

Response to Care Quality Commission inspection findings

1. Board members will recall that the Care Quality Commission inspected the Trust and its two main locations (Royal Sussex County Hospital and Princess Royal Hospital) in April 2016. In June 2016 the CQC served a formal Warning Notice on the Trust in response to its urgent concerns about some of the circumstances and practice observed during the inspection. Improvements in the areas identified in the Warning Notice were required by 30 August 2016.
2. An action plan to deliver improvements in these areas was produced by the former Director of Improvement, and its implementation has been monitored on a weekly basis since then. A summary of the achievements made as a result of implementing that plan is attached as Appendix 2, and has been submitted to the CQC as part of a portfolio of evidence that the Trust has complied appropriately with the Warning Notice.
3. The Chief Executive and the Director of Clinical Governance met with key CQC personnel on Monday 19 September to present the Trust's formal response to the Warning Notice. The summary of evidence was noted, but it is necessary for the CQC to conduct a further unannounced inspection of the Trust at some point between now and the end of February 2017, and to be satisfied with what inspectors find during that inspection, for the Warning Notice to be formally withdrawn. It was noted during the meeting that although progress had been made in all areas, some of the matters in question require longer term resolution.
4. Full reports of the inspections carried out in April were published on 17 August. The Trust was required to produce a response to the reports by 16 September 2016.
5. The trust-wide "Provider" report and the two "Location" reports (for the Royal Sussex County Hospital (RSCH) and the Princess Royal Hospital (PRH)) each include a number of requirements, separated out into 30 matters the Trust **must** address and 26 matters the Trust **should** address. Appendix 3 sets out those requirements, indicating the reports from which they emanate.
6. The majority of the items specified in the Warning Notice have been translated into the requirements (must dos and should dos) in the reports. However there are seven items which have not explicitly appeared in the report as requirements. To ensure that these matters are not overlooked, they have been re-cast as requirements and will be treated as such in the overall response to the report.
7. The response to the reports needs to indicate how the Trust will deal with each of those 63 requirements, and most importantly, how the Trust will measure progress against delivery of the required improvements. The Programme Management team has supported the Director of Clinical Governance in consulting with relevant Executive and Operational Leads to identify
 - how the Trust will know that it is meeting each requirement
 - what existing key performance indicators (KPIs) will support assessment of delivery
 - what KPIs need to be developed to ensure that progress can be measured accurately
 - what specific actions need to be taken to deliver the required improvement
 - who will be responsible for delivery of each action
 - by when the action will be complete

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8. Appendix 4 is an example of the template used to inform and record discussions with operational leads about each requirement.
9. For ease of reference and management, the requirements have been grouped into seven themes:
 - Governance
 - Medicines management
 - Patient safety
 - Fire safety
 - Safer staffing
 - Environment
 - Experience
10. The list set out in Appendix 3 shows the requirements grouped by those themes.
11. A project plan for each theme has been developed to ensure that there are detailed arrangements in place for delivery of all of the requirements. The project plans are large and relatively complex documents.
12. In addition to the specific “must” and “should” requirements set out in the provider and location reports, a number of examples of behaviour and/or circumstances which demonstrate the need for the requirements are included in the reports – for example cluttered ward areas, broken locks on drugs cupboards and unfinished maintenance. The reports have been reviewed in detail to ensure that each of these cited incidents is logged, and action to ensure that each matter is addressed will be undertaken. Completion of these actions will also be monitored by the Quality & Safety Programme Board and included in the highlight reports.
13. The Director of Clinical Governance will work with the Quality & Safety Project Manager to seek assurance and evidence that the project plans are being implemented in a timely and effective way. Collectively, the seven themed Quality & Safety Improvement projects (Governance, Medicines management, Patient safety, Fire safety, Safer staffing, Environment, Experience) will form the Quality & Safety Improvement Programme, part of the overarching Recovery Plan referred to above and set out at Appendix 6. Board members may wish to refer to the diagram at page 8 of Appendix 6 for clarity. The current CQC Steering Group will be re-formulated as the Quality & Safety Programme Board, and continue as a key vehicle for driving and monitoring progress, and will meet monthly, rather than weekly. This will allow relevant staff more time to implement the necessary actions.
14. Due to the size of the programme and its individual project elements (the “themed” projects) it is not proposed routinely to report the detail of progress against each action to the Board, the CQC or NHS Improvement. For the purposes of allowing those bodies to monitor delivery of the required improvements, highlight reports have been developed for each project, and updated versions will be produced on a monthly basis. A highlight report for each of the seven projects is attached as Appendix 5.

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15. The highlight reports will be presented to the Trust Programme Board on a monthly basis. Initially at least, the Board may also wish to see the reports in full each month. At any point, more detailed scrutiny of any aspect of any of the individual project plans will be possible (and indeed welcomed) by board members, either individually or collectively. The Board may wish to review a different project plan in more detail, along with all highlight reports, at its regular meetings (or to delegate doing so to a sub-committee).
16. Both the individual project plans and their associated highlight reports are inevitably iterative documents. Although some of the requirements are relatively straightforward and can be planned in detail at this stage (eg, "Review analgesia authorisation for Band 5 nursing staff"), many are complex requirements which will require detailed analysis and long term assessment and diagnostic work (eg "...ensure there is a cohesive vision and strategic plan for the directorates which engages staff and provides an effective guide to the development of services"). Not all of the actions to deliver all aspects of each requirement can be identified or articulated at this stage. Wherever possible, project plans are completed in full now, but others will develop over the coming months, and some plans may need to be flexible to accommodate changing circumstances across the national and local health systems.
17. The project plans will also need to change over the coming months where KPIs indicate that required progress has not been made and alternative approaches are necessary.
18. The Quality & Safety Improvement Programme is focussed currently on the Trust's main quality and safety priorities, which at this stage must be to address the quality, safety, patient experience and clinical effectiveness issues identified by the CQC. In the mid to long term, however, other projects to address operational and strategic quality and safety objectives can be added to ensure a rolling programme of continuous improvement.
19. As Board members will be aware, Trusts placed into Special Measures by NHSI are required to produce a Recovery Plan to address all aspects of NHSI's concerns about the Trust. Such Recovery Plans are shared with government ministers, the Department of Health and other key stakeholders as evidence of the Trust and NHSI's commitment to delivering the Trust's exit from Special Measures within 12 months.
20. The Trust commissioned McKinsey to produce a Recovery Plan, based on work the Trust had already carried out and had in train. The draft produced by McKinsey has been revised significantly since its first production better to reflect both the Trust's aspirations and NHSI's expectations.
21. The current version of the Recovery Plan is set out at Appendix 6 to this report. The plan has been approved by the Board in an early (not materially different) version. The current version is with NHS Improvement for formal adoption on the same day as the Trust Board meeting.
22. The Board is recommended to:
 - Note the progress made against the concerns identified in the CQC Warning Notice, as set out at Appendix 2

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- Note the updates to the position with regard to the CQC's assessment of compliance with the Warning Notice since the Board's last meeting.