

NUFFIELD HEALTH BRISTOL HOSPITAL – THE CHESTERFIELD  
ACTION PLAN UPDATE – October 2015

## Introduction

Nuffield Health Bristol Hospital – The Chesterfield was inspected by the Care Quality Commission (CQC) from the 22<sup>nd</sup> – 25<sup>th</sup> February 2015, with a subsequent unannounced and out of hours visit on 10<sup>th</sup> March 2015.

A team of 7 inspectors reviewed aspects of the Hospital's clinical and support services. The inspection was structured around the CQC's 5 key questions for each of the 8 core services they inspect to provide assurance that services are:

- Safe
- Effective
- Caring
- Responsive
- Well led

## Findings

- The Hospital received a 'Good' rating for adult surgery and outpatients services and also for our services being caring and responsive. However, disappointingly, the CQCs rating for children's services were 'Inadequate'. These results reflected the overall rating the CQC gave the hospital of 'Requires Improvement'. The dedication, commitment and flexibility of our frontline people was specifically noted – highlighting the high levels of quality care and compassion provided to patients.
- The final report concluded that there was insufficient evidence to assess the hospital's rating for effective.
- A Quality Summit was held on July 8<sup>th</sup> 2015 and the final report was published on 15<sup>th</sup> July 2015 and is available from <http://www.cqc.org.uk/location/1-918228984>

## Governance Process

### Internal

- The Local Hospital Board directly approves the CQC action plan, receives monthly assurance updates via the Hospital Quality plan, and Safety Report and will update the Medical Advisory Committee on a quarterly basis
- The Group Hospital Quality and Safety committee will directly monitor and provide assurance of CQC actions to the Hospital Board.

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**External**

The report and action plan will form part of reporting mechanisms to external partners to include Clinical Commissioning Groups' & NHS Trusts.

**ACTIONS THE PROVIDER MUST IMPLEMENT**

Ref	Area of Improvement	Actions	Progress September 2015
MI / 1	Ensure that there are sufficient number of suitably qualified, skilled and experienced staff, employed by the provider to ensure standards of safety of children and young people are met and are meeting the requirements set out in national guidance, prior to providing any further services to children and young people.	<p>Gap analysis to be completed against national guidance for standards and safety of children and young people to ensure compliance within:</p> <ul style="list-style-type: none"> <li>• Ward team</li> <li>• Theatre team</li> <li>• Operating Department Team</li> </ul> <p>Develop a workforce plan to support recruitment and retention of Registered Children's Nurses</p>	<p>The hospital has completed a review of Children's Services using an internal Nuffield Health gap analysis tool that has been developed based on statements in the recent draft inspection framework document for children's services, as yet not released by the CQC. The tool has enabled the hospital to benchmark and ensure compliance with the Nuffield Health Children's services Policy and all associated policies, identifying gaps in the hospitals service and develop actions to minimise risks to children who are patients.</p> <p>A local workforce plan has been developed to support recruitment and retention of Registered Children's Nurses. This has enabled the hospital to recruit two Registered Children's Nurses to date to support the delivery of the service. Both members of staff are currently employed at Bristol Children's. The hospital will continue to actively recruit Registered Children's Nurses to its bank. The hospital is also exploring the opportunity to work in partnership with Bristol Children's Hospital via a formal service level agreement to include honorary contracts for nursing staff.</p>

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Ref	Area of Improvement	Actions	Progress September 2015
		<p>Review Out Patient and Surgical Pathways for Children and Young People ensuring :</p> <ul style="list-style-type: none"> <li>There is sufficient prior planning to ensure there are suitably qualified skilled and experienced staff on duty to care for children and young people</li> </ul> <p>Seek written assurance from all consultants caring for children and young people that they have appropriate qualifications, skills and experience to deliver safe and effective care to include:</p> <ul style="list-style-type: none"> <li>Evidence of qualification and skills for inclusion on Practice Privilege files</li> <li>Evidence safeguarding children training</li> <li>Resuscitation training to include Paediatric Basic Life Support if working with 3-11 years; Basic Life Support for 12-17 years</li> </ul>	<p>The hospital team have reviewed the pathways for children from initial enquiry to surgical admission. For surgical admissions the hospital will continue follow the Nuffield Health Children's Policy SOP for booking of children for inpatient / day case services flow chart. In addition flow charts will be developed for the enquiry stage and out-patient pathway. Guidance has also been developed by the Hospital Matron and Director for Consultants who express a wish to deliver services to children and young people. Prior to services commencing the Hospital Director and Matron will meet with the Consultant to discuss the children's pathways and reinforce the requirement for prior planning to enable the hospital to book the Registered Children's Nurses.</p> <p>The Hospital Director has written to all Consultants outlining the evidence that is required to enable them to deliver care to children to include safeguarding and resuscitation skills.</p> <p>Prior to the re- commencement of In Patient Services for Children and Young People Consultants will be invited to meet with the Hospital Director and Matron to discuss the pathway for Children and Young People and the requirement to provide the hospital with on-going evidence of appropriate training for resuscitation to a level appropriate to their role and clinical responsibility. This will include a review of their children's practice and will form part of the annual review of their PP's. For new consultants this will be detailed as part of the Consultants PP process.</p>

Ref	Area of Improvement	Actions	Progress September 2015
		<p>Seek assurance from third party providers that staff caring for children have appropriate qualifications, skills and experience to include:</p> <ul style="list-style-type: none"> <li>• Safeguarding Children</li> <li>• Resuscitation</li> </ul>	<p>The Radiology service provided by In Health has provided evidence of compliance for staff members in relation to Safeguarding and Resuscitation. There is a quarterly Radiology Services Meeting with In Health which includes a detailed Governance report. From October 2015 the agenda for this meeting will include a specific item for Children's Services to include activity for 3 – 17 years during the quarter, incidents, complaints and compliance with training. This will also be detailed in the Radiology Governance report which will be discussed at the hospitals Integrated Governance committee and form part of the overall Children's Services report to the Medical Advisory Committee. The hospital has also reviewed the membership of the Resuscitation Committee to include representation from In Health. In Health will also have representation on the Children's expert advisory group.</p>
		<p>Seek assurance from NES Resident Medical Officers' caring for children and young people have appropriate qualifications, skills and experience prior to commencement of hospital placement.</p>	<p>Evidence is present on the current RMO files of Paediatric Advanced Life Support. The hospital Matron meets regularly with the representative from NES and all new RMO documentation is verified by the Matron and the MAC chair prior to commencement of the individual's placement.</p>

Ref	Area of Improvement	Actions	Progress September 2015
MI / 2	Ensure that there is adequate resuscitation equipment and medicines to ensure safety of children and young people, prior to providing any further services to children and young people.	<p>Replace all resuscitation trolleys ensuring there is paediatric specific drugs and equipment in:</p> <ul style="list-style-type: none"> <li>• OPD</li> <li>• Ward</li> <li>• Lower Ground (Radiology / Day Case Unit)</li> <li>• Theatre / Recovery</li> </ul> <p>Review the delivery of mandatory resuscitation training for clinical staff to include care of the deteriorating child ensuring there are on-going training sessions booked throughout the calendar year and achieve overall compliance &gt; 90%</p>	<p>Following the Inspection a full review of resuscitation trolleys throughout the hospital has taken place. Trolleys in all departments have been replaced and now have a dedicated clearly labelled draw for paediatric resuscitation drugs and equipment. The review has been undertaken in conjunction with a Paediatric Anaesthetist and the Nuffield Health Children's Nurse Advisor.</p> <p>The hospital has reviewed the delivery of all resuscitation. This is now coordinated by the HR administrator. BLS sessions are now offered on a monthly basis and additional ILS sessions have been provided by an external accredited trainer. The percentage of clinical staff trained in PBLS is currently 93% and it has been agreed with the external trainer that in future PBLS for clinical staff will form part of the annual ILS refresher programme. The hospital gap analysis has identified the need to have an increased number of staff trained in PILs. Training was delivered on the 12<sup>th</sup> October 2015 to enable the hospital to meet this standard and this will form part of the hospitals annual training plan to ensure on-going compliance</p>
MI/3	Ensure that consent of children and young people is appropriate, with consideration to the capacity of the child, prior to providing any further services to children.	Ensure all Pre-assessments are carried out on all children and young people undergoing treatment by a Registered Children's Nurse and they are competent in assessing the child's capacity to understand their plan of care and this is documented in the patient's care record	On the recommencement of children's surgical activity all pre-assessments will be performed by a registered children's nurse. The will negate the need for forward planning as outline in action M1/1

Ref	Area of Improvement	Actions	Progress September 2015
MI/4	Ensure that there is sufficient leadership and oversight of services provided to children and young people, prior to providing any further services to children and young people.	<p>Develop Hospital Strategy to support the existing and future development of services within the hospital. To include:</p> <ul style="list-style-type: none"> <li>The formation of a Hospital Children and Young People expert advisory group</li> <li>Develop formal links with Bristol Children's Hospital</li> <li>Ensure appropriate infrastructure and availability of Registered Children Nurses to support the delivery of the service.</li> <li>Review the membership of the Medical Advisory Committee (MAC) to include a paediatric consultant to advise and support the delivery of the service.</li> <li>Review agenda of Medical Advisory Committee to include standing item for Children and Young People Services to include a formal report from the Hospital Resuscitation Committee</li> <li>Review the membership of Hospital Resuscitation Committee to include membership of: <ul style="list-style-type: none"> <li>Lead Paediatric Nurse</li> <li>Paediatric Anaesthetist</li> <li>Radiology representative</li> </ul> </li> </ul>	<p>The hospital has reflected on the actions outlined by the CQC and has developed a clear plan for the existing and future development of children's services.</p> <p>The Hospital Director and Matron will lead the implementation of a Children's and Young people expert advisory group. To date the hospital has successfully identified support from an existing member of the MAC to oversee Children's services and the support of an anaesthetist who has a special interest in children has joined the resuscitation committee. The MAC and Resuscitation committee now have standing agenda items for Children's services.</p> <p>The hospital has also engaged a Health Care Consultant who has a background in clinical management of children's services to assist with the development of formal links with Bristol Children's Hospital and explore the feasibility of a formal SLA. An initial meeting has taken place with the Director of Children's services to discuss the hospitals proposal which was met with a positive response.</p> <p>The Hospital Matron will present a report monthly to the Hospital Board on children's activity service compliance.</p>

Ref	Area of Improvement	Actions	Progress September 2015
		Review agenda of Hospital Resuscitation Committee to include standing agenda item for Children & Young People	
MI/5	Ensure that there is sufficient data collection, external benchmarking and monitoring of outcomes for patients in order to provide assurance of the effectiveness of the service	<p>Review monthly Hospital's Quality &amp; Safety Report to the Nuffield Health Hospital Board and identify local variances; lessons learnt and changes to local practice.</p> <p>Continue to review hospital and individual Consultant variances monthly, through Matron report to include:</p> <ul style="list-style-type: none"> <li>• Incidents</li> <li>• Returns to Theatre</li> <li>• Readmissions</li> <li>• Transfers out</li> </ul> <p>Review feedback from patients monthly and identify lessons learnt / changes in practice to include:</p> <ul style="list-style-type: none"> <li>• Patient Satisfaction Survey</li> <li>• Complaints</li> </ul> <p>Continue to actively engage with the National Joint Registry. Review quarterly compliance for NJR stats to include indicators of data quality through rates of compliance, patient consent and traceability. Organise education seminar for staff to raise awareness of NJR</p>	<p>The hospital Matron will continue to deliver a monthly report to the Hospital Board identifying local variances, lessons learnt and changes to practice. This information will be shared with all Heads of Departments and quarterly with the Integrated Governance Committee and MAC. To enable the hospital to compare compliance the NH Group Hospital Quality and Safety Committee have introduced a monthly quality and safety dashboard to enable the hospital team to compare performance against the hospital group.</p> <p>The hospital will continue to submit information to the National Joint Registry and monitor consent rates. The Hospital Matron meets with the regional co-ordinator from the NJR on a bi annual basis to discuss compliance with consent and traceability. To raise awareness of the NJR an education 'drop in' session with the South West Coordinator was held on 23<sup>rd</sup> September, this was open to Consultant Orthopaedic Surgeons and staff. The day was well attended and has raised awareness amongst the team.</p>

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		<p>Consider further hospital approach to engagement in national benchmark standards and accreditations to include JAG Endoscopy</p> <p>Consider ways to improve engagement for completion of private PROMS</p>	<p>The hospital continues to submit data to the GRS in preparation for applying to undergo JAG accreditation. The hospital is awaiting advice from the Nuffield Health Clinical Team on approaching JAG to undergo the accreditation programme. This will form one of the Hospitals strategic objectives in 2016</p>

ACTIONS THE PROVIDER SHOULD IMPLEMENT

Ref	Area of Improvement	Actions	Progress September 2015
SI/1	Provide sufficient training to make sure that all staff have a clear understanding of the Mental Capacity Act 2005.	<p>All clinical staff to complete academy online Mental Capacity training module.</p> <p>Mental Capacity seminar to be delivered by RCN National Mental Health Advisor on 28th July 2015.</p> <p>Matron and Senior Clinical HOD's to attend Mental Capacity Training offered by Bristol City Council</p>	<p>All clinical staff are required to complete an on line training module to raise awareness of the Mental Capacity Act. The hospital Matron liaised with the Royal College of Nursing and in July 2015 the RCN National Mental Health Advisor delivered a workshop for staff which was well attended and received positive evaluation. The Matron has reviewed the level of training required for senior clinical staff and all Clinical HOD's participating in on call and those working in key roles (pre-assessment) have been provided with dates to book training with Bristol City Council.</p>

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Ref	Area of Improvement	Actions	Progress September 2015
SI/2.	Provide sufficient mandatory training in basic life support	<p>Annual programme for the delivery and content of resuscitation training for clinical and non-clinical staff to be reviewed to ensure overall compliance of &gt; 90%</p> <p>Bi-monthly resuscitation training scenarios to be reviewed to incorporate care of the deteriorating child.</p>	<p>The hospital has reviewed the delivery of all resuscitation. This is now coordinated by the HR administrator. BLS sessions are now offered on a monthly basis and additional ILS sessions have been provided by an external accredited trainer. The percentage of clinical staff trained in PBLS is currently 93% and it has been agreed with the external trainer that in future PBLS for clinical staff will form part of the annual ILS refresher programme. The hospital gap analysis has identified the need to have an increased number of staff trained in PILs. Training has been arranged on the 12<sup>th</sup> October 2015 to enable the hospital to meet this standard and this will form part of the hospitals annual training plan to ensure on-going compliance</p> <p>The bi-monthly resuscitation training scenarios have been reviewed to incorporate care of the deteriorating child. To date two scenarios have been held and prior to the reintroduction of surgical services a further scenario will take place in November 2015</p>