

Title of report: Update on outcomes of Care Quality Commission Inspection of Herefordshire and Worcestershire Health and Care NHS Trust

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: Monday 25 March 2024

Report by: Statutory Scrutiny Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

This report provides the Health, Care and Wellbeing Scrutiny Committee with the background and findings of the Care Quality Commission's (CQC) inspection of Herefordshire and Worcestershire Health and Care NHS Trust (the Trust). It also outlines the actions taken following the "Well Led" inspection.

Recommendation(s)

That:







- a) The committee note the report and findings; and**
- b) Make recommendations to the Trust and to Herefordshire Council following scrutiny of the report.**

Alternative options

1. For scrutiny to not consider the outcome of the Commission led inspection. This is not recommended. The inspection has moved the Trust from being in a good to an inadequate position. The Health, Care and Wellbeing scrutiny committee has the responsibility to make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement:
 - a. in the physical and mental health of the people of England, and
 - b. in the prevention, diagnosis and treatment of physical and mental illness, and
 - c. any services provided in pursuance of arrangements under section 75 in relation to the exercise of health-related functions of a local authority

Key considerations

2. From 6 to 8 June 2023 the CQC conducted a Well Led inspection of the Trust, drawing on one to one interviews with board members, subject matter experts, focus groups and stakeholders. As a result of the inspections, a number of changes were made, including moving the Trust's overall rating from good to requires improvement.

Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires Improvement 

3. The findings from the CQC inspection are attached as Appendix 1. In the report, the CQC told the trust that it must take action to bring services into line with six legal requirements. The Trust must ensure:
 - a) Members of the executive leadership team work in a cohesive and collaborative way to address areas of risk or concern to ensure they are sighted on risks that could affect the delivery of strategy and provision of high-quality care. (Regulation 17)
 - b) Senior leaders are visible in all services. (Regulation 17)
 - c) Effective systems and processes are in place to manage risks in the Trust ensuring the risks are regularly reviewed and mitigated. (Regulation 17)
 - d) Learning from incidents is shared across all services to mitigate against the risk of reoccurrence. (Regulation 17)
 - e) Policies are up to date, have been ratified and have Equality Impact Assessments. (Regulation 17)
 - f) Action is taken to address a closed culture in the organisation and embed action to improve equality, diversity and inclusion. (Regulation 17)

- g) Action is taken to respond effectively to concerns raised (Regulation 17)
 - h) Estates staff are managed consistently in line with other staff in the Trust. (Regulation 17)
 - i) Serious incidents are reported to external agencies in line with national guidance in a timely manner. (Regulation 17)
 - j) Staff receive supervision and appraisal. (Regulation 18)
 - k) Personnel files for senior leaders meet the requirements of fit and proper person guidance. (Regulation 19)
4. Following initial feedback from the CQC, the Trust and Herefordshire and Worcestershire Integrated Care Board took the decision to appoint an Improvement Director to lead the development and implementation of an Improvement Plan. Based upon the themes in the CQC report and extensive staff engagement exercise through September and October 2023 which almost 700 staff contributed to, the Trust has developed and commenced delivery of two key plans:
- a) Overall Trust Improvement plan covering:
 - a. Culture and Equality Diversity and Inclusion
 - b. Systems, Processes and Structures
 - c. Regulatory and Accreditation
 - d. Communication and Planning
 - e. Risk Management
 - f. Corporate & Administrative Services
 - b) A focused plan covering:
 - a. the CQC required actions at both organisational and service level and
 - b. the CQC recommended actions at service level (organisational level captured within the overall improvement plan).
5. Over the coming months these programmes of work will aim to deliver:
- a) Training for all staff, starting with those in a leadership, managerial and supervisory role, covering skills which will help embed the behaviours and culture staff said they wanted. These skills will include restorative practice, the impact of incivility, seeking and acting on feedback, inclusivity and discrimination, bias, micro-aggressions & practical emotional intelligence.
 - b) A broad Trust Board development programme covering the key themes identified by the CQC of visible leadership, inclusive decision making, effective challenge and risk management.
 - c) Staff that are confident that if they speak up something will be done.
 - d) Fairness and equity in management, development and how people are treated, giving equal opportunities regardless of race, disability or any other protected characteristic.
 - e) Updated Governance structures ensuring integrated approach and operation of meetings at all levels. This scaffolding will enable visibility of decision making, escalations and resolutions, risk management, communication and give the channel where staff and patient/carer concerns are formally received and actions recorded.

- f) Updated risk management systems and processes, aligning to the CQC findings and an independent review by the Good Governance Institute.
 - g) A clear view of areas at risk of a closed culture developing, giving the opportunity to put supportive actions in place at an early stage.
 - h) Effective incident reporting.
 - i) Systems and processes which ensure all staff receive a regular one to one supervision and appraisal as well as having a team meeting they can attend and contribute to.
 - j) All staff are managed by the same policies and approaches, based around a restorative culture.
 - k) Updated operational processes which reduce impact on clinical and operational time.
 - l) All policies have equality impact assessments in place.
6. The Trust has developed a monitoring system, whereby staff views are sought every 2 months. The questions asked align to the national staff survey and focus on how staff experience the working environment. This information will be used to understand progress of the improvement plan at both an organisational and Trust level.
7. Ultimately, improved staff wellbeing and experience will lead to improved care and patient outcomes. The Trust is working with both Healthwatch Worcestershire and Healthwatch Herefordshire to develop patient experience questions which will be asked by Healthwatch and used to assess progress.

Community impact

8. Scrutiny committees do not make decisions for Herefordshire Council. They make recommendations to Cabinet and to Council, which those bodies must decide whether to accept or reject. The community impact of implementing any recommendation should be assessed when Cabinet or Council decide to adopt the recommendation.

Environmental impact

9. Whilst there are no environmental impacts in considering this report and appendices, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

Equality duty

10. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Resource implications

11. There are no resource implications in considering this report and appendices.

Legal implications

12. Herefordshire Council has designated statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services affecting the area and to make reports and recommendations on these matters to the Health, Care and Wellbeing Scrutiny Committee.

13. It has the responsibility to make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement:
- a. in the physical and mental health of the people of England, and
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Risk management

14. There are no specific risks identified in considering this report.

Consultees

No consultation was carried out in the production of this report.

Appendices

Appendix 1: Herefordshire and Worcestershire Health and Care NHS Trust Inspection report

Background papers

None identified.