

HEALTH SCRUTINY COMMITTEE
9 October 2018
CQC Core Inspection of Rampton Hospital

1. Introduction

Following the inspection of Rampton Hospital on the 20th – 22nd of March 2018 the inspection report was published on the 8th June 2018. The overall rating for the Hospital is 'requires improvement' and is unchanged from 2017. However; there have been improved ratings of 'good' for the effective and well led domains. A summary of the ratings is provided in the table below.

2018		2017	
Overall rating	Requires Improvement	Overall rating	Requires Improvement
Are Services Safe	Requires Improvement	Are Services Safe	Requires Improvement
Are Services Effective	Good	Are Services Effective	Requires Improvement
Are Services Caring	Good	Are Services Caring	Good
Are Services Responsive	Requires Improvement	Are Services Responsive	Requires Improvement
Are Services Well-Led	Good	Are Services Well-Led	Inadequate

The purpose of this report is to provide the Committee with the details of the progress against the nine requirement actions and four good practice actions.

The CQC made the following nine Requirement Notices in the Inspection Report

1. The provider must ensure there is adequate staffing across the hospital in order to facilitate on and off ward activities, ground leave, access to fresh air and reduce the frequent movement of staff during shifts to other wards.	2. The provider must continue to monitor incidences of lone working at night and take steps to eliminate it.
3. The provider must ensure there is a system that records the amount of activities that patients engage in are accurate and this is used by staff.	4. The provider must ensure staff feel confident and are competent to implement physical healthcare plans effectively.
5. The provider must ensure staff adhere to the trust's infection control policy.	6. The provider must ensure that all staff adheres to the trust wide observation policy when recording observations.
7. The provider must ensure recording of seclusion and long term segregation reviews are undertaken in accordance with the Mental Health Act Code of Practice.	8. The provider must ensure that nurses are aware of who is responsible for administering medication each shift and that all medication is signed for.
9. The care plans in the learning disability service must be completed in the patients' voice.	

2. Progress to date

To date the following actions have been taken in relation to the requirement actions;

1. Staffing Levels

In order to mitigate the risk of having insufficient appropriately trained staff a number of actions have been identified to address this shortfall in nursing staff in the short and medium term. Some of the work underway is detailed below:

Recruitment of Non-Registered and Registered Nurses

There has been a significant recruitment drive that has increased the overall number of ward based nursing staff in order to meet clinical requirements. The over-recruitment of Nursing Assistants has helped us to reach our establishment numbers across the site. Qualified nursing recruitment however remains an ongoing challenge. We are therefore pro-actively recruiting registered nursing staff with the help of an additional financial package, national recruitment campaigns, a full time Deputy Matron lead and a variety of other initiatives. This is our key priority in the short term. In the medium term we are already seconding staff to do their nurse training and Band 4 Associate Nurse training as well as building new training links with local schools and Universities.

Review of the ward based nursing establishment model

Work has begun to review the ward based nursing model. This takes account of the skill mix and the introduction of new roles such as the associate nurse role. This will also take into consideration development of ward based occupational therapist roles.

Due to the increasing difficulty in recruiting Band 5 nurses we have begun to review the inpatient nursing model and have extended the number of Band 6 nursing staff within Rampton Hospital.

Retention of staff

The Division are engaged with the NHSI retention programme recognising that retaining staff in a climate where there is a reduced pool to draw from is critical.

The NHS improvement (NHSI) Recruitment and Retention plan focuses on Rampton Hospital – covering orientation, induction preceptorship. It is agreed not to move new starters for 3 months.

The issue of retention has become a key area of focus for the Trust. The Trust is therefore engaged in the NHS Improvement 90 day retention cohort. Following the retention summit which was held with matrons from across the Trust on 24th May in order to engage senior nurses in analysing the data and to begin to determine the key actions which will enable a critical reduction in turnover, the Retention Plan has been formulated and submitted to NHS Improvement. Agreement reached that this will focus on Rampton Hospital. The implementation phase will be followed by a period of 12 months NHSI support and monitoring.

2. Lone Working at Night

A strategic staffing review has been undertaken which resulted in a significant further investment in ward establishments at Rampton Hospital in order to provide 3 staff per ward at night.

The additional investment has been included in ward budgets and the lone working figures have reduced dramatically with no lone working being reported at the time of writing this report for the month of September. It has been acknowledged however that this will continue to be a challenge when there are unplanned medical emergencies requiring high numbers of escorting staff.

3. Activity Monitoring

The existing electronic activity monitoring system (AMS) is currently being updated in order for the system to be easier for staff to input patient activity data, ensuring that reliable, valid data is produced. It is expected that this will be live by the end of November 2018. A substantially improved paper version has also been approved and is currently being piloted with agreement reached that this will be live from 1 October 2018 across all wards at Rampton Hospital.

4. Physical Healthcare plans

All patients have physical healthcare plans for chronic conditions that evidence patient involvement. Designated physical healthcare ward champions are in place to ensure that these plans are regularly updated with the support of the physical healthcare team and are reviewed and remain person centred. Further work is underway to ensure all patients on the complex case register also have a co-produced care plan in place relevant to their condition.

5. Adherence to the Trust's infection control policy

Monthly ward audits and exception reporting arrangements have been established specifically in respect of the agreed bare below the elbows principles. Significant improvements have been made in this area.

6. Adherence to the Trust wide observation policy when recording observations.

Monitoring and reporting arrangements have been strengthened which include monthly ward audit, CCTV sampling and ward night visits.

Exception reporting has also been established where practice is found to deviate from the procedure.

7. Recording of seclusion and long term segregation reviews

Practice has been audited in relation to the long term segregation and seclusion procedure. Progress is still required in relation to ensuring improvements with the undertaking and recording of reviews. A different approach in terms of reporting the data has been utilised which included reporting the results per individual medical staff member involved in the reviews. It is expected that the revised approach will demonstrate significant improvements following the re-audit.

8. Nurse awareness of who is responsible for administering medication

A mechanism has been established via rostering arrangements to identify the nurse in charge (IC) and the nurse responsible for the administration of medication. An audit is currently being undertaken and following the production of the audit results an updated protocol for the role of the IC clinic nurse will be sent round to all wards.

9. Completion of Care Plans in the Learning Disability Service

A substantial amount of work has been undertaken in relation to ensuring all the patients in the Learning Disability Service have comprehensive person centred care plans. These are being formulated in-line with the individual positive behavioural support plans and the functional assessments of challenging behaviour. A plan has been formulated identifying the current position and timeframe for completion of all the plans in order that this can be robustly monitored. The Trust has utilised an external advisor to provide additional independent scrutiny and support to ensure we are achieving national standards.

Good Practice Recommendations

The CQC also issued 4 good practice actions which related to:

- Ensuring all staff have physical healthcare training and a good understanding of sepsis.
- Ensuring to improve consistency regards to record keeping
- Undertaking a review of the price of goods sold in the patients shop
- Continue to take actions to improve medical engagement in management decision making.

Actions are being taken to address all the good practice recommendations and include scrutiny of the Trustwide sepsis plan at the Infection, Prevention and Control Committee; additional physical healthcare training being made available to all nursing staff and a specific physical healthcare training prospectus to be produced; a quality improvement project being commissioned which involves the scoping of patient records; a review being undertaken of the price of goods which is currently being shared with the patients and their carers. The Hospital has also seen a vast increase in terms of medical engagement which is being further consolidated by the appointment of a new temporary Associate Medical Director.

We are committed to achieving and sustaining high standards of quality care provision for our patients. This is in relation to the CQC requirements and our ambition for excellence in all areas of safe and effective clinical care.

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