







Countess of Chester Hospital NHS Foundation Trust

Inspection report

Executive Suite, Countess Of Chester Health Park
Liverpool Road
Chester
CH2 1UL
Tel: 01244365000
www.coch.nhs.uk

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Ratings

Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive?	Requires Improvement 
Are services well-led?	Inadequate 

Our findings

We visited the Countess of Chester Hospital as part of our inspection during 15 to 18 February 2022. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited urgent and emergency care services, surgical services, maternity and medicines core services as part of the inspection. We also looked at those parts of these services that did not meet regulatory requirements following the 2018 inspection.

In addition, we inspected the well-led key question for the trust overall. The Well Led inspection took place on the 15, 16, 17 March 2022.

We did not inspect all the core services provided by the trust as this was a risk-based inspection. We continue to monitor all services as part of our ongoing engagement and will re-inspect them as appropriate.

Our rating of services stayed the same. We rated them as requires improvement because:

- We rated the trust as requires improvement overall. We rated safe effective, responsive and well-led as requires improvement and caring as good. In rating the trust, we took into account the current ratings of critical care, services for children and young people, end of life care and outpatient services which were not inspected this time.
- The well led provider rating for the trust was inadequate.
- During our inspection of the trust's leadership and governance in December 2019, we asked the trust to ensure that action was taken to improve the quality and safety of care patients were receiving on the inpatient wards. Our return visit found that the trust had not made significant improvement in some of the areas of concern identified in our 2019 inspection which resulted in continued breaches of several regulations.
- The trust did not have suitable governance systems and processes to effectively manage patient referral to treatment waiting times performance. We were not assured that senior leaders had ensured a sufficient pace of change or timely implementation of an effective recovery plan for planned care and treatment.
- Due to the implementation of the new Electronic Patient Record system, staff were not always able to assess risks to patients. Care records were not always up to date, contemporaneous or easily accessible.
- The trust did not always manage safety incidents well, actions and learning following incidents was not always robust.
- Senior and executive leaders did not always operate effective governance systems to manage risks and issues within the service. Not all staff felt respected, supported and valued.
- The trust did not always engage well with staff, patients and the community to plan and manage services effectively.

However:

- Staff understood how to protect patients from abuse.
- Staff treated patients with compassion and kindness.

How we carried out the inspection

We carried out this unannounced inspection of some of the acute services at Countess of Chester Hospitals NHS Foundation Trust as part of our continual checks on the safety and quality of healthcare services. At our last inspection we rated the trust overall as requires improvement. Our inspection was prompted by concerns about the quality and safety of some services. We also inspected the well-led key question for the trust overall.

Our findings

We inspected urgent and emergency care, medicine, surgery and maternity services at the Countess of Chester Hospital. At this inspection we found the core service ratings for urgent and emergency care, medicine, surgery had stayed the same and maternity services had deteriorated since our previous inspection in 2018.

As part of the inspection, we spoke with 142 staff across all disciplines, looked at 69 patient records and spoke with 41 patients.

Further concerns were found in maternity services and trust-wide governance processes, which meant we served the trust with two warning notices under Section 29A of the Health and Social Care Act 2008. The warning notices told the trust that they needed to make significant improvements in the quality and safety of healthcare provided in maternity services and significant improvements in governance systems relating to referral to treatment processes, implementation of the electronic patient record system and around the management of incidents, complaints and patient deaths.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

We told the trust that it must take action to bring services into line with 34 legal requirements. This action related to the overall trust and the urgent and emergency care, surgery, maternity and medical care services.

Trust wide

- The trust must ensure it has effective systems and processes to manage patient referral to treatment waiting times performance. (Regulation 17(1)).
- The trust must implement quality improvement systems and processes such as regular audits of the service's provided and must assess, monitor and improve the quality and safety of services. (Regulation 17 (1)(2)(a)).
- The trust must ensure that significant improvement in assessing the risk to patients, because there is a potential risk of patient harm due to patient assessments not being completed effectively or due to medicine prescribing or administration errors resulting from staff inappropriately trained in the use of the Electronic Patient Record system. (Regulation 12 (1)(2)(a)(b)(c)(g)).
- The trust must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from arrival to treatment and median total time in the Urgent and Emergency Care department. (Regulation 12 (2)(a)).
- The trust must ensure that significant improvement is made in relation to effective governance systems and processes relating to the timely identification, investigation and learning from incidents, complaints and patient death reviews. (Regulation 17 (1)(2)(a)(b)(e)).

Our findings

Is this organisation well-led?

Our rating of well-led went down. We rated it as inadequate.

Leadership

Senior leaders demonstrated the necessary knowledge and skills. However, there were several new appointments to the board and the plans the board had developed had not yet had time to evidence their impact or sustainability. Not all senior leaders were visible or approachable in the organisation. Leaders were not always fully sighted on risk within the trust or acted upon it in a timely way.

Following our previous inspection in November and December 2018 there had been several changes in the executive leadership. The chief executive (CE) joined the trust on 1 August 2018 as the then medical director (MD) before becoming acting CE in October 2018 and substantive CE in April 2019. The MD joined the trust in April 2018 and became the MD full time in 2019. The MD was leaving the trust in June 2022, and at the time of the inspection, there was a recruitment process underway for a replacement. The director of nursing and governance joined the trust in May 2021 in an interim role and was made substantive in October 2021. The trust had also recently recruited a new chief operating officer (COO) and Director of Human Resources (HR), both commenced employment in March 2022. The previous HR director and COO had both worked at the trust in an interim capacity.

The Trust has an experienced NHS director of finance who had been in post for several years. They were supported by a capable finance team. The finance team had recently been re-accredited at Level 2 on the finance staff development (FSD) strategy (national programmes designed to engage staff in improving NHS Finance), and there were some good examples of best practice within the department, for example, their approach to equality and diversity.

A new trust chairman was appointed in September 2021 and several non-executive directors (NEDs) had also been recently appointed. The chairs of the Audit Committee and Finance and Performance Committee were experienced NEDs and demonstrate a good grasp of their subject areas, and insight as to how they intended to gain assurance.

The diversity of the board was limited. Of the executive board members none were from a British minority ethnic group (BME).

While some executive areas of responsibility had been designated to specific executive leads, for example the executive Director for Infection Prevention and Control [DIPC]. We found that at the time of inspection there was no identified board lead with accountability for Equality and Diversity.

There were limited leadership roles in areas such as learning disabilities, dementia and mental health. An appointment had recently been made for a role for complex care. However, they would also be the lead for safeguarding so capacity would be limited.

The company secretary had recently taken up post, after a significant period without this role being filled substantively. They told us that the intention was to carry out a full review of governance processes and effectiveness.

The council of governors (CoG) were aligned to the board and involved in various activities. The use of virtual technology during the pandemic had provided some opportunities for governors to attend meetings. However, visiting restrictions had meant they were unable to visit patients on wards as they had done prior to the pandemic, Governors told us that plans were being put in place to restart the visits when pandemic restrictions were completely lifted.

Our findings

Culture

There was a mixed response from staff in relation to the senior leadership culture. In the core services we inspected, we found most staff felt respected, supported and valued, especially by their local leadership, however, this was not universal. Staff, in the main, were focused on the needs of patients receiving care despite the significant challenges in some services. The trust was working towards an open culture where patients, their families and staff could raise concerns without fear, however, this was not yet embedded.

Some staff groups described a negative culture within parts of the trust and reported that low morale was a result of poor support and engagement by the trust leadership. Some staff we spoke with identified a culture of bullying and discrimination.

These concerns were similar to concerns raised by staff during our previous inspection in 2018. Staff groups we spoke with in 2018, reported their concerns were either not listened to, or dismissed by senior leaders. Similar feedback was received from staff during this inspection, relating to senior leaders dismissing concerns or not engaging or providing any information on remedial actions to staff raising concerns. These issues were raised across all core service areas inspected.

During our inspection we observed many examples of how staff continued to work with a caring approach, often under demanding and challenging circumstances. However, despite staff working hard to deliver care to patients there were times when staff told us that the culture was not in line with the trust values.

The NHS Staff Survey 2021 showed that the trust was worse than the national average in all nine key areas of the survey. There was a decline in staff morale within the trust since our last inspection in 2018 and since the trust's staff survey of 2020. The results showed the trust scored the lowest nationally for staff morale. The NHS staff survey 2021, also highlighted that staff engagement had declined to well below the national average. However, the senior leaders told us they recognised that staff wellbeing was an important factor to consider especially during and after a global pandemic.

Trust data for February 2022 showed an overall staff appraisal completion rate of 79.8%. This was below the trust internal target of 90%.

Freedom to speak up (FTSU)

There was limited provision of the Freedom to Speak Up service. Although, most staff we spoke with were aware there was a FTSU guardian in place and knew how to report concerns.

The trust had a freedom to speak up guardian who worked part time, two days per week. They reported to the CE although formal meetings had been intermittent. There were no FTSU champions in place to support the work of the FTSU guardian. We were told expressions of interest for FTSU guardians, to start in June 2022, had been advertised.

The FTSU guardian told us that they sent twice-yearly a report to board. The most recent report (January 2022) only showed basic information such as number of concerns / key themes. We noted that there was no data reported on progress / open / closed incidents. The FTSU guardian told us that they did not hold a database of all incidents raised as this was held by the HR team. We were not able to get clear answers on what progress had been made in relation to concerns raised by staff.