

HEALTH SCRUTINY PANEL - MONDAY, 13TH JANUARY, 2014

SUPPLEMENTARY PAPERS

The following Papers were tabled at the meeting.

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
3a	CQC Inspection Report - Wexham Park Hospital – Presentation Slides	1 - 10	

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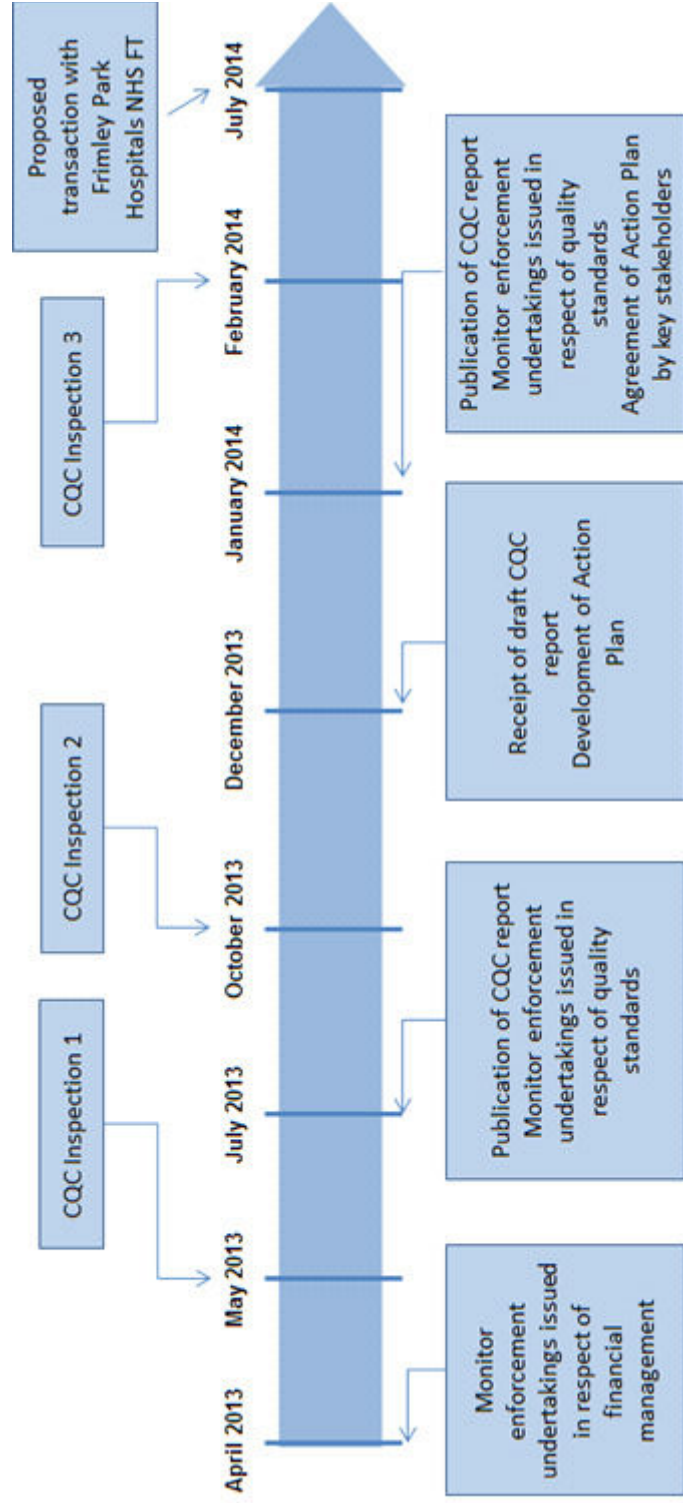
Heatherwood and
Wexham Park Hospitals
NHS Foundation Trust

Trust Presentation on Actions to address Care Quality Commission Concerns – January 2014



Overview

The Trust has faced a challenging agenda over a sixteen month period. The following timeline illustrates the sequence of events:-



Progress in 2013

Finance

Progress

- The Trust will have spent the full £17.5m capital allocation for the year on buildings, equipment and IT
- Trust is on target to deliver planned deficit of £4.8m for the year ended 31 March 2014
- Plans for a transaction with Frimley Park remain the strategic solution for the Trust.
- IT implementation includes Theatre Tracker, Realtime, diagnostics, docman and much more.

Quality

Progress

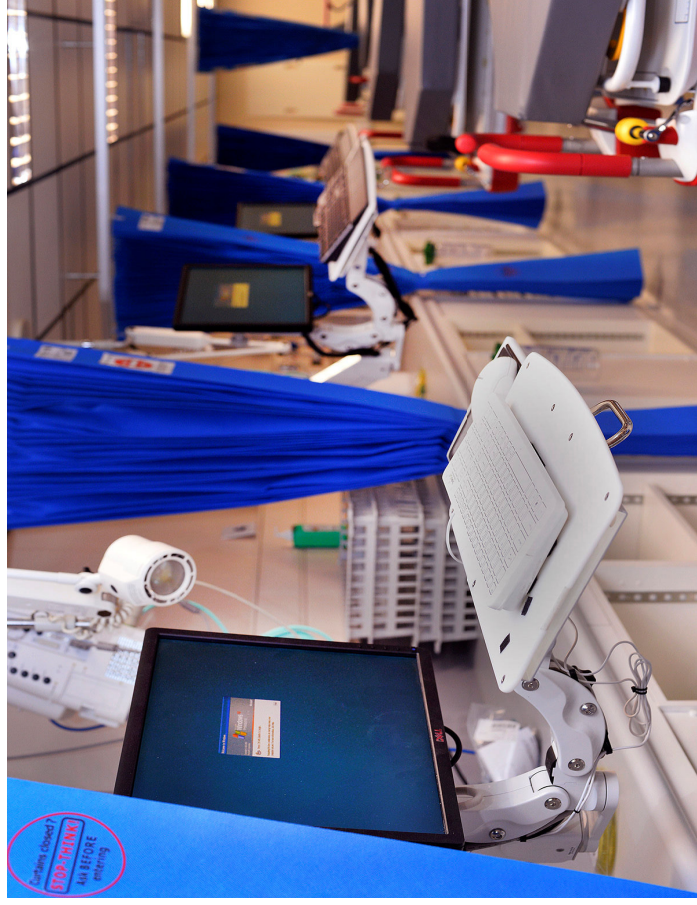
- Re-development of A&E is complete and new rapid assessment and treatment procedure in place. 4 hour target met for 3 consecutive months.
- Surge Escalation Policy in place with monitoring of capacity.
- Compliant with Medicines management.
- Facilities helpdesk operating 24/7
- New gowns purchased to better protect patient privacy and dignity.
- Capacity plan developed and additional beds created

Key achievements

Heatherwood and
Wexham Park Hospitals
NHS Foundation Trust

The Trust is proud of the recent capital works which have provided a better environment for our patients.

We have created nearly 40% more capacity in A&E and resolved all CQC concerns about the environment raised in July 2013.



Key Achievements cont'd



We have built and staffed 56 additional beds since May 2013 with 33 more Doctors and 60 more nurses as “net gain”.

Action Plan (1)

The Trust has developed a high level action plan to address the CQC warning notices and return the organisation to compliance with CQC standards. Actions have nominated Executive leads and each action is supported by a detailed milestone plan with a target date for delivery. The following chart illustrates some of the key priorities.

Respecting and involving people who use services

- Patient feedback mechanism
- Improvements to ward layouts
- Discharge planning

Care and welfare of people who use services

- Improvement plan for wards 4, 7 and 8 with KPIs
- Nurse leadership changes
- Implementation of a ward dashboard

Cleanliness and infection control

- Deep clean of the hospital
- External cleanliness review and implementation of recommendations
- Equipment replacement

Safety and suitability of premises

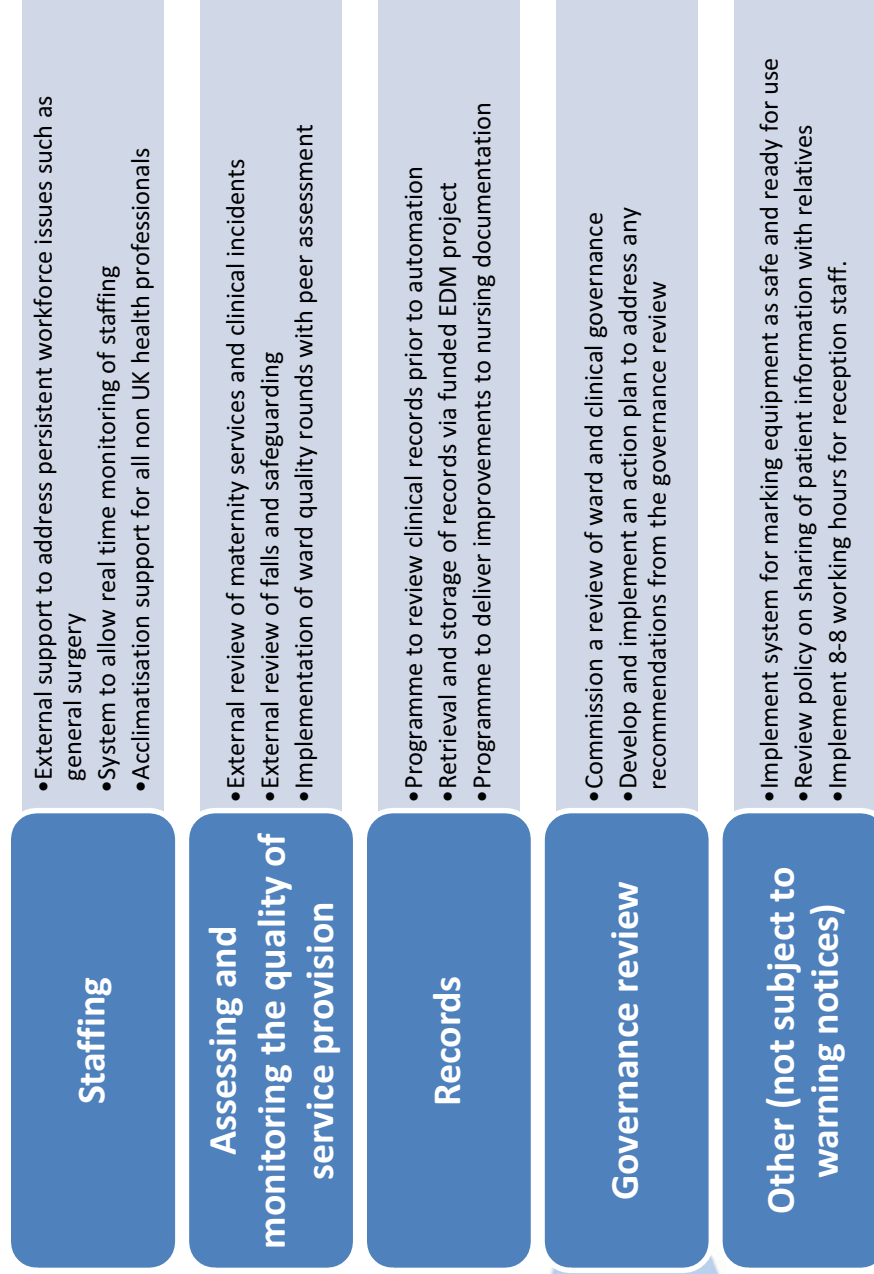
- Improvements to internal signage (including infection control)
- Implementation of a lockable security solution
- Actions to address short term issues such as toilet/shower facilities

Safety availability and suitability of equipment

- Accelerate and re-prioritise equipment replacement to ensure fit for purpose
- Review working condition and availability of equipment such as hoists

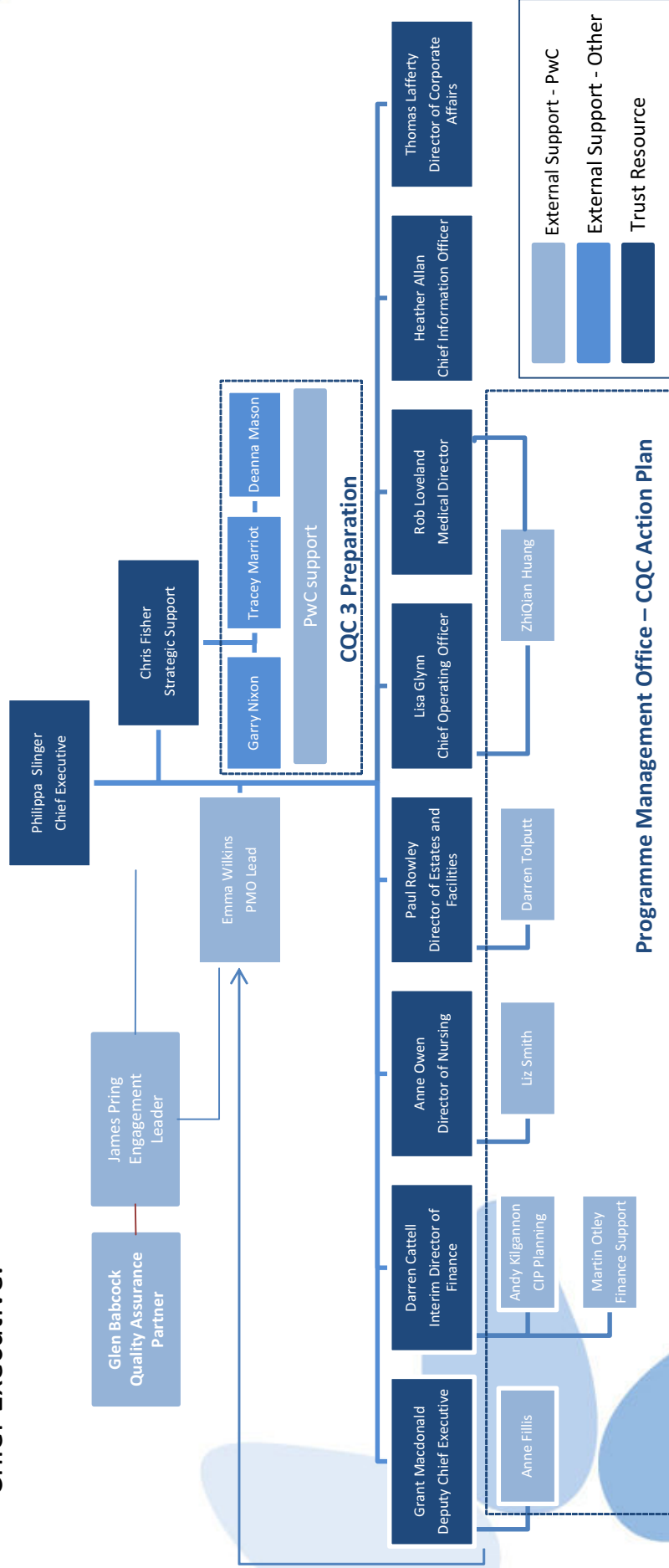
Action Plan (2)

The Trust has developed a high level action plan to address the CQC warning notices and return the organisation to compliance with CQC standards. Actions have nominated Executive leads and each action is supported by a detailed milestone plan with a target date for delivery. The following chart illustrates some of the key priorities.



Resources

The Trust recognises that the timescales for implementation are challenging and has brought in additional resource to help implement the action plan and plan for the February CQC visit. A number of experienced project managers are now in post to support members of the Executive Team. Progress will be monitored by a programme management office lead who will report to the Chief Executive.



Planning for February CQC visit

In advance of the February CQC inspection, the Trust has commissioned a data pack to highlight areas for focus or those with good practice that can be shared within the organisation. This data pack has highlighted a number of positive clinical indicators which are outlined below.

Above average on **PEAT SCORES**

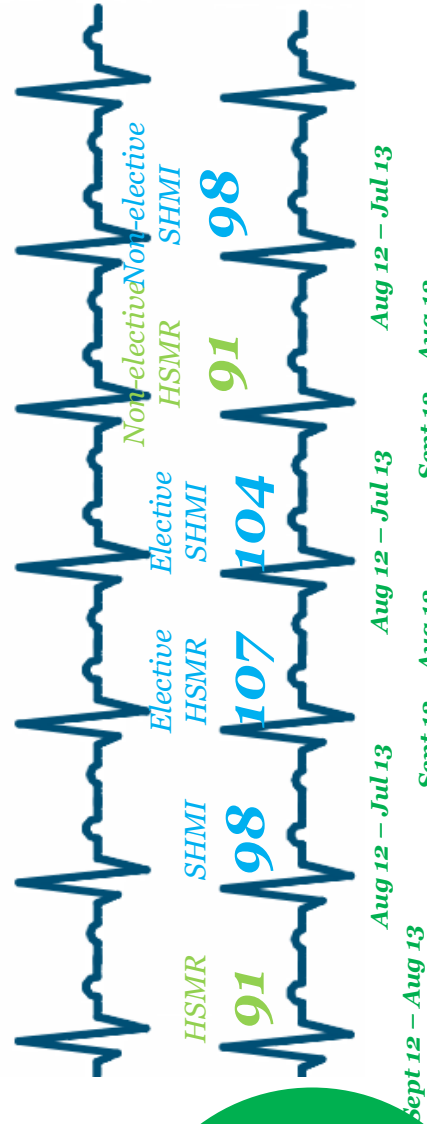
Better than expected for **Non-Elective and Overall HSMR**

No cases of **MRSA** in 2012/13, compared to a national average of four

Within or better than expected range **SHMI** score for all admission types and specialities

99.7% of cancer patients wait less than 31 days from diagnosis to first treatment

Consultant appraisal rate of **91%**, compared to national average of **73%**



Assurance mechanism

The Trust has a governance mechanism in place to oversee the implementation of the CQC Action Plan. The Chief Executive chairs a weekly meeting of the Quality Programme Board. This is attended by all members of the Executive Team and monitors the progress on the CQC Action Plan. Further external assurance will be provided by the Improvement Director who will be appointed by Monitor.

