

Report to:	Board of Directors	Agenda item:	
Date of Meeting:	29 March 2017		

Title of Report:	CQC Improvement Plan update
Status:	To discuss
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Author:	Rob Eliot, Quality Assurance and Clinical Audit Lead
Appendices	Appendix A: Improvement Plan from the CQC inspection of the RUH (March 2016)

1. Executive Summary of the Report

The purpose of this report is to update the Board of Directors on progress towards implementing the improvement plan following the Care Quality Commission (CQC) announced inspection to the RUH in March 2016.

By the last update to the Board of Directors there were 12 outstanding actions. Appendix A details progress in implementing these actions.

6 actions are now graded as 'blue' indicating they are complete. 1 action is graded as 'green' indicating it is progressing in line with the timescales identified in the improvement plan. There are 4 actions graded as 'amber' indicating they are not progressing according to the timescales identified in the improvement plan but there is evidence of progress to get back on track. These actions are described in the report.

There is 1 action not graded regarding a review of nurse staffing in the Critical Care Unit to meet the Guidelines for the Provision of Intensive Care Services (GPICS) Standards in respect of supernumerary nurses. This is because a review of occupancy and demand is required to inform the discussion.

2. Recommendations (Note, Approve, Discuss)

The Board of Directors is requested to note progress in implementing the improvement plan from the Care Quality Commission (CQC) announced inspection to the RUH in March 2016.

3. Legal / Regulatory Implications

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

A failure to demonstrate systematic quality improvement in the delivery of patient care could risk the Trust's registration with the Care Quality Commission.

5. Resources Implications (Financial / staffing)

The costs of compliance with the CQC fundamental standards are embedded within operational delivery costs.

6. Equality and Diversity

Equality and Diversity legislation is an integral component to registration.
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7. References to previous reports
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September 2016, December 2016

8. Freedom of Information

Public

Care Quality Commission (CQC) Improvement Plan update

1 Introduction

The Care Quality Commission (CQC) made an announced visit to the Trust between 15-18 March 2016 and an unannounced visit on 29 March 2016.

- 1.1 The CQC inspected the Royal United Hospital Bath, Royal National Hospital for Rheumatic Diseases, and the community midwifery service including Chippenham, Frome and Trowbridge birthing centres.
- 1.2 The inspection report identified many areas of good and outstanding practice but overall the CQC rated the Trust as 'requires improvement'.
- 1.3 An improvement plan was developed and returned to the CQC detailing the actions that will be taken to address the recommendations from the report. These actions address the compliance and 'must do' actions identified by the CQC, listed as 22 key recommendations in the improvement plan.
- 1.4 The majority of the actions relate to Critical Care, Urgent and Emergency Services and Medical Care, reflecting the 'requires improvement' rating for each of these core services.

2 Improvement plan update

- 2.1 A total of 92 actions had been completed by the last update to the Board of Directors in December 2016. These have been removed from the improvement plan for the purposes of this update.
- 2.2 The core service leads were requested by the Quality Assurance and Clinical Audit Lead to provide an update against the outstanding actions on the improvement plan. Appendix A shows progress towards implementing these actions and the core service that they relate to.
- 2.3 Each action has been RAGB (red, amber, green, blue) rated to indicate whether the actions are progressing according to the timescales identified in the improvement plan. The comments / action status column has been updated to reflect progress towards implementing the actions.
- 2.4 A further 6 actions have been completed since the last update to the Board of Directors. These are graded as 'blue' and indicated as completed in Appendix A. Overall, 19 of the 22 key recommendations identified in the improvement plan have been completed in full.
- 2.5 There are 6 outstanding actions within the remaining 3 key recommendations. 1 action is graded as 'green' indicating that it is progressing in line with the timescales identified in the improvement plan.
- 2.6 There are 4 actions graded as 'amber' indicating that they are not progressing according to the timescales identified in the improvement plan but there is evidence of progress to get back on track. These are all related to essential

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theatre refurbishment works that are taking place. This work is currently three weeks behind schedule.

- 2.7 There is 1 action not graded regarding a review of nurse staffing in the Critical Care Unit to meet the Guidelines for the Provision of Intensive Care Services (GPICS) Standards in respect of supernumerary nurses. This is because a review of occupancy and demand is required to inform the discussion.

3 Recommendations

- 3.1 The Board of Directors is requested to note progress towards implementing the improvement plan from the CQC inspection to the RUH in March 2016.

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