

Reporting to:	Trust Board, February 2015
Title	Care Quality Commission Inspection Action Plan
Sponsoring Director	Sarah Bloomfield - Director of Nursing and Quality
Author(s)	Sarah Bloomfield - Director of Nursing and Quality Helen Coleman - Associate Director of Nursing Workforce
Previously considered by	Quality & Safety Committee
Executive Summary	Following the October 2014 CQC inspection and subsequent publication of the report by the CQC on 20 th January; the Trust is required to produce an action plan to address areas of improvement and compliance actions detailed within the report. This board level plan covers all areas of action required by the CQC and is supported by detailed action plans within each care group.
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	<input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	<input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	<input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy <input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	<input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

**Care Quality Commission
(CQC) Domains**

- Safe
- Effective
- Caring
- Responsive
- Well led

- Receive Review
- Note Approve

Recommendation

CQC Inspection Action Plan – February 2015

Domain	Areas for Improvement	Actions	Operational Lead	Executive Lead	Delivery Date	Progress/Completion	
Safety	Deceased patients were not protected against the risks associated with unsafe or unsuitable premises in the Mortuaries	To replace or repair mortuary fridges and implement a maintenance programme	Director of Estates and Facilities	Director of Finance	August 2015	Business case approved by Trust Board in October. Enabling work commenced.	
		To repair and make good the flooring between the Mortuary and outer building			August 2015	Forms part of the above work	
		To restrict pedestrian access to the entrance outside the PRH mortuary	Head of Estates PRH	Chief Operating Officer	February 2015	Complete ongoing monitoring will continue	
	People who use services and others were not protected against the risks associated, by not having sufficient numbers of suitably qualified staff in order to receive care.	To review Nurse staffing in: Intensive Care Units Emergency Department (ED) Maternity Services End of Life care In relation to core national standards/guidelines		Head of Nursing SCG Head of Nursing USCG Head of Midwifery End of Life care Facilitator	Director of Nursing & Quality	ITU April 2015	ED review Complete and approved by Exec Team for Investment ITU review has commenced.
						ED February 2015	
						Maternity March 2015	
						End of Life April 2015	
		Designated lead for adult and children's safeguarding in each ED	Matrons for Emergency Medicine	Director of Nursing & Quality	February 2015		
		Explore seconding ED Registered Nurses to complete 2nd registration	Matrons for Emergency Medicine		June 2015		
		Explore partnership working between ED and the children's centre	Lead Nurse for Women & Children's services/Matrons for Emergency Medicine		May 2015		
To review Anaesthetic staffing arrangements in ITU in relation to critical care national standards	Care Group Medical Director SGC	Medical Director	April 2015	Business case currently under review			
Staff in all areas must have access to mandatory Training	To review and strengthen the arrangements to facilitate staff to attend mandatory training	Head of Education	Workforce Director	June 2015	A review is underway to increase capacity of all training.		
All staff receive feedback on incidents raised so that service	Changes to the Datix system	Patient Safety Team Manager	Director of Nursing & Quality	January 2015	Complete		

	development and learning can take place.	Standardised Governance structures across each Care Group/Centre.	Assistant Chief Operating Officers	Director of Nursing & Quality	October 2015	
	Ensure medicines in all wards and departments are stored securely	Joint audit and action planning to take place with nursing and pharmacy teams and inclusion in Ward to Board Metrics	Associate Director of Patient Safety	Director of Nursing & Quality	June 2015	
Domain	Areas for Improvement	Actions	Operational Lead	Executive Lead	Delivery date	Progress/Completion
Effective	Pathways of care for patients in surgery need to reflect current good practice guidelines and recommendations	A review of all surgical pathways to ensure compliance with latest guidance and to identify gaps, with particular focus on #NOF	Scheduled Care Group Medical Director	Medical Director	September 2015	Improvements being delivered
	Review actions relating to national audits of end of life care and follow through implementation	To review EOLC audit actions and report to the Quality & Safety Committee to track progress	End of Life Care Facilitator	Director of Nursing & Quality	April 2015	
	To review outcomes and recommendations from national clinical audits	To review all outstanding medical audit actions with oversight from the Quality & Safety Committee to track actions	Medical Performance Manager	Medical Director	May 2015	
	Ward and departments have access to support services 7 days a week to facilitate improved patient outcomes	To review 7 day working arrangements in Therapies and Pharmacy	Therapy Care Group Director/Chief Pharmacist	Chief Operating Officer	May 2015	
	Necessary equipment is accessible to all areas including wards that are newly opened	Robust systems are in place to ensure a core list of equipment exists for new wards. Agree a standard list of basic medical equipment for existing wards	Heads of Nursing Heads of Nursing	Chief Operating Officer Chief Operating Officer	May 2015 May 2015	
Domain	Areas for Improvement	Actions	Operational Lead	Executive Lead	Delivery date	Progress/Completion
Caring	Small number of wards where improvement required	Work with ward leadership teams to support them in developing communication skills within the ward team.	Head of Nursing SCG	Director of Nursing & Quality	September 2015	

Domain	Areas for Improvement	Actions	Operational Lead	Executive Lead	Delivery date	Progress/Completion
Responsive	The viewing rooms and mortuary are not considerate to meeting the needs of bereaved parents and families	To review the entrance to the mortuary at RSH so that it is more welcoming and suitable for bereaved families	End of Life Care Facilitator	Director of Nursing & Quality	June 2015	
		To review the mortuary viewing room at RSH so that it is appropriate for relatives and visitors of all religious denominations and not just Christian faiths	End of Life Care Facilitator	Director of Nursing & Quality	December 2014	Complete
		To make significant improvements to the Paediatric mortuary viewing room at RSH so it is more comforting and respectful.	End of Life Care Facilitator	Director of Nursing & Quality	December 2014	Complete
	To improve capacity and flow in Surgery and critical care to help meet A/E 4 hour waiting time target	To strengthen and embed processes in the management of transfers out of ITU and Recovery	Head of Nursing SCG/Capacity Manager	Chief Operating Officer	May 2015	Process agreed and changes made to site safety report.
		Delivering RTT	Assistant Chief Operating Officer Scheduled Care	Chief Operating Officer	October 2014	Complete
		To continue to progress the Urgent Care Working Group Local Health Economy Action plan	Assistant Chief Operating Officer USCG	Chief Operating Officer	June 2015	
	Services to patients with Dementia will be responsive, patient-centred and support independence and mental well-being	To embed the implementation of the Butterfly scheme across the organisation	Associate Director of Quality & Patient Experience	Director of Nursing & Quality	September 2015	Scheme launched in 2014 and training continues. Board session planned for 2015.
		Review of Dementia Friendly environmental standards that enhance orientation and mobility to determine areas for implementation	Director of Estates and Facilities	Director of Finance	September 2015	
	Review provision of end of life services, strategy, sustainability and	Review the provision of EOLC service 7 days a week	End of Life Care Facilitator	Director of Nursing & Quality	June 2015	

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	improvement including staffing and management	Roll out the EOLC training plan and pathway	End of Life Care Facilitator	Director of Nursing & Quality	September 2015	Care plan has now been implemented and 300 staff trained. Training will continue throughout 2015.
Well Led	Visibility of the Executive Team	Roll out a series of programmed ward and departmental visits, including Executive, senior clinicians, nurses and patient representatives. Core brief implemented	Programme Manager for Quality Improvement	CEO	June 2015	Core Brief in place since end September 2014 GEMBA walks commenced in December, yet to be embedded
	To develop and strengthen staff engagement and harness good ideas for improvement	To implement employee engagement strategy	Head of Organisational Development & Transformation	Workforce Director	September 2015	Strategy presented to Trust Board in November and approved.
	Quality dashboards reports accurately reflect performance targets and thresholds	To review the current arrangements for the range of quality dash boards and KPI information to ensure it reflects practice and thresholds for RAG ratings which are clear and understood	Programme Manager for Quality Improvement	Director of Nursing & Quality	June 2015	Maternity and Children's dashboards currently under review
	Inconsistencies with quality governance arrangements across Trust	Organisational-wide review of quality governance arrangements.	Project Manager Quality Improvement	Director of Nursing & Quality	February 2015	Complete
		Standard model to be identified and implemented	Programme Manager Quality Improvement/Assistant Chief Operating Officers		October 2015	