

Appendix A: Updated Improvement Plan from the CQC inspection of the RUH in March 2016.

Section 1: Compliance Actions

Ref No	2
Compliance Action	The critical care equipment programme did not demonstrate all equipment was up-to-date with planned servicing and maintenance. The critical care unit had not provided assurance that the maintenance and servicing of equipment was carried out as required.
Regulation	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 17 HSCA (RA) Regulations 2014 Good governance
MUST do statement	The trust must review the equipment on the critical care unit to ensure all maintenance and servicing is up-to-date and then accurately recorded.
CQC Core Service	Critical Care
Comments	

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
4	Initiate a re-scoping exercise of the existing Equipment staff member – Within budget re define role to assure better cover and assurance of system to be robust & consistent.	28/02/2017	Gav Hitchman All Band 7's	Blue	1.0 WTE Band 3 to start this role 7th March 2017. They will use the new equipment spreadsheet to track all equipment and link in with Anaesthetic Services Equipment Lead for plans regarding capital purchase for replacements and initial new products. The individual will also feed into regular meetings with the trust procurement team.

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	9
Compliance Action	The time taken to triage patients who self-presented in the emergency department was not consistently recorded and accurate performance data was not available. This meant that we could not be assured that patients were quickly assessed to identify or rule out life or limb threatening conditions to ensure patient safety. We saw examples of patients waiting over an hour for initial assessment. There was no monitoring of the time to initial assessment of patients who self-presented in the emergency department in order to ensure that patients were not waiting too long to receive treatment and to deliver improvements in practice.
Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance
MUST do statement	The trust must monitor and report on the time to initial assessment of patients who self-present in the emergency department.
CQC Core Service	Urgent and emergency services
Comments	

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
4	Investigate adding time to initial assessment as a mandatory field	30/09/2017	IT team / ED IT team	Green	Explored as part of new ED IT system. This will be in place from September 2017.

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	11
Compliance Action	Records within the emergency department did not provide a clear and contemporaneous account of the care and treatment provided. Records of pain assessment and early warning scores were not always maintained.
Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance
MUST do statement	<p>The trust must take steps to improve record keeping within the emergency department, so that patients' records provide a contemporaneous account of assessment, care and treatment.</p> <p>The trust must take steps to ensure that patients in the emergency department receive prompt and regular observations and that early warning scores are calculated, recorded and acted upon.</p> <p>The trust must take steps to improve recording of pain assessment scores and pre-hospital medication and ensure that patients who need it receive prompt and appropriate pain relief.</p>
CQC Core Service	Urgent and emergency services
Comments	

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
3	Review of all current paper nursing documentation in the Emergency Department as part of the preparations for implementing a new PAS system and the opportunity to go paper light	31/03/2017	Mandy Rumble	Blue	There is a quality improvement project reviewing nursing documentation. New documentation has been launched and compliance is being audited.
6	Documentation of pre-hospital medication	31/05/2017	Mandy Rumble	Blue	Complete.

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	14
Compliance Action	The number of supernumerary nurses in critical care was half of the recommended levels. Moving nurses to other wards, often in contravention of the critical care operating policy, meant the supervisor/coordinator nursing staff, including the clinical nurse educators, and protected nursing staff, were not able to fulfil their managerial responsibilities at all times due to providing front-line care to patients.
Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing
MUST do statement	The trust must ensure the approved operating policy for critical care is understood and followed by hospital staff when considering moving nursing staff to work on other wards. Review nursing staff levels so they meet recommended guidance for critical care to enable the supervisors/coordinators, protected staff, and clinical educators to fulfil their roles.
CQC Core Service	Critical Care
Comments	

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
2	<p>Review Existing Admission, Discharge & Staffing Policy – Potential for confusion/conflicting priorities.</p> <p>- Need for extracting the nurse staffing element & create separate policy for Nurse Staffing. This policy must be robust enough to have trust & confidence that it is managed effectively and consistently but will allow for clinical judgement.</p> <p>- The development within the SOP/Policy to allow the unit to assist the wider hospital when it feels it can utilise its additional staff numbers but in doing so the nurses will be released to work in 3-4 key areas not anywhere. Within this I would like to consider having a Critical Care specific uniform that mirrors the exact colour of the wards but in a scrub uniform pattern. This would help identify the nurses as being out of their area of expertise.</p> <p>- The policy will also outline how the unit will always provide timely level 3 & 2 capacity 24/7 to the hospital.</p>	31/12/2016	Gav Hitchman Clare Damen (Anaesthetic services manager/clinical manager ITU)	Blue	Re-write of the admission and discharge policy is now complete. All nurse staffing extracted from the policy and it now focuses on processes for admission and discharge.
5	Review nursing staff levels so they meet recommended guidance for critical care to enable the supervisors/coordinators and clinical educators to fulfil	28/02/2017	Gav Hitchman Claire Damen		This recommendation is still subject to review.

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
	<p>their roles.</p> <p>Core Standards state "Units with greater than 10 beds will require additional supernumerary (this person is not rostered to deliver direct patient care to a specific patient) registered nursing staff over and above the clinical coordinator to enable the delivery of safe care"... "The number of additional supernumerary registered nursing staff will be built around multiples of critical care beds and geographical layout of units and as a minimum will require 1 additional supernumerary RN for 11 – 20 Critical Care beds" (GPICS, 2013).</p> <p>The role of additional supernumerary RN is to:</p> <ul style="list-style-type: none"> • Support the clinical coordinator & facilitate there break. • Present on the ward round as two occur at any one time due to the length & detail of the rounds, providing nursing leadership and patient advocacy. • Assistance with timely admissions & transfers. • Supporting and supervising nursing staff. • Arranging staff sickness cover. • Staff relief in single rooms or patients who are too sick to be observed by another nurse with their own patient. 				<p>Monday - Friday, for 12 hours, there is currently a clinical manager on duty (band 7) in addition to the co-ordinator (band 7). In addition the unit attempts to have an admitting nurse on each shift.</p> <p>An assessment of actual demand for critical care beds is also required, as flow is challenged by operational pressures outside of the unit, affecting occupancy.</p>

Status	
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Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Section 2: Additional 'MUST do' actions not already covered by the compliance actions

Ref No	17
Compliance Action	No
Regulation	Not stated
MUST do statement	The trust must take steps to ensure that all staff in the emergency department are up-to-date with mandatory training.
CQC Core Service	Urgent and emergency services
Comments	Factual accuracy return references issues with reporting of training which incorrectly included ED assistants within the total nursing staff numbers. This is linked to budget, and the EDAs sit in the same cost centre as registered nurses and health care assistants. The budget and STAR profiles are being reviewed to reflect this.

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
3	Establish a monthly trajectory for meeting mandatory training requirements	30/09/2016	Mandy Rumble Nickie Jakeman	Blue	Training compliance monitored monthly and improvements seen.

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	20
Compliance Action	No
Regulation	Not stated
MUST do statement	The trust must ensure there are specialist bereavement staff to effectively provide care and support for bereaved gynaecology and maternity patients and their families.
CQC Core Service	Maternity and gynaecology
Comments	<p>Comments by CQC in response to factual accuracies return:</p> <ul style="list-style-type: none"> • <i>A list of specialist midwifery roles (including whole time equivalent) was requested before the inspection. This did not include any specialist trained midwifery roles.</i> • <i>During the inspection we asked staff (two from gynaecology and three midwives) how they got additional support/advice above and beyond what was expected as part of their roles e.g. when circumstances were particularly difficult or challenging. Staff said they relied upon peer support.</i> • <i>In addition whilst, the intention was always for an experienced midwife to support families with loss, staff told us on occasions junior or inexperienced staff had to take on these roles.</i> • <i>The report has been amended to reflect there were lead staff but the staff we spoke with were not aware of these specialist roles.</i>

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
3	Develop wider knowledge across the service of the support and expertise available from the bereavement team	31/12/2016	Amanda Gell	Blue	<p>Information about the bereavement team has been publicised through newsletters.</p> <p>Further actions are planned including a staff survey to assess staff knowledge of the support available from the bereavement team.</p>

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Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	21
Compliance Action	No
Regulation	Not stated
MUST do statement	The trust must ensure there is an appropriate environment to effectively provide care and support for bereaved gynaecology and maternity patients and their families.
CQC Core Service	Maternity and gynaecology
Comments	<p>Comments by CQC in response to factual accuracies return:</p> <ul style="list-style-type: none"> Both bereavement rooms lack privacy and facilities that are available in other similar sized trusts, who have not compromised on safety issues. The rooms were not soundproofed and staff told us on occasions women laboured or stayed in nearby rooms with their new born babies. Staff confirmed labouring women and crying babies could be heard from within the bereavement room. There were no kitchenette or lounge areas, or additional sleeping facilities for extended family to stay and the rooms were clinical in appearance.

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
1.	Improvement of the current bereavement facilities	31/03/2017	Di Dorrington (Matron)	Amber	The essential theatre work is currently taking place. Further discussions and plans are in place regarding the development of a bereavement suite. This will result in the creation of an additional relaxation/sitting area for the family to use and will also ensure there is a private area for family and friends.
2.	Link corridor to be developed and refurbished to ensure families do not have to walk through birth centre to access 'Forget me not suite'	31/12/2016	Rachel Coleman (Sister and Bereavement lead)	Amber	Funding secured. Awaiting completion of first phase of theatre repair for corridor works to commence.
3.	Facilities available in the rooms	31/12/2016	Rachel Coleman	Amber	<p>Current provision of space utilises the available space within the unit. The room upstairs support tea, coffee making facilities as well as additional seating and sleeping space for a partner/family to stay.</p> <p>The room on the birth centre will also have comfort facilities when completed.</p>

Action no	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Status	Comments/action status (Provide examples of action in progress, changes in practices etc)
					Both rooms have been refurbished with the support and advice from local bereavement groups and bereaved parents.
4.	Assess options of creating a kitchenette or lounge area adjacent to the forget-me-not suite	31/03/16	Amanda Gell (Senior Matron)	Amber	Scoping the possibility of increasing the current facilities to include a lounge and kitchen area to create a suite for extended families or friends to stay if requested. To include a team visiting local units of similar sized Trusts with a bereavement suite already in place to share ideas and learnings from colleagues.

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