

CQC Inspection Report

3 March 2020

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Agenda Item No: 7.5

Trust Board Report

Meeting Date:	3 rd March 2020
Title:	CQC Well-Led Inspection Activity and Improvement Plan Progress Update as at 13 th February 2020.
Action Requested:	Receive for information and assurance.
For the attention of the Board	
Assure	<ul style="list-style-type: none"> There are established governance arrangements for the Divisions to monitor CQC compliance and improvement actions via their quality performance meetings. In addition, assurance groups have been identified to oversee and support compliance with specific actions, for example, medicines management, safeguarding. Progress on the CQC Core Services and Well-Led inspection improvement plan will be reported regularly at Compliance Oversight Group, Trust Management Committee and Trust Board.
Advise	<ul style="list-style-type: none"> All actions will be subject to ongoing activity/monitoring and may require an assessment of assurance to determine their closure.
Alert	<ul style="list-style-type: none"> Please note the requirement notices issued in the final CQC Core Services and Well-Led inspection report, which will be addressed via the CQC improvement plan.
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment in patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	No resource implications identified at the present time.
Report Data Caveats	This is a standard report using the previous months' data. It may be subject to cleansing and revision.
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: Staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	No adverse impact identified.
Risks: BAF/ TRR	Risk 3644 – Sustaining Compliance with CQC Regulation Standards.
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	Compliance Oversight Group Trust Management Committee
References	CQC Regulation Standards.

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Brief/Executive Report Details	
Brief/Executive Summary Title:	CQC Well-Led Inspection Activity and Improvement Plan Progress Update.
Item/paragraph 1.0	<p>Key updates since the last report in October 2019 include:</p> <ul style="list-style-type: none"> • The CQC has published the Trust's report following the Core Services and Well-Led inspection conducted in August and September 2019. Following this inspection, the Trust has retained its Good overall rating and been rated as Outstanding for the caring domain. The safe domain has been rated as Requires Improvement and the rest of the domains have been rated as Good. • Cannock Chase Hospital has been rated as Good overall, improvement from the last inspection. • The Caring domain for New Cross Hospital has improved to Outstanding. • The Trust has been issued with 5 requirement notices related to safe care and treatment, consent, safeguarding, good governance and staffing. • An improvement plan is being developed based on the recommendations in the inspection report and its progress will be reported to the Compliance Oversight Group, Trust Management Committee and Trust Board. • The Use of Resources inspection resulted in the Good rating overall. • All actions from the previous CQC improvement plan have been closed. • There is 1 action outstanding from the CQC inspection at West Park Surgery (2018) and 2 actions outstanding from the CQC inspection at Coalway Road Medical Practice (2019). It is anticipated that these will be closed during Q4 2019/20. • The Trust's Well-Led Group has continued to meet monthly to maintain oversight of the Trust's Well-Led agenda any preparatory work required for future inspections. An updated gap analysis based on the CQC's Well-Led Framework has been completed. • The Trust is anticipating a joint local area Special Educational Needs and/or Disabilities (SEND) inspection, which will be conducted jointly by the Local Authority and CQC. Date of this inspection is to be confirmed. Division 3 are taking all necessary steps to ensure the Trust's preparedness for the inspection. • The Trust is anticipating a joint targeted area inspection on the theme of Children's Mental Health, which will be overseen by Division 3 and the Safeguarding Team. Date of this inspection is to be confirmed. • CQC led Annual Regulatory Reviews for GP Practices are in progress. No concerns have been identified following the reviews conducted to date.
Appendices	<ul style="list-style-type: none"> • Appendix 1 details Outstanding Practice examples. • Appendix 2 details Must Do and Should Do actions. • Appendix 3 details open actions pertaining to CQC GP practice inspections (2018 and 2019).

Reference pack: CQC Inspection Report

1.0 CQC Core Services and Well-Led Inspection 2019

The CQC Core Services and Well-Led Inspection report will be formally published on the Friday 14th February and available on the CQC's website.

The key highlights from the CQC Core Services and Well-Led Inspection report are detailed below.

Ratings for the whole trust					
Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019

Rating for acute services/acute trust						
	Safe	Effective	Caring	Responsive	Well-led	Overall
New Cross Hospital	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Cannock Chase Hospital	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Overall trust	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019

1.1 Key Changes in Ratings from the Previous Inspection

Please see the table below which indicated the movement of ratings for specific core services.

Ratings for New Cross Hospital						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Nov 2019	Requires improvement ↓ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Medical care (including older people's care)	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Surgery	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Critical care	Good ↑ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Maternity	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good ↔ Jun 2018
Services for children and young people	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
End of life care	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Good ↔ Nov 2019	Not rated	Good ↔ Nov 2019	Good ↔ Dec 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Diagnostic imaging	Good Jun 2018	Not rated	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

Main changes from 2018 to 2019 (services that were inspected)

Core Service	
Urgent & Emergency	Safe improved to Good, Effective was rated RI and the rest of the domains maintained their Good rating.
Medical Care	No changes to the previous CQC domain and overall ratings.
Critical Care	Most positive changes made, Caring was rated Outstanding, Safe, Well-Led and Overall improved to Good, Effective and Responsive maintained their Good rating.
Services for Children and Young People	No changes to the previous CQC domain and overall ratings - maintained their Good rating.
Outpatients	No changes to the previous CQC domain and overall ratings - maintained their Good rating.

Ratings for Cannock Chase Hospital						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
	Sept 2015	Sept 2015	Sept 2015	Sept 2015	Sept 2015	Sept 2015
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
	Oct 2018	Oct 2018	Oct 2018	Oct 2018	Oct 2018	Oct 2018
Surgery	Requires improvement	Good	Good	Good	Good	Good
	Jun 2018	Jun 2018	Jun 2018	Jun 2018	Jun 2018	Jun 2018
End of life care	Good	Good	Good	Good	Good	Good
	Sept 2015	Sept 2015	Sept 2015	Sept 2015	Sept 2015	Sept 2015
Outpatients	Good	Not rated	Good	Good	Good	Good
	Nov 2019		Nov 2019	Nov 2019	Nov 2018	Nov 2019
Diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
	Sept 2015		Sept 2015	Sept 2015	Sept 2015	Sept 2015

NB: Cannock Chase Hospital Outpatients was not inspected in 2018

Ratings for community health services						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Nov 2019	Good →← Nov 2019	Outstanding →← Nov 2019	Outstanding ↑ Nov 2019	Outstanding ↑ Nov 2019	Outstanding ↑ Nov 2019
Community health services for children and young people	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Outstanding Jun 2018	Outstanding Jun 2018
Community health inpatient services	Requires improvement →← Nov 2019	Requires improvement ↓ Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ↓ Nov 2019
Community end of life care	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

Main changes from 2018 to 2019 (services that were inspected)

Core Service	
Community Health Services for Adults	Safe & Effective maintained Good, Caring remained Outstanding, Responsive, Well-led and Overall improved to Outstanding.

Community Health Inpatient Services	Effective, Well-Led and Overall changed to Requires Improvement.
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1.2 Outstanding Practice for the Core Services Inspected

A number of Outstanding Practice examples are quoted in the report, pertaining to Urgent and Emergency Care, Critical Care, Services for Children and Young People and Community Adults. Please refer to Appendix 1 for the full list.

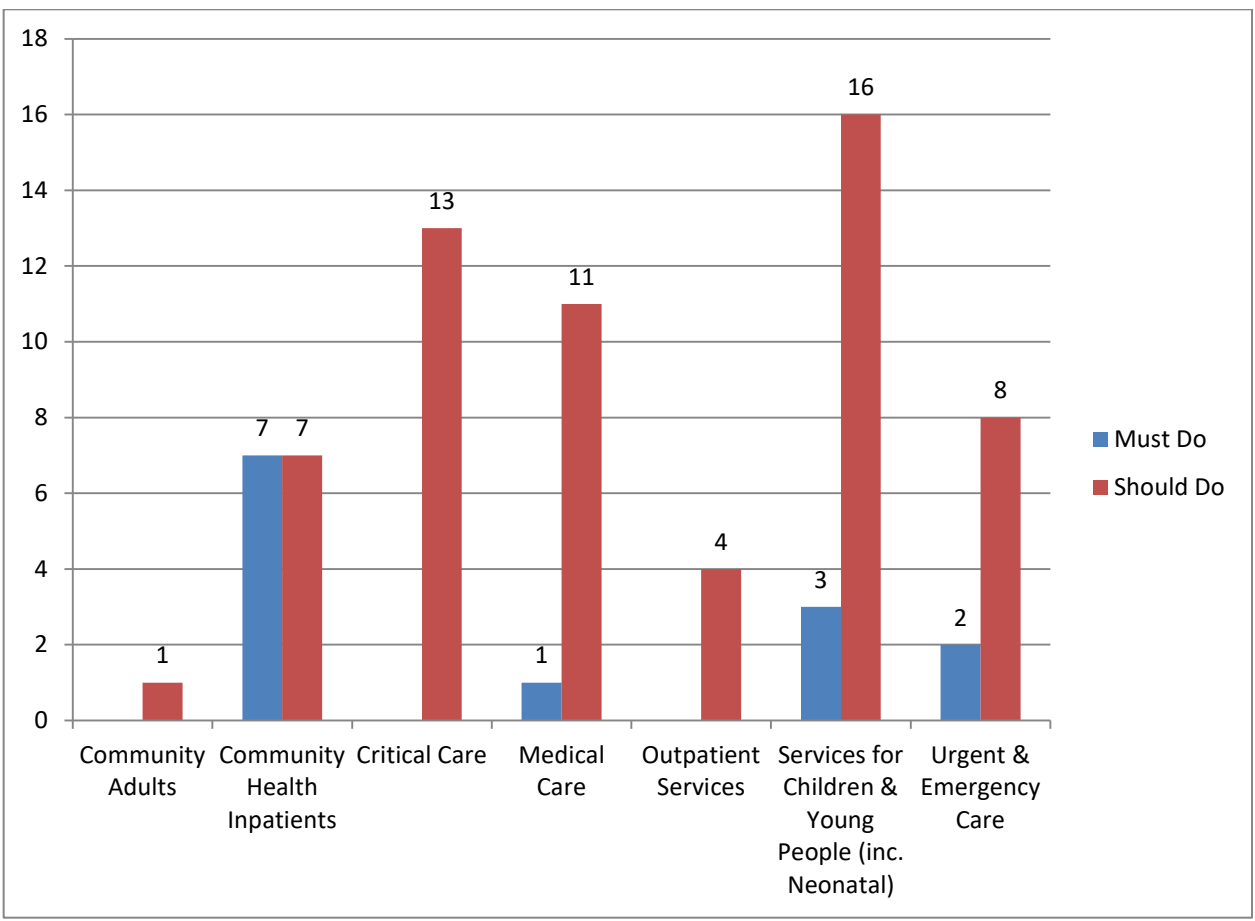
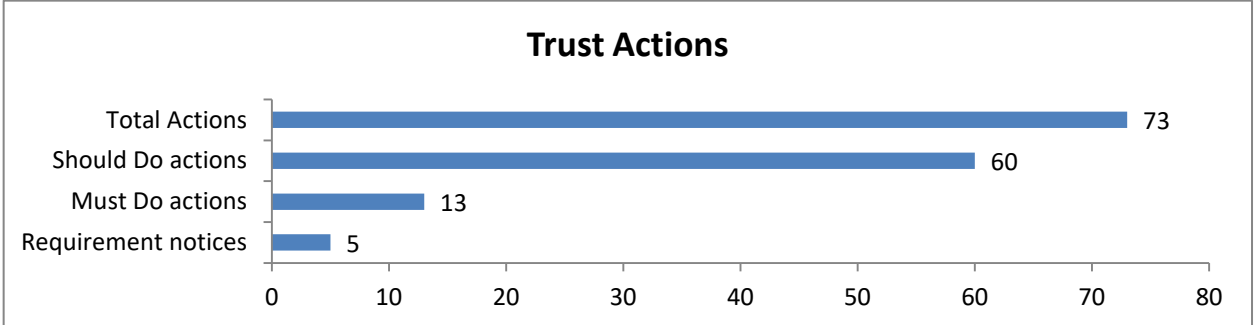
1.3 Areas of improvement

There are 13 Must Do and 60 Should Do Actions cited in the report. Please refer to Appendix 2 for the full list.

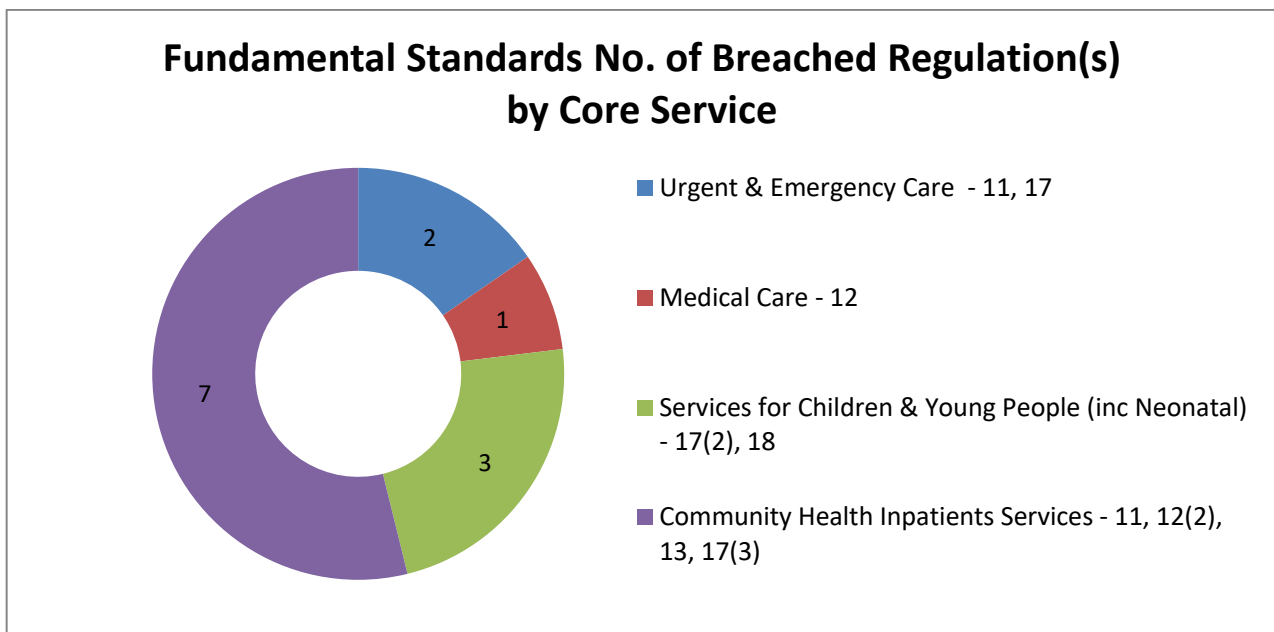
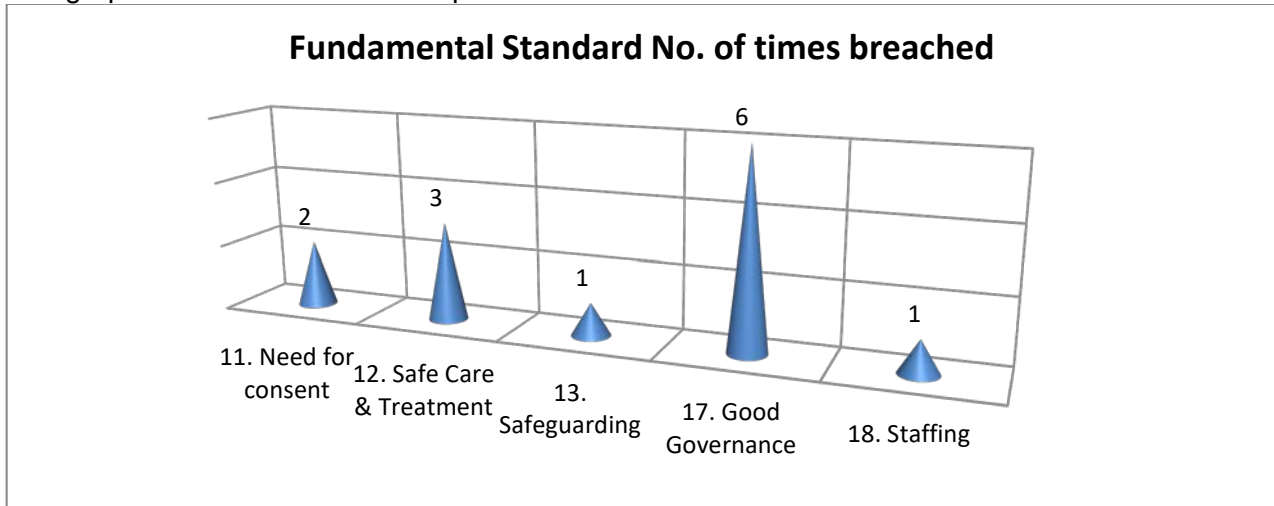
1.4 Requirement Notices and Trust Actions

An improvement plan is being developed, which will incorporate all Must Do and Should Do actions with key leads and timescales identified. This plan will be tracked via Health Assure and monitored via the established governance oversight processes.

The overall number of identified actions is as follows:



The graph below outlines the 5 requirement notices that have been issued.



2.0 Well-Led Group Activity

The Well-Led Group has continued to meet monthly to maintain oversight of the Trust's Well-Led agenda any preparatory work required for future inspections.

Following the Well-Led inspection, the CQC highlighted two areas for the Trust to improve:

- The Board received holistic information on service quality and sustainability. Team managers had access to a range of information to support them however; analysis of information was not used fully to support improvement.
- Appropriate governance arrangements were not always in place in relation to Mental Health Act administration and compliance. A partnership arrangement was in place for the provision of psychiatric liaison services with appropriate governance arrangement.

An updated gap analysis based on the CQC's Well-Led Framework has been completed and individual actions will be progressed by nominated leads and identified delivery groups. The overall progress will be overseen by the Well-Led Group.

3.0 Current and Future Inspection Activity

The following CQC involvement activities are either in progress or planned:

- Joint local area Special Educational Needs and/or Disabilities (SEND) inspection to be conducted jointly by the Local Authority and CQC. The Paediatrics Directorate and Division 3 will oversee this inspection from the Trust's perspective and the inspection date is yet to be confirmed.
 - Joint targeted area inspection on the theme of Children's Mental Health to be conducted which will be overseen by Division 3 and the Trust's Safeguarding Team. The visit date is yet to be confirmed.
 - Planned Annual Regulatory Reviews (ARR) with GP Practices are in progress. Thus far, these reviews have been conducted at Alfred Squire Health Centre, Warstones Health Centre and Lea Road Medical Practice. The CQC has confirmed that there were no significant changes to the quality of services being provided at these practices since the last inspections and no further action was required on CQC's part. Dates for other GP Practice ARR's are to be confirmed.
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Outstanding Practice

Urgent and Emergency Care

- Within the paediatric Emergency Department, medical students were employed to work as medical assistants.
- A practice education facilitator had developed a 12-week emergency nursing programme as part of a master's degree.
- The Trust was enabling a 12 month pilot of a youth justice team project.
- Staff could access information about patient medicines they were already taking through a shared GP system for any patients with a Wolverhampton GP.

Critical Care

- Staff within the service had made considerable improvement to their organ donation service moving from a level 4 to a level 2 Trust in two years.
- The staff within the Outreach Service had improved the care provided for tracheostomy patients throughout the hospital.

Services for Children and Young People

- In 2017, the neonatal unit developed a parent education programme called the STORK programme (Supportive Training Offering Reassurance and Knowledge).

Community Adults

- The Admission Avoidance Team consultant delivered a weekly training slot focussing on a specific subject to keep nursing staff update.
 - The service was trialling a team which prevented visits from GPs. During the trial, this team had saved 491 hours of GP time, which amounted to £44,212.50 in savings.
 - If patients who did not attend clinic appointments staff would attempt to arrange visits in the community for the same day if possible.
 - The Trust had undertaken vertical integration with GPs in Wolverhampton.
 - The Trust was introducing a computer records system in order to provide staff with complete patient records.
 - The service was working towards transforming the Shelford acuity tool so it can be applied to community services.
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Must Do and Should Do Actions

The following themed 'must do' actions feature in the final report, to ensure that:

- Mental Capacity, Deprivation of Liberty Safeguards and consent are applied correctly.
- Medicines are prescribed, administered and stored appropriately.
- Staff follow the Identification and Management of Patients at Risk of under Nutrition Trust policy and that Safeguarding policy is updated in line with national guidance.
- There is robust patient documentation completion and storage.
- Neonatal staffing complies with British Association of Perinatal Medicine (BAPM) standards.
- Maintain safeguarding training compliance and ensure the needs and management of patient mental health conditions, learning disability and autism are met.
- The CQC registration statutory for notifiable events are being met.

The following 'should do' actions feature in the final report:

Urgent and Emergency Care

- All relevant staff are aware of the potential needs and management of people with mental health conditions, learning disability and autism.
- Completion of safeguarding risk documentation and safeguarding training.
- All patients able to access a functional call bell.
- Completion of falls risk assessment for patients presenting in ED.
- Discharge advice provided to patients in documents.
- No personal and sensitive patient information is left on display.
- Only the most recent versions of documents are available in hard copy form within the department; and in particular version control of major incident policies is maintained.

Medical Care

- Infection prevention and control compliance on all wards is in line with policy.
- All clinical environments are appropriate for the services delivered from them.
- All relevant staff receive training on caring and treating patients with complex needs.
- All relevant patient assessments are carried out in line with trust policy.
- Ligature risk assessments are carried out and appropriate mitigation put in place.
- Staffing levels on medical wards are safe and reduce the risk of patient harm. This includes reviewing, monitoring and recording patient acuity.
- All relevant staff are aware of the procedures for monitoring fridge temperatures.
- Patient outcomes improve for all directorates within division two.
- All patients receive information on what the electronic patient tracking system is and provide sufficient information to patients.
- A vision and strategy for all directorates within division two is developed and actioned.
- Ward meetings take place regularly to disseminate information important to the patient safety and treatment.

Critical Care

- To meet the key standards for critical care workforce in relation to allied health professionals, in line with the guidelines for the provision of intensive care services (GPICS) Edition 2, 2019.
 - Old I am clean stickers are removed before new ones are added.
 - Recording and documenting when cleaning has been completed on the cleaning rotas in line with the cleaning schedule and trust policy.
 - Medicine fridge cleaning rota so staff can document when the fridges have been cleaned.
 - All old service stickers are removed from equipment once a new test has been completed to stop confusion.
 - Consistently timing entries and including their printed names and professional registration numbers when writing in patient records.
 - All staff are fully aware of the different ventilation modes in the isolation rooms, to ensure patients are not put at risk if the ventilation system is set incorrectly.
 - Putting a sign up for visitors so they know where the main reception is on entering the unit.
 - Implement a recognised best practice tool to assist staff in assessing pain for patients who are
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unable to communicate.

- To develop a business plan for increasing critical care pharmacy support to meet the Guidelines for the Provision of Intensive Care Services standards.
- Senior staff should look at ways to increase the number of patient toilet facilities on the unit, so it is easier for staff to accommodate patients waiting for discharge without breaching mixed-sex accommodation standards.
- Senior staff should continue to develop a formal, documented, service specific vision and strategy and ensure all staff know their role in supporting delivery of the vision and strategy.
- Senior staff should continue to implement plans to improve the culture amongst staff groups working on the unit.

Services for Children and Young People

- The provider should ensure they continue to complete, review and monitor risks concerning children and young people with an identified mental health need, including individual and environmental risk assessments including ligature risk assessments.
- The provider should ensure all staff have training in mental health and learning disabilities.
- The provider should ensure that there is a clear policy in place for the abduction of a child that relates to all areas of the division.
- The provider should ensure issues around tailgating on ward A21 are resolved.
- The provider should ensure all areas continue to complete hand hygiene audits on a regular basis.
- The provider should ensure that cleaning rotas are clear how often tasks should be completed.
- The provider should ensure they provide support to manage mental health presentations.
- The provider should ensure all checks of resuscitation equipment are completed in line with hospital policy.
- The provider should work towards a better understanding of readmission rates.
- The provider should continue to work towards improvements for the sensory room, such as fixing or replacing broken equipment.
- The provider should consider making children's records available in the paediatric assessment unit for the same period of time they have open access.
- The provider should consider routinely participating in audits relating to mental health and wellbeing.
- The provider should consider how children and young people's confidentiality could be respected on electronic information boards.

Outpatient services

- The trust should ensure that it continue to work on referral to treatment times.
- The trust should ensure that information on how to make a complaint is clearly displayed in the main outpatient department.
- The trust should ensure that staff are aware of information available for patients in languages other than English.
- The trust should ensure they measure patient outcomes.

Community Services

Community Adults

- The service should consider providing staff with access to machines which could measure blood glucose of patients.

Community Health Inpatient services

- The trust should ensure that all emergency call bells within the community inpatients wards are easily accessible.
 - The trust should ensure that all COSHH substances are stored in line with national guidance upon community inpatient wards.
 - The trust should ensure proactive recruitment into nursing roles in community inpatients continues.
 - The trust should ensure that records kept in community inpatients are complete and person centred.
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- The trust should ensure that pharmacy have effective oversight of all medication and prescription charts within community inpatients.
 - The trust should ensure that fortified food supplements are in date and stored in line with manufacturers recommendations.
 - The trust should ensure that a range of literature in different languages is available to patients on the community inpatient wards.
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CQC GP Practice Inspections - Open Actions (2018 and 2019)

CQC MUST/ SHOULD/ TRUST MUST	Domain	CQC Action Status	Owner	Action Update
West Park Surgery (5-9th July 2018)				
1.3 Include training for new clinical staff on the role of a chaperone in the induction programme.	Safe	Partially	Nicki Ballard	<p>Induction, the aim is to add Chaperone training when the document is updated – by the end of Jan 2020. The Chaperone training has been sent out again and a form to sign so that we have assurance it has been undertaken.</p> <p>CP36 Julie Plant is updating this policy and incorporating primary care. Completion timescales to be confirmed.</p>
Coalway Road Medical Practice (August 2019)				
To ensure that the blood test results are recorded prior to prescribing anticoagulant medicine.	Safe	Partially	Nicki Ballard	<p>Directorate Actions:</p> <p>1. The process has been agreed in principle by the Medicines Management Group in order to standardise across the Royal Wolverhampton General Practices. The standard operating procedure is due to be formally ratified at the next Medicines Management Group on the 3rd December 2019. Responsible person: Directorate Manager. Timescale 31/12/2019 – awaiting update</p> <p>2. An audit of compliance with the standard operating procedure to be developed and implemented. Completion timescale – 31/03/2020. Responsible person: Directorate Manager.</p>