

CQC Inspection Report Report to Trust Board

4th February 2016



Improving for **patients**
Improving for **colleagues**
Improving for the **long-term**

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Introduction and Process

- The Care Quality Commission (CQC) inspected the Trust in early September 2015. Following the inspection the Trust received a section 29A Warning Notice highlighting areas for immediate action on 26th October and responded with an improvement plan in early November 2015. The Board has been updated on progress with this plan including most recently at the January meeting of the Quality & Safety Committee.
- The Trust's full inspection report was published on 26th January 2016 and rated the Trust "inadequate" with a recommendation that we be placed in Special Measures. The Trust Development Authority (TDA) confirmed at our Quality Summit on 1st February that this recommendation has been accepted.
- The Trust is developing our Improvement Plan in response to the CQC report including:
 - Next steps on the 8 areas identified in the Warning Notice;
 - Our response to c. 100 "must do" and "should do" specific recommendations from the report;
 - Service level plans in response to the report;
 - The trust-wide issues of strategy, governance, leadership and structure that the report raises.
- The Board considered our high-level approach to the action plan at a briefing session on 8th January (based on the then draft report).
- The Directors and Divisional Teams have since been leading the development of service and divisional plans in response to the report. A first draft of this will be considered by the Board at our seminar on 4th February. Feedback from stakeholders – especially the CQC and the TDA – will be sought on this version.
- **The purpose of this paper is to share the findings of the report and the approach we are taking in response with the full Trust Board for public consideration and approval. The paper does not present the detailed action plan at this stage.**
- The full plan will be presented to the Board for approval at our meeting on 3rd March 2016. The plan will then also be incorporated into our Annual Plan for 2016/17 presented to the Board on 7th April 2016.

Our ratings for Walsall Healthcare NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate

Our ratings for Walsall Manor Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate

Our ratings for Community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

CQC Report – Ratings

- The CQC’s ratings based on their inspection report are set out on this page.
- The Trust-wide Quality Report produced by the CQC is included in the Board papers as an appendix to this report.
- The remaining more detailed reports on our hospital and community services are available at www.cqc.org.uk/provider/rbk
- Although these are obviously disappointing ratings for the organisation, the Trust Board accepts the conclusions of the CQC and is committed to taking action to improve quickly.

CQC Report – Key Messages

- This section of the paper highlights the main messages for the Trust from the report to inform the action that we are taking. It is not intended to set out the full content of the reports that have been published by the CQC.
- The report recognises that the Trust has some important strengths including
 - Our community services are rated “Good” by the inspectors – with staff reporting confidence in their managers and patients reporting good care;
 - Some “Good” ratings in services for children – in both hospital and community;
 - The inspectors report that our staff were open and honest during the inspection and that they were caring and committed to doing the best they could for their patients in difficult circumstances.
- The inspectors also, however, identified major concerns that resulted in the “Inadequate” rating including
 - Emergency Department (ED): disorganised triage / streaming, issues with pain relief and handover, staffing problems and estate limitations;
 - Maternity: staffing shortages, leadership and governance concerns, estate limitations;
 - Inconsistent application of some key clinical processes – especially Do Not Attempt Resuscitation orders (DNA CPR), Deprivation of Liberties Safeguards and clinical documentation;
 - “Heavy handed” management styles, poor morale and high levels of stress. Although many staff especially in the community reported that they were well supported by their immediate managers they did not feel supported or valued by more senior managers.
 - Risks, incidents and complaints - the Trust has “normalised” high levels of risk under pressure and was not responding robustly enough when risks, incidents or concerns were raised. Similarly there is room to improve our learning from complaints and Root Cause Analysis.
 - Limited development or awareness of longer-term service strategy.

Action already taken in response to the Warning Notice

We have already taken action in response to the feedback from the CQC and to tackle the issues highlighted in the Warning Notice. The most important areas of action to date include:

- Midwifery – extra staff in post, 11 delivery suite staff per shift, midwife to birth ratio now 1:33, checks of care for patients, senior team visits.
- Emergency Department – improved paediatric nursing input, pain assessments (>90%) and triage scores (>90%) improved significantly; new handover documentation developed.
- Emergency Department – recruitment to vacancies underway, new systems after visit to Ipswich, still issues with overcrowding.
- DNA CPR – training taken place and audits showing significant improvement in full completion (>90%).
- DoLS – training delivered, DoLS referrals rising, audits in place.
- Critical Care – bolus medication properly recorded when delivered.
- End of Life Care – new individualised end of life care plan introduced across the trust, care plan finalised in the light of consultation.
- Risks – Divisional and Care Group risk registers reviewed, updated and mitigating action strengthened and being implemented.
- Gamma Camera – external risk assessment undertaken and replacement agreed in either 2016/17 or 2017/18 – exact date to be determined in February.



Principles of our Response

In view of the outcome of the inspection, we have taken the opportunity to establish a set of principles on which we intend to base our response to ensure we succeed in delivering improvement.

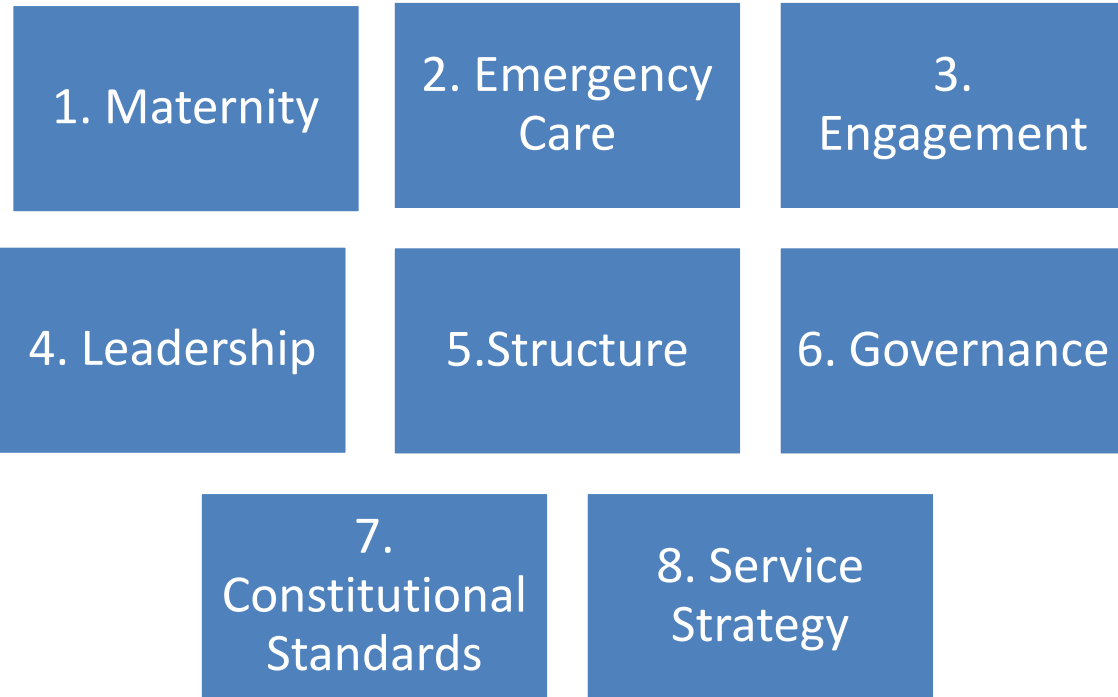
Our response to the report therefore provides an opportunity for us to reinforce six important principles:

1. Focus on **outcomes** for patients and staff – establish a strong patient safety culture;
2. Generate a high level of **engagement** – ensure everyone is involved in improving care;
3. Ensure **sustainable improvement** - hitting the target *without* missing the point;
4. Strengthen **accountability** for improvement – do what we say we are going to do;
5. **Learn from elsewhere** – adopt the good practice that exists;
6. **Hit the ground running** - show clear progress in 3 and 6 months and aim for significant improvement in 12 months tackling the issues we face at pace wherever we can.



Trust Response – Our Priorities

- The Trust’s response to the report is based on the following eight priority areas. It addressing these we will ensure we cover continued action on the Warning Notice areas, the “must do” and “should do” recommendations in the report and service level plans to in response to the inspection.



Warning Notice – 8 areas for action

Inspection Report – “must do” and “should do” actions

Division and service specific plans

Our Approach to Improvement (1).

Area (Lead Director)	First Steps (Feb – Apr)	Next Steps (May - December)
1. Maternity & Neonatal Services (Director of Nursing)	<ul style="list-style-type: none"> • Taskforce established. • Midwifery ratio now improved to 1:32.5 initially. Agree plan with CCG to reduce to 1:28 – likely to involve restricting activity in short-term (Mar). • Finalise business case for extension of neo-natal unit from 15 to 20 cots (Mar). • Leadership and governance review for maternity and neo-natal (Mar). • Engagement activity with maternity and neo-natal teams (Feb). 	<ul style="list-style-type: none"> • Implement plan to deliver 1:28 ratio (TBC – summer). • Agree approach to estate issues in delivery suite and wards (Jun). • Agree 5 year service strategy and workforce plan for maternity and neo-natal service (links to trust strategy) (Sep) • Ongoing work to improve service quality governance and outcomes (to Dec).
2. Emergency Department (Chief Operating Officer with Medical Director)	<ul style="list-style-type: none"> • Taskforce approach to ED (similar to maternity) (Feb). • Recruitment to current vacancies (Feb). • Warning notice issues – pain relief, triage and handover – continue current improvement (to Mar) • New plan for streaming / triage agreed (Apr). • Leadership and governance review (Mar). 	<ul style="list-style-type: none"> • Agree five year service strategy for ED (Sep). • Agree revised workforce strategy – sustainable model for nursing and medical staff (Sep). • Agree approach to estate issues – including the use of HDU once vacated (Jul). • Improved “front door” service model including ED, ambulatory care, AMU and short stay medical unit (Sep).

Our Approach to Improvement (2).

Area (Lead Director)	First Steps (Feb – Apr)	Next Steps (May - December)
3. Engagement (Director of OD & HR)	<ul style="list-style-type: none"> Identify “champions” from across the Trust to help lead improvement activity (Apr.) Run initial Colleague Connect engagement sessions to talk to key groups of staff about the report and the action we need (April). Agree arrangements to ensure high visibility of exec and divisional leads (Feb – Apr). Commission external support for engagement – Listening into Action (Feb). 	<ul style="list-style-type: none"> Mobilisation of Listening into Action programme for the Trust (from April). Next steps for engagement will be driven by the progress of the Listening into Action approach across the year.
4. Leadership (Chief Executive with Director of OD & HR)	<ul style="list-style-type: none"> Exec Team new appointments - COO and Nurse Director – made by Apr. Exec Team development programme commissioned – inc development for Board and Exec. Development for Divisional Teams commissioned (Apr). Set and share a leadership culture based on Trust values (Apr). 	<ul style="list-style-type: none"> Deliver development programmes for Board, Exec and divisional teams. (to Dec). Work to ensure the trust’s values are shared and owned across the organisation (to Dec).
5. Structure (Chief Operating Officer with Medical Director, Director of Nursing and Director of OD & HR)	<ul style="list-style-type: none"> Implement clinically-led model for Divisional teams of three (Apr). Introduce new accountability framework – monthly and quarterly reviews and balanced scorecard (Apr). 	<ul style="list-style-type: none"> Implement clinically-led model for Care Group teams of three (to follow divisional implementation). Develop devolved decision making framework for divisions and care groups (Jul).

Our Approach to Improvement (3).

Area (Lead Director)	First Steps (Feb – Apr)	Next Steps (May - December)
6. Governance (Director of Nursing with Trust Secretary)	<ul style="list-style-type: none"> • Revise and re-launch Trust Governance Structure (Feb / Mar) • Trust Quality Executive meeting in place (Feb). • Trust Board Risk Group, and operational Risk Management Committee in place (Feb). • Continue work with divisions to improve effectiveness of divisional and care group quality teams (from Mar). • Complaint response and RCA training commissioned and delivery underway (Apr). 	<ul style="list-style-type: none"> • Full review of all sections of the Trust Quality Governance structure (Aug). • Strengthened mortality review process (Aug). • Full review of Care Group, Divisional and Trust risk registers and Board Assurance Framework completed (Aug). • Revised arrangements in place for responding to incidents and reporting back to staff (Jun).
7. Constitutional Standards (Chief Operating Officer)	<ul style="list-style-type: none"> • 18 week recovery plan delivered in line with four way agreement – return to reporting (Apr). • Plan for delivery of national cancer standards agreed (Feb). • SRG health economy emergency care plan delivered as agreed. 	<ul style="list-style-type: none"> • Delivery of national 18 week standard (Jul). • Cancer action plan delivered (TBC). • 4 hours standard performance improved. In line with plan.
8. Service Strategy (Director of Strategy with Director of Finance)	<ul style="list-style-type: none"> • Complete actions from board away day (Apr). • Updated vision and values (Apr). • Service strategy for seven key areas (Feb). • Care Group five year service strategies. (Mar). • Clarity of ambition re shift of care to community. (Apr). 	<ul style="list-style-type: none"> • Full five year activity, financial and workforce model (Sep) • Clear plan for key estate issues (ITU, Maternity, A&E) (Jul) • Health economy sustainability plan (June national timetable)

Special Measures

- The Trust will be one of 16 Trusts in special measures in the country. The expectation – and our ambition – is that we make sufficient improvement in a year to exit special measures.
- The detail of how the national Special Measures regime will apply to the Trust is still to be worked through with the TDA.
- At this stage, however, we understand that the following elements will apply as part of special measures:
 - Improvement Plan – detailed improvement plan based on the approach set out in this paper;
 - Improvement Director – the TDA will appoint an Improvement Director to help us co-ordinate and deliver our plan;
 - Oversight – additional oversight to ensure delivery of our agreed plan;
 - Board Capacity & Capability Review – an external review undertaken for all trusts in special measures;
 - “Buddy” Trust(s) – organisations that can provide support in areas in which we need to improve (e.g. maternity and emergency care).
- The decision on whether the Trust has made sufficient progress to exit special measures will be made based on a recommendation from the CQC following a re-inspection. The timing of the re-inspection will be decided by the CQC but will be announced.

Governance, Project Management & Resources

- The proposed approach to the governance of our improvement plan in response to the inspection is set out in this section.
- We aim to have a single clear plan for 2016/17 rather than a series of different plans (e.g. a CQC plan, an 18 week recovery plan etc.). All our objectives for the year will therefore be brought together into the Annual Plan we will present to the Board on 7th April 2016.
- The Trust governance of the CQC specific actions included in the plan will be as follows:
 - Fortnightly operational group led by the Director of Nursing to ensure progress;
 - Care Group and Divisional Quality Teams to lead local delivery monthly;
 - Monthly report to the Trust Quality Executive;
 - Quality & Safety Committee to provide assurance for the board;
 - Board responsibility for ensuring plan delivered.
- The Exec Team will identify the project management resources required to deliver the plan as part of the Annual Plan for 2016/17. At a minimum this is likely to include risk management and RCA / complaints training support, Listening into Action facilitation, external expert advice for maternity and ED and additional in-house OD and service improvement capacity. The trust has a facilitator in post to support the development of the plan and to lead our quality governance improvement work.
- Some elements of the improvement plan will require resources to deliver including filling staff vacancies and ensuring safe staffing levels in key services as well as the capital projects that we need to pursue in 2016/17. Some provision for this has been made in our financial planning for the year and this will be finalised when the final plan is presented to the Board for approval.

Risks to Successful Delivery

Issue	Risk	Initial Mitigation (to be developed further)
1. Availability of Resources	The Trust cannot identify sufficient resources within the 2016/17 plan to make progress quickly enough.	Current plan includes some provision – will be assessed as plan developed further.
2. Support from Partners	Our partners in Walsall are not able to work with us to improve care pathways.	Quality Summit secured initial commitment – will follow-up with more detailed discussion with partners.
3. Staff engagement	Our people do not engage with us in delivering change and it is therefore not sustainable.	Will need a robust approach to staff engagement through Listening into Action. Deliver some quick wins to show commitment from senior team to listen and act.
4. Capital availability	We cannot obtain sufficient capital to address our estate issues.	Discussion commenced with TDA about access to the capital we need. Will continue as part of planning for 16/17.
5. Reputation and recruitment	Being in special measures makes it harder to recruit clinical staff in key specialities.	Previous “Care to Work Here” campaign provides basis to develop our approach.
6. Culture change	We are not able to bring about a change in our culture to focus on patient safety fast enough.	Clear commitment to new culture at the start of the plan from the Board and Exec Team linked to effective OD activity.
7. Leadership instability	Changes in the senior management team of the Trust undermine our attempts to improve.	Current recruitment underway. Development programme should reduce future instability.

Next Steps

- There are a series of next steps that we need to take to ensure that we can successfully complete our plan and deliver improvement. These are set out here.
- Warning Notice Actions – review progress and update the CQC and TDA on position at end of January 2016.
- Improvement Plan Development – produce detailed improvement plan based on the approach set out in this paper and work by divisions and care groups for approval at Trust Board on 3rd March 2016.
- Public and Patient Engagement – agree how we will best include patients and the public in the work of the improvement plan and how we will communicate progress to our stakeholders. A suggested approach will be included in the March improvement plan.
- Partner Commitments – work with partners present at the Quality Summit to agree their contribution to the improvement process. The Healthy Walsall Partnership provides a forum for this. We will update the board on this at our March meeting.
- Outcomes – we should aim to identify c. 10 high level outcomes that matter to patients and staff and that will show that we are making progress.