

## **BOARD/COMMITTEE REPORT**

<u>Meeting</u>		Date: 20 <sup>th</sup> July 2017				
Report Title	CQC INSPECTION	CQC INSPECTION – INTIAL FEEDBACK				
Lead Director to Present Report	Richard Kirby, Chief Executive					
Report Author(s)	Richard Kirby, Chief Executive					
Executive Summary	<ul> <li>The Trust was inspected by the CQC in September 2015 and rated "inadequate" in their report published in February 2016.</li> <li>The CQC undertook a short-notice announced inspection of the Trust in June 2017. This was preceded by an unannounced inspection of our community</li> </ul>					
	services and followed by further unannounced inspections.					
	• We are now awaiting the report of the inspection which we expect to receive from the CQC in the early autumn.					
	• The CQC provided initial feedback at the end of the visit. The CQC reported that they found our staff to be welcoming, open and honest. They reported good overall progress with improved attitudes and behaviours, good care being provided and marked improvement in our governance. They also identified some changes that need further embedding and some specific issues for us to address. They reported that they had seen less progress in maternity than in other services. We are ensuring we respond quickly to the areas identified by the CQC in their feedback.					
Purpose	Approval	Decision	Discussion	Note for Information		



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Partners

<u>Recommendation</u>	1. NOTE the inspection.	Care Quality Cor	nmis	ssion's initial fee	edback following their	
Trust Objectives	Provide Safe High Quality Care Across all			Embed the quality, performace and		
Supported by this	of Our Services			patient experience improvements that we have begun in 2016/17		
<u>Report</u>	Care for Patients at Home Whenever we can			Not Relevant		
	Work Closely with Partners in Walsall and Surrounding Areas			Not Relevant		
	Value our Colleagues so they recommend us as a place to work			Embed an engaged, enpowered and clinically led organisational culture		
	Use resources well to ensure we are Sustainable			Tackle our financial position so that our deficit reduces		
Care Quality Commission Key Lines of Enguiry	The report supports the following Key Lines of Enquiry:					
Supported by this	<u>Safe</u>	$\boxtimes$	Eff	<u>ective</u>		
<u>Report</u>	<u>Caring</u>	$\boxtimes$	Res	<u>sponsive</u>		
	Well-Led	$\boxtimes$				
Board Assurance Framework/ Corporate Risk Register Links	Links to risks identified in our Board Assurance Framework relating to the delivery of our Patient Care Improvement Plan in response to the 2015 inspection.					
Resource Implications	No direct resource implications.					
<u>Other Regulatory</u> /Legal Implications	A decision about whether the Trust remains in special measures will be taken in light of the inspection.					
Report History	No previous consideration					
<u>Next Steps</u>	No direct next steps					
Freedom of	The report is subje	ect to the Freedom	of I	Information Act.	Whilst it is intended	

Ī	<b>Information Status</b>	that it may be released into the public domain at a future date, it may not be
		copied or distributed further without the written permission of the Chair of
		the Trust Board/ Chair of the Committee



# REPORT TO THE HEALTH SCRUTINY COMMITTEE 20<sup>TH</sup> JULY 2017

# CQC INSPECTION – INITIAL FEEDBACK

#### INTRODUCTION

As the Committee will be aware the Trust was inspected by the Care Quality Commission (CQC) in September 2015. The report from that inspection was published in February 2016. Although our community services were rated "good", maternity and emergency care were rated "inadequate" and the trust was placed in special measures.

The Trust was re-inspected by the CQC in June 2017. The full report from the inspection is still awaited but this report provides an update on the inspection process and the initial feedback.

## **INSPECTION PROCESS**

The CQC conducted an announced short-notice inspection of the Trust on 20<sup>th</sup> – 22<sup>nd</sup> June 2017. This was preceded by an unannounced inspection of our community services earlier in June.

The CQC inspected 11 core services:

- Hospital: Emergency Care, Medicine, Surgery, Maternity & Gynaecology, Children & Young People, End of Life Care, Critical Care and Outpatients & Diagnostics;
- Community: Children & Young People, Adult Community and Community End of Life Care).

They inspected the services against their five domains: Safe, Effective, Caring, Responsive and Well Led.

Since the announced inspection, the CQC have also undertaken a number of unannounced visits to hospital and community services. We are now waiting to receive the draft inspection report. We expect this will arrive in the early autumn.

#### INITIAL FEEDBACK

The CQC inspection team shared their initial feedback immediate following the announced inspection. They stressed that they were not providing an indication of our ratings at this stage.

Overall the CQC reported that they had seen good progress since our 2015 inspection and that our staff had been open, welcoming and honest. They reported an improvement in staff attitudes and behaviours, consistently good care being provided to our patients and a marked improvement in our governance and risk management. The team also reported a good approach to the Duty of Candour and improvements in hospital mortality. They reported that our staff were "kind, caring and compassionate".

Feedback for individual areas included a recognition of improvements and strong clinical leadership in our Emergency Department, a good sepsis pathway in ED and a strong frailty model in Medicine. They reported that they had seen good multidisciplinary team working in many specialities and a responsive hospital end of life care team and a very strong community end of life care service.

The feedback stressed the need for the Trust to embed some of the changes that we have made more recently and identified some specific issues that we are addressing. The feedback recognised that staff were stretched in some areas and that this was affecting the rate at which we could continue to improve.

The CQC also reported that we have made less progress in maternity than in other areas with work still to do to stabilise our clinical leadership, ensure staffing levels that are sufficient to meet local need and understood by staff and work still to do to embed improvements in the culture in the service.

We have taken some short term action in discussion with Walsall CCG to release additional midwives to support delivery suite while we wait for newly appointed staff to join the trust (c. 15 more midwives) including using theatre staff to release some midwives from maternity theatres and a temporary overnight closure of the Midwife Led Unit to enable us to concentrate midwifery staffing resources on delivery suite where they are most needed at this stage. Since the inspection these measures have increased the shifts when we meet the staffing levels indicated by our assessment of the needs of patients.

The Trust has provided an immediate response to the CQC to those issues arising from the inspection that can be addressed quickly and we will work on our response to the longer-term issues they raised through Quality & Safety Committee.

#### CONCLUSION AND RECOMMENDATIONS

This report has provided a summary of initial feedback from our CQC inspection for the Scrutiny Committee

Richard Kirby 11<sup>th</sup> July 2017