

Trust Board meeting (Part 1)		Date:	29 April 2015
Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/010	Achieving CQC Compliance across all Five Quality Domains	Kristin Dominy, Executive Director of Operations	Dr Rebecca Eastley, CQC Programme Lead
This report is for:			
Decision			
Discussion			
To Note			
History			
<i>Heat Map shared with TDA</i>			
The following impacts have been identified and assessed within this report			
Equality	None identified		
Quality	Identified within action plans		
Privacy	Identified within action plans		
Executive summary of key issues			
<p>This report provides assurance to the Board on the Trust's delivery of its Quality Improvement Plan on a monthly basis.</p> <p>The report describes the April 2015 position in relation to the quality improvement work, and provides exception reporting to the Board in relation to any identified risks and mitigations.</p> <p>The Board should note the report.</p>			
This report addresses these strategic priorities:			
We will deliver the best care		X	
We will support and develop our staff			
We will continually improve what we do		X	
We will use our resources wisely			
We will be future focussed		X	

1 Introduction

This report brings exceptions to the notice of the Board. It should be noted that the assurance process with regards to the CQC will be moving from the Operations directorate to The Director of Nursing and Quality from 1st May 2015 as agreed by the Executive Team at its meeting on Tuesday 14th April 2015.

The Operations directorate will continue to deliver the requirements of the planning and outcome process.

2 Compliance Notices

2.1 Staffing in Wiltshire

This plan remains rated as red due to continuing challenges in staff recruitment in Wiltshire. There are early indications that the Wiltshire Staff Retention and Recruitment Strategy has had some positive results in recruitment of trained nursing staff from Ireland.

Safe staffing complements on the wards are maintained by use of bank and agency staff, and the temporary bed closures.

2.2 Outdoor Shelters - Secure Services

The Trust position on provision of outdoor shelters remains as stated in the March report to the Board. These present a ligature risk and in view of a pilot on smoke free, it is not our intention to provide these. The Nursing Directorate will be setting standards for garden environments. This work will be complete in June and will be implemented throughout the Trust in the highest risk areas during the remainder of this year.

2.3 Staffing in Secure Services

There has been no significant improvement in the staffing shortfall to date so the plan remains rated as amber. Recruitment of newly qualified Band 5 nurses has been offset by loss of existing Band 5 staff. The combination of temporary ward closure and use of bank and agency staff has ensured maintenance of safe staffing on the wards.

In March 2015, Secure Services had 8.60wte new starters and 2.80wte leavers. There were 83.96wte vacancies of which 42.5wte

have received a job offer and 13.40wte are at advert.

In Wiltshire 6.80wte new starters and 6.85wte leavers. There were 86.83wte vacancies of which 9.00wte have received a job offer and 29.26wte are at advert.

Both delivery units continue to work to the recruitment approach that has been outlined. Focused activity with potential staff across the country remains a priority.

2.4 Carpet Replacement in Secure Services

This plan has been re-rated as amber as carpets are now again requiring replacement. Requests for replacement have been made to the PFI provider.

3 Week In Focus

Week in Focus mock CQC inspections have been completed in Banes, Swindon, Wiltshire and Bristol. Reports for Banes and Swindon have been received by Quality and Standards. Action plan delivery will be monitored in the Check and Challenge and CQC Governance meetings.

3.1 Summary

The Operations Directorate has designed and introduced the 'check and challenge' and 'week in focus' processes to ensure strong and focus and good discipline in relation to embedding compliance.

Now that the Nursing Directorate is fully established and the Clinical Executive is at full capacity, the 'week in focus' process will now be undertaken by the Nursing Directorate in line with the assurance cycle;

Design: Clinical Executive

Do: Delivery Executive

Check: Delivery Executive

Check again: Clinical Executive

4 Recommendation

The Board should **note** the exceptions and actions to address these set out above.