Work is underway to develop the improvement plan in line with the required deadline.

The success of the improvement plan will depend on its ability to be owned within the Trust by everyone to drive on the ground change and to resolve systemic issues that affect all staff.

Clinical teams and departments at specialty level have been tasked with producing local action plans to identify what they will do to address the CQC concerns that relate to their specific department, and any cross-cutting concerns that they can influence. These action plans will be clinically owned and identify changes in clinical and operational practice to drive improvement.

This bottom-up involvement of departments will help to provide clinical ownership and local accountability that will be critical in driving the cultural change we require.

These local action plans will be aggregated up to Divisional and Organisational levels to support the development of cross-cutting change programmes. 5 key improvement themes with a range of underpinning work programmes have been identified as follows:

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| <i>Our People</i> | Vision, values and culture, recruitment and induction, staff engagement and retention, learning and development |
| <i>Getting the Basics Right</i> | Health and safety, medicines, information governance and health records, equipment, food safety. |
| <i>Patient Focused care</i> | Patient experience, outpatients, unscheduled care and patient flow, caring for our sickest patients, end of life care |
| <i>Improving our Infrastructure</i> | Estates and facilities, IM&T |
| <i>Governance, risk management and making informed decisions.</i> | Governance and assurance, risk management, learning from complaints and incidents, audit and quality assurance, data and insight, emergency planning and resilience |

(NB: draft – subject to further revision)

Key measures of success will be defined for each theme to ensure that we can clearly track whether changes we are making are demonstrably delivering improvements in processes and outcomes. Actions to address concerns under each heading will be identified with clear timescales for delivery.

3. Warning Notice

On the 12th August 2015 the Trust received a formal warning notice from the CQC setting out 8 key areas for immediate improvement (by end September) relating to governance, risk management, quality assurance processes and data.

1. The design and operation of the governance arrangements are not effective in identifying and mitigating significant risks to patients.
2. Risks to the delivery of high quality care are not being systematically identified, analysed and mitigated.

3. The governance arrangements are not supporting both transparency and openness alongside constructive challenge.
4. Key risks and actions to mitigate the risks are not driving the Board agenda.
5. Staff are not being held to account for the management of specific risks.
6. Staff are not actively encouraged and know how to identify risks and make suggestions for improvement.
7. There is a lack of processes in place to provide systematic assurance that high quality care is being delivered; priorities for assurance have not been agreed and are not kept under review. Effective action has not been taken when risks are not mitigated.
8. The data used in reporting, performance management and delivering high quality care is not robust and valid.

Note: Whilst the Trust accepts the overall findings set out within the warning notice the Trust has requested an amendment to the wording of point 8 to read: "The data used in some areas is not sufficiently robust to drive performance management and service improvement"

The Trust is required to provide a formal response to the CQC on the steps it has taken to address their concerns by the 30th September 2015. Work is underway to develop the response to the CQC in line with the required deadline. Substantial progress has been made in addressing the issues set out above - a brief summary is included within the overall update summary (Attachment A). However there remains a substantial programme of work to be undertaken to further develop and embed the improvements made at all levels in the organisation.

5. Recommendation

- 5.1 The Board is asked to note the report.
- 5.2 Board members are asked to note the key submission deadlines of 30th September (Warning Notice response) and 8th October (Improvement Plan submission).

Helen Brown

Director of Strategy and Corporate Services
24 September 2015