

# **Title of report: Care Quality Commission Inspection of The County Hospital**

**Meeting: Health, Care and Wellbeing Scrutiny Committee**

**Meeting date: Monday 29 July 2024**

**Report by: Statutory Scrutiny Officer**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

This report provides the Health, Care and Wellbeing Scrutiny Committee with the background and findings of the Care Quality Commission's (CQC) inspection of Wye Valley NHS Trust: The County Hospital.

## **Recommendation(s)**

**That:**

- a) The committee note the report and findings; and**
- b) Make recommendations to Wye Valley NHS Trust and to Herefordshire Council following scrutiny of the report.**

## **Alternative options**

1. For scrutiny to not consider the outcome of the Commission led inspection. This is not recommended. The inspection has moved the trust from being good to requires improvement.

## **Key considerations**

2. The Care Quality Commission (CQC) inspected urgent and emergency services at The County Hospital initially on 5, 6 and 7 December 2023 (first visit), with a follow up inspection on the 20 December 2023 (second visit). This was an unannounced full core service inspection. The CQC

checked the quality of the services in response to being made aware of emerging risks within the department. Following the inspection it judged the services to requires improvement.

## Ratings

Overall rating for this location	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Requires Improvement 
Are services well-led?	Requires Improvement 

3. The findings from the CQC inspection are attached as Appendix A. In the report, the CQC told the trust that it must take action to bring services into line with four legal requirements. The trust must ensure:
  - a) It is assessing the risks to the health and safety of patients of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks through carrying out and documenting regular observations, clinically-led navigation of patients through the department provided by trained and experienced staff, managing patients medicines on time, assessing and responding to deteriorating patients and responding to any risks such as sepsis, pressure ulcers, falls or patients in pain. (Regulation 12 (2) (a)(b): Safe care and treatment).
  - b) It has sufficient number of suitably qualified, competent, skilled and experienced staff who receive such appropriate training to carry out the duties they are employed to perform and ensure staff are trained to the right competency in safeguarding and life support. The provider must have sufficient medical staff to run the department safely and effectively including a paediatric emergency medicine consultant. (Regulation 18 (1) (2) (a): Staffing).
  - c) It is assessing the risks to the health and safety of patients of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks through effective and safe care to patients needing ongoing treatment but unable to have timely access to a hospital bed. (Regulation 12 (2) (a)(b): Safe care and treatment).
  - d) There are systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. It must assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk which arise from the carrying on of the regulated activity. The service must have an effective governance system, risk profile and audit programme to be assured it is providing safe quality care and knows and addresses where it should improve. (Regulation 17 (1) (2) (a)(b): Good governance)
4. It further advised that the services should:
  - e) improve the safe and proper management of medicines are stored safely and appropriately. (Regulation 12.)

- f) Ensure improved arrangements for offering food and drink to patients who have been waiting a long time to be seen, transferred or discharged.
5. The CQC inspection report notes the trust's "failures to discharge due to pressures for care packages in the community", and further notes that this "delay in discharging patients safely from ward beds meant there was still poor flow through the department which led to long delays for the patient's needing admission."
6. A presentation to the committee by Wye Valley NHS Trust is attached at Appendix B.
7. The Wye Valley NHS Trust works with more than one local authority to discharge patients into community care, and working arrangements with Herefordshire Council are strong and effective. A briefing note, providing an overview of integrated working in Herefordshire between adult social care and the trust, is attached at Appendix C.

### **Community impact**

8. Scrutiny committees do not make decisions for Herefordshire Council. They make recommendations to Cabinet and to Council, which those bodies must decide whether to accept or reject. The community impact of implementing any recommendation should be assessed when Cabinet or Council decide to adopt the recommendation.

### **Environmental impact**

9. Whilst this is a decision on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

### **Equality duty**

10. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this is a decision on back office functions, we do not believe that it will have an impact on our equality duty.

### **Resource implications**

11. There are no resource implications in considering this report and appendices.

### **Legal implications**

12. Herefordshire Council has designated statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services affecting the area and to make reports and recommendations on these matters to the Health, Care and Wellbeing Scrutiny
13. It has the responsibility to make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement:
  - a. in the physical and mental health of the people of England, and
  - b. in the prevention, diagnosis and treatment of physical and mental illness, and
  - c. any services provided in pursuance of arrangements under section 75 in relation to the exercise of health-related functions of a local authority

## **Risk management**

14. There are no specific risks identified in considering this report.

## **Consultees**

No consultation was carried out in the production of this report.

## **Appendices**

Appendix A - Care Quality Commission, Wye Valley NHS Trust: The County Hospital, Inspection Report, 28 February 2024

Appendix B - Presentation by Wye Valley NHS Trust: Care Quality Commission Inspection, Emergency Department\*

[\*the presentation has been updated since it was published for the (postponed) 28 May 2024 meeting]

Appendix C - Briefing Note: Overview of Integrated Working between Adult Social Care and Wye Valley NHS Trust

## **Background papers**

None identified