

**WIRRAL BOROUGH COUNCIL  
ADULT CARE & HEALTH OVERVIEW SCRUTINY COMMITTEE MEETING  
12/09/2018**

**1. Executive Summary**

The CQC inspected the Trust between 13<sup>th</sup> March and 3<sup>rd</sup> May 2018. The Trust is rated 'Requires Improvement' overall as a combination of a range of observations, including: instability in the Executive Team and turnover of senior leaders; compliance with Fit & Proper Persons Requirement; ineffective governance (including risk management, quality monitoring, quality of information, concerns around culture, assessment of competence and skills, incident handling arrangements); environmental cleanliness; assessment of falls and pressure ulcer risk; access to Children's Emergency Department 24 hours per day; transfer of patients out of hours; and use of Deprivation of Liberty Safeguards.

**Ratings for the whole trust**

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2018	Requires improvement ↓ Mar 2018	Good ↔ May 2017	Requires improvement ↔ May 2017	Inadequate ↓ May 2018	Requires improvement ↔ May 2018

The report is attached to enable the Board to consider and discuss the findings in full. By way of a summary to assist the Board:

**Are services safe?**

The CQC rating of safe stayed the same. CQC rated 'Safe' as requires improvement because:

- *Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe.*
- *There were periods of understaffing or inappropriate skills mix which were not always addressed quickly enough.*
- *There was a high number of bank and agency staff used.*
- *Information on patient safety was not always timely. Risk assessments were not always being completed in some service areas.*
- *Incidents were not always being recorded or investigated in a timely way and in line with national guidance and trust policy. People did not always receive a timely apology when something went wrong.*
- *Major incident equipment had not always been checked regularly and was not always easily accessible should it be required in an emergency situation and unanticipated event.*
- *There were times when areas were being used to care for patients which were not always fit for purpose and the appropriate equipment and facilities always available.*
- *There was insufficient attention to keep patient records safe.*

However, good practice points were identified as follows:

- *There were systems and processes in place to keep people safe from abuse and safeguarding policies were in line with best practice guidance;*
- *Staff could access patient information when they needed it to plan and deliver care, treatment and support; and*
- *People received their medicines when required.*

### **Are services effective?**

CQC rating of effective deteriorated since last inspection. CQC rated 'effective' as requires improvement because:

- *Staff did not always adhere to the Mental Capacity Act 2005 principals and guidance was not always effective. There were times when deprivation of liberty safeguards applications had not been made in a timely way which meant there was a risk that patients were being detained unlawfully.*
- *In some services outcomes for patients who used services were sometimes below expectations when compared with similar services.*
- *There was limited evidence of monitoring adherence to national guidelines to ensure care pathways were up to date and appropriate.*
- *Not all staff had the right skills and experience to fulfil their roles. There was limited leadership development in services and some services were not able to evidence staff competencies to fulfil additional roles. There were gaps in support arrangements for staff for professional development.*

However, good practice points were identified as follows:

- *People's care and treatment was planned and delivered based on national guidance and standards.*
- *Pain relief was effectively managed.*
- *There was participation in relevant local and national clinical audits together with external reviews where appropriate to help improve standards of care.*

### **Are services caring?**

CQC rating of caring stayed the same. CQC rated 'caring' as good because:

- *Feedback from people who used the services and those close to them were positive about the way staff treated people.*
- *People were treated with respect and kindness during all interactions we observed. People felt supported and said staff cared for them.*
- *Staff supported people and those close to them to manage their emotional responses to care and treatment. Personal, cultural, social and religious needs were understood.*
- *People said staff spent time with them and provided information in a way they could understand. Staff responded compassionately when people needed help and supports.*
- *People's privacy and confidentiality was respected the majority of times.*

However, improvement opportunities were identified as follows:

- *CQC did observe that people's dignity was not always maintained and there were occasions when the facilities provided in certain areas did not always promote privacy and dignity.*

### **Are services responsive?**

CQC rating of responsive stayed the same. CQC rated 'responsive' as requires improvement because:

- *There were shortfalls in how the needs of different people were taken into account on the grounds of protected characteristics under the Equality Act. There were no network groups for patients.*
- *Information was not always accessible for people and not readily available in different languages.*
- *Complaints were not always being responded to in a timely way and there was little evidence of the learning applied to practice within services*
- *Not all services had been planned and provided that met the needs of the local people, for example the children's department was not open 24 hours a day.*
- *People did not always receive treatment in a timely way. This was because the urgent and emergency service had continually failed to meet the target to transfer, admit or discharge patients.*
- *Access and flow continued to be a challenge for the trust and there were significant patient moves out of hours, a high number of delayed discharges and patients being cared for on a ward that did not meet their speciality.*
- *Medical certification of death continued to be a long standing issue and there were not always available in the required timeframe.*

However, good practice points were identified as follows:

- *Services had responded to individual needs. For example, areas designed to help people living with dementia and a bereavement room for families and loved ones of patients who had passed away.*
- *There was a translation service in place and there was access to a psychiatric liaison service when required.*
- *There was a rapid discharge team in place to help facilitate patients who were end of life to die in their preferred place of care where appropriate.*

### **Are Services well-led?**

CQC rating of well-led deteriorated since the last inspection. CQC rated 'well-led' as inadequate because:

- *The leadership, governance and culture did not always support the delivery of high quality person-centred care.*
- *Not all leaders had the necessary experience, knowledge and capacity to lead effectively. There were unstable leadership teams throughout the trust. The need to develop leaders had not always been identified and action was only just beginning to be taken. There was little attention to succession planning and board development.*
- *In some services there was limited evidence of a strategy and workable plans to make improvements. There was no effective approach to monitoring or providing evidence of progress against delivery of the strategy or plans on a regular basis.*
- *Managers across the trust had not always promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some staff informed us that they had witnessed or experienced bullying or harassment and we found that when concerns had been raised, they had not always been dealt with in a timely manner.*
- *People did not always receive a timely apology when something went wrong in line with national guidance and regulation.*
- *The trust did not always ensure that all recruitment checks had been completed for senior leaders in line with national guidance and regulation.*
- *Equality and diversity were not consistently promoted and there were no specific network groups available for staff with particular protected characteristics under the Equality Act.*
- *The governance arrangements and their purpose were unclear and did not always operate effectively. There had been a recent governance review but staff were not always clear about their role and what they were accountable for.*
- *Risks were not always dealt with appropriately and the risk management approach was not applied consistently. Risk registers and actions were not always regularly reviewed and*

*there was no evidence that the corporate risk register had been regularly reviewed and updated before the inspection.*

- *Information that was used to monitor performance or make a decision could not be relied on to be accurate or reliable. For example, workforce information. Required data to be submitted to external organisations was not always reliable.*
- *There was little recent innovation or service development and there were a number of policies and standard operating procedures that were overdue for review.*

However, good practice points were identified as follows:

- *Senior leaders had recognised that improvement had to be made and had begun to involve staff in the review of the strategy and review of the trust values.*
- *The executive team had begun to visit service areas to help improve the accessibility and visibility of the team.*
- *The risk registers across the trust did show that most risks had controls in place to reduce the level of risk.*
- *There was evidence of collaborative working with other NHS organisations and stakeholders and there was recognition that there was a need to work in a more integrated way for the benefit of patients.*

## **2. Conclusion**

The CQC inspection identified no material improvement in ratings since 2015. The ratings overall stayed the same; but there was deterioration in both the effective and well-led domains. The Board of Directors have considered and reflected carefully on the findings of the CQC's inspection. The Board is disappointed at the overall lack of progress since 2015 and recognise this will be a concern for primary stakeholders and service users. The Board accept that the degree of senior leadership instability, internal control challenges, and local problems concerning patient flow have contributed to identified problems in the safe, effective, responsive and well-led domains. The findings of the report, and the recommendations contained therein, are accepted in full. 102 recommendations have been made by the CQC to comply with the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Plans to address those requirements, and other quality priorities, have been drawn up by the Board.

## **3. Action Agreed by the Board**

Plans to address the requirements identified by CQC have been submitted to the Chief Inspector of Hospitals, NHS Improvement (NHSI) and NHS England (via Wirral Health & Care Commissioning). The immediate steps initiated by the Board involve:

- action to stabilise and transition rapidly towards a substantive leadership team and Board of Directors;
- the appointment of an executive lead for quality & governance. Paul Moore joined the Board on 9<sup>th</sup> July 2018. He will provide the leadership to transform quality governance, and drive on behalf of the CEO and Board the Quality Improvement Plan in concert with the Executive Medical Director and Executive Director of Nursing;
- allocation of dedicated PMO support to accelerate and manage delivery of quality improvement actions;
- the Board refreshing its strategy, vision and organisational priorities to reflect more directly its ambition of safe, high quality and sustainable clinical services for patients, and its dedication towards providing outstanding care;
- initiation of a wide-ranging organisational development programme to strengthen and promote effective leadership at all levels – and we intend to continue to drive the programme to develop organisational culture;

- the executive lead for quality & governance has undertaken a initial review of quality governance capacity and capability within the Trust. He has put forward a series of recommended immediate improvements, which have been wholly supported by the Board, to simplify, rationalise and strengthen oversight and control of quality, safety and risk management. Over the coming months, the executive lead for quality & governance will lead on behalf of the Board the delivery of the CAC action plan, changes to the Board's committee structure, the approach to risk management and learning, and specifically target improvements in serious incident handling. This will focus on addressing better internal control, assurance and accountability for quality, risk management and exemplary corporate governance; and
- the Trust's full participation in enhanced monitoring by NHS Improvement and Wirral Health & Care Commissioning. The Trust is committed to working closely with all stakeholders to achieve system level improvement that will enable and support safe, high quality and sustainable clinical services now and in the future.

#### **4. Action Required by the Overview & Scrutiny Committee**

The Committee are invited to:

- Note and support the actions initiated by the Board.

**Janelle Holmes**  
**Chief Executive Officer**  
**Wirral University Teaching Hospitals NHS Foundation Trust**  
**23/08/2018**