

**NHS Herts Valleys Clinical Commissioning Group**  
**Board Meeting**  
**November 5<sup>th</sup> 2015**

<b>Title</b>	Provider CQC Summary Reports	<b>Agenda Item: 8</b>
<b>Purpose (tick one only)</b>	Approval <input type="checkbox"/>	Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/>
	Consideration <input type="checkbox"/>	Noting <input type="checkbox"/>
<b>Responsible Director(s) and Job Title</b>	Diane Curbishley, Acting Director of Nursing & Quality	
<b>Author and Job Title</b>	Kate Chand, Head of Quality Assurance	
<b>Recommendations/ Action Required by the Board</b>	The Board is asked to note the ratings given by the CQC to HVCCG providers and the action taken to make improvements.	
<b>Classification</b> <i>Is this report exempt from public disclosure? (ie. FOIA or DPA)</i>	No	
<b>Impact on Patients/Carers/Public</b>	The CQC finding reports will be based on whether services are well-led, safe, effective, caring and responsive.	
<b>Engagement with Stakeholders/Patient/Public</b>	In advance of, and during a CQC inspection, the CQC will liaise with all stakeholders and patients to obtain an overall view of the services provided.	
<b>Links to Strategic Objectives</b>	2. We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well.	
<b>Board Assurance Framework</b> <i>Does this report provide evidence of assurance for the Board Assurance Framework?</i>	2.1 Risk that we do not deliver on all NHS Constitutional pledges, key national targets and priorities 2.2 Risk that we are unable to ensure high quality, safe and sustainable services for the population and patients of West Herts 3.2 Failure to successfully implement the Strategic Review across the local health and social economy due to workforce issues.	
<b>Does this report mitigate risk that is included in the Corporate Risk Register?</b>	SO2/01 A lack of proportionate and effective controls on the use, sharing and publication of information will result either in a loss of accreditation for the use of NHS data and systems or in an excessively restrictive approach to the use of data leading to the loss of opportunities to promote improvement in clinical outcomes	
<b>Resource Implications</b>	None	
<b>Equality and Diversity</b> (Has an Equality Analysis been completed?)	Not Applicable	
<b>Legal/Regulatory Implications</b>	None	
<b>Sustainability Implications</b>	None	
<b>NHS Constitution</b>	<b>Principle 3</b> The NHS aspires to the highest standards of excellence and professionalism <b>Principle 4</b> The NHS aspires to put patients at the heart of everything it does	
<b>Report History</b>	Not Applicable	
<b>Appendices</b>	None	

**A report detailing the outcomes following inspections by Care Quality Commission Visit to  
Hertfordshire Community Trust, Hertfordshire Partnership University NHS Trust, West  
Hertfordshire Hospitals Trust & Buckinghamshire Healthcare Trust  
2014/15**

## 1. Introduction

During their inspections the CQC always ask the following 5 questions of every service and provider:

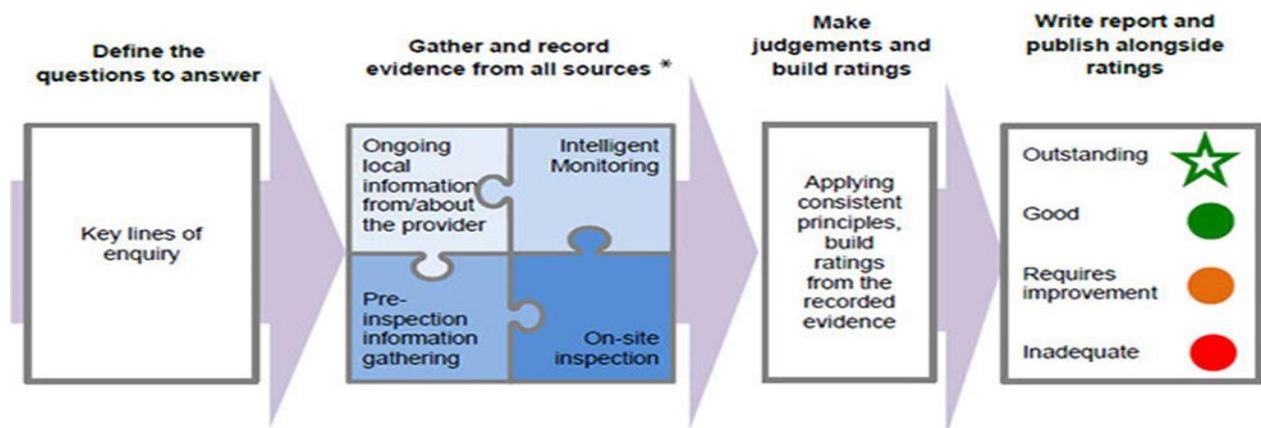
- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

In advance of a visit the CQC reviews a large range of information that is already held by them and also asks other organisations to share their experiences (such as the CCG and Health Watch).

To direct the focus the CQC's inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions asked of all services, as listed above. Having a standard set of KLOEs ensures consistency in what is reviewed under each of the five key questions resulting in the CQC focusing on the areas that matter most. The CQC believe this is essential for reaching a credible, comparable rating.

To enable inspection teams to reach a rating, they gather and record evidence in order to answer each KLOE.

The following sets out how KLOEs and evidence build towards ratings;



## 2. Local CQC Inspections

The Care Quality Commission (CQC) undertook an inspection to Hertfordshire Community Trust (HCT) as part of their community health services inspection programme. The inspection took place from 17th-20th February 2015. The Quality Summit was held on 30<sup>th</sup> July 2015 and the formal findings report was published on Tuesday 4th August 2015.

The CQC undertook an inspection to Hertfordshire Partnership University NHS Trust (HPFT) as part of their mental health community services and mental health hospital services inspection programme. The inspection took place from 27th April – 1st May 2015. The formal report was published on 8<sup>th</sup> September 2015.

A CQC inspection to West Hertfordshire Hospitals Trust (WHHT), as part of their acute trust inspection programme took place from 13th April – 17th April 2015. The formal report was published on 10<sup>th</sup> September 2015.

A CQC inspection to Buckinghamshire Healthcare Trust (BUCKS), as part of their acute trust inspection programme took place from 23rd March – 27th March 2015. The final report was published on 10<sup>th</sup> July 2015.

Following a CQC inspection, a report is drafted setting out the inspection's findings and rating. Providers are given the opportunity to comment on the draft inspection report prior to the sharing of the final report at a local Quality Summit and subsequently on the CQC website. The Quality Summits include NHS commissioners, providers, regulators and other public bodies. The purpose of the Quality Summit is to summarise and discuss the findings and also to develop a plan of action and recommendations based on the inspection team's findings.

### **3. Findings of local CQC inspections**

The table on the following page sets out the CQC's findings of HCT, HPFT, WHHT and BUCKS. The table also includes information on any action planned or already taken by a provider and also what action the CCG is taking to ensure improvements are made.

#### **Hertfordshire Community Trust (HCT)**

Following the CQC's inspection of HCT the Trust were given a rating of Requires Improvement.

#### **Hertfordshire Partnership Foundation Trust (HPFT)**

Following the CQC's inspection of HPFT the Trust were given a rating of Good.

#### **West Hertfordshire Hospitals NHS Trust (WHHT)**

Following the CQC's inspection of WHHT the Trust were given a rating of Inadequate. A decision was made by the Trust Development Authority (TDA) that the Trust must make significant improvements and placed in Special Measures.

The TDA will be leading the process to gain assurance that the action plan developed by the Trust is robust and that appropriate measurable actions are in place to deliver the agreed outcomes and demonstrate improvement.

#### **Buckinghamshire Healthcare Trust (BUCKS)**

Following the CQC's inspection of BUCKS the Trust were given a rating of Requires Improvement.

Further detail in relation to the findings of all providers can be found in the table over the page.

### **4. Conclusions and next steps**

The HVCCG Nursing and Quality Team will continue to monitor improvement and will report to the Quality & Performance Committee.

### **5. Recommendation to Board**

The Board is asked to note the ratings given by the CQC to HVCCG providers and the action taken to make improvements.

Trust	Has the Final Findings Report Been Published?	Overall Rating	Key Outcomes	Action Taken by Provider	Action Taken by HVCCG
HCT	Yes	Requires Improvement	<p><b>Areas of good practice:</b></p> <ul style="list-style-type: none"> <li>• A strong practice of incident reporting.</li> <li>• The care and support given by staff.</li> <li>• Holistic management of patients in adult services.</li> </ul> <p><b>Areas for improvement:</b></p> <ul style="list-style-type: none"> <li>• To improve plans to address recruitments and vacancy management.</li> <li>• To review the safeguarding policy to ensure clarity.</li> <li>• To stop admissions to in-patient units at night.</li> <li>• To ensure the preferred place of care policy for end of life care is in place.</li> <li>• To routinely deliver clinical supervision to staff.</li> <li>• To share learning from serious incidents (SIs) consistently across the Trust</li> </ul>	<p>The Trust has developed a Quality Improvement Plan setting out all actions already implemented and planned to be implemented.</p> <p>A report is provided to the Trust's Executive Team every fortnight with urgent escalation of any high risk areas.</p> <p>A report will be provided to every Trust Board meeting and urgent escalation of any high level risks through a "flash report" to Board.</p>	<p>The CCG attended the CQC Quality Summit.</p> <p>The Trust's Quality Improvement Plan has been shared with HVCCG. Progress of the Plan will be monitored at the monthly Contract &amp; Quality Review Meetings between HVCCG and HCT.</p>
HPFT	Yes	Good	<p><b>Areas of good practice:</b></p> <ul style="list-style-type: none"> <li>• Overall, initial feedback was positive. Care is well-planned and responsive.</li> </ul> <p><b>Areas for improvement:</b></p> <ul style="list-style-type: none"> <li>• Some queries raised regarding staffing levels at Albany Lodge and Kingfisher Court.</li> <li>• Privacy and dignity for children within the CAMHS Section 136 suite at Kingsley</li> </ul>	<p>Following feedback relating to the Section 136 Suites HPFT have temporarily closed the Suite to make the necessary changes.</p> <p>HPFT have developed an action plan following receipt of the final CQC report setting out how they will address areas for improvement.</p>	<p>The CCG attended the CQC Quality Summit</p> <p>The Trust's Action Plan has been shared with HVCCG. Progress of the Plan will take place at the Quality Review Meetings between the Integrated Health and Care Commissioning Team,</p>

Trust	Has the Final Findings Report Been Published?	Overall Rating	Key Outcomes	Action Taken by Provider	Action Taken by HVCCG
			<p>Green.</p> <ul style="list-style-type: none"> <li>Mental Capacity Act awareness to be improved across the Trust.</li> </ul>		HVCCG and HPFT.
WHHT	Yes	Inadequate	<p>The final report has been published. The following feedback was received:</p> <p><b>Areas of good practice:</b></p> <ul style="list-style-type: none"> <li>Immediate feedback praised the quality of care provided by the paediatric team and Bluebell ward.</li> <li>Staff were open and honest during the CQC feedback sessions.</li> </ul> <p><b>Areas for improvement:</b></p> <ul style="list-style-type: none"> <li>The Trust lacks a systematic approach to the reporting and analysis of incident and the embedding of action taken.</li> <li>Inadequate plans to manage identified risks with missed opportunities to prevent future risks.</li> <li>Staffing levels impact on staff satisfaction levels.</li> <li>Accuracy and quality of data.</li> </ul>	<p>An Improvement Director has been allocated to the Trust by the TDA. The TDA will provide support and direction to the Trust.</p> <p>WHHT has developed an Improvement Plan setting out how the Trust plans to make the improvements identified by the CQC.</p> <p>Progress against Trust's Improvement Plan is monitored weekly by the Executive Team and will be refreshed following publication of the final report.</p> <p>Regular updates are provided to each Trust Board.</p>	<p>A multi-agency scrutiny group has been established to support the Trust, which includes HVCCG. The first meeting took place in September 2015.</p> <p>The Trust's Improvement Plan has been shared with HVCCG.</p> <p>HVCCG will be working closely with the TDA to support the oversight.</p> <p>The CCG's Deputy Director of Nursing has undertaken a review of the Trust's SI process and has agreed to support implementation. Next steps have been proposed and agreed.</p> <p>HVCCG will continue to monitor the quality and safety of</p>

Trust	Has the Final Findings Report Been Published?	Overall Rating	Key Outcomes	Action Taken by Provider	Action Taken by HVCCG
					services at the Trust, through the Contract Quality Review Meetings.
<b>BUCKS</b>	<b>Yes</b>	<b>Requires Improvement</b>	<p><b>Areas of good practice:</b></p> <ul style="list-style-type: none"> <li>• The Trust had made significant improvements to the urgent and emergency care services. The pace of change over the last 12 months was noted.</li> <li>• Patient's feedback included that the community health services were accessible and the staff knowledgeable and caring.</li> <li>• Patients were provided with an individualised, multidisciplinary risk assessment regardless of the service they used.</li> </ul> <p><b>Areas for improvement:</b></p> <ul style="list-style-type: none"> <li>• Improving the urgent care pathway.</li> <li>• Further improvement of the end of life care pathway.</li> <li>• Culture and leadership, particularly in children's services.</li> <li>• Safe staffing.</li> </ul>	<p>Changes have been made to the Community Children and Young People's leadership to ensure that it is strengthened and aligned to support the Trust's strategy.</p> <p>The Trust's Improvement Plan will be monitored at the Quality and Safety Group, with regular updates to the Trust's Executive Team via the Trust Management Committee.</p>	<p>The Trust's lead commissioner is Aylesbury Vale CCG.</p> <p>The Trust's Improvement Plan has been shared with HVCCG. Progress of the Plan will be taking place at the monthly Quality Review Meetings attended by HVCCG.</p>