

**Wirral Adult Social Care and Public Health Committee
 3 March 2022**

**Briefing Report
 Care Quality Commission Inspections and Progress against the Associated
 Improvement Plans**

1.	Background
	<p>The Care Quality Commission undertook a Trust wide inspection, in October/November 2019, with the report published on 31 March 2020. The Trust developed an extensive improvement plan in response to the Regulators findings; progress against this has been monitored through organisations governance structures over the past two years.</p> <p>The Trust also underwent a focused inspection relating to Infection, Prevention and Control in February 2021, with the report published in April 2021. This inspection did not result in any requirements for an improvement plan and praised the Trust for the improvements made.</p> <p>In addition to the above, during 2021, CQC undertook monitoring activities within the following services: Maternity, Radiology and Surgery, although this activity did not constitute an inspection and therefore did not result in the publication of a report, no regulatory actions were taken as a result.</p> <p>In October 2021, the regulator undertook an unannounced inspection of Urgent and Emergency Care and Medical Services. The inspection report was published on Friday 14 January 2022.</p> <p>This paper will discuss the progress made following the inspections in 2019 and the subsequent inspections. This should be considered within the context of the ongoing Covid 19 pandemic and the associated impacts and challenges both within the Trust but also the local Health and Care system. However despite these challenges, significant improvements have been made within the Trust and this has been recognised by the recent interactions with and inspections by, the Regulator.</p> <p>The Board of Directors has also seen a number of changes over the past two years; all posts are now substantially filled, apart from the Chief Nurse, which will undergo substantive recruitment in the first half of 2022.</p>
2.	Inspection Undertaken in 2019
	<p>The inspection resulted in an overall rating of Requires Improvement , with the following rating given for each of the Domains:</p> <p>Caring: Good Effectives: Requires Improvement Safe: Requires Improvement Responsive: Requires Improvement Well Led: Requires Improvement</p> <p>The reports for the Inspection can be found following the link below: Provider section - RBL Wirral University Teaching Hospital NHS Foundation Trust (08/10/2019) INS2-6786080531 (cqc.org.uk)</p>

	<p>The Inspection resulted in 31 Must Do and 76 Should Do (total of 107) Actions, which are detailed within the published report. The Trust’s improvement plan was developed in response to the inspection and progress against these has been reported on a quarterly basis to the Trust’s Patient Safety and Quality Board, the Quality Committee and the Board of Directors. The monitoring has included a review of the evidence supporting completion and whether the desired impact has been achieved. The position as of January 2022, is that, of the 107 actions (Inclusive of Must Do and Should Do overarching actions), 100 are reported as completed meaning that 93% of the action plan has been achieved.</p> <p>All of the 31 Must Do actions have been completed and improvements have been seen however the following actions require further ongoing work to maintain and push improvements further. The outcomes of the actions, undertaken to date, has been inevitably impacted on by the pandemic and the need to meet the needs of patients with Covid 19, as well as the maintenance of services for patients with an urgent needs such as those suffering with cancer:</p> <ul style="list-style-type: none"> • <i>The Trust must ensure that improvements are taken to ensure that patients have timely access to care and treatment;</i> Impacted by the pandemic and reflected locally and nationally • <i>The Trust must continue to work with stakeholders to improve treatment times and referral to treatment times;</i> Impacted by the pandemic and reflected locally and nationally • <i>The service must ensure patient care is planned effectively to reduce length of stay;</i> Impacted by the partnership working and available of services within the Local Health and Social Care System. <p>Of the 76 Should do Actions, 70 have been fully completed. The following areas have ongoing work , which is likely to continue for some time:</p> <ul style="list-style-type: none"> • <i>The trust should ensure that culture within the trust is improved across all services.</i> Significant work has been undertaken in this area. The Trust undertook a Trust wide engagement exercise to enable staff to describe and produce Values and Behaviours expected by all staff. This has become embedded within the Trust as part of recruitment and appraisal processes. There were significant improvements in the Medical Engagement Survey in 2019 with some improvement demonstrated through 2020/21 staff survey. Further work is underway relating to embedding of a “Just Culture”. • <i>The service should ensure that all patients risk assessments are fully completed in the emergency department.</i> This has been converted to a Must Do Action following the Inspection of Urgent and Emergency in October Care Service 2021 • <i>The service should act to improve completion rates for mandatory training for nursing and medical staff. It should ensure relevant staff completes intermediate life support training. Mandatory training for medical staff has been converted to a Must Do action</i> following the Inspection of Urgent and Emergency and Medical Services in October 2021 <p>The existing action plan will be closed down, with the small number of outstanding actions being moved to a new overarching improvement plan being formulated in response to the latest inspection undertaken in late 2021.</p>
3.	Infection Prevention and Control Inspection
	This was an announced focused inspection, undertaken in response, in part to the current pandemic and the need to be assured of the Trust’s Infection and Prevention

compliance. A number of these focused inspection were undertaken nationally. The report can be found by following the link below:

[Wirral University Teaching Hospital NHS Foundation Trust NewApproachFocused Report \(Acutes Provider Apr 2021\) INS2-10471957641 \(cqc.org.uk\)](https://www.cqc.org.uk/publications/wirral-university-teaching-hospital-nhs-foundation-trust-new-approach-focused-report-acutes-provider-apr-2021-ins2-10471957641)

The report highlighted the following:

- Leaders understood and managed the priorities and issues the service faced and were visible and approachable in the service for patients and staff.
- The trust had a clear vision and plan for continuously improving practices related to infection prevention and control and an action plan to meet identified goals with the action plan being aligned to local plans within the wider health economy.
- Staff felt respected, supported, and valued with an open culture where staff could raise concerns without fear.
- Staff were focused on the needs of patients receiving care and at all level were clear about their roles and responsibilities
- Governance structures and the communication within them were effective to ensure that changes and learning supported patient safety across the trust.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats.
- Leaders and staff collaborated with partner organisations to help improve services for patients.

4. Inspection of Medical and Emergency Care Services in October 2021

The unannounced inspection did not result in a change for the overall rating for the Trust; this is because only two of the trust services where reviewed and an overall well led inspection was not undertaken.

The rating for the two services were as follow:

	Medical Services		Urgent and Emergency Care Services	
	2019 Inspection	2021 Inspection	2019 Inspection	2021 Inspection
Overall Rating	Requires Improvement	Good	Requires Improvement	Requires Improvement
Domains				
Safe	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good	Good	Good
Responsive	Requires Improvement	Good	Requires Improvement	Requires Improvement
Caring	Good	Good	Good	Good
Well Led	Requires Improvement	Good	Requires Improvement	Good

The inspection highlighted the following:

- Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff managed medicines well.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.

	<ul style="list-style-type: none"> • Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The services planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. • Leaders ran services well using reliable information systems and supported staff to develop their skills. • Staff understood the service's vision and values, and how to apply them in their work. • Staff were focused on the needs of patients receiving care. • Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually <p>The inspection resulted in 5 must do actions and 10 should do actions (15 actions in total). An improvement plan is in development, at the time of writing this report.</p> <p>The report for the inspection can be found following the link below: RBL14 Arrows Park Hospital (cqc.org.uk)</p> <p>The must do actions cover the following areas:</p> <ul style="list-style-type: none"> • Ensuring safe nurse staffing • Improvements to compliance with mandatory training for medical staff • Assessment of risks to patient awaiting to be seen within the emergency department and mitigation of the risks identified • Improvement to the environment within the Mental Health Unit and Section 136 suite within the Emergency Department.
5.	Conclusion
	<p>The Trust has made significant improvements since the Trust wide inspection in 2019, the extensive improvement plan developed following the inspection is almost completed, despite the impact from and the challenges to the organisation throughout the Covid 19 pandemic. This is a testament to all of our staff, their commitment and drive to deliver the best care we can.</p> <p>A further two focused inspections have been undertaken since 2019, which have commented on the improvements made by the Trust and the strengthened vision and leadership of the Board of Directors and leaders throughout the organisation. This is reflected within the reports published</p> <p>There remain challenges, as the organisation moves forward including improving flow through the Trust which relies on system and partnership working and ongoing development of and capacity within community services and ongoing focus on population health. Internally we will continue work to deliver our overarching strategy, redevelopment of our sites and making the Trust an employer of choice. In addition we will continue to strengthen our governance and oversight.</p>

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