

# Royal Berkshire NHS Foundation Trust

## Reading Health & Wellbeing Board

**Title:** CQC Improvement Plan Update

**Date:** 30<sup>th</sup> January 2015

**Lead:** Caroline Ainslie, Nurse Director

**Purpose:** This paper informs the Board of progress against the Trust's CQC Improvement Plan in response to the findings following the inspection of March 2014.

- Key Points:**
- Following the CQC formal inspection 24<sup>th</sup> – 26<sup>th</sup> March, the Trust was awarded an overall rating of 'Requires Improvement'.
  - The report findings included 7 'Compliance Actions' (regulatory legal actions that confirm the essential standards the Trust must meet through delivery of the action plan).
  - Following the inspection, the Trust implemented a CQC Improvement Plan in response to the findings. Progress has been made against each of the key actions; some are progressing quicker than others due to the nature and scale of improvement required.
  - The Trust has implemented an internal review process to test that actions taken have been embedded throughout the organisation and that there is evidence of improvement to provide assurance.
  - The Trust is also working in collaboration with Bournemouth NHS Foundation Trust and is setting up an external Peer Review arrangement.

### 1 Background

1.1. Following the inspection on 24<sup>th</sup>-26<sup>th</sup> March, an overall rating of 'Requires Improvement' was given to the Trust, with separate ratings for each CQC domain (safe, effective, caring, responsive, and well-led) and ratings for each core service.

	Safe	Effective	Caring	Responsive	Well-led
Overall domain for the trust	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

1.2. Two individual specialties were awarded an 'outstanding' rating, and these were Critical Care, and End of Life Care.

- 1.3. The report findings included a total of 13 actions the Trust must take and a further 14 actions that the CQC suggested the Trust should take. These actions were amalgamated into 7 'Compliance Actions' (regulatory legal actions that confirm the essential standards the Trust must meet through delivery of the action plan).
- 1.4. The Trust developed a detailed action plan addressing all of the issues raised in the final CQC report. This was cascaded to all staff across the Trust who were engaged in developing the actions required.
- 1.5. Progress is monitored by the CCG at their bi-monthly Quality Review Group.

## **2. Compliance Actions and progress to date**

- 2.1 Progress made by the Trust against the key areas within the 7 Compliance Actions has been as follows:

### **1. Risks of receiving care and treatment / assessment of need**

- Cancelled / re-scheduled appointments – priority specialties identified and actions taken to improve booking process (Trust currently at 11% against target of 9% by May 2015).
- Mental Capacity Act and Deprivation of Liberty awareness –training programme implemented - 89% of staff have now received level 1 training, and 84% received specialist training.
- Dementia Training – training programme in place – 64% staff have received training to date.

### **2. Maintenance and availability of diagnostics and screening equipment**

- Radiology - new Radiology information system being upgraded. Additional equipment agreed – due April 2015.
- Trust wide equipment – 5 year programme and maintenance programme in place.

### **3. Privacy and Dignity**

- Mixed sex ward at Newbury Hospital – plan underway to address this, due to be completed by April 2015.
- A&E – new observation bay opened November 2014.
- Use of Do Not Resuscitate / CPR – processes improved. Education programme underway.

#### **4. Maternity and Midwifery premises and maintenance**

- New ventilation unit being installed – on track for completion by end March 2015.

#### **5. Consent Practice**

- Work underway to develop standardised documentation Trust wide, supported by updated Patient Information leaflets outlining risks.

#### **6. Staffing**

- Nursing skill mix programme implemented to ensure sufficient levels of staffing across the Trust.
- Recruitment and Retention strategy developed and being implemented.
- Hospital at Night team expanded and review of doctors rotas underway.
- Additional staffing being recruited into Maternity (obstetricians and midwives),

#### **7. Medical Records**

- Trust wide programme implemented in June 2014 made up of 6 work streams to improve security, availability and content of patient records.
- Availability within outpatients already improved – now focusing on inpatients.

2.2 To ensure that all of the actions being taken are embedded and demonstrating improvement, the Trust has implemented an internal review process whereby staff visit ward areas each month via various means, such as Matrons Roundings to 'test' the issue is now addressed. This enables the plan to remain as a 'live' document, with supporting evidence to provide the Board with assurance.

2.3 The Trust has also collaborated with Bournemouth NHS Foundation Trust to implement a Peer Review arrangement. The first such review is due to take place at the end of January to provide further assurance against actions taken and to identify the need for any further work.

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