

Account number	RBK
Our reference	RGP1-10637124648
Location name	Walsall Healthcare NHS Trust

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 Safe care and treatment.
	How the regulation was not being met:
	The trust must ensure that all staff are competent in the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms.
Please clearly describe the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken:</p> <ul style="list-style-type: none"> • ReSPECT audits continued routinely to monitor compliance. • Discharge checklist pilot has been implemented on all Medical wards, this includes prompt for ReSPECT (DNACPR). Audit results on completion of the Discharge checklist show marked increased compliance with completion since post inspection. • MLTC training for ReSPECT programme continues and compliance is monitored • The number and percentage of complaints that relate to ReSPECT (DNACPR) has reduced since March 2021. There have been no further complaints since the inspection. • Ensure all staff who require training are able to access training supported by the Trust • Prioritise staff who have received no training and then ensure all staff have accessed refresher training • All staff who have received training to also have had a competency assessment. • Raise awareness of the Division's palliative care lead who can <ul style="list-style-type: none"> ○ advice and support on ReSPECT at local level ○ Ensure all staff remain competent at local level by identifying and resolving issues and providing local support <p>The Trust End of Life Care Steering Group will: Lead the implementation of the ReSPECT programme across the Trust which includes training, competency and monitoring.</p>	
Who is responsible for the action?	Medicine and long-term condition Divisional Director of Nursing Medicine and long-term condition Divisional Director Medicine and long-term condition Divisional Operational Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
ReSPECT Audit is audited continuously.	
Who is responsible?	End of Life Care Steering Group
What resources (if any) are needed to implement the change(s) and are these resources available?	

Within current resources.

Date actions will be completed:

MLTC actions are complete.
This date refers to the Trust implementation plan. 30th September 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The risk is mitigated with the actions taken and further monitoring will support this.

Regulated activities		Regulation
Treatment of disease, disorder or injury	Regulation 12 Safe care and treatment.	
	How the regulation was not being met:	
	The trust must ensure all staff adhere to policies and procedures to ensure patients are kept safe from avoidable harm of infection.	
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve		
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken;</p> <ul style="list-style-type: none"> • IPC policy requirements communicated to all staff. IPC audits continue and compliance is monitored. • Donning and Doffing terminology clarified with all Medical wards. • Video training around Donning and Doffing rolled out across all wards in MLTC. • Divisional Director of Nursing walk around has 'tested' knowledge of terminology and IPC requirements and promoted ownership at ward level this has demonstrated improvement. • Donning & Doffing poster are in MLTC wards. • All senior staff challenge non-compliance. • Make all IPC policies accessible to staff and raise awareness of all the IPC policies • Ensure all staff who require training are able to access training and monitor uptake • Prioritise staff who have received no training and then ensure all staff have accessed refresher training • Ensure all required resources e.g. PPE are available and accessible to staff • Incorporate IPC policies, procedures and implementation into the local induction processes within MLTC • Identify IPC Lead on each ward to <ul style="list-style-type: none"> ○ be a resource for advice and support on IPC at local level ○ monitor compliance and audit IPC at local level <p>The Trust will;</p> <p>Monitor policy adherence and implement improvement plans via the Trust IPC Committee and Director of Infection Prevention and Control (DIPC). This will include audits, training and communication of policy requirements.</p>		
Who is responsible for the action?	Medicine and long-term condition Divisional Director of Nursing Medicine and long-term condition Divisional Director Medicine and long-term condition Divisional Operational Director	
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?		
Monitoring of IPC policies and procedures via the IPC Committee.		
Who is responsible?	Director of Infection Prevention and Control (DIPC)	
What resources (if any) are needed to implement the change(s) and are these resources available?		

Within current resources.

Date actions will be completed:

MLTC actions are complete.
This date refers to the Trust action. 30th
September 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The risk is mitigated with the actions taken and further monitoring will support this.

Regulated activities	Regulation
Treatment of disease, disorder or injury	Regulation 12 Safe care and treatment.
	How the regulation was not being met:
	The trust must ensure staff are documenting that discharge planning is taking place and discharge checklists are used to ensure a safe discharge.
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken:</p> <ul style="list-style-type: none"> • MLTC have revised the Discharge Planning checklist and implemented across all medical wards. • Compliance with SBAR tool for safe transfer to a care home setting forms part of the Discharge Planning Checklist audit • Completion of the revised Discharge Planning checklist has been audited - 96% compliance demonstrated. Audits continuing. • Evaluation of checklist completion undertaken by discharge lounge – who have fed back positively noting improvement. • Staff report they have improved the completion and quality of discharge, highlighting the benefit of starting discharge planning from admission. • Promote safe discharge planning on each ward • Add ReSPECT Form onto discharge checklist • Add Situation Background Assessment and Recommendation (SBAR) to discharge check list for patients transferred into a Care Home setting. • Body maps are to be included on the checklist. • Relaunch the use of the discharge planning checklist across all MLTC wards • The discharge planning checklist is included in the documentation audit, which also includes whether discharge planning is documented on admission and on each care plan review, and this is included in the Perfect Ward Audit <p>The Trust Nursing Midwifery Action Forum will:</p> <ul style="list-style-type: none"> • Ensure systems and processes are in place around safe discharge and monitor compliance with the same. 	
Who is responsible for the action?	Medicine and long-term condition Divisional Director of Nursing Medicine and long-term condition Divisional Director Medicine and long-term condition Divisional Operational Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Discharge checklist audits will continue; completion and action taken will form part of the monthly.	
Who is responsible?	Trust Lead – Nursing Midwifery Action Forum
What resources (if any) are needed to implement the change(s) and are these	

resources available?

Within Current resources.

Date actions will be completed:

MLTC actions are complete.
This date refers to the Trust action. 31st July 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The risk is mitigated with the actions taken and further monitoring will support this.

Regulated activities	Regulation
Treatment of disease, disorder or injury	Regulation 18 Staffing
	How the regulation was not being met:
	The trust must ensure systems are put into place to ensure staffing is actively assessed, reviewed and escalated appropriately to prevent exposing patients to the risk of harm
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken:</p> <ul style="list-style-type: none"> • Twice daily staffing review in staffing hub looking at gaps, with reference to the 'safe care; acuity tool which uses red flags to alert when safe patient care may be compromised. • Escalation SOP for use of Bank/Agency staffing is in place • Action is taken to mitigate patient safety risks due to staffing and this is recorded on the daily SITREP and 'Safe Care' and reported to the workforce • Ensure all staff aware of process for reviewing safe staffing across all wards and identifying issues/ escalation of staffing issues to staffing hub • All staffing issues are recorded along with resolution. • All wards discuss staffing issues within safety huddles at least twice daily and by exception • Process for reviewing and communicating the need for 1:1 assessment implemented. Any enhanced staffing requested is recorded in the safety hub and managed by Matrons. The onsite manager – an experienced Band 7 Nurse/Matron provides support out of hours and an onsite report is shared with all divisions. • Work is being undertaken with Older People's mental health team to promote the use of personalised care plans to promote de-escalation for patients with a mental health condition of cognitive impairment. • Divisional Roster Confirm and Challenge meetings have been reintroduced. • Staffing included on ward patient safety boards <p>The Trust Quality Patient Experience and Safety Committee will: Monitor safety of staffing levels and receive escalation and exception reporting.</p>	
Who is responsible for the action?	Medicine and long-term condition Divisional Director of Nursing Medicine and long-term condition Divisional Director Medicine and long-term condition Divisional Operational Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Monitored by Safer Staffing reporting to People Organisation Development Committee.	
Who is responsible?	Trust Lead – Quality Patient Experience and Staffing Committee
What resources (if any) are needed to implement the change(s) and are these resources available?	

Within current resources.

Date actions will be completed:

MLTC actions are complete.
This date refers to the Trust action. 31st July
2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The risk is mitigated with the actions taken and further monitoring will support this.

Regulated activities	Regulation
Treatment of disease, disorder or injury	Regulation 18 Staffing.
	How the regulation was not being met:
	The trust must ensure systems are put in place to ensure that staff are suitably qualified, skilled and competent to care for and meet the needs of patients within all areas of the medical services
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken place:</p> <ul style="list-style-type: none"> • A full review of the nursing establishment and skill mix in MLTC was completed in May 2021. A Trust Board paper is to be presented for approval as a joint paper with the Surgery Division. • Locally work has commenced on implementing the recommendations of the MLTC nurse staffing establishment review, including a 60% qualified to 40% unqualified skill mix including recruiting to vacancies. • Staffing and skill mix has been raised on the Divisional risk register • There has been an improvement in sickness statistics, indicating that staff are feeling supported to work competently • Concerns raised on Ward 17 to the Freedom to Speak Up Guardian (F2SUG) regarding staffing both Ward 17 and the Non-Invasive Ventilation (NIV) unit were fully addressed immediately by the division and no further staffing concerns have been raised by Ward 17. • Staff have reported an improvement in safety on Ward 17 with the pastoral support provided by the Matron positively received. • All training competencies for NIV will be completed by 30th July 2021 • NIV business case approved to support the safe opening of a NIV unit. NIV specific training will be provided for the staff on this unit in conjunction with the Medical Devices trainers. • Monitoring of competency in using NIV is monitored by Matron of NIV Ward • Review recruitment processes (Job Descriptions and person specifications) for MLTC • Ensure all staff access induction; training and appraisal • Appraisals and Personal development planning continues in MLTC with assurance provided via the Executive Performance Review panel • <p>The Trust People Organisation Development Committee will: Monitor compliance and implement improvement plans.</p>	
Who is responsible for the action?	Medicine and long-term condition Divisional Director of Nursing Medicine and long-term condition Divisional Director Medicine and long-term condition Divisional Operational Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Staff feedback. Qualifications, skills and competency will be monitored via workforce systems	

e.g. recruitment, appraisals, reflective practice and validation, supervision and personal development planning.

Who is responsible?

Trust Lead: People Organisation Development Committee

What resources (if any) are needed to implement the change(s) and are these resources available?

Additional staff required, with a plan to recruit subject to the Nursing establishment review recommendations being approved.

Date actions will be completed:

Current assurance by 30th September 2021
Sustainability by 31st March 2022

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The risk is mitigated with the actions taken and further monitoring via the risk register process.

Regulated activities	Regulation
Treatment of disease, disorder or injury	Regulation 13 Safeguarding service users from abuse and improper treatment
	How the regulation was not being met:
	The trust must ensure systems and processes are established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken:</p> <ul style="list-style-type: none"> • All care groups in Medicine will have Safeguarding escalation reports outlining: <ul style="list-style-type: none"> • Safeguarding training compliance for all staff groups in MLTC • Review of incidents and complaints relating to safeguarding and themes for improvement • Divisional Safeguarding escalation/assurance reports to Trust Safeguarding Committee • CCG Safeguarding committee reviews the level of Trust adult safeguarding referrals. • The safeguarding team monitor that Safeguarding incidents or concerns have been dealt within 2 days from Ulysses Safeguard system. • Standardised nursing staff handover includes any potential safeguarding concerns. • Safeguarding concerns are discussed at MLTC's daily safety huddles • Safeguarding Boards are on all the wards - The ReSPECT form is highlighted on the board. The options for ReSPECT are on the board. • Bespoke training for Matrons/ divisional leads/ ward managers on identification of safeguarding issues and cascaded to teams • All staff will have access to regular and routine safeguarding supervision by September 2021. • Deprivation of Liberty (DoLs) referrals reported to Local Authority and a clinical incident is raised • Local teaching sessions by the safeguarding team completed on all medical wards focussing on safeguarding in practice • Complaints proforma now includes prompt for considering safeguarding reporting. • Monthly matron escalation report includes information/action around safeguarding/ incidents • CEO/Deputy Chief Nurse/Director of Governance (Support Team) currently have oversight of incidents at moderate level and above to provide a safety net in the short term. • Safeguarding audits completed and reported via the Perfect Ward. • Increase in appropriate safeguarding referrals since March 2021. • Make all Safeguarding policies accessible to staff and raise awareness of all the safeguarding policies • Ensure all staff who require training are able to access training and monitor uptake • All staff make a safeguarding referral at point of concern to Adult Safeguarding team or directly to Local Authority Safeguarding. • Prioritise staff who have received no training and then ensure all staff have accessed refresher training 	

- Identify Safeguarding Champion on each ward to raise awareness and understanding of the importance of Safeguarding vulnerable people and support staff

The Trust :

Safeguarding Committee will lead on the strengthening of the safeguarding policies and practices across the Trust, which includes training, competency and monitoring

Who is responsible for the action?

Medicine and long-term condition Divisional Director of Nursing
 Medicine and long-term condition Divisional Director
 Medicine and long-term condition Divisional Operational Director

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

We will ensure that staff are trained and competent and therefore the incidents of safeguarding referrals will increase. All safeguarding activity is monitored through the Safeguarding Committee in line with Local Adult Safeguarding Board requirements.

Who is responsible?

Trust Safeguarding Lead

What resources (if any) are needed to implement the change(s) and are these resources available?

Within current resources

Date actions will be completed:

MLTC immediate actions completed.
 Sustainability by November 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The risk is mitigated with the actions taken and further monitoring via the risk register process.

Regulated activities	Regulation
Treatment of disease, disorder or injury	Regulation 9 Person-centred care
	How the regulation was not being met:
	The trust must ensure staff have access to the information they need to provide person centred care. This includes the maintenance of complete and accurate records that describe patients' individual needs and preferences, including those highlighted on the ReSPECT forms
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken:</p> <ul style="list-style-type: none"> • Individualised person-centred information included in the care plan which is available at the bedside. • What Matters to me information boards introduced in wards at bedside • Detailed comprehensive handover on each shift, both at team level and between allocated healthcare professionals <p>This information is safely shared as;</p> <ul style="list-style-type: none"> • The MLTC have adopted the SBAR tool to support safe discharge of patients to a Care Home setting and this would include the personalised information. • Ensure complete and accurate records are updated in real-time (Matrons and Ward Managers) • Ensure all responsible staff are supported to access the individualised and person-centred information available to them (Matrons and Ward Managers) • Review the current Trust Documentation Audit tool to ensure that all patient centred information is available – to include care records, what matters to me boards and handover (Director of Nursing) • Every care team (e.g. ward) to undertake 10 sets of documentation audit. (Ward Manager) • Discuss the results of documentation audits and the subsequent actions being taken both at ward level and care group level. (Matrons and Ward Managers) • Ensure real-time information is transferred safely e.g. using handovers, safety huddles, (Matrons and Ward Managers) • The Trust has implemented the Perfect Ward Audit tool which includes documentation audit and includes the information methods above, the Discharge Checklist and the ReSPECT forms. The MLTC have fully engaged in this activity and implemented across the division. <p>The Trust Nursing Midwifery Action Forum will:</p> <ul style="list-style-type: none"> • Monitor compliance with quality audits and identify areas for improvement. 	
Who is responsible for the action?	Medicine and long-term condition Divisional Director of Nursing
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Audits will be reviewed at various forums and actions for improvements identified and	

implemented.

Who is responsible?

Trust lead: Nursing Midwifery Action Forum

What resources (if any) are needed to implement the change(s) and are these resources available?

Within current resource.

Date actions will be completed:

MLTC Actions complete

Trust Actions: 30th September 2021.

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The immediate actions taken by MLTC have mitigated the risk.

Regulated activities	Regulation
Treatment of disease, disorder or injury	Regulation 17 Good governance
	How the regulation was not being met:
	The trust must ensure effective risk and governance systems are embedded that supports safe, quality care
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The immediate action the Medicines, Long Term Conditions Division (MLTC) have taken:</p> <ul style="list-style-type: none"> • Governance Safety Huddles are held weekly to enact incident management. All Care Teams within MLTC are represented. The incidents on the standardised extract are discussed - this includes <ul style="list-style-type: none"> ○ Confirming the level of harm ○ reviewing the 72 hour reports ○ reviewing actions and outstanding actions ○ reviewing and monitoring timeframes for completion ○ identifying and disseminating immediate learning • The MLTC standardised extract is also used as an action tracker and is updated both during and immediately after the weekly Huddle and then disseminated to all Huddle Members. The MLTC Governance Facilitator follows up with action chasing activities in between weekly huddles and updates Ulysses Safeguard and therefore the MLTC Standardised extract in readiness for the next meeting. • MLTC Divisional Director reports the outcomes of the MLTC Governance Safety Huddles at the Clinical Effectiveness, Quality Assurance and Board meetings by exception. • The MLTC Team of Three (senior team) and MLTC Governance Team meet in between the MLTC Governance Safety Huddles to follow up progress on outstanding priority actions to be chased against incident deadlines • A separate Serious Incident meeting is held weekly with attendance from the CCG which focusses on monitoring serious incidents which are STEIS reported. <p>The Trust Well-led improvement group is reviewing the governance framework across the Trust to strengthen systems and processes.</p> <p>The Trust will</p> <ul style="list-style-type: none"> • Progress the work of the Trust Well-Led Improvement Group which will include review, monitoring, compliance and assurance. 	
Who is responsible for the action?	Director of Governance
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
The Well-Led Improvement programme is reported to the Board and are within the Board assurance Framework.	
Who is responsible?	Director of Governance
What resources (if any) are needed to implement the change(s) and are these	

resources available?

The Well-Led Improvement Programme is supported by the Trust Board and resources have been made available for this work.

Date actions will be completed:

MLTC immediate actions have been completed. This date relates to Trust actions 31st December 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

There is a risk that care will not improve if learning is not translated into improved practice

