

## FAQs – CQC report

### When was the Trust inspected?

The CQC team inspected the Trust on the 14 – 17 July 2015 as part of its inspection programme. This was followed by unannounced inspections at Worcestershire Royal Hospital on 26 and 27 July and the Alexandra Hospital on the 26 July.

### Who were the inspectors and what did they do?

The CQC's inspection team was led by:

Chair: Liz Childs, Non-Executive Director, Devon Partnership NHS Trust.

Head of Hospital Inspections: Helen Richardson, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Experts by Experience, Specialist Advisors including; Medical Director, Head of Patient Experience, Human Resources Lead, Clinical Governance Lead, Adult Safeguarding Nurse Specialist, Children's Safeguarding Lead, Emergency Department Doctor and Nurses, Medical Consultant and Nurse, Emergency Care Technician, Consultant Surgeons, Surgical Nurses, Critical Care Nurse, Critical Care Consultant, Consultant Obstetrician, Midwife, Paediatric Nurse, Palliative Care Consultant and Nurse Consultant, Radiographer, Consultant Cardiologist, Head of Outpatients, Junior Doctor, Student Nurse, Pharmacist.

The CQC team collected evidence against the key lines of enquiry by:

- Gathering the views of people who use services. This includes:
  - Speaking to people individually and in groups;
  - Using comment cards placed in GP surgeries or busy areas in hospitals;
  - Holding public listening events before NHS acute hospital trust inspections; and
  - Using information gathered from complaints and concerns from people who use services.
- Gathering information from staff.
- Other inspection methods include:
  - Observing care;
  - Looking at individual care pathways;
  - Reviewing records; and
  - Inspecting the places where people are cared for.
- Looking at documents and policies.

To get to the heart of patients' experiences of care, the CQC always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of people's needs?

- Is it well-led?

Before visiting the Trust, the CQC reviewed a range of information we held about Worcestershire Acute Hospitals NHS Trust and asked other organisations to share what they knew about the hospitals. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges, local MPs, Save the Alex campaign group and the local Healthwatch.

The CQC held listening events in both Worcester and Redditch in the two weeks before the inspection where people shared their views and experiences of services provided by Worcestershire Acute Hospitals NHS Trust. Some people also shared their experiences by email or telephone.

The CQC carried out its inspection of the Trust as part of its comprehensive inspection programme.

The CQC undertook an announced inspection of Worcestershire Royal Hospital, Alexandra Hospital Redditch, Kidderminster Hospital and Treatment Centre and Burlingham Ward and theatre at Evesham Community Hospital between 14 and 17 July 2015.

It also undertook unannounced inspections at Worcestershire Royal Hospital on 26, 27 and 30 July 2015 and at Alexandra Hospital Redditch on 26 July 2015.

The CQC held focus groups with a range of staff in both the Worcestershire Royal Hospital and the Alexandra Hospital Redditch, including nurses, junior doctors, consultants, health care assistants, midwives, allied health professionals and clerical staff. The inspection team also spoke with staff individually as requested.

The inspection team talked with patients and staff from all the ward areas and outpatient services.

Following the visits the CQC inspection team has been considering all of the information and preparing their report. This report includes a narrative explaining and detailing what they have found as well as giving ratings to the services.

### CQC ratings – what do they mean?

In most cases, the CQC inspection reports include ratings.

There are four ratings that they give to health and social care services: outstanding, good, requires improvement and inadequate.



Outstanding  
The service is performing exceptionally well.



Good

The service is performing well and meeting our expectations.



Requires improvement

The service isn't performing as well as it should and we have told the service how it must improve.



**Inadequate**

The service is performing badly and we've taken action against the person or organisation that runs it.

### What does the CQC give ratings to?

Normally the CQC gives a rating for each of its five key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

The CQC also gives the service an overall rating.

In inspections of acute hospitals, specialist mental health services and community health services, the CQC gives a rating for each of the five key questions for each of the core services inspected. There are eight services that the CQC always inspects at every NHS acute hospital where they are provided:

- Urgent and emergency services (A&E)
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatient services and diagnostic imaging (such as x-rays and scans)

### What does the CQC report say about our services?

The CQC reported areas of outstanding practice including:

Critical care - the critical care team were cited as providing an outstanding example of compassion to a patient with a learning disability. To celebrate the patient's birthday, the staff decorated the patient's bedside area, arranged a cake, and bought cardboard cut-

outs of some of the patient's favourite celebrities. The CQC read the joyous thank you card from the patient's family.

Pharmacy - the pharmacy department operate an innovative seven day clinical service in A&E. This had shown a reduction in some direct admissions to hospital, patient's treatment had been optimised, patients had been counselled about their medicines to prevent readmission and a significant amount of patients (25%) benefitted from an intervention from the clinical pharmacist to prevent a future admission.

Maternity and gynaecology - the CQC rated maternity and gynaecology outstanding for care on both sites. In maternity and gynaecology services, the CQC reported overwhelmingly feedback that care was excellent and compassionate. Women reported being treated with respect and dignity and having their privacy respected at all times. Outstanding practice was noted with staff having thought about the caring needs of women and devising innovative solutions to support them. This was demonstrated by staff facilitating a teenage buddying system and developing bereavement care pathway for women who suffer pregnancy losses at any gestation. The patient experience midwife was available to support women who were anxious or fearful about pregnancy and childbirth. They observed staff demonstrating a strong, visible person centred culture throughout the service.

Electronic information - the trust was noted as having direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.

Avon 4 ward - the CQC observed exceptional care in the early morning whilst visiting Avon 4 ward at Worcestershire Royal Hospital, and found the staff approach to patients was extremely respectful, compassionate and caring. The atmosphere on the ward at this early hour was relaxed and calm with appropriate low levels of lighting, and staff spoke with each other in low tones to ensure patients were not disturbed whilst asleep.

Palliative care - the response time to new referrals to the palliative care team was reported to be very fast. An audit of the team's response times over 70 days showed that over 92% of patients were seen for the first time on the same day the referral is made. No patient waited more than two days for a first clinical assessment.

The CQC report highlights areas of improvement especially around maternity, paediatrics and gynaecology. Some of the issues raised have been addressed since the inspection team visit the Trust including the temporary move of the birthing service at the Alexandra Hospital to Worcestershire Royal Hospital to deliver consistent safe staffing rotas.

### What is our rating and what does this mean?

<b>Overall rating for this trust</b>	<b>Inadequate</b>	<b>●</b>
Are services at this trust safe?	Inadequate	●
Are services at this trust effective?	Requires improvement	●
Are services at this trust caring?	Good	●
Are services at this trust responsive?	Requires improvement	●
Are services at this trust well-led?	Inadequate	●

Overall the Trust has been rated inadequate and the Chief Inspector of the CQC has recommended to the NHS Trust Development Authority that the Trust is put into special measures, which means that the trust will receive enhanced support. The areas highlighted in the report are ones which the Trust is already working to improve including a focus on following consistently processes and procedures such as timely incident reporting and learning from incidents; answering complaints within agreed timeframes; improving compliance with mandatory training; and continuing to recruit to all permanent established roles.

The Trust Development Authority has confirmed the Trust is in special measures which will enable it to benefit from continued and additional enhanced support. This includes the current Improvement Director, Marie-Noelle Orzel, remaining to support on delivering improvements to services and embedding changes. It also means that the Trust will continue to work with Birmingham Women's Hospital where the Trust has seconded in a senior clinical leader to support improvements. All of this has already been in place for several months. Additional expertise from other organisations to work with the Trust on governance best practice will also be made available over the coming weeks.

As you can see from the CQC's dashboard the Trust has been rated as good for caring and there are many areas rated as good across all sites. Those areas requiring improvement were already being addressed and a great deal of work is underway to ensure sustained improvement.

The CQC report indicates a risk to safety in maternity and paediatrics, which the Trust has been looking to reconfigure through the Future of Acute Hospital Services proposed model due to concerns about managing the risks around filling staffing rotas with temporary staff. The report indicates that whilst the care was outstanding, there was a potential risk to safety that was not being sufficiently mitigated. Since the inspection the Trust has strengthened leadership by bringing in support from outside the Trust, commissioned an independent review and temporarily suspended birthing services moving them all on to one site. The CQC report reflects the services in July and the issues have been addressed in the previous four months since inspection.

The Trust is continuing to monitor the inpatient paediatric service due to the current reliance on temporary medical staff. This is something which the Trust is working hard to resolve. The national shortage of experienced qualified staff is making recruiting to

fulltime established posts extremely difficult. However, the Trust is continuing with a very active recruitment programme to address this problem.

The comments and issues the inspection team found with regard to emergency surgery were also something the Trust was aware of and has been seeking to resolve through an open approach with the Future of Acute Hospital Services. The aim is for the Commissioners to agree a model of care which is safe, effective, delivers outstanding outcomes for patients and is one which is affordable and deliverable. This is something the Trust is continuing to push for as it will support an integrated approach to healthcare reducing duplication and improving care.

Like many local hospitals Worcestershire Royal has experienced a high level of emergency pressure. The outcomes have been highlight in our Emergency Department at Worcestershire Royal Hospital to be better than the national average. Back in March 2015 the CQC inspected Worcestershire Royal Hospital and in just three months the CQC team reported they had seen major improvements following their July visit. A visit from Health Education West Midlands in November, four months following the CQC inspection, which assessed junior doctor's experiences and the support provided to our trainee doctors, highlighted significant improvements.

The Trust is continuing to improve performance in emergency services, now seeing and treating over 92% of patients in under 4 hours in November (when the CQC visited this was averaging 85%). The CQC inspectors highlighted how the introduction of our pre-admissions area had reduced overcrowding in the emergency department and this improvement work has continued with the opening of a new ward at Worcestershire Royal Hospital in November. This will enable the Trust to continue to improve performance during the coming busy winter months. The new ambulatory care service, which has just commenced, will mean that those who need support but not a hospital bed will receive it quickly without having to be admitted to a ward. This will continue to reduce pressures, improve ambulance handover times and improve patient care and safety.

**Our ratings for the Worcestershire Royal Hospital are:**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Gynaecology	Inadequate	Requires improvement	Outstanding	Requires improvement	Inadequate	Inadequate
Children & young people	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate
End of life care	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic Imaging	Requires improvement	Inspected but not rated <sup>1</sup>	Good	Requires improvement	Inadequate	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for the Alexandra, Redditch are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Gynaecology	Inadequate	Requires improvement	Outstanding	Requires improvement	Inadequate	Inadequate
Children & young people	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate
End of life care	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic Imaging	Requires improvement	Inspected but not rated <sup>1</sup>	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for the Kidderminster Hospital and Treatment Centre are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Maternity & Gynaecology	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients & Diagnostic Imaging	Requires improvement	Inspected but not rated <sup>1</sup>	Good	Requires improvement	Inadequate	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

<sup>1</sup>Maternity and gynaecology effective not rated as mainly an outpatient service

Our ratings for Burlingham Ward at Evesham Community Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

## Where are the ratings displayed?

By law, the trust has to display the CQC rating. The trust must display them in the places where it provides care, somewhere that people who use services can easily see them. This might be the main entrance to a hospital.

The trust must also show the ratings on the website. The Trust has committed to display the ratings for our services at our main entrances and on our website.

## What are special measures?

Special measures provide an opportunity to provide additional support to help an organisation to continue to improve. This typically includes:

- The trust will be gain support from other organisations/individuals to help deliver improvement.
- The trust will produce an action plan, which is published on the NHS Choices website and regularly updated to detail the progress being made.
- The trust will have an improvement director – appointed by and accountable to the NHS Trust Development Authority – who will monitor progress and provide an early warning if there is any risk that the trust will not deliver its action plan.
- The leadership of the trust will be reviewed as appropriate.

Special measures are designed to produce results quickly, and a trust is usually expected to have made improvements within 12 months, at which point they will be inspected by the Chief Inspector of Hospitals.

## Are there any other trusts in special measures?

Yes the most recent of which include the London Ambulance NHS Service Trust, Wye Valley NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust and Cambridge University Hospitals NHS Foundation Trust, which runs Addenbrooke's Hospital. An up-to-date list of all of the CQC's inspection reports can be found on its website: [www.cqc.org.uk](http://www.cqc.org.uk). There are 13 currently rated by the CQC as inadequate.

## Have any trusts been in special measures and then have come out of special measures?

Yes. Trusts no longer under special measures include:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- East Lancashire NHS Trust
- George Eliot Hospital NHS Trust
- Heatherwood and Wexham Park Hospitals (now dissolved, but part of Frimley Health)
- North Lincolnshire and Goole NHS Foundation Trust

- United Lincolnshire Hospitals NHS Trust
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- Burton Hospitals NHS Foundation Trust

### What happens next?

We will continue on our improvement programme. Many of the areas raised as 'must dos' for improvement are already in our patient improvement plans.

### Who is our partner Trust and what does this mean for us?

The Trust is already partnering with Birmingham Women's Hospital where a senior clinical leader has been seconded into the Trust to further improve maternity and paediatric services.

The Trust has also carried out a review of governance arrangements in maternity and whilst it is appointing a substantive Head of Midwifery, has enlisted the expert help of an experienced director and midwife, Fay Baillie.

Over the coming weeks the NHS Trust Development Authority in conjunction with the Trust, will be looking at what other organisations may be able to add additional expertise around governance.

### Will the Trust merge with another Trust?

No. The programme of additional support being put in place is to enable us to learn best practice and help us continue to make improvements to our services.

### Wouldn't it be better if the Trust was to be split up?

No. The changes and improvements required are well underway and would still need to be made and the Trust Development Authority and the Clinical Commissioning Groups are working closely with the Trust and remain confident in the progress being made.

The CQC also in its report highlighted that the current executive team "demonstrated a level of understanding and commitment to address the issues the trust was facing."

Whilst the Trust has made real progress, the CQC are consistent in expressing concern about the number of interims and therefore the sustainability of the Trust's recovery plan. The Board is committed to addressing this and the recruitment process for a substantive chief executive is well underway.

### Will this mean I lose my job?

No. The CQC clearly recognises and has highlighted some of the good and outstanding practices at the Trust. In the last four months we have made even further progress to

improve our services. By continuing to work together we will ensure that this progress continues.

### **Why has it taken so long to make any changes and should the Trust not just go to public consultation, isn't this just change by the back door?**

Over four years ago the Trust made the commissioners aware of the potential problems it would face with delivering services on the exiting model. A national shortage of some staff groups, the new standards from the Royal Colleges and new staff training and development requirements have all driven workforce changes. To continue to improve there is a need to look closely at best practice and then develop this alongside the needs of the local population. The Clinical Commissioning Groups (the commissioners of hospital services) supported by the Trust formed the Future of Acute Hospital Services in Worcestershire (FoAHSW).

Coming to a consensus on a model of care for the whole population has been difficult and FoAHSW, with the help of the Trust Development Authority, is now close to a model on which everyone agrees. As soon as this has been confirmed this will be debated widely with local people.

In the meantime the Worcestershire Acute Hospitals NHS Trust has to run and deliver safe services. Any changes it has to make will be temporary and on the grounds of safety, including ensuring that safe sustainable staffing rotas are in place on a consistent basis.

### **Will this mean other services have to change like maternity?**

The Trust, the Clinical Commissioning Groups and the Trust Development Authority are constantly monitoring safety. Where there are concerns about running safe staffing levels and the safety of patients, consideration to emergency changes will need to be explored. It is only where safety issues cannot be rectified quickly that changes are made on a temporary basis.

### **Who is the Trust's Improvement Director and what do they do?**

Marie-Noelle Orzel was appointed as improvement director to the Trust by the NHS Trust Development Authority in April 2015. Marie-Noelle works with the Trust on delivering improvements to services and embedding changes.

Improvement Directors are appointed by the NHS Trust Development Authority (TDA) to provide support to trusts to deliver improvements in the quality and safety of their services. Employed by the NHS TDA, Improvement Directors are assigned to trusts at no financial cost to the trust, but as an additional resource as part of the current oversight and challenge arrangements.

The Improvement Director's primary purpose is to provide constructive challenge and support to ensure that the trust identifies and implements the necessary improvements to the quality of care that it provides for patients, thereby supporting sustained

improvements. The Improvement Director will also provide expert Turnaround advice to Trust Boards and professional leadership to the improvement function for the NHS Trust.

The Improvement Director does not have responsibility for management of the hospital or any of its staff or services.

### What improvements has the Trust made since the CQC visit?

In Women's and Children's services our focus on maintaining workforce rotas across sites and the difficulties in achieving this gave rise to a lack of focus on our governance systems. This meant that these were not robust enough, giving rise to a potential risk. Our caesarean rates rose in July before falling – 27% for the year to date verses a regional average of 26%. Since the inspection we:

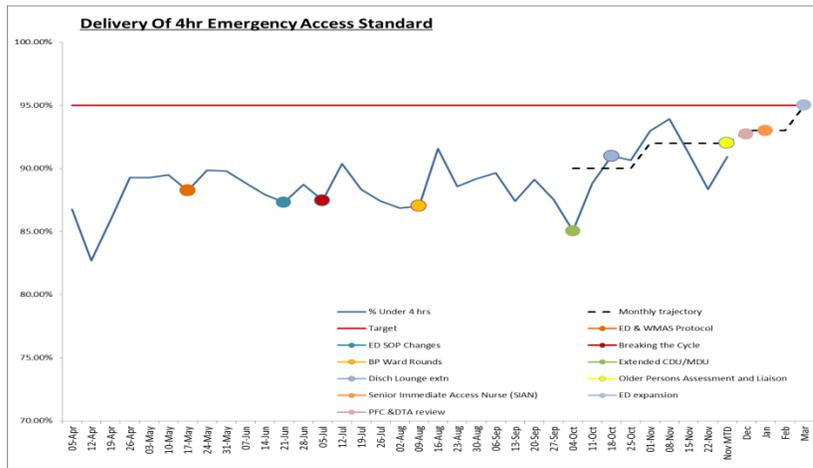
- Commissioned a governance review
- Put in place additional leadership and
- Temporary transferred birthing services onto one site - Nov 15

In maternity a governance review has already led to significant improvements in management of processes. Birmingham Women's Hospital through seconding in a senior clinical leader is supporting on improvement plans and the temporary move of the birthing service from the Alexandra Hospital to Worcestershire Royal Hospital has ensured consistent safe staffing rotas.

Commissioned midwife to birth ratio 1:30; West Midlands regional recommendation is 1:30; National recommendation (not a minimum standard) is 1:28; the 2010 Royal College of Medicine documents recommended 1:29.5 as a standard. At time of inspection our ratio was 1:30.

We have shared information with regard to all of the incidents and the Local Supervising Authority (responsible for supervision, enhancement and development of best midwifery practice) report notes that the Trust is in the expected range for its outcomes.

Performance against the emergency access target is improving. Additional capacity, including an additional ward, has been put in place. We are extending our A&E facility at Worcestershire Royal and we have developed new ambulatory care services which mean that patients who need to be seen and receive specialist treatment but who do not need an overnight stay in hospital can be cared for quickly and safely.



**Will the Board resign as a result of this report?**

The CQC report clearly highlights that despite the executive team having undergone significant changes with many of the team being interim:

“The new executive team demonstrated a level of understanding and commitment to address the issues the trust was facing.”

What is needed going forward is stability and this with the additional expertise from external partners, will enable us to continue to deliver against our ambitious plans. The job of the Board is to ensure that the Trust continue the great work which has already started, something which the CQC recognise in its report.

Whilst the Trust has made real progress, the CQC are consistent in expressing concern about the number of interims and therefore the sustainability of the Trust’s recovery plan. The Board is committed to addressing this and the recruitment process for a substantive chief executive is well underway.

**What actually happens to hospitals that are subject to special measures?**

**1. External Support**

A hospital that is high-performing in the relevant areas can partner with the underperforming trust (a “trust” is the organisation to which the hospital, and some other health services in the local area, belong). This partner will help the hospital to improve.

In the case of Worcestershire Acute Hospitals NHS Trust, the Trust is already working closely with Birmingham Women’s Hospital where a senior clinical leader has been seconded into the Trust to improve its policy and systems in maternity services.

The Trust Development Authority, working with the Trust, will provide additional support from other organisations to support the further improvement of governance.

**2. Action Plan**

An action plan is written by the trust in discussion with the regulator and local commissioners. It contains details of what improvements are needed and the progress that has been made. Trusts regularly update it with details of the progress they have made.

In the case of Worcestershire Acute Hospitals NHS Trust, the trust has already developed patient care improvement plans which encompass the work and improvements needed as highlighted by the CQC report. Progress and improvements will be published monthly on the Trust's website.

### **3. Improvement Director**

An improvement director is appointed to monitor the Trust's progress as it works to achieve the specific steps set out in the action plan.

Worcestershire Acute Hospitals NHS Trust has an improvement director appointed, who will continue to work to support and develop the plans going forward.

### **4. Management**

The NHS Trust Development Authority is supporting the management of Worcestershire Acute Hospitals NHS Trust to seek to appoint to permanent senior posts.

Whilst the Trust has made real progress, the CQC are consistent in expressing concern about the number of interims and therefore the sustainability of the Trust's recovery plan. The Board is committed to addressing this and the recruitment process for a substantive chief executive is well underway.

## **What improvements will I see as a result of special measures?**

The Trust will continue to improve all of its services and ensure that safety remains its top priority.

## **Who runs the hospital while it is in special measures?**

Each hospital has a board of directors. They are responsible for the management of hospital overall, and for making sure that any changes needed are carried out. The NHS TDA may also choose to change one or more board members and put in place external experts if they think this is necessary to achieve the improvements patients need in a reasonable timeframe.

The CQC report clearly highlights that despite the executive team having undergone significant changes with many of the team being interim:

“The new executive team demonstrated a level of understanding and commitment to address the issues the trust was facing.”

Whilst the Trust has made real progress, the CQC are consistent in expressing concern about the number of interims and therefore the sustainability of the Trust's recovery plan. The Board is committed to addressing this and the recruitment process for a substantive

chief executive is well underway.

The current executive team, as highlighted in the report, remain focused on addressing the issues facing the Trust. They, along with their senior clinical colleagues, are continuing to make progress to address safety concerns. Work has already commenced on recruiting a fulltime executive team with the recruitment process to appoint a permanent chief executive, chief nurse and finance director already commenced.

### **How will the Trust come out of special measures?**

A hospital will only come out of special measures if it has made the required improvements. A hospital is usually expected to have done this within one year. At the end of the year the Chief Inspector of Hospitals will inspect the hospital and judge whether improvements have been made to the management of the hospital and if it is delivering good enough care to exit special measures. If it is, the Chief Inspector of Hospitals will recommend to the regulator (which in the case of Worcestershire Acute Hospitals NHS Trust is the NHS Trust Development Authority) that the hospital comes out of special measures. At that stage, the NHS Trust Development Authority decides if the trust should come out of special measures.

### **How will I know when a hospital has been taken out of special measures?**

The NHS Trust Development Authority will inform patients on the NHS Choices website when hospitals are no longer under special measures.

### **Are hospitals in special measures going to close?**

The special measures process is not about closing hospitals, it is about improving them so that they offer a high standard of care.

### **If a hospital is in special measures, is it safe to use?**

You are still able to use your local hospital even if it is in special measures. The problem with hospitals in special measures is that they aren't delivering the quality of care consistently in all areas. The CQC will continue to monitor the quality of care provided.

### **Can I still attend my hospital appointments?**

Yes, you should attend appointments. A hospital in special measures will continue to operate normally while it is supported to make the necessary improvements.

### **Where do I go if I need further information?**

If you have a question or require any additional information please contact us via [communications@worcsacute.nhs.uk](mailto:communications@worcsacute.nhs.uk) The Trust's website will be updated regularly with progress against plans and with improvements made.

## What is the Trust Development Authority?

The NHS Trust Development Authority (NHS TDA) is responsible for overseeing the performance management and governance of NHS trusts, including clinical quality, and managing their progress towards foundation trust status.

NHS TDA is an executive non-departmental public body, sponsored by the Department of Health.

The NHS TDA provides support, oversight and governance for all NHS trusts on their journey to delivering what patients want; high quality services today, secure for tomorrow. Its goal is first and foremost to help each and every NHS Trust to improve the services they provide for their patients.

## What is the CQC?

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve.

The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and the CQC publishes what it finds, including performance ratings to help people choose care.

Where a key question is rated as ***requires improvement*** or ***inadequate*** the CQC will make a judgement about whether a regulation has been breached.

## Patient care improvement plan (PCIP)

Our PCIP brings together our most important patient care improvement plans into one framework. It includes all of the following themed action plans. Each one has an executive lead and senior project lead, and the project teams provide monthly progress reports internally to the Trust Board and externally to the Trust Development Authority, Quality Oversight Review Group.

<b>Improvement plan</b>	<b>Executive lead</b>	<b>Project lead</b>	<b>Objective</b>
<b>Urgent Care Improvement Plan</b>	Rab McEwan, Interim Chief Operating Officer	Robin Snead, Divisional Director of Operations Medicine	<ul style="list-style-type: none"> <li>• To meet the staffing, security and equipment requirements set out by the CQC following the unannounced Emergency Department inspections in March 2015.</li> <li>• To provide safe, effective and timely emergency and urgent care, improve patient flow and deliver the national emergency access standard.</li> </ul>
<b>CQC announced inspection</b>	Mari Gay, Interim Chief Nursing Officer	Lisa Miruszenko, Deputy Chief Nursing Officer	<ul style="list-style-type: none"> <li>• To action the immediate recommendations made by inspectors during the Chief Inspector of Hospitals visit in July, and any new must do actions from the final published report</li> </ul>
<b>Maternity improvement plan</b>	Rab McEwan, Chief Operating Officer	Cathy Garlick, Divisional Director of Operations, Women and Children's Services	<ul style="list-style-type: none"> <li>• To maintain safe, effective and sustainable maternity care across the county.</li> </ul>
<b>Infection control peer review action plan</b>	Mari Gay, Interim Chief Nursing Officer	David Shakespeare, Associate Nurse Director, Infection Prevention and Control	<ul style="list-style-type: none"> <li>• To engage all staff in infection control and improve: training uptake; completion of documents and audit processes.</li> </ul>
<b>Mortality and morbidity improvement plan</b>	Andy Phillips, Interim Chief Medical Officer	Steve Graystone, Associate Medical Director, Patient Safety	<ul style="list-style-type: none"> <li>• To improve care by reviewing all adult inpatient deaths and learning any lessons.</li> </ul>

<b>Health Education West Midlands visit – Medicine Division</b>	Andy Phillips, Interim Chief Medical Officer	Robin Snead, Divisional Director of Operations Medicine	<ul style="list-style-type: none"> <li>To make sure that we support our junior doctors appropriately especially those working in acute medical services and offer the best training experience possible.</li> </ul>
<b>GGI Report review of dignity at work policy</b>	Denise Harnin, Director of Human Resources and Organisational Development	Sandra Berry, Deputy Director	<ul style="list-style-type: none"> <li>To carry out the recommendations set out in the Good Governance Institute review of policies around dignity at work and to ensure that staff feel able to speak out safely.</li> </ul>
<b>Outpatient improvement plan</b>	TBC	TBC	<ul style="list-style-type: none"> <li>TBC</li> </ul>
<b>High Dependency Unit (HDU) review</b>	TBC	TBC	<ul style="list-style-type: none"> <li>TBC</li> </ul>