

20th January, 2022

7.

Assurance Report regarding Walsall Healthcare CQC Inspection of March and July 2021.

Ward(s): All

1. Aim

To assure the committee on the actions taken by Walsall Healthcare NHS Trust (WHT) in response to the Care Quality Commission (CQC) unannounced inspections in March 2021 in Medicine and Long Term Conditions (MLTC) and the unannounced inspection in Maternity Services in July 2021. The CQC reports are embedded in the background papers section of this paper.

2. Recommendations

To review the Trusts response to the CQC findings and mechanisms for ongoing oversight and assurance.

3. Report detail

CQC Inspection of MLTC – March 2021

The CQC carried out an unannounced focused inspection of WHT on 9 March 2021 following receipt of information of concern about the safety and quality of the services, specifically within the medical wards.

Following this inspection, the CQC issued a section 29a warning notice to WHT as significant improvement was required to the nurse staffing of the service, the governance of the service and how WHT provided patients with a safe discharge. The section 29a notice gave WHT three months to rectify the significant improvements identified. The CQC also identified other breaches of regulation for which they issued WHT with requirement notices.

As previously reported, all actions required by the Section 29a notice have been completed. WHT wrote to the CQC on 29 June 2021 confirming the actions taken to meet the notice and the ongoing monitoring arrangements that are in place.

CQC Inspection of Maternity Services – July 2021

The CQC undertook an unannounced inspection of Maternity Services at WHT on the 28 July 2021 in response to concerns around safety and governance. This was a focussed inspection looking at the safe and well-led domains and aspects of the effective domain. Following the inspection, the overall rating for the service remained as 'Requires Improvement'.

The reasons for this rating were:

IPC / Environment:

- The service did not control infection risk well. Staff did not always keep the premises or equipment and the premises clean.
- The design, maintenance and use of the premises was not suitable to meet the needs of women.

Staffing:

- The service did not have enough maternity staff to keep women safe from avoidable harm and to provide the right care and treatment.

Care and Treatment:

- Staff did not always complete and update risk assessments or identify all potential risks for each woman within triage.
- Staff did not always keep detailed records of women's care and treatment and were not available to all staff providing care.
- The effectiveness of care and treatment was monitored but the timeliness of reviews and implementation of change was variable, which delayed improved outcomes for women.

Medicine:

- The service did not always use systems and processes to safely store or administer medicines.

Governance:

- The service did not always manage patient safety incidents well. There were delays in the investigations of incidents and lessons learned were not always shared amongst the whole team and the wider service.

Leadership:

- Leaders did not operate effective governance processes. Arrangements to share findings with staff were not robust and valuable opportunities to improve performance, learn and make required improvements were lost.
- Leaders did not all have the skills and abilities to run the service. They understood but did not always manage the priorities and issues the service faced effectively. They were not visible and approachable in the service to all staff.
- Staff did not always feel supported and valued.
- Leaders and teams did not always use systems to manage performance effectively. They identified and escalated relevant risks and issues and but did not always identify actions to reduce their impact.
- Arrangements by leaders to engage with patients and staff were not effective. There was some collaboration with partner organisations to help improve services for patients

- The service collected, analysed and managed information. However, information was not widely shared across the service or always used effectively.
- The service collected information for the safety thermometer but did not always use it to improve safety and findings were not shared with staff, women and visitors.

The CQC did recognise good practice and the report highlighted the following:

Training:

- The service provided mandatory training in key skills to staff and most staff had completed it.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Protecting Patients:

- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Records were mostly stored securely.

Care and Treatment:

- There were mostly appropriate arrangements in place for the use of equipment. Staff managed clinical waste well.
- Doctors and midwives and other healthcare professionals mostly worked together as a team to benefit women.

Staffing:

- The service mostly had enough medical staff with the right qualifications, skills, training, and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Vision / Strategy

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

4. Current position:

All actions that are Trust wide or require executive ownership and leadership are contained within one overarching CQC corporate action plan. Each action has an accountable Executive Director. Progress and assurance on corporate actions is monitored through the Trust Management Committee and Trust Board.

As of December 2021, 14 actions have been marked as closed, following receipt of evidence with several more awaiting evidence of closure.

The action plan will continue to be monitored by the Trust Management Committee and an update will be provided to Trust Board monthly.

Local divisional ownership of action plans and implementation is reviewed and updated at monthly divisional governance meetings.

5. Financial information

None applicable

6. Reducing Inequalities

Not applicable

7. Decide

Not applicable

8. Respond

Not applicable

9. Review

The on-going monitoring of continued compliance and assurance in response to the CQC notices for MLTC and Maternity is through the monthly Divisional Performance Reviews' chaired by and Executive Director and attended by all Executive Directors.

The Chief Medical Officer and Director of Nursing hold a monthly assurance meeting with maternity services to review progress with the action plan and gain assurance.

Background papers



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