

CQC Post Inspection Action Plan - Update on Progress

11th March 2015

Progress – Compliance actions

1. Treatment of disease, disorder or injury - Surgical procedures

– Incidence of Never Events

- Never Event in December. 70 days since last harm free event
- 73% theatres staff will have completed Human Factors training by end March (89% of orthopaedic staff)
- Incident rate of reporting improved to 2.5 per 100 procedures (target 2.0)
- WHO checklist performance -98% against target 95%

– MCA & DoLs

- 89% staff completed level 1 awareness training. 91% completed specialist DoLs training.

– Dementia training

- 75% completed tier 1 training December – only Trust in TV to do so
- Funding secured to recruit dedicated trainer

– Drugs storage

- 2 audits completed (May & December)
- Actions taken to address any safety issues – ongoing monitoring by DoNs

Progress – Compliance actions

2. Treatment of disease, disorder or injury - Diagnostics & Screening (radiology)

- 7 day working consultation completed – aiming to start 1st April
- Currently upgrading to Radnet & procurement underway for PACs
- Order Comms due to be implemented 11th March (piloting in ED)
- External capacity & demand modelling complete – Business Case being developed
- Targets being achieved for all modalities

3. Treatment of disease, disorder or injury – Privacy & Dignity

– West Berks Hospital

- plan in place for new build – due to sign off plans & costs March
- Mitigation in place providing patient choice & use of side room if required

– DNA / CPR

- audit undertaken January – still more work to do in relation to medical engagement
- Peer review testing in Feb / March

– Night moves of dementia patients

- Now included in CCG Quality Contract

Progress – Compliance actions

4. Treatment of disease, disorder or injury - Maternity & Midwifery premises

– Maternity ventilation system

- Build underway – implementation of new system
- Weekly monitoring & reporting of entonox levels (levels have been within acceptable range to date)
- New Clinical Director being recruited & will provide additional leadership

– Inadequate storage (maternity & trust wide)

- Ongoing work – daily walk - arounds
- Offsite storage beds / mattresses – ongoing review
- Widespread use of ward log books to escalate requests
- Restructure of estates & facilities to provide enhanced leadership

Progress – Compliance actions

5. Treatment of disease, disorder or injury – Consent

- An audit of current practice completed Dec 2014 (clinicians practice & patient feedback)
- Standardised documentation being written by all specialties
- Presentations to all clinical governance committees
- Will re-audit July 15

Progress – Compliance actions

6. Treatment of disease, disorder or injury - Staffing

– Nursing

- Trust wide skill mix review undertaken in February – will present to March Board
- Risk assessment process in place – carried out 3 times daily at each bed meeting
- Overseen by dedicated Head of Nursing (including plans for weekend cover)
- Continuing recruitment & retention challenges
- Responded to recent whistle blowing event

– Medical staff

- Assessment of 7 day working underway & development of plan
- 6 additional new junior staff agreed for August 2015, including overnight cover

– Pre-assessment – staffing & processes

- Pathways / processes under review

Progress – Compliance actions

6. Treatment of disease, disorder or injury - Staffing

– Maternity

- Revised outcomes based Action Plan in place
- Management Structure redesigned – awaiting final sign off & implementation (March)
- Patient Safety governance review completed & action plan developed
- Consultant time on labour wards increased to 91 hrs per week – plans in place to increase to up to 168 hrs longer term
- Birthrate Plus Tool completed – awaiting final report
- Changed use of 4th room on Midwifery Led Unit
- Strategic Leadership Programme underway – supported by Thames Valley Leadership Academy
- Benchmarking visits to other Trusts undertaken by staff
- Daily staffing meeting to review operational requirements
- Fortnightly 'Working Together' Forum in place (staff engagement)

Progress – Compliance actions

7. Medical Records

- Security & storage audit completed – high risk areas being addressed
- Quality audit completed – shows improvement – areas of concern being addressed through local clinical governance committees
- Quick Reference Guides / SOPs being finalised & rolled out for all staff
- Clinical Admin Programme – to include medical records responsibilities
- Reviewing options for bringing outsourced archive function in house (will improve availability)
- Monmouth Audit taking place - March

Assurance and Ownership

- Assurance testing implementation of the plan through newly formed Peer Review process:
 - 20 staff taking part in the review process (continuing to increase numbers of staff)
 - MCA, Dementia & DoLs & Maintenance processes tested in Jan / Feb
 - Testing nursing & medical staffing & DNA CPR in Feb / March
 - Good evidence eg assurance on MCA/DoLs/dementia – more work to do on maintenance
 - External Peer review set up with Bournemouth – 8th June
 - Structured Listening Exercise completed end Feb – currently analysing results

- Ownership of the plan devolved to Care Groups
- Detailed review of Action Plan & Peer Review through Care Group monthly performance meetings & Quality assured through Quality Performance & Learning Committee
- High level oversight of progress reported through to new Trust Improvement Programme
- Exception reporting through to Trust Clinical Governance & up to Trust Board