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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

10.00 am on Wednesday, 12th September, 2018

**Place**

Committee Room 3 - Council House

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 25th July, 2018

(b) Matters Arising

**4. Better Care, Better Health, Better Value Programme Update** (Pages 9 - 22)

Report of Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire (UHCW)

(i) Report to be presented by Andy Hardy, UHCW

(ii) Update from Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) on the Latest Position for Improving Stroke Services in Coventry and Warwickshire

**5. University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report and Action Plan** (Pages 23 - 38)

Report of Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire (UHCW) who has been invited to the meeting for the consideration of this item

**6. Outstanding Issues Report**

All outstanding issues have been picked up in the work programme

**7. Work Programme 2018-19** (Pages 39 - 44)

Report of the Scrutiny Co-ordinator

## 8. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

### Private Business

Nil

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Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 4 September 2018

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on Wednesday 12<sup>th</sup> September, 2018 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors J Clifford, D Gannon (Chair), P Hetheron, D Kershaw, R Lakha, R Lancaster, T Mayer, C Miks, D Skinner and D Spurgeon (Co-opted Member)

By Invitation: Councillors F Abbott, R Ali and K Caan

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

**Liz Knight**

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**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00**  
**am on Wednesday, 25 July 2018**

Present:

Members: Councillor D Gannon (Chair)  
Councillor P Hetherton  
Councillor D Kershaw  
Councillor R Lakha  
Councillor R Lancaster  
Councillor T Mayer  
Councillor C Miks  
Councillor D Skinner

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott

Employees:

V Castree, Place Directorate  
J Essex, People Directorate  
J Fowles, People Directorate  
L Gaulton, People Directorate  
J Grainger, People Directorate  
L Knight, Resources Directorate

Apologies: Councillors R Ali (Deputy Cabinet Member) and J Clifford

## **Public Business**

### **58. Declarations of Interest**

There were no declarations of interest.

### **59. Minutes**

The minutes of the meeting held on 26<sup>th</sup> April, 2018 were agreed and signed as a true record. There were no matters arising.

### **60. Suicide Prevention**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which provided an update on progress with the Suicide Prevention Strategy ('Not one more/ one is enough') which had been approved by the Health and Wellbeing Board at their meeting on 28<sup>th</sup> November, 2016; informed of the proposed year two implementation actions for the Coventry Suicide Prevention Multi-Agency Steering Group; and outlined the progress and proposals for suicide prevention funding in the Coventry and Warwickshire STP footprint. A copy of the strategy was set out at an appendix to the report.

Councillor Abbott, Cabinet Member for Adult Services, attended the meeting for the consideration of this item along with Aisha Minhas, Dr Richard Onyon GP and Justine Richards, all Coventry and Warwickshire Partnership Trust (CWPT), Alex Cotton, It Takes Balls to Talk (CWPT) and Steven Hill, MIND.

The report indicated that the strategy was designed to harmonise with the aims and approaches of the West Midlands Mental Health Commission and with the strategic aims of Warwickshire. Coventry had adopted a zero suicide goal based on the understanding that suicide was preventable in the overwhelming number of cases. Coventry's approach was based on Department of Health 2012 guidance; the Canadian Suicide Safer Community model of gatekeeper/ sentinels who can identify risk and intervene; and a locally appropriate approach rooted in Marmot.

The Board were informed of the key highlights for the year one strategic priorities which were the establishment of an active multi-agency steering group; hosting two workshops to share best practice, local data and local excellence; supporting an event at a Wasps Home match for World Suicide prevention day; facilitating the training of 50 champions and volunteers in level one suicide prevention; planning Suicide awareness training for members; developing online training for Council staff; and working with Network Rail to reduce the risk around an identified hotspot.

The report provided information on the audit of all the paper Coroner records where the cause of death was noted as suicide in Coventry from January to December 2017. The data showed 30 recorded deaths in the city during this period which was significantly lower than the national average across England. Of these, most were male, reflecting the national picture. The highest risk age bracket was 32-41. The Board noted that ethnicity was very poorly recorded making analysis in this area impossible.

Nearly half of the individuals had visited their GP in their last six months and these visits may have been cries for help so it was recommended that work is undertaken with GPs to ensure that they were able to spot the signs that someone could be suicidal. The Board were informed that 60% of the victims had a previous mental health concern.

Detailed information was provided on recent events and activities for the 'It Takes Balls to Talk' project, a community interest group which trained volunteers to engage men at sporting events in meaningful conversations about mental health and suicide. They also carried out training in suicide awareness and level one prevention among male culture occupations. Recent events had been held at local Rugby Clubs and Brandon Golf Club; attendance at both Coventry and Warwickshire universities which had led to an increase in self-referral to Student Support Services; both the Police and the Fire Service had participated in suicide awareness training; and contact had been made with Jaguar Land Rover about future opportunities for their workplace.

The report also referred to the work of Coventry and Warwickshire MIND. In October 2017 schools across Coventry and Warwickshire screened a short film named S-word. The film had been created with assistance from MIND to raise awareness of suicide and to break down the silence and stigma around mental

health. MIND worked with 10 schools between 9<sup>th</sup> to 13<sup>th</sup> October and reached over 1000 pupils, 100 parents and carers and 50 students teaching staff. Additional information was provided on the recent training delivered by MIND.

With reference to funding, Coventry and Warwickshire's STP proposal for Suicide Prevention funding had secured £351,000 per annum for 2018/19 and 2019/20 which would be used to address the following priorities across the footprint:

Reducing the risk of suicide in high risk groups

Reducing the Impact of Suicide

Improving data and evidence

Working together.

Further information was provided on the proposals for each of these priorities.

The Scrutiny Board questioned the officers and representative present on a number of issues and responses were provided, matters raised included:

- Concerns that there is a crisis around mental health within the health service and how would the additional funding be used to avoid such crisis
- Support for the MIND bus which goes out into local communities
- Further details about the waiting times for support and assistance
- Further information about the identification of individuals at risk of suicide, including social media and the opportunities for paid search campaigns to raise awareness and signposting of where help can be accessed
- Further details about the Crisis Cafes to be set up in South Warwickshire
- The potential to work with the Advice Centre teams who are often dealing with people in crisis
- The suggestion of having Community Champions to get the important messages out into the community
- The importance of ensuring that staff who work in small community organisations know how to access support for their clients
- In light of the data that revealed during an economic crisis there was a peak in suicides, would the service be flexible to cope if there was another recession
- Concerns about social media sites which inform how to commit suicide
- Learning from best practice
- The importance of working with the local faith groups
- The percentage of GP appointments where mental health issues are discussed and the sign posting of patients to other support services
- Whether there was an intention to open a crisis café in Coventry
- The option of using Council infrastructure to publicise mental health support services, for example the totems, around the city or attaching notices to bins.

Members were offered the opportunity to go out on the Street Triage to see how people with problems were being supported.

The Chair, Councillor Gannon congratulated Alex Cotton on her recent award of an MBE for her services to mental health.

**RESOLVED that:**

- (1) The progress update for the Suicide Prevention Strategy be noted and its ongoing delivery be supported.**
- (2) The proposals outlined as part of the funding for suicide prevention among middle aged men in Coventry and Warwickshire be supported.**
- (3) GPs be encouraged to collect and share details of ethnicity on patient information to allow for identification and consideration of suicide issues in specific communities.**
- (4) The Steering Group be requested to consider the inclusion of working with different Faith Groups in the Suicide Prevention Strategy.**
- (5) Consideration to be given to the use of Council infrastructure ie the totems around the city, to raise awareness of where to go for support when feeling suicidal.**
- (6) Consideration to be given to using paid search campaigns to raise awareness and correct signposting of where help and support can be accessed.**
- (7) Officers to look at the use of the wording ‘suicide-safer communities’ which is contained within the strategy.**

**61. Work Programme 2018-19**

The Scrutiny Board considered their work programme for the new municipal year, which included items carried forward from the previous year. The briefing note also set out the items put forward for possible inclusion in the Board’s work programme from the All Member Informal Scrutiny Meeting on 18<sup>th</sup> June, 2018.

The Board were informed of the need for an additional meeting and workshop to be held in September to consider Adult Social Care.

It was suggested that a Task and Finish Group be set up to consider issues around mental health and Councillors Gannon and Hetherton expressed an interest in serving on this Group. Councillor Kershaw reported that he would soon be in a position to report back to the Board with 3 to 4 recommendations from the Social, Emotional and Mental Health in Schools Task and Finish Group.

**RESOLVED that:**

- (1) The items identified at the All Member Informal Scrutiny meeting on 18th June, 2018 be included on the Board’s work programme for the current year.**
- (2) Arrangements be put in place for a workshop and an additional meeting of the Board to be held in September to consider Adult Social Care.**
- (3) The work programme be approved.**

**(4) A Task and Finish Group be established to look at aspects of mental health, still to be determined, comprising Councillor Gannon and Hetherton and several other Councillors.**

**62. Any other items of Public Business**

There were no additional items of urgent public business.

(Meeting closed at 12.10 pm)

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# **BETTER HEALTH, BETTER CARE, BETTER VALUE**

## **Report to Health and Overview Scrutiny Committee**

Presented by:

Professor Andrew Hardy  
Coventry & Warwickshire STP Lead  
12 September 2018



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# Better Health, Better Care, Better Value

COVENTRY AND WARWICKSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

## Introduction

The purpose of this report is to update the Coventry Health and Overview Scrutiny Committee (HOSC) on the “Better Health, Better Care, Better Value” programme. The report will focus on the progress, challenges and key deliverables of our STP work programme for the next 12 months. The key deliverables are outlined in Appendix 1.

## Leadership and Governance

‘Integrated Care System’ (ICS) - Aspirant ICS Development Programme

The STP and NHS England recognised that additional support was required to deliver the transformation of the Coventry and Warwickshire STP to a Shadow Integrated Care System (ICS) by 2019.

In order to support this, NHS England has invested in a large system-wide capability development programme for senior leaders and their teams. This will enable system leaders to develop the skills and expertise they need to manage today’s challenges whilst being equipped and be ready for tomorrow’s transformation across the health and social care system.

The system leaders have completed a 12-week programme aimed at developing the leadership capability of senior teams across the following learning streams:

- Building a whole system strategy and plan
- System level financial planning
- Integrated governance
- Executing and implementation

### Next Steps

- A plan will be presented to NHS England in August, which will highlight what actions will be taken and in what timescales to reach Shadow ICS by April 2019.

## Transformational work programmes

- Proactive and Preventative
- Planned care
- Urgent and emergency care
- Maternity and paediatrics
- Mental health and emotional wellbeing
- Productivity and efficiency

### 1. Proactive and Preventative

The Proactive and Preventative programme is galvanising effort, expertise and resources to stimulate a step change in commitment to prevention across the health and wellbeing system.

#### Progress to date

- Concordat and Place Design for health and care in Coventry and Warwickshire endorsed by Place Forum on 16 July and communicated widely via various routes e.g. press release, partner websites and social media.
- Ongoing collaboration meetings with STP workstream leads on Planned Care and Mental Health and Emotional Wellbeing to identify opportunities for embedding prevention and early intervention.



## Challenges

- Opportunities to identify and embed prevention and early intervention opportunities in other STP workstreams. The timing of activity is to be aligned.

## 2. Planned Care

The STP Planned Care delivery plan is currently being developed, focusing on high-quality, sustainable care for residents of Coventry and Warwickshire.

### Progress to date

- A transformation plan and narrative has been developed which incorporates both national and local priorities. The plan was submitted to NHSE on 23 July 2018. A final plan is to be submitted in August, this will trigger implementation.

## 3. Urgent and Emergency Care

The objective of this programme of work is to deliver enhanced patient care through increased services and better access to urgent and emergency care. The work programme's priorities are being realigned according to national milestones, focusing on improving the following areas:

- NHS111
- Ambulance response times and handovers
- Hospitals – improving patient flow and developing an ambulatory emergency care service and an acute frailty service
- Mental health and urgent and emergency care
- Urgent and emergency care technology

### Progress to date

- The Urgent and Emergency Care, at the time of reporting, is focusing on both national and local priorities. A single, comprehensive plan for the STP has been drafted and was presented and discussed at the Coventry and Warwickshire A&E Delivery Board on 20 July.
- The Frailty lead has commenced work on the frailty peer review. A formal meeting will take place in August 2018.

## Challenges

- There is an opportunity to review the function of the Coventry and Warwickshire A&E Delivery Board, so that it delivers both operational functions as well as system transformational deliverables, with the involvement of all partners.

## 4. Maternity and Paediatrics

The purpose of this programme is to ensure that women, their babies and their families can access the services they choose and need, as close to home as possible.

### Progress to date

- Work is taking place to develop the Paediatrics element of the programme.
- Implementation of the West Midlands Neonatal Review. This forms part of the choice and personalisation workstream, which was relaunched in early June.
- LMS communications and engagement strategy to be reviewed by the LMS Board in August.
- Engagement with key stakeholders to develop the pre-consultation business case.



## 5. Mental Health and Emotional Wellbeing

Mental Health and Emotional Wellbeing is an integral part of Better Health, Better Care, Better Value. It considers a new approach to supporting positive mental health and emotional wellbeing, while continuing to meet the needs of those experiencing mental illness and clinical approach i.e. episodic and long-term needs.

The ambition is to deliver the right care, at the right time, in the right place for people living in Coventry and Warwickshire who have mental health and emotional wellbeing needs, focusing on:

- Step change in prevention
- Early intervention
- Supporting people to actively participate in their own self-care
- Wellbeing and recovery.

### Progress to date

- Community Resilience: Suicide Prevention Stakeholder Workshop (11 July) with a wide range of stakeholders (including West Midlands Police, Fire Service and suicide bereavement services) in attendance. The feedback from this workshop will inform the project plan.
- Primary Care: Primary Care Offer workshop (4 July) to link the Primary Care workstream with the Out of Hospital programme. Next steps include developing actions to align the workstream to Out of Hospital primary care clusters to deliver the outcomes and address the priorities.
- Delivery of NHS England-funded project for physical health checks for people with serious mental illness (PHCSMI): logic model has been developed by the Steering Group and a workshop has been held with stakeholders to further refine the plan.
- Specialist Care: Blueprinting the model of delivery for Specialist Care Services: CWPT third Community MH Blueprinting session held on 2 July.
- Acute and Crisis Care: Safe Haven Model implementation (part of Acute and Crisis Care workstream). First Task and Finish Group meeting took place on 16 July.

## 6. Productivity and Efficiency

The aims of this programme are:

- To reduce the cost of back office functions across the system through consolidating functions, standardisation and adopting best practice across the footprint
- To consolidate clinical support services that are duplicated across the footprint to reduce variation, achieve economies of scale and create efficiencies
- To review all other options around consolidation to maximise efficiencies.

### Progress to date

- Exploration of Shared Finance System Initiative across the four secondary care organisations, with an ambition to have a shared finance system across four organisations
- Solution workshops are to be scheduled to identify what service(s) will be required. Proposal re: options and pricing to follow.

### Challenges

- Resources to manage change and the finance system procurement process.



## Enabling work programmes

The enabling work programmes underpin the 'transformational' work programmes and will help enable change across our STP.

They are:

- Digital health
- Estates
- Workforce

### 7. Digital Health

This programme aims to deliver an integrated health and care system that will enable all stakeholders to become the healthiest community in the UK. In allowing all systems to be integrated this will reduce duplication and medication/care errors, enable integrated working, and, most importantly, improve patient experience across the nine partners of the Coventry and Warwickshire STP.

#### Progress to date

- Workshop with Directors of IT took place in May 2018. Outputs included the identification of projects that can be delivered in the next 18-24 months
- Work currently underway to scope the identified projects for prioritisation at the Digital Transformation Board in September
- Work is beginning on the refreshed Local Digital Roadmap

#### Challenges

- Limited technical capacity to identify and implement technical solutions
- Standardising IT maturity levels across partners

### 8. Estates

The aims of this programme are:

- Developing an integrated and collaborative estates solution that explores synergies across the strategic footprint
- Optimisation of the most effective and flexible utilisation of the estate
- Identification of resource options to support delivery of estates strategy, to include external partners.

#### Progress to date

- Development and submission to NHS England of draft Estates strategy
- The submission of five capital funding bids to NHS England
- Identification of baseline Carter metrics for use across the strategy.

#### Challenges

- Opportunities to identify needs within other STP programmes. The timing of activity is to be aligned.



## 9. Workforce

### The key priorities for this are:

- Recruitment and retention of the clinical workforce
- Development and embedding of new roles, and roles working differently
- Skills development for existing workforce
- Development of career pathways

### To support the delivery of these priorities, four key enablers have been identified:

- Education
- Leadership and Organisational Development
- Engagement and communication
- Workforce planning

### Progress to date:

- Local audit of programmes to ascertain workforce needs has begun
- Workforce Lead starting in September 2018 to support programme's long-term workforce aspirations
- Local Workforce Action Board reconfiguration to support the delivery of the workforce priorities

## Related Work Programmes

## 10. Stroke configuration

### Progress to date

- Programme leads participated in a next stage NHS England Assurance Panel on 25 May. The Panel was impressed by the progress that the programme had made since the strategic sense check in May 2017. They assessed that the programme had partially met the requirements, but further work and evidence was required prior to being ready for consultation.

### Challenges

The key factors they require further evidence are:

- Workforce planning: the Panel asked for greater detail that includes plans for sustainability of the workforce proposals and more details on the overall impact on providers.
- Further evidence of "stress-testing" the proposals for times of peak demand on hospitals. We provided evidence in the usual sensitivity analysis, but they asked for further evidence that demonstrates the proposals are workable at times of peak demand.
- Confirmation that the West Midlands Clinical Senate are satisfied that we have met the recommendations from their comprehensive review in 2016.

We met with the West Midlands Clinical Senate in July to present progress against the recommendations. The Senate have been assured that the recommendations have been actioned, and that the programme has already made improvements in our \*Sentinel Stroke National Audit (SSNAP) data and Speech and Language therapy.



# Better Health, Better Care, Better Value

COVENTRY AND WARWICKSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

## Key Milestones

- NHSE Assurance Panel will be confirmed with NHS England shortly by October 2018

\*Note: The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. There are three main components of SSNAP: clinical audit, acute organisational audit and post-acute organisational audit.

## 11. Out of Hospital services

The Out of Hospital programme seeks to develop a new operating model with multi-disciplinary teams built around place-based primary care clusters with populations of up to 50,000. This includes the following:

- Redesign care pathways for high prevalence conditions
- Integrated single point of access into out of hospital services
- Link to hospital front and back door to promote admission avoidance and reducing delayed discharges
- Integrate digital patient records and use of population health planning to ensure provision is place-based and health and social care are aligned.

## Progress to date

- Functional governing structures in place to provide assurance for the delivery of the programme e.g. all partners included on the Out of Hospital Design Board and Programme Board
- Monthly joint steering groups with SWFT aligned with the Out of Hospital model across Coventry and Warwickshire
- Engagement is underway with patients, stakeholders and staff regarding the programme of redesign
- Primary Care Cluster leadership in place to support the development of place-based teams
- Integrated Single Point of Access (iSPA) to provide a single point of contact for integrated care is in place
- IT hardware is in place and care notes are being used to capture clinical activity
- Specific forms and reports have been generated within care notes to enable triage and monitoring of progress through the iSPA (Implemented April 2018).

## Challenges

- Interoperability of patient records
- An options paper is being developed to provide recommendations for a solution that will provide a shared patient record between CWPT, GPs and other system partners, to be completed by November 2018.





## Appendix 1 – Programme Milestones over the coming months

### Proactive and Preventative Care – Delivery Milestones

#	Proactive and Preventative Delivery Milestones	Timeline
1	Finalise Year of Wellbeing Delivery Plan and draft outcomes framework for the November Place Forum	Aug 2018
3	Award of tender for iBCF prevention projects evaluation programme	Aug 2018
4	Recruitment of project staff for Care Home Nutrition and Hydration project and sector-based training programme development and delivery	Sept 2018
5	Governance framework, place-based outcomes and place dashboard finalised	Nov 2018
6	System readiness work for Year of Wellbeing completed	Dec 2018
6	Year of Wellbeing launched	Jan 2019
8	Engagement framework finalised	Mar 2019
9	Community capacity pilots implemented	Mar 2019
10	Benefits review carried out	Jan 2020

### Planned Care – Delivery Milestones

#	Planned Care Delivery Milestones	Timeline
1	Musculoskeletal (MSK) Triage: MSK Triage with 100% rollout across all CCGs for all four pathways and procurement of community MSK pathways	Oct 2018
2	Chronic low back pain (spinal) - develop an enhanced MSK service	April 2018
3	All systems to detail the demand management programmes they have in place locally to manage referral activity	April 2019
4	Ophthalmology: Eye health capacity review - draft proposal completed	Dec 2018

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5	External audit of current policies and practices completed	Nov 2018
6	Pilot of electronic Referral System (eRS) *Capacity Alerts established	April 2019
7	NHS England confirm plans to pilot Capacity Alerts and roll out these plans	Oct 2019
8	Advice and guidance services in specialties that cover up to 75% of referral base established	April 2019

### Urgent and Emergency Care – Delivery Milestones

#	Urgent and Emergency Care Delivery Milestones	Timeline
1	UEC delivery plans to be finalised and agreed by each local A&E Delivery Board	Aug 2018
2	National milestones to be incorporated into the future STP highlight reports for Urgent and Emergency Care to provide system assurance	Sept 2018
3	Outpatient Parenteral Antimicrobial Therapy (OPAT): delivery of intravenous antibiotics in out of hospital settings	Sept 2018
4	Discharge to Assess: establishing mechanisms to support people to return to their home for assessment	Sept 2018
5	Establishing *Frailty Supporting mechanisms	Oct 2018

\* Frailty is defined as a loss of resilience that means people living with frailty do not bounce back quickly after a physical or mental illness, an accident or other stressful event

### Maternity and Paediatrics - Delivery Milestones

#	Maternity and Paediatrics Delivery Milestones	Timeline
1	Communication and engagement approach developed	Sept 2018
2	Strategic outline case developed	July 2018
3	Options for delivery developed and appraised	Dec 2018
4	Present completed business case to LMS Board	April 2019
5	Integrated impact assessment completed	March 2019
6	Equality Impact Assessment (QIA) completed	March 2019



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7	Present completed business case to STP Board	May 2019
8	Sign-off governance processes	July 2019
9	Confirm implementation plans	March 2020
10	New service goes live	April 2020

### Mental Health and Emotional Wellbeing – Delivery Milestones

#	Mental Health and Emotional Wellbeing Delivery Milestones	Timeline
1	Acute Crisis care: Scope and develop/redesign delivery plan for implementation of Psychiatric Decision Unit within A&Es	Aug 2018
2	Agree and formalise model for expansion of Street Triage with commissioners and other stakeholders	Oct 2018
3	Implement the extension of Street Triage service and Safe Haven pilot	Feb 2019
4	Community Resilience and Engagement: Dementia Friends training and Dementia Friendly Communities programme	April 2019
5	Implement engagement events and activities	April 2018
6	Primary Care: Scope and design an integrated mental health offer for primary care/Out of Hospital Community Hubs	April 2020
7	Establishment of full GP advice line service, digital offer and navigator role in primary care	Dec 2018
8	Specialist Care: Delivery of work programme to support dementia deliverables	Sept 2018
9	Scope and agree priorities to address Multiple Complex Needs care pathways - IPS Complete Wave 2 application	Oct 2018
10	Early Intervention and Psychosis Teams – Self-assessment and actions	Oct 2018
11	Review of lifestyle services and redesign of services to support access for people with severe mental illness	Oct 2019

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12	Children and young people: specialist commissioning - Pilot for children's Intensive Support Team implementation	Feb 2019
13	Implementation of CAHMS Workforce Plan and digital offer	Mar 2020
14	Funded programme for Employment Advisors based in Improving Access to Psychological Therapies (IAPT) services	Oct 2020

## Estates – Delivery Milestones

#	Estates Delivery Milestones	Timeline
1	Agreement of STP Estates strategy, including prioritised projects for submission as capital funding bids	July 2018
2	Development of a joined-up Estates utilisation programme to support the delivery of STP Productivity and Efficiency transformation projects	Oct 2018
3	Development of an STP wide Estates "To Be" vision that responds to clinical needs, setting out strategic estates priorities and investment programme for the next five years	Jan 2019
4	Creation of an Estates programme for each clinical transformation programme, aligned to the overarching Estates vision, which together will form the master plan and design control plan for the STP	Mar 2019
5	Identify resources required to progress estates transformation projects	2018/19

## Out of Hospital – Delivery Milestones

#	Out Of Hospital Delivery Milestones	Timeline
1	Implementation of seven place-based teams	Sept 2018
2	Implementation of a single central hub	Oct 2018
3	Implementation of digital solutions	Nov 2018

West Midlands Clinical Network & Senate  
St Chad's Court  
213 Hagley Road, Edgbaston  
Birmingham  
B16 9RG

Date: 6<sup>th</sup> August 2018

Dear Andrea

**Re: Coventry and Warwickshire Stroke Update**

Thank you for attending the Clinical Senate Council held a meeting on 25<sup>th</sup> July 2018 and presenting an update on the recommendations made in the Coventry and Warwickshire Stroke Service Reconfiguration Final Report May (2016).

The Clinical Senate Council formed the following opinion:

1. The Clinical Senate was assured by the presentation provided by the Coventry and Warwickshire programme team that recommendations identified in the senate review (May 2016) have been actioned.
2. Sufficient progress has been made and the senate recognises that there is more work to do.
3. The senate noted that there has been an increase in the staffing for SALT (speech and language therapy) and that the SNAAP data is good.
4. The senate agreed with the programme team's decision to go to NHSE Assurance Panel in October 2018 and then out to consultation with the general public.

Yours sincerely



Professor Adrian Williams  
**West Midlands Clinical Senate Chair**

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Coventry City Council

## Briefing note

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**To: Health and Social Care Scrutiny Board**

**Date: 12<sup>th</sup> September 2018**

**Subject: Outcome of the CQC Inspection Report into University Hospitals Coventry and Warwickshire NHS Trust**

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### **1 Information**

- 1.1 University Hospitals Coventry and Warwickshire NHS Trust were inspected by the Quality Care Commission (CQC) between April and June 2018.
- 1.2 The outcome of this inspection was published on 31<sup>st</sup> August 2018.
- 1.3 Appendix 1 contains the summary of findings.
- 1.4 The full report can be accessed here:  
[https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH3539.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3539.pdf)

### **2 Recommendations**

- 2.1 Members invite UHCW to attend a meeting at an appropriate time to update on the actions taken following the report.
- 2.2 Members use the findings within the report to identify future work programme items.

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# University Hospitals Coventry and Warwickshire NHS Trust

## Inspection report

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Date of inspection visit: 23 April to 1 June 2018  
Date of publication: 31/08/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.






This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

University Hospitals Coventry and Warwickshire NHS Trust has approximately 1,175 inpatient beds and 116 day case beds located across two acute locations: University Hospital which is located in Coventry and Hospital of St Cross which is located in Rugby. These two hospitals serve a combined population of over one million people. The trust is a major trauma centre and the specialist cancer centre for the region. In addition, it specialises in cardiology, neurosurgery, stroke, joint replacements, invitro fertilisation (IVF) and maternal health, diabetes and kidney transplants. The number of staff employed by the trust as of January 2018 was 8,136. The trust's services are commissioned by Coventry and Rugby Clinical Commissioning Group.

*(Sources: Routine Provider Information Request (RPIR) – Beds and Total staffing; trust website)*

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



## What this trust does

A list of the sites at the trust is below:

*(Source: Routine Provider Information Request (RPIR) P2 - Sites)*

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*(Sources: Routine Provider Information Request (RPIR) – Beds and Total staffing; trust website)*

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 23 and 27 April 2018, we inspected the core services of urgent and emergency care, medical care, surgery, critical care, maternity, children and young people, end of life care, outpatients at University Hospital Coventry. We also inspected the additional services of neurosurgery and diagnostic imaging. Whilst we have rated these two additional services, we do not include their ratings in the overall aggregation of core service ratings at the location level.

Between 1 and 2 May 2018, we inspected the core services of urgent and emergency care, medical care and surgery at Hospital St Cross.

We also carried out unannounced inspections on:

- 10 May 2018 to University Hospital Coventry.
- 11 May 2018 to University Hospital Coventry.
- 12 May to Hospital St Cross.
- 18 May 2018 to University Hospital Coventry.

We carried out the well-led review from 29 May to 1 June 2018.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed 'Is this organisation well-led'?

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- Whilst improvements were seen in many services, overall, safe and responsive were rated as requires improvement. University Hospital Coventry was requires improvement overall. Hospital of St Cross was rated as good.
- Effective, caring and well led were rated as good. Improvements were noted in trust wide leadership with a clear overarching vision and strategy, underpinned by the drive for innovation.
- Four core services at University Hospital improved their overall rating to good overall: medical care, surgery, services for children and young people and end of life care. Medical care services at Hospital St Cross also improved their overall rating to good.

### Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- Urgent and emergency care and maternity at University Hospital were rated as requires improvement. Not all staff had mandatory training and we found potential risk to patient care in some areas.
- Medical care, surgery, critical care, end life care, children and young people and outpatients were all rated as good, showing improvements from the last inspection overall.

# Summary of findings

- All services at Hospital of St Cross were rated as good for safe.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- Critical care was rated as requires improvement at University Hospital. Records were in a poor state in the cardiothoracic critical care unit. There was not an effective system to monitor patient outcomes.
- At University Hospital, urgent and emergency care, medical care, surgery, maternity, children and young people and end of life care were all rated as good, showing improvements from the last inspection overall. We inspect but do not rate effective for outpatients.
- All services at Hospital of St Cross were rated as good for effective.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- All core and additional services inspected at both hospitals were rated good for caring, apart from end of life care, which was rated as outstanding.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Urgent and emergency care, surgery and outpatients were rated as requires improvement at University Hospital. There was not always access to timely care and treatment.
- At University Hospital, medical care, critical care, maternity, children and young people and end of life care were all rated as good, showing improvements from the last inspection overall.
- At Hospital of St Cross, our rating for responsive stayed the same and we rated it as good overall. Surgery was not meeting referral to treatment targets.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- We rated well-led at the trust as good overall. This was an improvement from the last inspection. The trust leaders had a clear vision for what it wanted to achieve and workable place to turn it into action developed with involvement from staff, patients and key groups representing the community.
- Managers across the trust promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff in most areas felt supported, respected, and valued.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Although in some areas, such as across the adults and children's emergency departments and cardiothoracic critical care, this was not well developed.
- The trust was very committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was trust wide commitment to innovation with patient experience and safety at the heart of improvements.

# Summary of findings

However,

- The trust was in a challenging financial position with a control deficit in 2017/18 and although had achieved their cost improvement programme in 2017/18, over half of this had been non-recurrent money.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all the core service ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

We inspected the neurosurgery and diagnostic imaging services as additional services and whilst we rated these services, we did not aggregate these ratings with the core service ratings.

## Outstanding practice

We found examples of outstanding practice across a number of services.

For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We also found 87 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

**For more information, see the Areas for improvement section of this report.**

## Action we have taken

We issued a requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in urgent and emergency services, neurosurgery, maternity, and end of life care services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

- Funded by the West Midlands Strategic Health Authority, the West Midlands Surgical Training Centre was located within the main University Hospital building to provide comprehensive simulation of a real operating environment and deliver medical, educational, and instructional teaching using plastinated specimens. (Plastination is a technique or process used in anatomy to preserve bodies or body parts). It was one of only a handful of UK medical

# Summary of findings

training facilities to have been granted a Human Tissue Authority licence that allowed trainee surgeons to practise on donated body material, providing them with what lecturers stated was a far more realistic operating experience than they would get via more conventional practice on models. The centre had a state-of-the-art surgical suite and an adjoining 30-seat seminar room. The centre attracted delegates nationally and internationally.

- The 'Morbidity Scorecard' was a digital tool that enables tracking of all post-surgical complications / morbidity by surgeon for each patient. It enabled learning and helped reduce complication rates and identified trends in complications and morbidity. This innovation has been recognised regionally and locally by partners and other regulators.
- The trust and the local hospice motor neurone disease team had received an 'Extra Mile' award from the Motor Neurone Disease (MND) Association for its outstanding contribution to coordinated support for people living with MND in Coventry.
- The innovative 'Care Clox' application developed by the trust was shortlisted for numerous national awards. The application, which was developed by the ICT system development team in partnership with nursing staff tracked the amount of time nurses and other frontline staff spent on tasks, to help them make sure they are spending as much time as possible on patient care, and to improve efficiency.
- A massive haemorrhage protocol video was recorded in the trust's simulation laboratory within the clinical skills department. This was initially downloaded onto the Trust intranet as a training and update tool. The video had now been made available on the internet with increased interest from both the specialist NHS trust for blood and transplants and the military.
- The trust had been nominated for a national award for its 'Implementation of a Red Blood Cell (RBC) calculator and Application'. The RBC calculator is a tool used to calculate how much blood / RBC is prescribed based upon patient weight. This innovation had seen a decrease in RBC usage resulting in significant cost savings. In addition, prior to its introduction there had been three reported cases of transfusion circulatory overload (TACO). Since full implementation in 2017, the cases of TACO at the trust had decreased to zero.
- The integrated frailty service, comprising a range of linked services, patient reviews, and home-based care had been shortlisted for a national award in primary care innovation. Transport home for patients was facilitated by the local service, providing a home safety check.
- The trust's biobank was the most significant collection of reproductive health tissues in the UK. Operating on a virtual basis, with its server based at the trust, it stored biological samples collected by scientists and clinicians at the trust, and six universities across the UK. The tissues, donated by women who had a history of pregnancy problems, and their clinical data was to help scientists find new causes and cures for miscarriage, stillbirth, and premature birth.
- The emergency department (ED) was awarded 'ED Training Department of the Year' at the Royal College of Emergency Medicine inaugural Annual Awards in October 2017.
- The trust took the innovative step to second a member of the dietetics service to the major trauma service for 12 months. This meant the nutritional needs of the major trauma patients were assessed and nutritional expertise was accessed earlier than they would have been previously. One of the innovations provided by the major trauma dietitian was to introduce the provision of carbohydrate rich drinks to pre-operation neck of femur fracture patients, to aid their post-operative recovery. This work had been recognised nationally.
- The 'BOD POD' was a highly technological advanced system that took detailed measurements simply by patients sitting within it for less than ten minutes. The BOD POD was a non-invasive device, which used a technique called air displacement plethysmography that, combined with highly accurate scales, allowed for a detailed analysis of body mass, fat mass and body volume. (Air displacement plethysmography is a recognized and scientifically validated

# Summary of findings

method to measure human body composition.) Run by the dedicated research-unit run by the trust (UHCW) in partnership with the local medical school, it provided a fundamental understanding of the nature of metabolism and metabolic disorders, and enabled research to uncover new relationships between diet composition, life-style, and long-term health in the population at large.

- The pathology department at UHCW was seen as an international leader in the use of digital histopathology. This has had a number of benefits:
- Improved workflow through pathology and multidisciplinary teams.
- Improved flexibility in staffing solutions enabling staff to work from home.
- Development of algorithms to aid in the diagnosis of certain cancer types.
- One of the trust's vascular surgeons has led on the development of a smart chip to diagnose stroke. (A smart chip is an extremely small piece of hardware that includes a microprocessor for computing, or other resources for high-level data handling.) The test was intended for use in the emergency department and by paramedics on any patient satisfying the FAST (Face, Arms, Speech, Time) algorithm for suspected stroke. The test used a hand-held reader and disposable biosensor to measure the level of purines in a finger-prick blood sample. The trust has led clinical trials relating to the chip to determine efficacy in the clinical environment.
- The end of life care and chaplaincy service were working in partnership with the local community trust and hospice to develop a Compassionate Communities initiative. The initiative provided a service where specially trained volunteers worked to support people in the community. The trust took the lead in providing the volunteers and coordinating the service. The service included support for those in the last year of life, those in the last days of life and their carers, and those who had been bereaved. Other community projects included support for patients with respiratory conditions who were at risk of unplanned admission to hospital, with initial evidence suggesting a 20% reduction in admission to hospital for this group of patients.
- The neonatal unit had achieved Baby Friendly (Unicef) level two accreditation status and was the first trust in the West Midlands to achieve this and only one of 7% of units to achieve this nationally. We spoke to parents in the Transitional Care Unit which provided parents with the facilities to take the lead in caring for their child. Parents were unreserved in their praise for the care they had received on the TCU. One parent told us they would score the service 11 out of ten.
- We saw evidence of outstanding care and responsiveness to patients with complex needs such as those living with dementia or a learning disability in medical care wards. We spoke with two activity coordinators who worked across medical inpatient wards. There was an activity day room on ward 20. The activity coordinators introduced newly admitted patients to the room and discussed their interests with them. The coordinators provided a range of activities for patients such as music therapy, live bands, afternoon tea, art days, and movie days. Art work of patients was displayed in the day room.
- The maternity department won the Royal College of Midwives midwifery service of the year award for 2017.
- The maternity service had opened a research centre dedicated to researching the causes of early miscarriage.

## Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

# Summary of findings

## **Action the trust MUST take to improve:**

We told the trust that it must take action to bring services into line with legal requirements. This action related to four services: urgent and emergency services, neurosurgery, maternity and end of life care services.

### **In urgent and emergency services at University Hospital Coventry:**

- Ensure effective systems are in place to monitor and mitigate risks in relation to the oversight of deteriorating children, including assessment and relief of pain, and to monitor that sufficient staffing with the right skills and qualifications are available to meet the needs of all patients in the emergency department.

### **In maternity at University Hospital Coventry:**

- Ensure effective systems are in place regarding cardiotocography (CTG) monitoring to ensure it is carried out in line with trust procedures.

### **In end of life care at University Hospital Coventry:**

- To ensure that effective governance systems are in place so consent to care and treatment is always sought in line with legislation and guidance in relation to records of mental capacity assessments relating to decisions regarding 'Do not attempt cardiopulmonary resuscitation' (DNACPR).

### **In neurosurgery at University Hospital Coventry:**

- To implement a systematic programme of clinical and internal audit to monitor quality of consultant's work to help assess the quality of neurosurgery and stimulate improvement in safety and effectiveness by learning from relevant data.

## **Action the trust SHOULD take to improve**

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

### **In urgent and emergency services at University Hospital Coventry:**

- Work with the local mental health trust to reduce delays in admission to a mental health unit for patients with serious mental health problems.
- Produce a clinical strategy for the children's ED agreed between the leaders of the paediatric service and the adult ED.
- Further reduce delays for patients requiring admission to general wards.
- Provide more space for patients in the resuscitation room.
- Continue to monitor that all children are clinically assessed within 15 minutes.

### **In medical care at University Hospital Coventry:**

- Monitor staff compliance with mandatory training
- Monitor staff compliance with safeguarding training.
- Ensure bed move data is accurately reviewed and monitored.
- Continue to work to improve the timeliness in which patients with sepsis are treated.
- Review how mental capacity assessments are recorded.
- Continue to work to improve RTT performance in medical specialties.



# Summary of findings

- Continue to work to improve resolution timeliness for complaints.

## **In surgery at University Hospital Coventry:**

- To monitor staff compliance with the infection control practices across the surgical service.
- To monitor how records are stored safely and confidentially maintained.
- To monitor that all staff complete their mandatory training.
- To monitor all medical staff are trained to the required level of safeguarding for both adult and children.
- To reduce the number of patients whose operation was cancelled and not treated within 28 days.
- To continue to work to improve the admitted referral to treatment time.

## **In critical care at University Hospital Coventry:**

- To monitor that all members of staff are compliant with the trust's infection control and prevention policy.
- To review adherence to the Guidelines for the Provision of Intensive Care Services (GPICS) for multidisciplinary meetings. The GPICS standard stated that a consultant intensivist led multidisciplinary clinical ward rounds within intensive care must occur every day (including weekends and national holidays). The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy.
- To monitor that all records within Cardiothoracic critical care (CTCC) are kept to a good quality and be comprehensive; namely legible and in sequence with evidence of assessments for post-operative delirium risk and falls.
- To review the medical arrangements of the CTCC met intensive care core standards, which require that an intensive care consultant leads the care on all intensive care units.
- To consider how the CTCC can effectively monitor outcomes for patient care to drive improvements.

## **In maternity at University Hospital Coventry:**

- Review staffing levels to consistently meet the nationally recommended 1:28 midwife-to-birth ratio.
- Monitor the service can demonstrate all women who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.
- Ensure all staff are up-to-date with their mandatory training and annual emergency skills drills training.
- Review the storage of resuscitation drugs, epidural drugs and medical gases.
- Review the maternity dashboard to ensure it includes all required performance indicators and local or national targets.
- Monitor that records are safely stored.
- Monitor that staff completed mandatory training and in particular are up-to-date with neonatal resuscitation training.
- Increase the monitoring of information and performance in order to drive improvement in the maternity service.
- Maintain accurate bed occupancy levels to obtain full oversight of bed occupancy levels.

## **In neurosurgery at University Hospital Coventry:**

- Review systems so that staff keep appropriate records of patients' care and treatment so that it is in line with 'The Records Management Code of Practice for Health and Social Care 2016'.

# Summary of findings

- Monitor that patient records stored securely in line with 'The Data Protection Act, 2018'.
- Continue to work to have timely access to an interventional radiologist to ensure patients are not at risk of coming to avoidable harm because their urgent health needs are addressed in a timely manner.
- Review immediate access to a dedicated emergency theatre to ensure patients do not come to harm because their urgent health needs are not met in a timely manner.
- Consultants should contribute to Spinal Outcome Registries such as the Spine Tango.
- Review the pre-operative assessment process to afford patients and significant others privacy and dignity.
- Monitor that management and the consultant team work collaboratively to resolve conflict quickly and constructively and share responsibility to deliver good quality care.
- Provide clarity about the consultant's roles and what they are personally accountable for so that there are clear lines of responsibility.
- The trust should monitor that all staff complete mandatory training and additional training for their role in line with trust policy.
- Monitor that waiting times for treatment are in line with current good practice.
- Promote seven day working and appropriate access to support services.

## **In children and young people's services at University Hospital Coventry:**

- To review the current arrangements for the provision of formal safeguarding supervision for nurses on the paediatric wards.
- To review with commissioners the provision of a seven day CAMHS to the trust.
- To monitor that that medical staff in children's services comply with the trust standard for appraisals.
- To take steps to improve the response rate the FFT questionnaires in paediatrics.
- To review the management of young people with challenging behaviours on ward 14 to ensure that the necessary safeguards are in place to support the welfare of children and staff.
- To continue to work in partnership with commissioners and mental health services to develop services address the demands of CAMH patients in the trust and the wider community.
- Review systems so that patient notes are stored securely in the children's service.
- To continue to review the RTT for children referred to the paediatric dietetic service
- To review the role and function of ward 14 to ensure it is not providing a CAMHS service rather than functioning as an acute paediatric ward.

## **In end of life care at University Hospital Coventry:**

- To prioritise action to improve mandatory training achievement.
- To continue to address the improvement of facilities for having difficult conversations with relatives in clinical areas.
- To prioritise the use of accurate and complete activity data that demonstrates the responsiveness of the specialist palliative care team in relation to referrals.
- To continue to develop plans to provide a seven-day face to face service to support the care of patients at the end of life, with clear action and timelines identified.

# Summary of findings

## **In outpatients at University Hospital Coventry:**

- Continue to improve the referral to treatment times.
- Consider ways to improve Friends and Family Test response rates.
- Monitor that all staff complete mandatory training, including safeguarding and mental capacity act awareness.
- Continue to work further towards providing a seven-day outpatient service.
- Continue to work to making all patient records electronic to ensure essential information is always accessible to all staff.
- Review ways to increase capacity in the ophthalmology department
- Monitor that letters to patients and GPs are sent out in a timely manner.
- Consider how waiting time information in clinics can be updated regularly so patients are aware of any delays.
- Monitor that complaints are managed in a timely way.

## **In diagnostic imaging at University Hospital Coventry:**

- To review safeguarding training requirements for all staff in the department.
- To promote meaningful engagement with patients and carers.
- To monitor the privacy and dignity of patients in waiting areas.

## **In urgent and emergency care at Hospital of St Cross:**

- Continue to monitor that waiting times for initial clinical assessment and time to treatment
- Monitor staff compliance with mandatory training.
- Implement an effective audit cycle and use outcomes to drive improvements
- Consider ways to better engage with staff, patients and the local community regarding the development of the UCC
- Review governance systems and the information collected to monitor safety and performance.
- Consider ways to strengthen local and overarching trust leadership to improve communications and engagement with all staff.
- Consider defined written procedures for emergency presentations.

## **In medical care at Hospital of St Cross:**

- To monitor staff are compliant with mandatory training.
- To monitor that staff routinely wash their hands between patients or when entering and leaving clinical areas.
- To monitor that all staff receive an annual appraisal.
- To review processes embedded to improve discharge planning in line with national recommendations.
- To monitor that required risk assessments on patients are completed in line with national guidance.
- To monitor that patients' capacity assessments are completed in line with the mental capacity act.
- To monitor that the prescription of medicines is recorded correctly and that correct dose of administrations are documented.

# Summary of findings

- To consider how patients can access to seven-day services in line with the required recommendation for stroke and rehabilitation patients.
- Review and reduce the length of stay for non-elective patients in general medicine and geriatric medicine.

## **In surgery at Hospital St Cross:**

- Continue to monitor that waiting times from referral to treatment times.
- Review how information about day procedures is communicated to the patient's GP.
- Review access to the wards.
- Review procedures regarding theatre staff changing or covering their theatre attire when moving between theatres and the wards.
- Provide support for medical staff to attend training on the mental capacity act and deprivation of liberty safeguards.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good. This was an improvement from the last inspection. We rated as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care. There was a mix of experience within the executive directors with some new to the executive role and others with considerable experience.
- The trust had a clear vision for what it wanted to achieve and workable place to turn it into action developed with involvement from staff, patients and key groups representing the community. The current trust strategy built on the previous one so staff were familiar with the overarching principles.
- Managers across the trust promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff felt supported, respected, and valued.
- Effective Fit and Proper Person checks were in place.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Although in some areas such as across the adults and children's emergency departments this was not well developed.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust had systems and processes in place to identify learning from incidents and complaints to make improvements and to manage performance.
- The trust's learning from deaths process was well established and effective.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with secure safeguards.

# Summary of findings

- The trust engaged very well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.
- The trust was very committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was trust wide commitment to innovation with patient experience and safety at the heart of improvements.

However:

- Although the trust had a systematic approach to measure the effectiveness of its speaking up policies, procedures and culture the number of contacts was low limiting the opportunity for the review of themes and associated learning. In addition, the role of the freedom to speak up guardian (FTSUG) was undertaken by one of the directors and, whilst they were supported in this through a number of confidential contacts across the trust, the trust recognised it may not be the most appropriate person. Plans were in place to recruit a new FTSUG.
- The trust was in a challenging financial position with a control deficit in 2017/18 and although had achieved their cost improvement programme in 2017/18 over half of this had been non-recurrent money.

## Use of resources

A report of an inspection of the trust's use of resources, carried out by NHS Improvement, is available here: [www.cqc.org.uk/provider/RKB/Reports](http://www.cqc.org.uk/provider/RKB/Reports).

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Please see page 2 onwards for background to items

<b>25<sup>th</sup> July 2018</b>
- Suicide Prevention
<b>12<sup>th</sup> September 2018</b>
- Better Care, Better Health, Better Value Programme update
- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report
<b>19<sup>th</sup> September 2018</b>
- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)
- Adult Safeguarding Annual Report 2017/18
<b>17<sup>th</sup> October 2018</b>
- CQC Action Plan update
- Director of Public Health Annual Report
- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents
<b>21<sup>st</sup> November 2018</b>
- A&E Performance
- Winter Planning
<b>19<sup>th</sup> December 2018</b>
-
<b>30<sup>th</sup> January 2019</b>
-
<b>6<sup>th</sup> March 2019</b>
-
<b>10<sup>th</sup> April 2019</b>
-
<b>2018/19</b>
- Integrated Care Systems
- A&E Performance at UHCW, including feedback from winter 2017/18
- Child and Adolescent Mental Health Services
- Primary Care
-
- Female Genital Mutilation
- Employment and Mental Health
- Improving Support – enablement approach for adults with disabilities
- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy
- UHCW CQC Inspection Outcome
<b>Joint Health Overview and Scrutiny Committee</b>
- Stroke Services

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
<b>25<sup>th</sup> July 2018</b>	- Suicide Prevention	Scrutiny have asked to look at Suicide Prevention and understand how services are provided across the City to support those who are vulnerable. They would like to focus on how information about the services gets out, particularly to young men.	Liz Gaulton/ Jane Fowles	Request from Scrutiny
<b>12<sup>th</sup> September 2018</b>	- Better Care, Better Health, Better Value Programme update	To consider the work programme for the next 12 months and challenges and risks in achieving this.	Andy Hardy	Supports the Better Health, Better Care, Better Value Programme
	- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report	The CQC report was published on 31 <sup>st</sup> August. UHCW have been asked to present the summary findings.	Andy Hardy	Request from Scrutiny
<b>19<sup>th</sup> September 2018</b>	- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)	An annual item to consider this report. To include feedback on new supervision regime as discussed at the meeting on 18 <sup>th</sup> October during the item on Workforce Development Strategy.	Pete Fahy	Organisational requirements - CCC
	- Adult Safeguarding Annual Report 2017/18	Annual Report received by the Board. In 2017/18, the Board requested the next report included information on the engagement strategy and contribution to the Board's work	Joan Beck/ Eira Hale	Organisational requirements - CCC



Health and Social Care Scrutiny Board Work Programme 2018/19

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
		from Partners, for example probation and housing associations.		
<b>17<sup>th</sup> October 2018</b>	- CQC Action Plan update	To include presenting the performance dashboard.	Pete Fahy	Request from Scrutiny @ meeting on 26.04.18
	- Director of Public Health Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton	Organisational requirements - CCC
	- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	To look at progress on the recommendations approved at the meeting on 31 <sup>st</sup> January 2018. Going to Cabinet 6 <sup>th</sup> March 2018 and review 6 months after that.	Liz Gaulton/ Karen Lees	Request from Scrutiny @ meeting on 31.01.18
<b>21<sup>st</sup> November 2018</b>	- A&E Performance	The Board would like an update on A&E performance figures, including feedback on how robust plans to improve performance over winter proved to be.		Request from Scrutiny @ meeting on 26.04.18
	- Winter Planning	To look at the approach being taken by relevant partners across the Coventry system to plan for winter pressures.	CCC/UHCW/ CQC/ CWPT	Request from Scrutiny
<b>19<sup>th</sup> December 2018</b>	-			
<b>30<sup>th</sup> January 2019</b>	-			
<b>6<sup>th</sup> March 2019</b>	-			

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
<b>10<sup>th</sup> April 2019</b>	-			
<b>2018/19</b>	- Integrated Care Systems	To follow up on the item on Integrated Care Systems as discussed at the meeting on 7 <sup>th</sup> March 2018 at an appropriate time.	Gail Quinton/ Andrea Green	Request from Scrutiny @ meeting on 07.03.18
	- Child and Adolescent Mental Health Services	To receive an update on the transformation plan including waiting times for assessment and treatment, services for Looked After Children and transition between children's and Adults Services.	Matt Gilks/ Alan Butler	Supports the Better Health, Better Care, Better Value Programme
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs and Supporting Self Care	Andrea Green	Request from Scrutiny 21.11.17
	- Female Genital Mutilation	To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.	Liz Gaulton Cllr Caan	Organisational requirements – CCC
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme
	- Improving Support – enablement approach for adults with disabilities	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.		Request from Scrutiny @ meeting on 13.09.17
	- Digital Strategy - Improved Customer Service – reviewing the	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as	Marc Greenwood/ Health partners	Request from Scrutiny @ meeting

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	customer journey and expanding use of digital technologies including Primary Care Digital Strategy	a topic for scrutiny. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17		on 13.09.17 & 21.11.17
	- UHCW CQC Inspection Outcome	To scrutinise the outcome of the recent CQC inspection of UHCW.	Andy Hardy	
<b>Joint Health Overview and Scrutiny Committee</b>	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Andrea Green	Better Health, Better Care, Better Value Programme

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