Cover page	
Meeting	SaTH Trust Board
Paper Title	Quality Improvement Plan (QIP) update
Date of meeting	03/10/2019
Date paper was written	23/09/2019 (Reflecting progress made up to the 28 August 2019)
Responsible Director	Paula Clark Chief Executive
Author	Rajinder Biran, Head of Improving Care PMO

Executive Summary

Overall Risk Rating for the QIP plan remains **Amber.**

The Trust has made marginal progress in month through to Cycle 14, with 75 Findings of 157 Must Do and Should Do Findings now complete or signed off (48%). This is slightly behind the planned trajectory of 76 by the end of August, with a further 26 Findings due for completion by the end of September.

The Trust was focused on completing the CQC Provider Information Return (PIR) ahead of Pre Inspection and as a result the ISG meetings were stepped down in order to allow time for PIR completion, and Confirm and Challenge. This has impacted on the progress of the QIP plan. On a positive note PIR was submitted in a timely manner, led by Corporate Nursing. Please see Appendix One attached. This details the CQC timelines following PIR.

93% of all Findings rated as on track, complete or signed off. However, 7 Findings were identified as being off track and 5 with some issues at Cycle 14 with 6 Findings completed ahead of trajectory.

- Scheduled Care continues to be rated as Green with 32 of 48 Findings now Complete or Signed off (67%) and the remaining 16 Findings On Track.
- Women and Children's are rated Green at Cycle 14 with 27 of 48 Findings now Complete or Signed Off (56%).
- Unscheduled Care RAG status remains Amber with 11 of 28 (39%) of all actions are now either signed off or complete. There are 6 off track issues and 3 Corporate Led action rated as having some issues.
- Workforce RAG Status is Amber, with 5 of 33 (15%) of all actions are now either signed off or complete, with 1 Finding Off Track. Most of the actions are due for completion later than the other ISG's, with the majority of actions due for completion by March 2020 with one final action sue for December 2020.

There has been a stock take review of Well Led, which concluded that the progress being made fell short of what was required. Please see Appendix Two, which details the progress made up to Cycle 14.

To address this, discussion took place at the September Senior Leadership session on the 10 September. The care groups were updated about the Self-Led review to be undertaken during September. This would inform the key KLOES to be readdressed and prioritised. There is on-going work to support identification of this. The outputs will be taken to November SLT.

Please refer to Appendix Three for the Transforming Care Newsletter.

Previously considered by	Elements of this paper have been presented at the Executive Continuous Improvement, Quality & Safety Committee Board and through the Improvement Steering Groups, and the Safety Oversight Assurance Group.

The Board (Committee) is asked to:			
☐ Approve	☐ Receive	☑ Note	☑ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

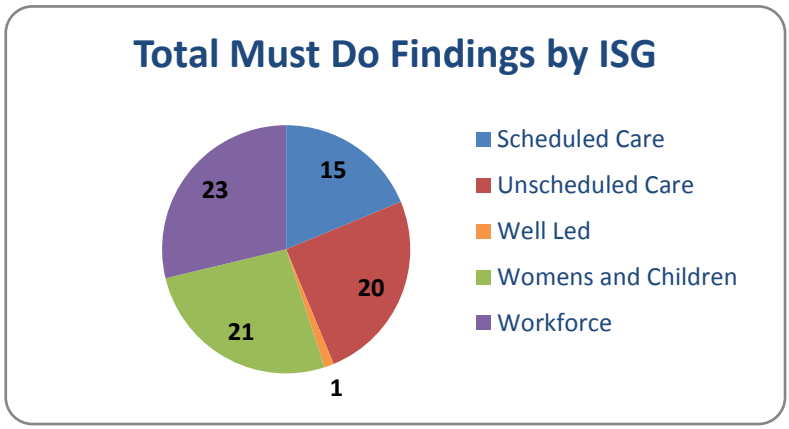
Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well-led

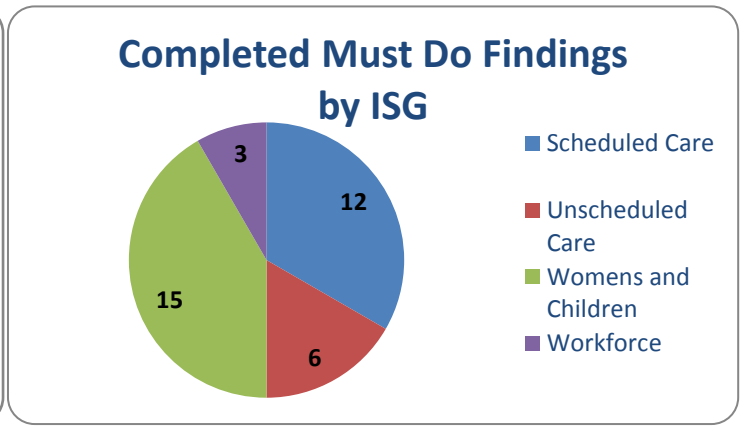
Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☐ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☑ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	RR1533 We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	◉ This document is for full publication ○ This document includes FOIA exempt information ○ This whole document is exempt under the FOIA
Financial assessment	

Assurance by CQC Finding

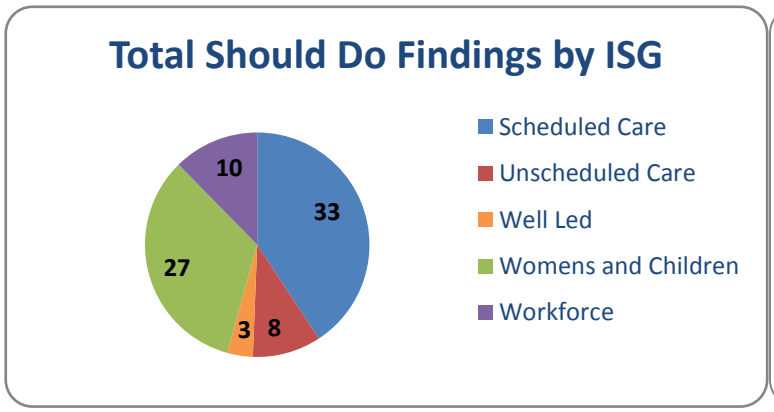
There are 79 CQC Must Do findings recording across the four Internal steering Groups (ISG's), Workforce, W&C's, USCG and SCG. There is also 1 further Must Do Finding (MD002) within the Well Led Plan, taking the total to 80 Must Do Findings

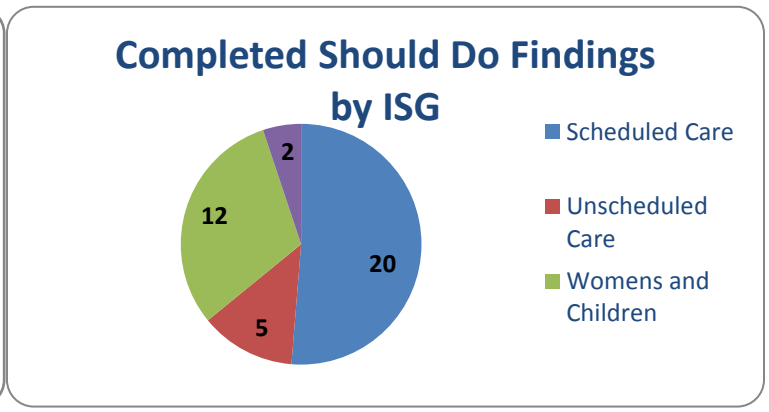




There are 78 CQC Should Do findings recorded across the four ISG's: Workforce, W&C's, USCG and SCG, with a further 3 Should Do Findings (SD001, SD002, and SD003) within the Well Led Plan, taking the total to 81 Should Do Findings.

- SCG have a higher number of Should Do's than Must Do's.





.Up to Cycle 14, 75 Findings of 157 Must Do and Should Do Findings were completed or signed off (48%).

SaTH CQC Domain Status & Must Do Finding's by CQC Rating

KEY	
G	Signed Off
AG	Complete
A	On Track
AR	Some issues
R	Off Track

G - Signed off with documented evidence

AG - Complete, pending validation of evidence.

A - On track indicates good progress is being made and no concerns highlighted.

AR - Some Issues, which means that risk has been identified which may impact completion of the action by the completion date. There has been an adverse variance since cycle 9.

R - Off track, which means the root causes actions within the findings were not completed by the planned completion date and are now pending Executive review.

Scheduled Care Group- CQC Status Inadequate & Domain Well Led

- An approach was taken to prioritise Inadequate findings to ensure priority was given to improve quality in these areas
- Must do's have been prioritised over Should do's
- Excellent progress has been made in SCG with transition into phase three around checking evidence of the outcomes through gemba walks and other transformational initiatives, to confirm the CQC finding has been addressed.

CQC Domain Status	ISG	CQC Finding #	CQC Finding	Well Led	Commentary (Explain status and mitigating action in hand and by when.)
Inadequate	SC	MD055	Ensure staff are supported to report incidents.	On Track	This issue, although sitting in Scheduled Care is an overarching issue for the Trust. The work completed in Scheduled Care, for all areas including End of Life is developing processes with the Centre Governance structure to review all datix. Each Centre now has a safety meeting monthly where datix performance are reivewed, including overdue numbers, themes and patterns. Each speciality has Safety Boards and Safety Champions who support with the provision of feedback. The provision of Scheduled Care website also support the sharing of feedback. End of Life now have their own datix category to aid reporting and feedback. At a Trust/Corporate level, work is ongiong reviewing the rapid review weekly meeting. Ongoing governance review within the Trust will further add to the actions of this item including standardisation of governance strucures across care groups. It currently remains on track for December 2019.
Inadequate	SC	SD069	The provider should ensure that its end of life strategy links to national and local objectives in relation to improving end of life care and definitive timescales and commitments to achieve service improvements.	On Track	Draft Strategy in circulation for approval through the EOL team due to be ratified by end of September, then taken forward through Governance structures in October. On Track to achieve by deadline of 31st October 2019.
Inadequate	SC	SD078	Fast track discharges should be monitored and audited.	On Track	Database set up and controlled by the complex discharge team to monitor the time the patient is medically fit to transfer to submission of CHC paperwork to actual date of discharge. System now in place for monitoring and auditing due for sign off for this action at September meeting.

Scheduled Care Group- CQC Status Requires Improvement & Domain Effective, Safe, Well Led

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Safe	Effective	Responsive	Well Led
Requires Improvement	MD068	Ensure there are effective systems to assess, monitor and review the performance of the unit so the safety and quality of care	Local	Process definition and adherence				On Track
Requires Improvement	MD073	Ensure that requirements of national standards are met.	Trust Wide	Service Review				On Track
Requires Improvement	SD016	The trust should continue to work to improve the admitted referral to treatment time	Trust Wide	Service Review				On Track
Requires Improvement	SD023	Ensure monthly mortality and morbidity meetings take place, are recorded and any learning shared with the appropriate parties.	Trust Wide	Governance				On Track
Requires Improvement	SD024	Ensure all areas of non-compliance with the Department of Health guidelines for critical care facilities (Health Building Note 04-02) are identified and included on the local risk register.	Local	Process definition and adherence				On Track
Requires Improvement	SD027S	Ensure that appropriate audits are carried out and used to improve the performance of the unit and outcomes for patients.	Trust Wide	Audit				On Track
Requires Improvement	SD027T	Ensure that appropriate audits are carried out and used to improve the performance of the unit and outcomes for patients.	Trust Wide	Audit				On Track
Requires Improvement	SD028S	Ensure all relevant policies are up to date.	Trust Wide	Governance				On Track
Requires Improvement	SD028T	Ensure all relevant policies are up to date.	Trust Wide	Governance				On Track
Requires Improvement	SD032	Ensure access and flow into and out of the critical care unit is improved so patients receive the right care at the right time and in the right place.	Local	Service Review			On Track	
Requires Improvement	SD071	Ensure current junior doctors continue to be engaged in training and have the opportunity to request more advanced training where needed.	Trust Wide	Training		On Track		
Requires Improvement	SD076	Establish a more robust system of identifying end of life care patients.	Trust Wide	Process definition and adherence		On Track		
Requires Improvement	MD003	Ensure all controlled drugs are checked daily and evidence is documented	Trust Wide	Process definition and adherence	Signed off			
Requires Improvement	MD007	Ensure records are stored safely and confidentiality is maintained.	Trust Wide	Process definition and adherence				Signed off
Requires Improvement	MD008	Ensure staff are confident with the procedure for sepsis management.	Trust Wide	Sepsis		Signed off		
Requires Improvement	MD058	Ensure governance processes are fit for purpose, support those responsible for service delivery and result in improved safety and effectiveness.	Local	Governance	Signed off			
Requires Improvement	SD014	The trust should monitor staff compliance with the infection control practices across the surgical service	Local	IPC		Signed off		
Requires Improvement	SD015	The trust should monitor how records are stored safely and confidentially maintained	Trust Wide	Process definition and adherence				Signed off
Requires Improvement	SD017S	The trust should review the complaint handling process	Trust Wide	Complaints			Signed off	
Requires Improvement	SD017T	The trust should review the complaint handling process	Trust Wide	Complaints			Signed off	
Requires Improvement	SD018	To continue progress to integrate a seven-day service.	Trust Wide	Service review			Signed off	
Requires Improvement	SD019	Address issues regarding staff not adhering to infection control policy	Trust Wide	IPC	Signed off			
Requires Improvement	SD020	Attend to building repairs in a timely way.	Trust Wide	Environment				Signed off
Requires Improvement	SD022S	Ensure there is consistent input from allied health care professionals into ward rounds which is in line with best practice and guidance	Trust Wide	Process definition and adherence		Signed off		
Requires Improvement	SD022T	Ensure there is consistent input from allied health care professionals into ward rounds which is in line with best practice and guidance	Trust Wide	Process definition and adherence		Signed off		
Requires Improvement	SD031	Ensure follow-up clinics are available and offered to suitable patients.	Local	Service Review			Signed off	
Requires Improvement	SD033	Ensure the risk register in use within the department includes all risks identified by the unit and actions discussed to ensure all relevant parties are kept up to date.	Trust Wide	Process definition and adherence				Signed off
Requires Improvement	SD037	Multidisciplinary team (MDT) working should be joined up across critical care to ensure there is coordinated MDT patient review and management.	Local	Service Review		Signed off		
Requires Improvement	SD077	Embed the use of the end of life plan to improve patient experience in the last days and hours of their life.	Trust Wide	EoL			Signed off	

Scheduled Care Group- CQC Status Good & Domain Caring

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Caring
Good	SD075	Ensure data is collected with regards to patients' preferred place of care, including when this has been offered and when it has been achieved.	Trust Wide	Audit	On Track
Good	MD050	Ensure that all staff understand and implemented the SWAN scheme and or ensure that resources for the SWAN scheme are prioritised	Trust Wide	EoL	Complete
Good	MD050	Ensure that all staff understand and implemented the SWAN scheme and or ensure that resources for the SWAN scheme are prioritised	Trust Wide	EoL	Complete
Good	MD070	Ensure consent to care and treatment including deprivation of liberty must be sought in line with legislation and guidance	Trust Wide	Process definition and adherence	Signed off
Good	SD030	Ensure there are adequate counselling arrangements for patients.	Trust Wide	Service Review	Signed off
Good	SD034S	Ensure the use of diaries is offered to patients to help them, or their loved ones, document the events during their admission.	Trust Wide	Process definition and adherence	Signed off
Good	SD034T	Ensure the use of diaries is offered to patients to help them, or their loved ones, document the events during their admission.	Trust Wide	Process definition and adherence	Signed off
Good	SD073	Review the results of the bereavement survey to identify trends and key issues, as outlined in our evidence appendix.	Trust Wide	Audit	Signed off
Good	SD074	Review staffing levels for the bereavement office.	Trust Wide	Staff levels and competence	Signed off

Unscheduled Care Group- CQC Status Inadequate & Domain Safe & Well Led

- USCG have multiple root cause actions identified beneath each finding which require support from corporate functions to ensure the CQC finding is addressed. The overall finding progress has not transitioned as quickly, due to the number of root causes beneath them requiring a number of collaborative actions being supported. In part, the changes in key post holders and vacancies hindered progress being made.

CQC Domain Status	CQC Finding #	Area	CQC Finding	Safe	Well Led	Commentary (Explain status and mitigating action in hand and by when.)
Inadequate	MD064	ED	Ensure rooms allocated for use with psychiatric patients meet requirements to keep patients safe	Some issues		Approval and release of Capital Funding approved in September, to readdress and bring back on track
Inadequate	SD007	ED	Review all policies regarding managing deteriorating patients, especially the use of a bleep system to prioritise patients with sepsis		On Track	Electronic whiteboard project in progress to support management of patients.
Inadequate	SD009	ED	Perform a review of all documentation with regards to patient assessments, to provide consistency across both sites. This review Must include all early warning scores that are currently in use and any that are planned to be introduced.		On Track	Includes Root Cause for new electronic system in ED. This will not be completed this year. The planned completion date is set as TBC. All other Root Causes expected to be delivered by agreed deadline
Inadequate	SD005		The trust should ensure that data protection regulations are adhered to		Signed off	
Inadequate	SD008		Review departmental risk registers to ensure actions are updated in a timely manner		Signed off	

Unscheduled Care Group- CQC Status Requires Improvement & Domain Caring, Effective, Responsive, Safe, Well Led

CQC Domain Status	CQC Finding #	Area	CQC Finding	Trust Wide	Improvement Theme	Safe	Effective	Caring	Well Led	Commentary (Explain status and mitigating action in hand and by when.)
Requires Improvement	MD034	Medicine Care Group	Ensure that all patients are consistently treated with dignity and respect	Trust Wide	Patient dignity & respect			Off track		All Root Causes complete/signed off bar 1. Final Root Cause 'off track' Privacy and Dignity facilitated session to be arranged to look at patient transfers between wards
Requires Improvement	MD036	Medicine Care Group & Corporate	Ensure that equipment is used in a safe manner to protect patients from the risk of injury or harm	Trust Wide	Equipment		Off track			Equipment task & finish group chaired by Nigel Lee. Actions to be complete end Sept
Requires Improvement	MD041	Medicine Corporate	Ensure mental capacity assessments are consistently carried out where required	Trust Wide	Mental Health/capacity		Off track			One Root Cause, signed off, one off track Dependent on roll out of ReSPECT form within wider local health economy. Start date determined by local health economy as 31/10/19. Further actions around embedding required post roll out.
Requires Improvement	MD042	Medicine Corporate	Ensure that clinical guidelines are regularly reviewed and contain up-to-date national guidance	Trust Wide	Governance				Off track	2 Root Causes signed off, one off track. Advised complete awaiting evidence from Communications Team
Requires Improvement	MD043	Medicine Care Group	Ensure that all equipment is reviewed within trust and manufacturer guidelines	Trust Wide	Equipment		Off track			Equipment task & finish group chaired by Nigel Lee. Actions to be complete end Sept
Requires Improvement	MD047	Medicine Corporate	Ensure that it has appropriate processes and governance in place to ensure that patients detained under the Mental Health Act 1983 receive the right to appeal the detention	Trust Wide	Mental Health/capacity				Off track	One Root Cause signed off, one off track awaiting publication of One Minute Brief
Requires Improvement	MD045	Medicine Corporate	Improve the rates of administering antibiotics within an hour of identifying patients with suspected sepsis	Trust Wide	Sepsis	Some issues				2 Root Causes complete, one some issues. Requires approval of PGD for nurses to provide antibiotics and subsequent training

CQC Domain Status	CQC Finding #	Area	CQC Finding	Trust Wide	Improvement Theme	Safe	Effective	Caring	Responsive	Well Led
Requires Improvement	MD039		Ensure that no patients are unlawfully detained at the hospital	Trust Wide	Mental Health/capacity		On Track			
Requires Improvement	MD046		Ensure best practice is followed when preparing, administering and storing medicines	Trust Wide	Medicines Management	On Track				
Requires Improvement	MD061S		Ensure they enable staff to consistently manage and review deteriorating patients in line with national guidance. The trust Must also review their policies regarding managing deteriorating patients.	Trust Wide	Deteriorating patients					On Track
Requires Improvement	MD061T		Ensure they enable staff to consistently manage and review deteriorating patients in line with national guidance. The trust Must also review their policies regarding managing deteriorating patients.	Trust Wide	Deteriorating patients					On Track
Requires Improvement	MD069		Ensure arrangements for the availability of the hospital at night team are robust to ensure there are sufficient and appropriate staff available to assess and treat deteriorating ward patients.	Trust Wide	Staff levels and competence		On Track			
Requires Improvement	SD004		The trust should ensure they respond to complaints in an appropriate timescale.	Trust Wide	Complaints				On Track	
Requires Improvement	MD037		Ensure that effective systems are in place to reduce the risk of safety incidents from reoccurring.	Trust Wide	Incidents	Complete				
Requires Improvement	MD062T		Review national key performance indicators in line with the Royal College of Emergency Medicine (RCEM). This includes the 4-hour waiting target.	Local	Governance		Complete			
Requires Improvement	MD062T		Review national key performance indicators in line with the Royal College of Emergency Medicine (RCEM). This includes the 4-hour waiting target.	Local	Governance		Complete			
Requires Improvement	MD035		Ensure that during periods of increased demand and capacity safe systems are in place to manage this.	Trust Wide	Flow	Signed off				
Requires Improvement	MD044		Ensure that dietary risks to renal patients are identified and actioned appropriately	Trust Wide	Nutrition	Signed off				
Requires Improvement	MD066		Ensure that all assessment forms are appropriate and that early warning scores are recorded on the correct, coloured documentation and not photocopies	Trust Wide	Deteriorating patients					Signed off
Requires Improvement	SD006		The trust should consider bariatric facilities in waiting areas	Trust Wide	Environment				Signed off	
Requires Improvement	SD026		Ensure the cover provided by the hospital at night team is safe	Trust Wide	Staff levels and competence	Signed off				

Unscheduled Care Group- CQC Status Good

CQC Domain Status	CQC Finding #	Area	CQC Finding	Trust Wide	Improvement Theme	Responsive	Commentary (Explain status and mitigating action in hand and by when.)
Good	MD033	Corporate Medicine	Ensure that patients individual needs are assessed and planned for. This includes needs that are related to any learning disabilities, pressure care, nutrition and hydration and end of life care needs.	Trust Wide	Dementia Learning disabilities	Some issues	3 Root Causes signed off, 2 on track, one some issues Of the on track: Tissue Viability Nursing documentation to be piloted and relaunched by 31/08/19 Privacy & Dignity facilitated session to be arranged to review protected mealtimes & transfer of patients during these times Some issues: Specialist training such as dementia, tissue viability, dietetics. Due for completion 30/10/19
Good	SD012		Improve its timeliness when investigating complaints.	Trust Wide	Complaints	Signed off	

W&C's Care Group- CQC Status Inadequate & Domain Safe & Well Led

- An approach was taken to prioritise Inadequate Findings to ensure priority was given to improve quality in these areas.
- Must do's have been prioritised over Should do's
- Excellent progress has been made in W&C's with transition into phase three around checking evidence of the outcomes through gemba walks and other transformational initiatives, to confirm the CQC finding has been addressed. A plan is being devised to use the mid-month cycle to focus on this piece of work.

CQC Domain Status	ISG	CQC Finding #	CQC Finding	Safe	Well Led	Commentary (Explain status and mitigating action in hand and by when.)
Inadequate	W&C	MD010	Ensure that the low risk midwifery pathway is robust and women access the correct pathway of care and give birth in the correct area according to their assessment of risk.	On Track		Reviewed Guidleine and process will be presented and reviewed Maternity Guidelines Group in september . QIP will be updated follwing .Please see narrative in reporting tab in QIP for further details and also Escalation form narrative previously presented to Executives asking for more time to ensure that process changes are addressed to avoid further risks.
Inadequate	W&C	MD026	Review and improve midwifery staffing levels to meet the needs of women and keep women and babies safe	On Track		6.6.19 ISG agreed actions are complete. This has been completed and signed off since cycle 14 reporting.
Inadequate	W&C	MD027	Implement action plan to respond to recommendation contained Report commissioned from RCOG by SaTH in 2017 and published in February 2018		On Track	09.05.19 - this action was previously escalated for sign off end Nov 2019 (RCOG guidelines out Sept 19, to adapt SaTH guidelines Oct 19 for sign off Nov 19). A discussion was planned at Governance with clinical input to provide minuted assurance re safety in the interim. Suggesed that Neonatal Guidelines go on the risk register. In the interim team to produce Guideline based on existing guidance while awaiting RCOG guidance and implematation in Nov 19. 23.05.19 - Discussed at ISG. Assurance re safety to be discussed and agreed and minuted at Governance .To go on the Risk Register. On track for completion date .
Inadequate	W&C	MD028	Review the processes around escalating women who are at high risk so that these women who present at the midwifery led unit/day assessment unit receive a medical review without delay.	On Track		14.05.19 . CTG`s have now been removed from all MLUs therefore patients have to attend Triage where they have a medical review . It was agreed that we are following NICE guidance by removing the Amber category from our Clinical Risk Assessment Guideline, however not yet agreed at Maternity Guidleines Group as this action will affect process changes which need addressing first to avoid further risk, therefore escalatied to allow more time to look at this further .Request escalation to Nov 2019 . 13.09.19. On track for completion end Novemeber as planned. New Guidleine and new process will be presented to Maternity Guidelines Group next week Thurs 19th Sept. On track for completion as planned end Nov.
Inadequate	W&C	SD042	Ensure that SBAR forms are fully completed.	On Track		12.09.19 ISG agreed action complete and signed off .
Inadequate	W&C	SD044	Ensure all incidents are reviewed and closed in a timely manner.	On Track		We have a robust system in placce , whereby all incidents are now reveiwed weekly by a multidisciplinary team and level of harm agreed . A handler is then assisgned and has responsibilty for closing the incident within 30 days.We care currently monitoring how many incidents have gone over the 30 days on a weekly basis. This is on track for completion .

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Safe	Well Led
Inadequate	MD023	Ensure that, in line with the 'Lone Working & Peripatetic Policy', midwives use the safety devices when working alone	Trust Wide	Process definition and adherence	Complete	
Inadequate	MD025	Ensure that environmental risks are identified and acted on in a timely	Trust Wide	Environment		Complete
Inadequate	MD009S	Ensure that the Head of Midwifery has direct access to the board in line	Local	Governance		Signed off
Inadequate	MD009T	Ensure that the Head of Midwifery has direct access to the board in line	Local	Governance		Signed off
Inadequate	MD013	Ensure that the lone working policy is adhered to ensure staff safety	Trust Wide	Process definition and adherence	Signed off	
Inadequate	MD014	Ensure that the women's weight is recorded on the prescription charts	Trust Wide	Process definition and adherence		Signed off
Inadequate	MD016	Ensure high risk women are reviewed in the appropriate	Local	Process definition and adherence	Signed off	
Inadequate	MD018	Ensure that the community midwives are carrying the correct	Local	Equipment	Signed off	
Inadequate	MD019	Ensure Maternity Early Obstetric Warning Score (MEOWS) charts are	Local	Process definition and adherence	Signed off	
Inadequate	MD020	Ensure all staff complete the cardiotocography (CTG) training	Local	Training	Signed off	
Inadequate	MD021	Ensure that prescription and observation charts are stored	Trust Wide	Process definition and adherence	Signed off	
Inadequate	MD022	Ensure grading of incidents reflects the level of harm	Trust Wide	Incidents	Signed off	
Inadequate	MD029	Review the policy on reduced fetal movements so there is a clear and defined pathway for midwives and	Local	Process definition and adherence	Signed off	
Inadequate	SD043	Ensure that midwives prescribing antibiotics comply with the	Local	Process definition and adherence	Signed off	
Inadequate	SD046	Ensure that there is a system in place to know that equipment has been	Trust Wide	Equipment	Signed off	
Inadequate	SD047	Ensure that medicines prescribed are in line with the antibiotic formulary.	Trust Wide	Process definition and adherence	Signed off	
Inadequate	SD048	Ensure that the safety thermometer results are displayed for staff and	Trust Wide	Process definition and adherence	Signed off	
Inadequate	SD052	Ensure women receive carbon monoxide screening in line with	Local	Process definition and adherence	Signed off	

W&C's Care Group- CQC Status Requires Improvement & Domain Effective & Well Led

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Effective	Well Led	Commentary (Explain status and mitigating action in hand and by when.)
Requires Improvement	MD031	Ensure National Institute of Health and Care Excellence (NICE) operational policies and guidelines are reviewed in date.	Trust Wide	Process definition and adherence	Some issues		Since the dashboard reporting was run, the action has been reviewed in month and signed off. Supporting actions to address were taken.

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Effective	Well Led
Requires Improvement	SD041	The trust should have identified a plan to work towards compliance with the Department of Heath recommendations 2013 to have en suite facilities in a labour room.	Local	Environment		On Track
Requires Improvement	SD045	Ensure staffing is appropriate on the postnatal ward to enable midwives to care for babies on transitional care	Local	Staff levels and competence	On Track	
Requires Improvement	SD051	The trust should share the plans to implement a new process to replace statutory supervision of midwives which ceased in April 2017 with all staff.	Local	Service review		On Track
Requires Improvement	SD055	The trust should have a defined maternity strategy.	Trust Wide	Strategy, vision, values	On Track	
Requires Improvement	SD056	Ensure staff are aware of the vision of the service and the trust's vision and values.	Trust Wide	Strategy, vision, values		On Track
Requires Improvement	SD062S	Engage with staff about changes and developments and include staff in discussions around these.	Trust Wide	Strategy, vision, values		On Track
Requires Improvement	SD062T	Ensure staff are involved with proposed changes and developments	Trust Wide	Strategy, vision, values		On Track
Requires Improvement	SD063	Encourage and facilitate managers and staff to be innovative and to discuss their ideas for positive changes	Trust Wide	Strategy, vision, values		On Track
Requires Improvement	SD064	Ensure staff engagement and involvement with service change is improved	Trust Wide	Strategy, vision, values		On Track
Requires Improvement	SD065	Ensure vision, strategy and trust values are shared with all staff, including how staff roles fit around this.	Trust Wide	Strategy, vision, values		On Track
Requires Improvement	MD015	The trust must ensure handovers are completed regularly and high-risk women in labour are reviewed by medical staff.	Local	Process definition and adherence	Signed off	
Requires Improvement	SD049	Ensure the time women request an epidural to the time they received one is monitored.	Local	Audit	Signed off	
Requires Improvement	SD050	Ensure the 2018 dashboard is colour coded and an agenda item at maternity governance meetings	Local	Governance	Signed off	
Requires Improvement	SD057	Ensure the executive team are visible and supportive during challenging times within the maternity	Trust Wide	Exec Visibility		Signed off
Requires Improvement	SD058	Ensure staff morale is reviewed and plan to improve the staff survey results.	Trust Wide	Strategy, vision, values		Signed off
Requires Improvement	SD059	Ensure multidisciplinary attendance at the maternity governance meetings.	Local	Governance		Signed off
Requires Improvement	SD060	Ensure labour ward forum meetings are held at regular intervals.	Local	Governance		Signed off
Requires Improvement	SD061	Ensure that all risks within maternity services are added to the risk register.	Trust Wide	Risk		Signed off

W&C's Care Group- CQC Status Good & Domain Caring

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Caring	Responsive
Good	MD030	Ensure complaints are addressed within the timescale of your complaints policy.	Trust Wide	Complaints		Some issues
Good	SD040	Ensure staff are aware and can explain learning from serious incidents and complaints.	Trust Wide	Incidents		On Track
Good	SD053	Ensure that all leaflets are accessible in different languages and easy to read versions.	Trust Wide	Patient Information		On Track
Good	SD054	Ensure displays and leaflets are available to inform women how to complain.	Trust Wide	Patient Information		On Track
Good	MD024	Provide an MLU environment that is safe and fit for purpose	Local	Environment	Signed off	

Commentary (Explain status and mitigating action in hand and by when.)
Supporting actions were taken in month and is now back on track.

Workforce Care Group- CQC Status Inadequate & Domain Safe

- Workforce actions require pan SaTH engagement and support to embed and sustain the multiple root causes identified which sit beneath the findings.
- They require localised support within individual Care group to support the quality improvements required. The Business Partners are building on the engagement support and collaboration through their respective Care groups.

CQC Domain Status	ISG	CQC Finding #	CQC Finding	Safe
Inadequate	Workforce	MD059S	Ensure nurse staffing levels are adequate to keep all patients safe and skill mix must be reviewed to include appropriate cover for paediatric patients.	On Track
Inadequate	Workforce	MD059T	Ensure nurse staffing levels are adequate to keep all patients safe and skill mix must be reviewed to include appropriate cover for paediatric patients.	On Track
Inadequate	Workforce	MD060S	Ensure medical staffing is adequate to keep all patients safe, especially during nights	On Track
Inadequate	Workforce	MD060T	Ensure medical staffing is adequate to keep all patients safe, especially during nights	On Track

Commentary (Explain status and mitigating action in hand and by when.)
There are a number of actions that are contributing towards improving the staffing levels across both nursing and our medical workforce. These include a focus on recruitment, retention, employee engagement and having robust workforce plans. The Trust is on track against the actions taken in an effort to improve many of the critical areas such as the Emergency Department and Medicine. A business case has been developed and is now being implemented with good progress made. This has resulted in significant investment in the workforce. The mitigating actions have included overseas recruitment of registered nurses and middle grade doctors all of which will improve the staffing position over the next 6 months. All actions in support of this finding are due to be completed by December and at this stage all are on track for completion.

Workforce Care Group- CQC Status Requires Improvement & Domain Caring, Effective, Safe, Well Led

CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Safe	Effective	Well Led
Requires Improvement	MD065	Ensure that all appropriate staff are trained to the required levels in both adult and children's safeguarding	Trust Wide	Training		Off track	

Commentary (Explain status and mitigating action in hand and by when.)
Mental Capacity Act & Deprivation of Liberty Safeguarding Training Needs Analysis complete and ready to go to Education sub-committee, compliance to be reported on monthly from September 2019. Since July Safeguarding Adults compliance increased from 81% to 86%, Safeguarding Children Level 2 has increased from 83% to 86%, Safeguarding Children Level 3 is at 94% and is above target. Since July the overall Trust Statutory Training compliance rate has increased from 84% to 87% which is the highest ever compliance achieved by the Trust. This has been possible due to increasing sessions available to take into account backlog and non-attendance rates, training requirement sheets created & available on intranet to make it clear what statutory & mandatory training staff must complete, monthly e-learning non-compliance emails, non-attendance emails to managers, reminder emails to candidates, 'staff booked this month' emails sent to ward managers, eLearning support sessions, over subscribing sessions to increase classroom fill rate, creation of a last minute cancellation waiting list, working with ward managers directly to support them increasing their compliance & efficient ways of booking their staff. Over the last 12 months the trust has maintained a 1-2% increase in compliance each month with the current trend showing that target will be hit by December 2019.

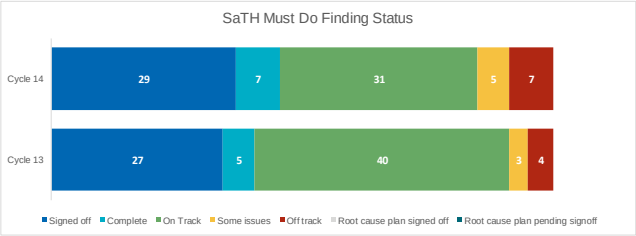
CQC Domain Status	CQC Finding #	CQC Finding	Trust Wide	Improvement Theme	Safe	Effective	Well Led
Requires Improvement	MD004	Ensure all medical staff are trained to the required level of safeguarding for both adult and children.	Trust Wide	Training		On Track	
Requires Improvement	MD005	Ensure sufficient permanent staff are employed to keep people safe from avoidable harm and abuse and that they attend safeguarding training	Trust Wide	Training		On Track	
Requires Improvement	MD006	Ensure all staff complete mandatory training, Mental Capacity Act training and become familiar	Trust Wide	Training		On Track	
Requires Improvement	MD011	The trust must ensure staff complete mandatory training in line with the trust target.	Trust Wide	Training		On Track	
Requires Improvement	MD012	The trust must ensure staff complete adult safeguarding training in line with the trust target	Trust Wide	Training		On Track	
Requires Improvement	MD017	Ensure the correct number of anaesthetists are employed as recommended by the Obstetric Anaesthetists' Association/Association of Anaesthetists of Great Britain & Ireland 2013	Local	Staff levels and competence		On Track	
Requires Improvement	MD032S	Ensure staff mandatory training rates meet trust targets	Trust Wide	Training		On Track	
Requires Improvement	MD032T	Ensure staff mandatory training rates meet trust targets	Trust Wide	Training		On Track	
Requires Improvement	MD038	Ensure that sufficient permanent staff are employed to keep people safe from avoidable	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	MD040	Ensure that safeguarding training rates meet the trust target.	Trust Wide	Training		On Track	
Requires Improvement	MD056	Review staffing levels against Royal College of Physicians guidance	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	MD063	Ensure staff receive appropriate mandatory training to undertake their roles in a safe and	Trust Wide	Training		On Track	
Requires Improvement	MD067	Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to provide patients with safe care and treatment. This relates specifically to consultant in intensive care medicine and allied health	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	MD072	Ensure there are sufficient staff (physiotherapists, nurses, dieticians) with the right skills to meet patients' needs and meet	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	MD074	Ensure staff have training and understanding of deprivation of liberty safeguards to ensure that the requirements of the regulations are	Trust Wide	Training		On Track	
Requires Improvement	SD011	Improve training rates for learning disability training among staff within the service.	Trust Wide	Training		On Track	
Requires Improvement	SD025S	Ensure the cover provided by the critical care outreach team complies with required standards.	Local	Service Review			On Track
Requires Improvement	SD025T	Ensure the cover provided by the critical care outreach team complies with required standards.	Local	Service Review			On Track
Requires Improvement	SD067	The provider should ensure that it provides it meets the recommendations for a minimum service level for access to specialist palliative care as recommended by the National Institute of Health and Care Excellence (NICE), which is a 9am	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	SD068	The provider should ensure that medical staffing meets the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care standard (NCPC) which states there should be a minimum of one	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	SD070	Review service provision against National Institute of Health and Care Excellence guidance.	Trust Wide	Service Review		On Track	
Requires Improvement	SD079	Should continue to strengthen its workforce management systems to maintain the favourable retention rates, improve recruitment rates and	Trust Wide	Staff levels and competence			On Track
Requires Improvement	SD080	Should work at pace to embed systems that will optimise output from its medical workforce	Trust Wide	Staff levels and competence		On Track	
Requires Improvement	MD001	Ensure compliance with the requirements of the fit and proper person's regulation 5 of the Health and Social Care Act 2008 (Regulated Activities)	Trust Wide	Staff levels and competence			Complete
Requires Improvement	MD057	Ensure doctors out of hours have the capability and confidence to review patients at the end of life, including through prescribing	Trust Wide	Staff levels and competence	Signed off		
Requires Improvement	SD035S	Review the provision of physiotherapy resource to improve compliance with NICE Guidance 83 (Rehabilitation after critical illness in adults).	Trust Wide	Staff levels and competence			Signed off
Requires Improvement	SD035T	Review the provision of physiotherapy resource to improve compliance with NICE Guidance 83 (Rehabilitation after critical illness in adults).	Trust Wide	Staff levels and competence			Signed off

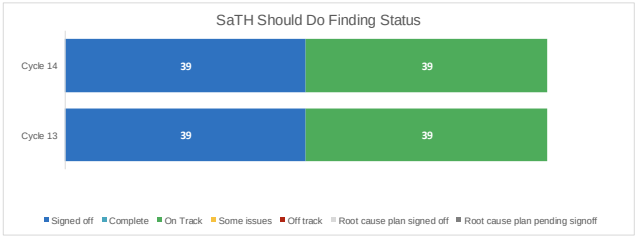
Well Led Care Group- CQC Status Inadequate & Domain Safe & Well Led

- The Well Led Quality improvement plan includes the Deloittes findings in addition to the CQC findings.
- Please refer to Appendix Two.

Total Trust Findings

Finding Status





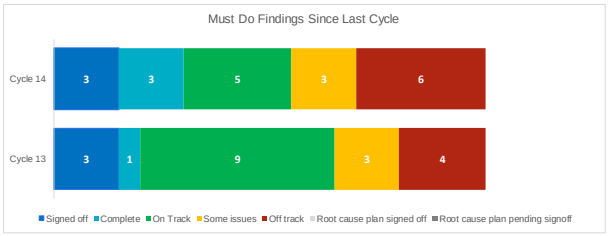
	Number of Findings	Signed off	Complete	On Track	Some issues	Off track
Must Dos	79	29 (37%)	7 (9%)	31 (39%)	5 (6%)	7 (9%)
Should Dos	78	39 (50%)	0 (0%)	39 (50%)	0 (0%)	0 (0%)

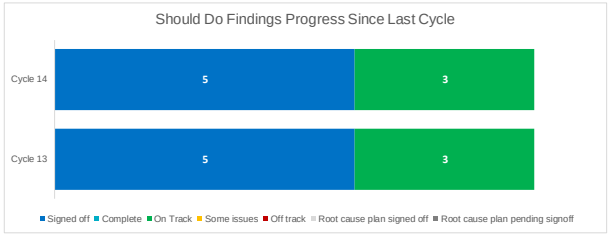
Of the 79 Must Do's,
37% have been signed off with evidence at Cycle 14, which is an improvement from 33% at cycle 11.
9% are complete, pending validation of evidence. This has improved from 6%
39% are on track and making good progress.
6% has some Issues, which means that risk has been identified which may impact completion of the action by the completion date.
9% are off track, which means the actions were not completed by the planned completion date and are now pending Executive review. In part due to the refocus of resources to ensuring the PIR was completed in the time frames allowed. Supporting actions to re address this have been undertaken and should be demonstrable in next month's report.

Of the 78 Should Do's,
50% are signed off with evidence.
0% is complete, pending validation of evidence.
50% are on track and making good progress.
0% has some Issues, which means that risk has been identified which may impact completion of the action by the completion date.
0% is off track, which means the actions were not completed by the planned completion date and are now pending Executive review.
Please refer below for breakdown by ISG

Unscheduled Care ISG Findings

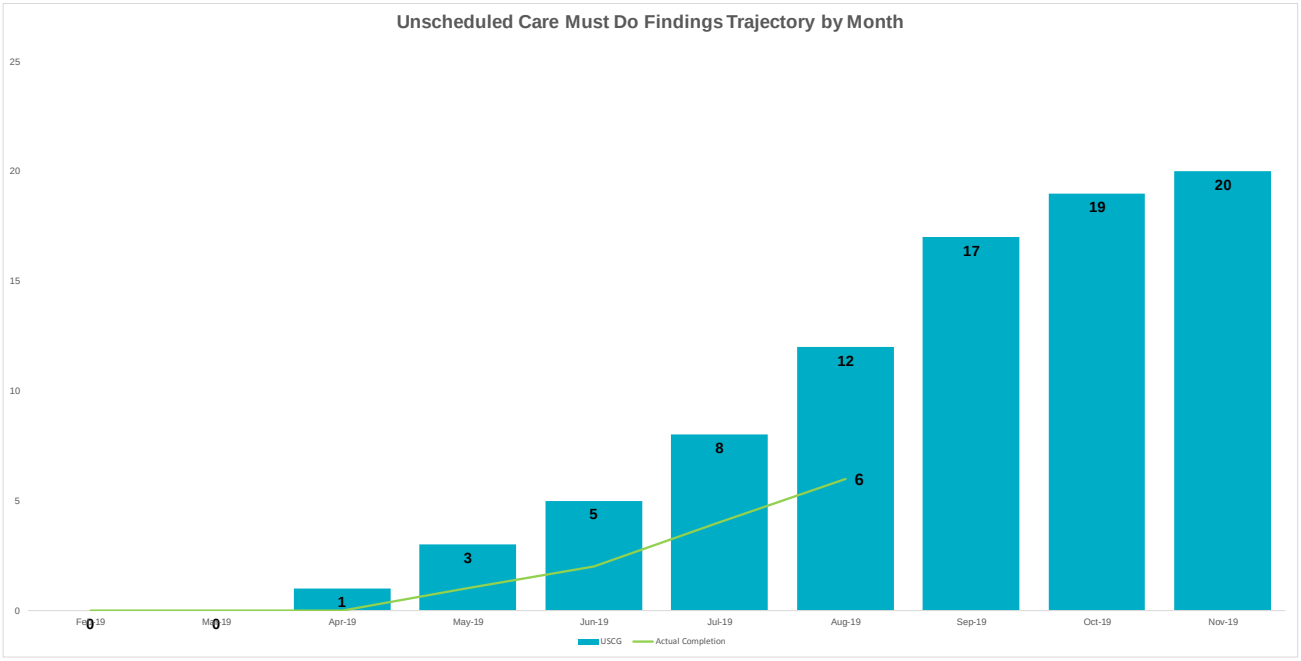
Finding Status





	Number of Findings	Signed off	Complete	On Track	Some issues	Off track
Must Dos	20	3 (15%)	3 (15%)	5 (25%)	3 (15%)	6 (30%)
Should Dos	8	5 (63%)	0 (0%)	3 (38%)	0 (0%)	0 (0%)

Must Do Trajectory



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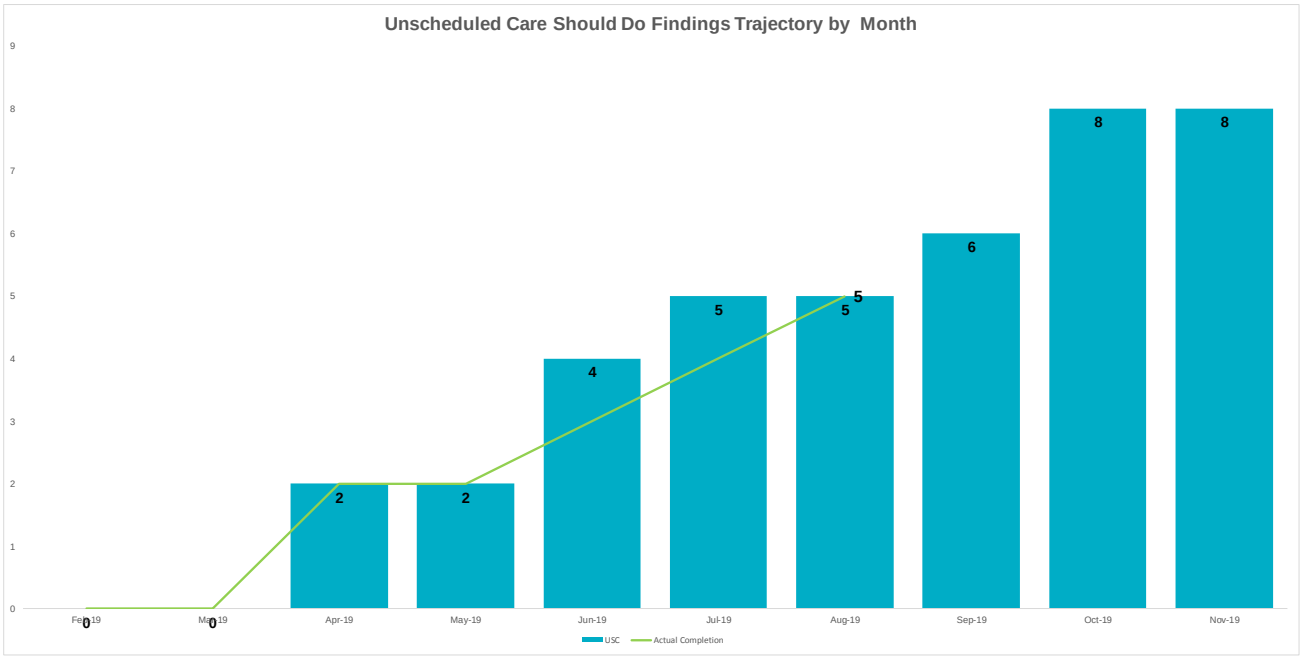
Should Do Trajectory

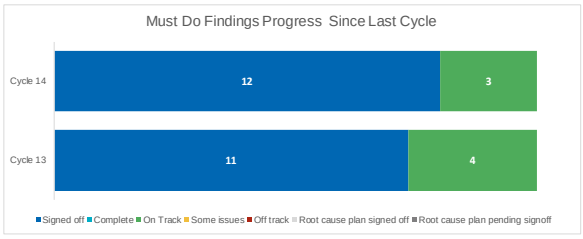


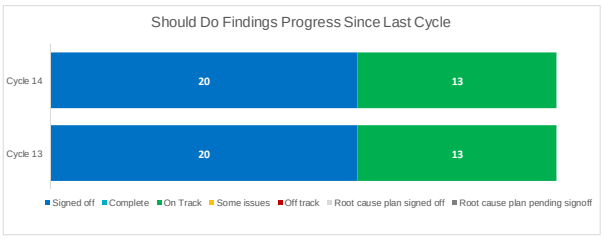
- Unscheduled Care Group has made progress through Cycle 14, with 11 Findings of 28 Must do and Should do Findings now complete or signed off (39%); this is behind the planned trajectory of 17 for completion by the end of August with a further 6 due for completion by the end of September.
- There are currently 3 Findings that are complete and awaiting sign off. This results in only 68% of all Findings rated as on track, complete or signed off an improvement on 60% at the end of the previous cycle.

- MD041 - Mental Health - ReSPECT form pilot to be audited.
- MD036 – Corporate support required. Equipment updating should be monitored at ward level - 30/04/19. Task & Finish Group to reconvene on 12/09/19.
- MD047 - Mental Health training review to be carried out.
- MD043 – Corporate support required. Equipment updating should be monitored at ward level - 30/04/19. Task & Finish Group to reconvene on 12/09/19.
- MD042 - Corporate. Work is under way by IT/Comms with Clinical Governance to review and reconfigure Trust documentation on the intranet.
- MD034 - On going work to identify protected Meal Times and to review capacity issues.

Scheduled Care ISG Findings

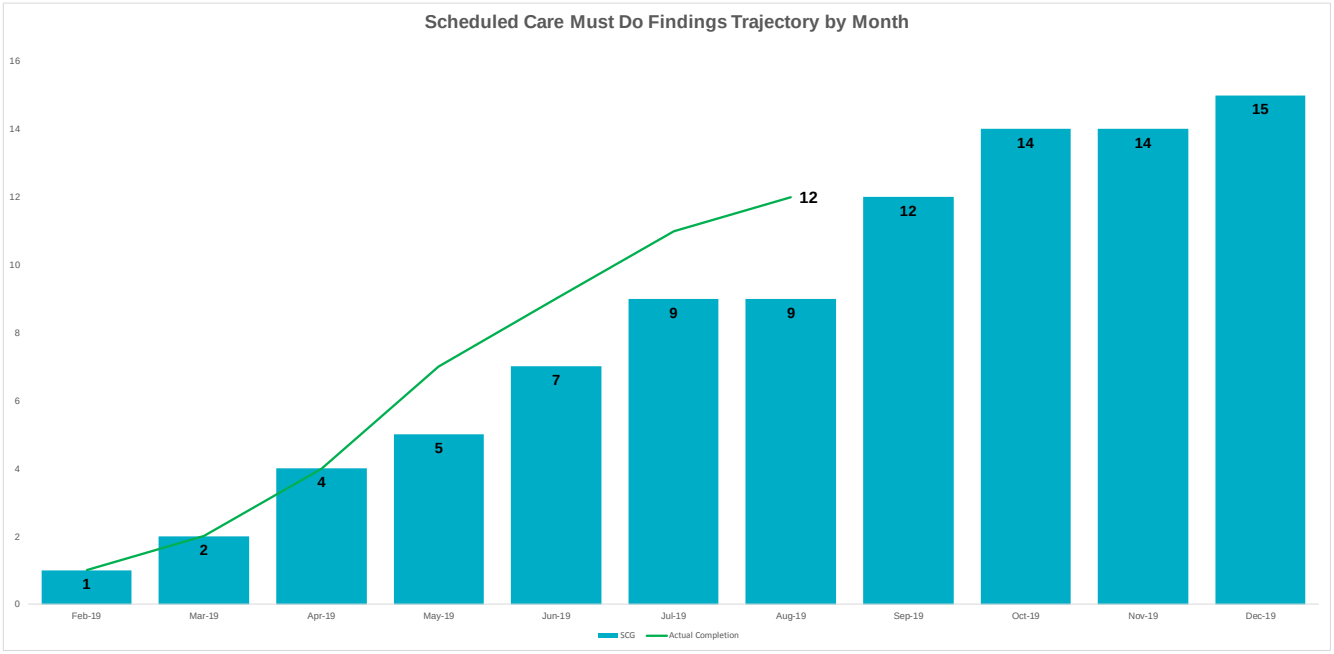
Finding Status



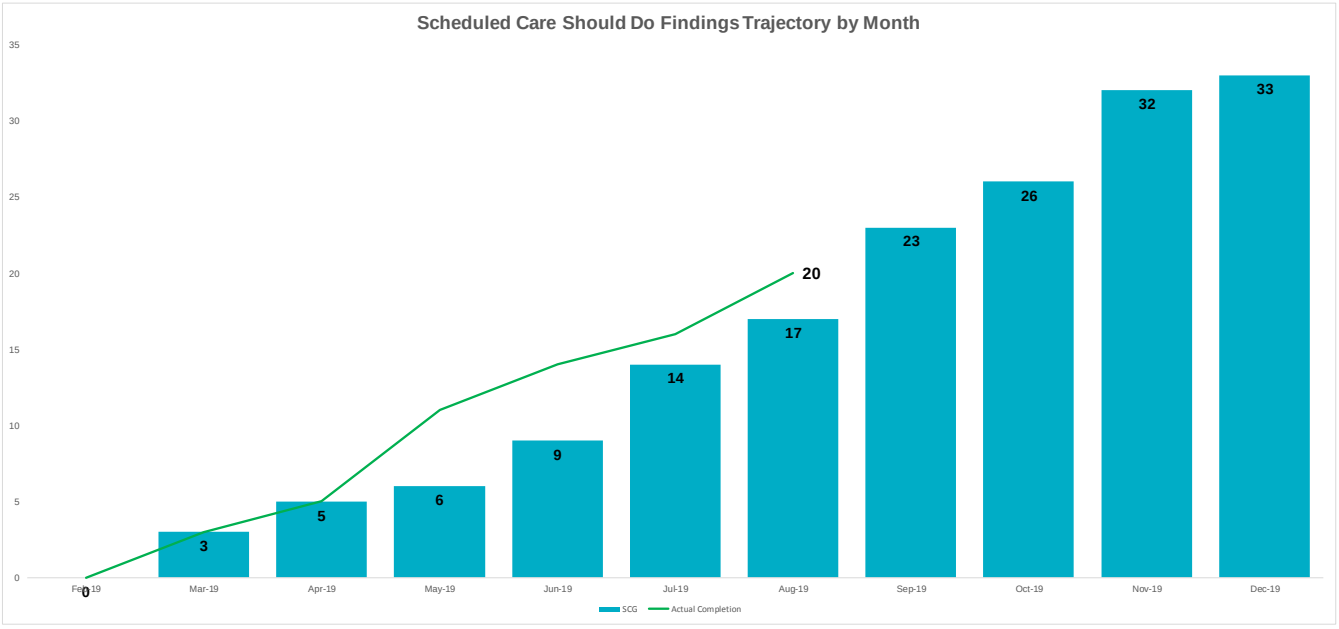


	Number of Findings	Signed off	Complete	On Track	Some issues	Off track
Must Dos	15	12 (80%)	0 (0%)	3 (20%)	0 (0%)	0 (0%)
Should Dos	33	20 (61%)	0 (0%)	13 (39%)	0 (0%)	0 (0%)

Must Do Trajectory



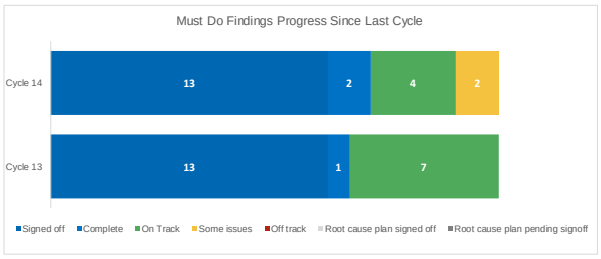
Should Do Trajectory

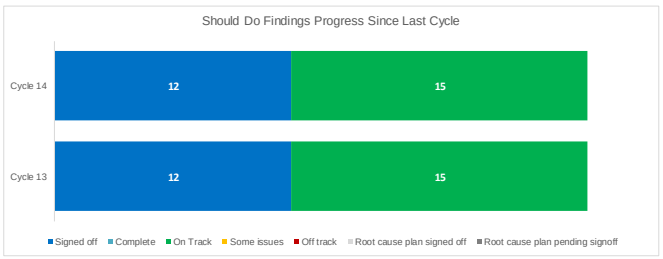


- Scheduled Care group has continued to make progress through Cycle 14.
- 32 (67%) of 48 Must Do and Should Do Findings signed off or complete ahead of the trajectory of 26 due for completion by the end of August with a further 9 Findings due for completion for the end of September. The remaining Findings are On Track.

Women and Children's ISG Findings

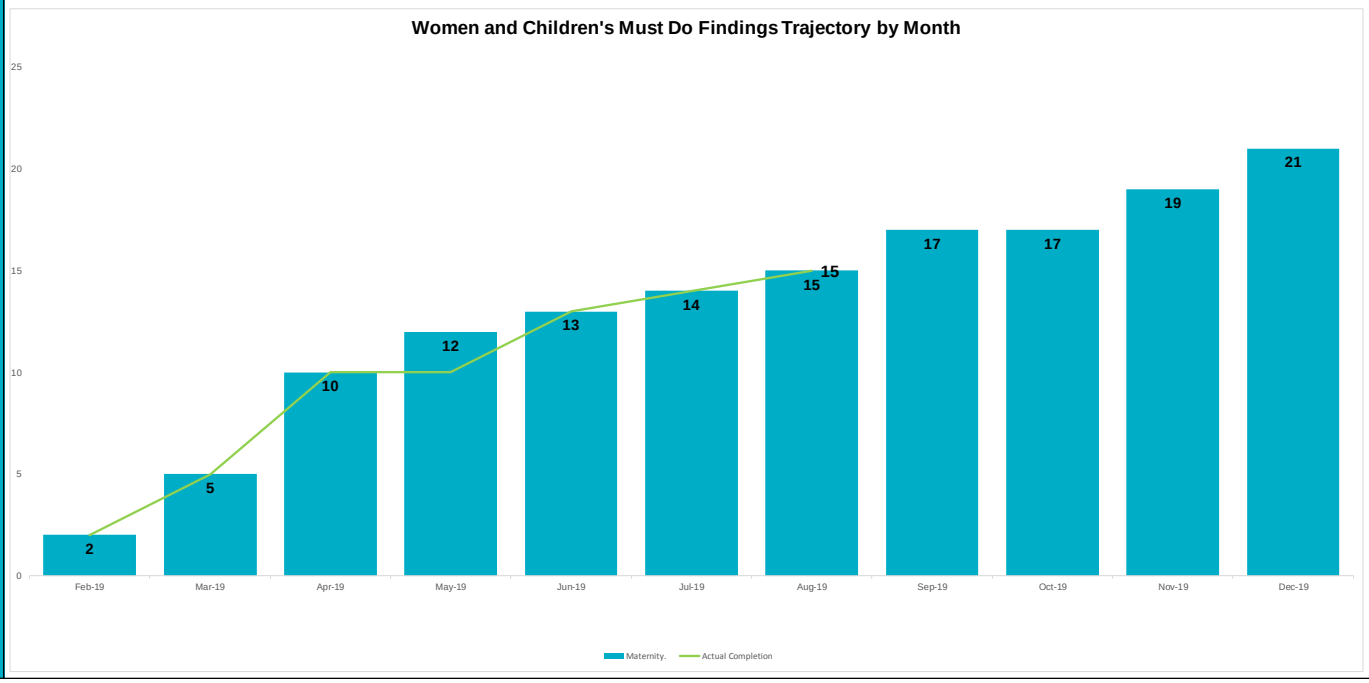
Findings Status



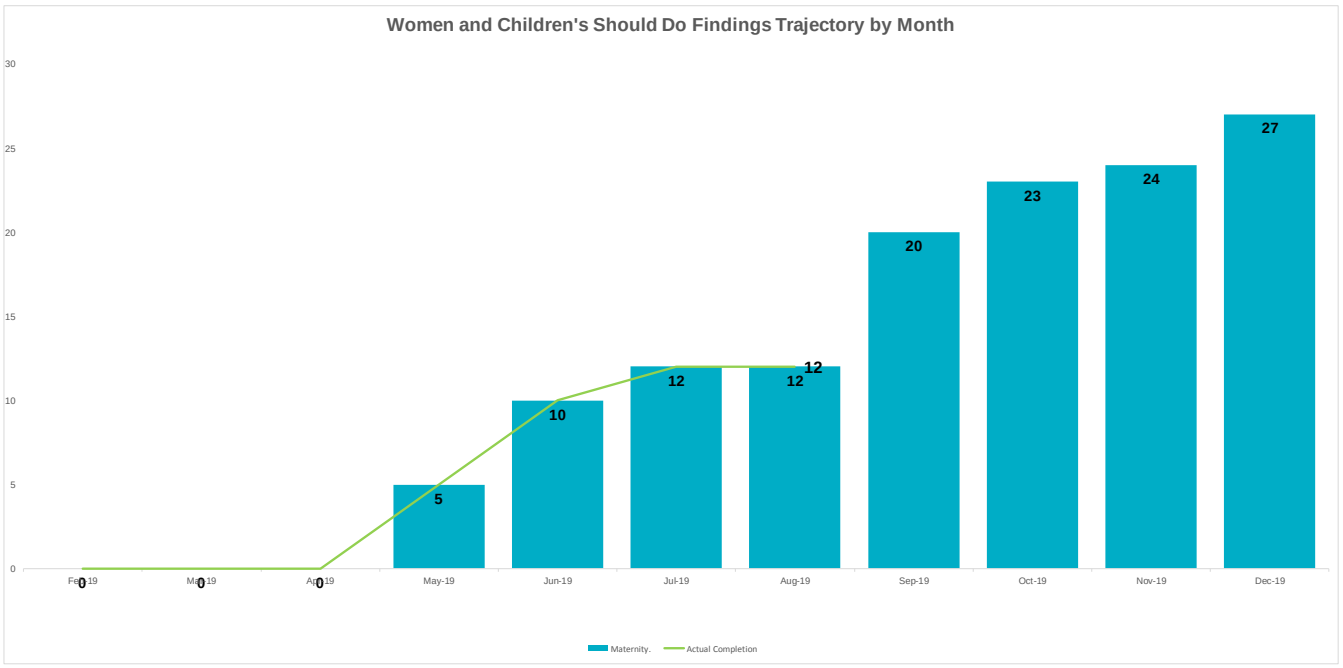


	Number of Findings	Signed off	Complete	On Track	Some issues	Off track
Must Dos	21	13 (62%)	2 (10%)	4 (19%)	2 (10%)	0 (0%)
Should Dos	27	12 (44%)	0 (0%)	15 (56%)	0 (0%)	0 (0%)

Must Do Trajectory



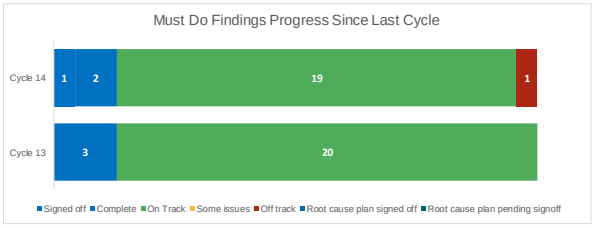
Should Do Trajectory

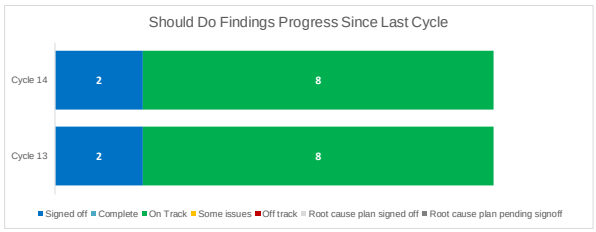


- Women and Children's have made slight progress through Cycle 14, with 27 Findings of 48 Must do and Should do Findings now complete or signed off (56% in total). This is level with the planned trajectory of 27 due for completion by the end of August, with a further 10 Findings due for completion by the end of September.
- There are currently 2 finding that are complete and awaiting sign off. 95% of all Findings rated as on track, complete or signed off.

Workforce ISG Findings

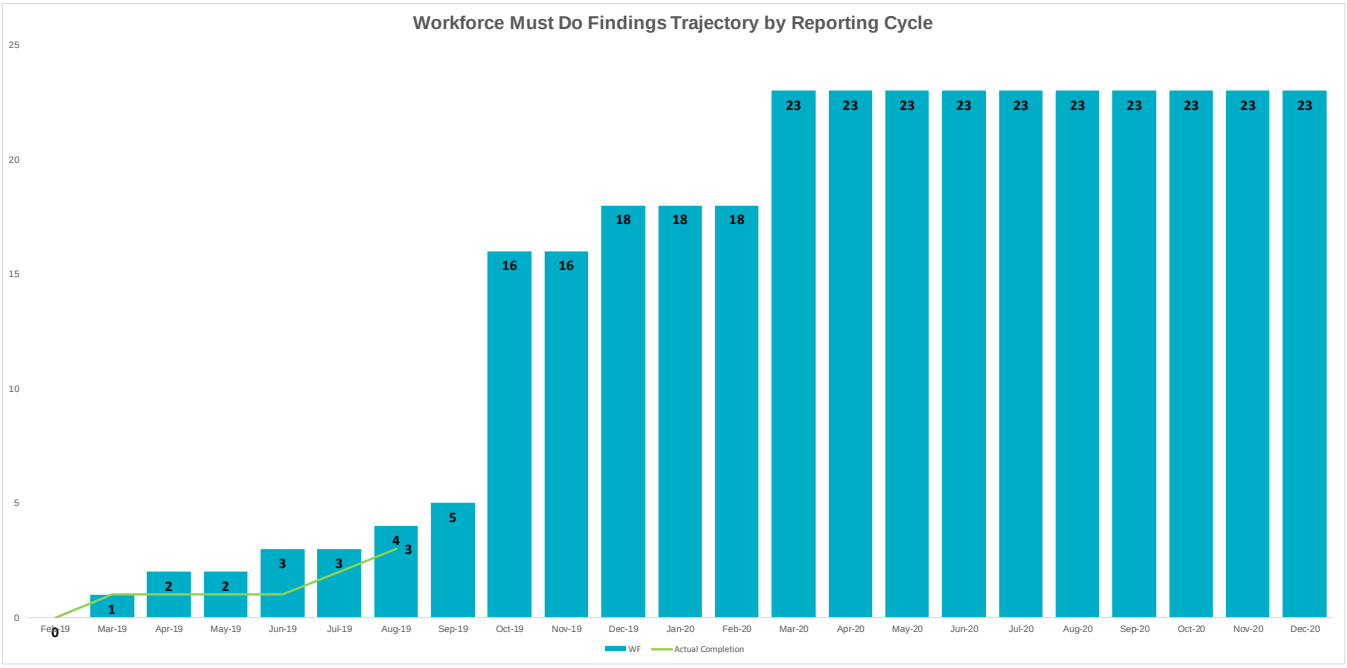
Finding Status



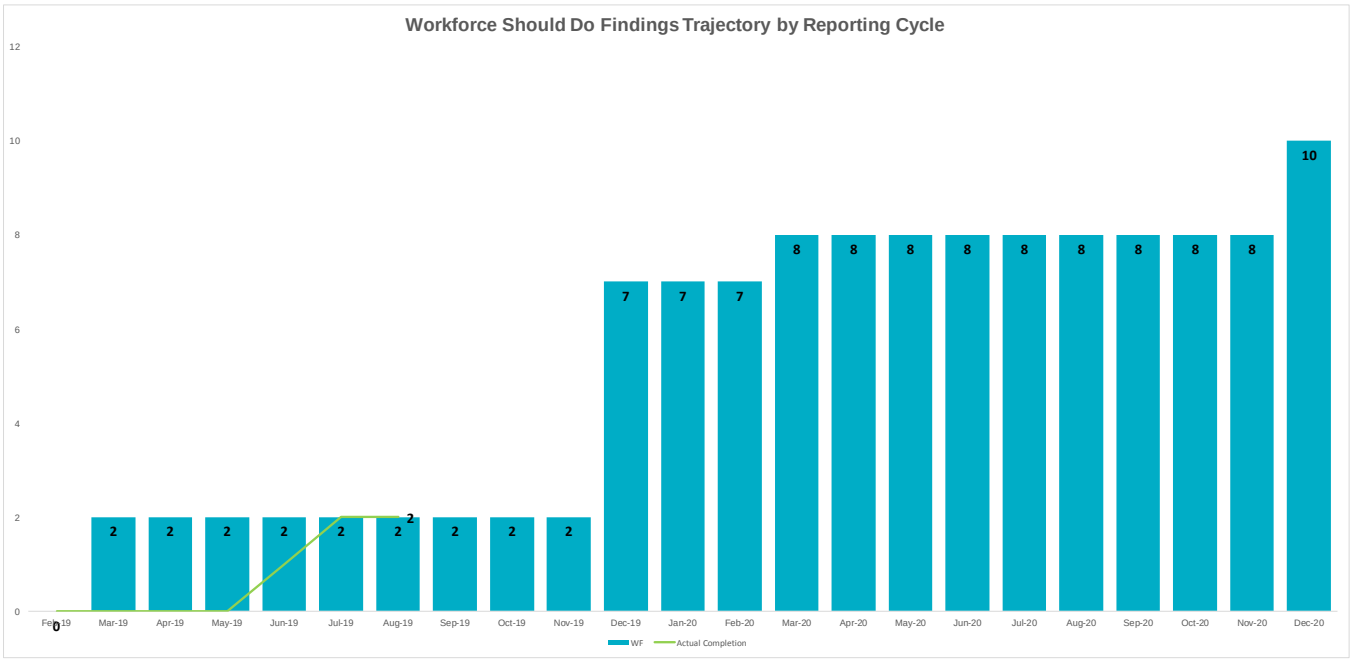


	Number of Findings	Signed off	Complete	On Track	Some issues	Off track
Must Dos	23	1 (4%)	2 (9%)	19 (83%)	0 (0%)	1 (4%)
Should Dos	10	2 (20%)	0 (0%)	8 (80%)	0 (0%)	0 (0%)

Must Do Trajectory



Should Do Trajectory



- Workforce has remained static through Cycle 14, with 5 Findings of 33 (15%) Must Do and Should Do Findings now complete or signed off. This is below the planned trajectory of 6 for completion by the end of August with 1 further Finding due for the end of September.
- There are currently 2 Findings that are complete and awaiting sign off awaiting evidence verification.
- 97% of all Findings rated as on track, complete or signed off.
- MD065.1 - There is a lack of knowledge of Trust wide mandatory training requirements resulting in insufficient capacity to meet demand 31/08/19.

CQC rating table by area and domain

	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
PRH						
Urgent and Emergency	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Medical Care	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
End of Life Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
RSH						
Urgent and Emergency	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Medical Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
End of Life Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement

Is it Safe?

Safeguarding and protection from abuse
Managing risks
Safe care and treatment
Medicines management
Track record
Learning when things go wrong

Is it Effective

Assessing needs and delivering evidence-based treatment
Monitoring outcomes and comparing with similar services
Staff skills and knowledge
How staff, teams and services work together
Supporting people to live healthier lives
Consent to care and treatment

Is it Caring

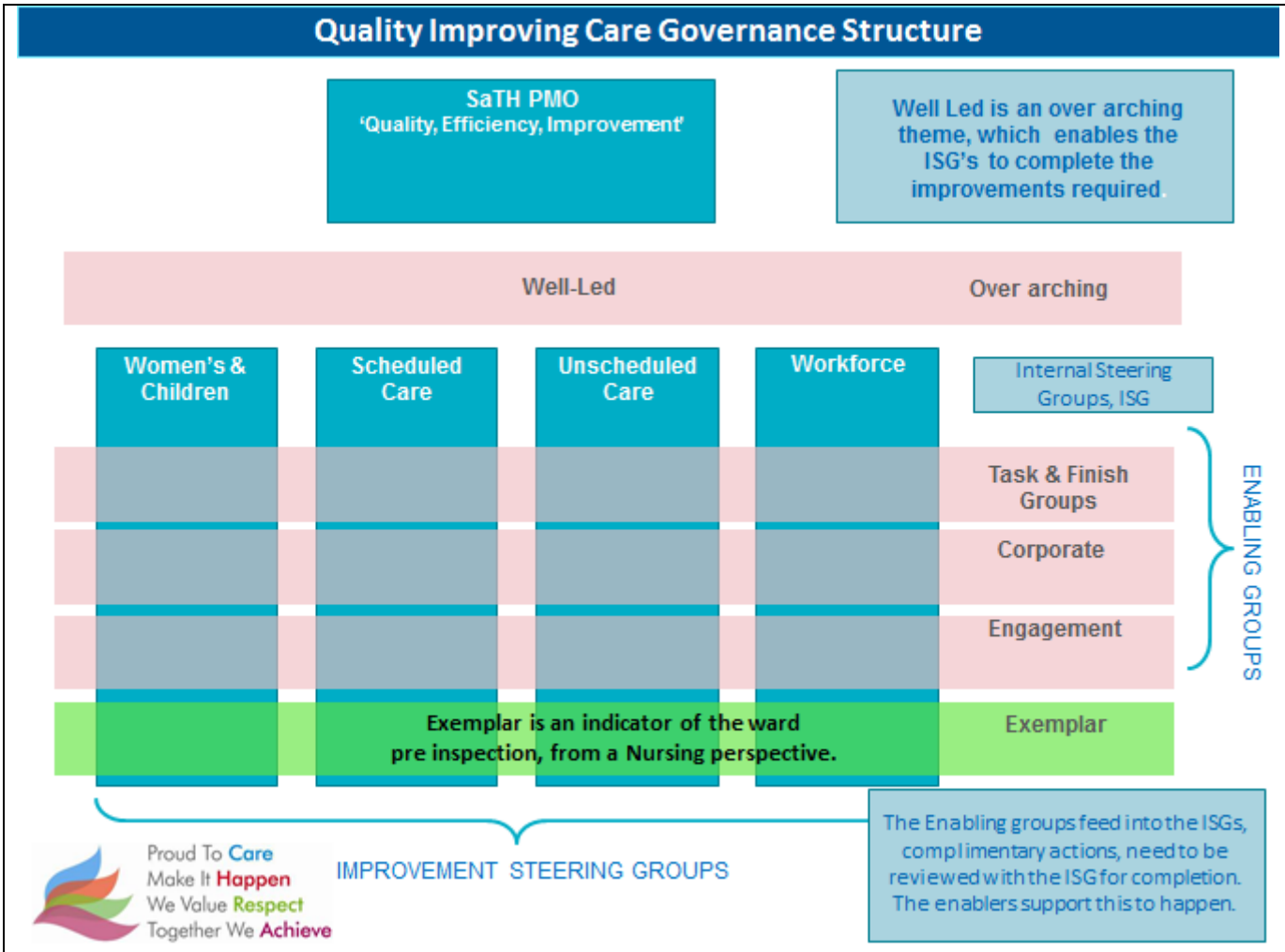
Kindness, respect and compassion
Involving people in decisions about their care
Privacy and dignity

Is it Responsive

Person-centred care
Taking account of the needs of different people
Timely access to care and treatment
Concerns and complaints

Is it Well Led

Leadership capacity and capability
Vision and strategy
Culture of the organisation
Governance and management
Management of risk and performance
Management of information
Engagement and involvement
Learning, improvement and innovation



Assessment

At root cause level. Against the forecast trajectories set for completion to demonstrate Quality improvements, all areas are making progress with a level of slippage noted in August, which can be explained by attentions diverted to support the Pre inspection return.

Well Led, was not making the progress required and a stock take review has determined that the plan will need to be revisited. The approach taken is to ensure it is Care Group led.

Against the high level CQC findings. The pace of progress needs to be speeded up to ensure the required quality improvements can be evidenced by the next CQC inspection and this is challenging. As agreed at the outset, the approach taken was to embed a positive culture of improving care rather than a "tick box" approach and this created multiple root cause actions, some of which would take a longer timescale to evidence and fall outside of the timeline of the next inspection.

To support this, Workforce are undertaking a review of what is required to complete for all findings marked as inadequate.

The positive outcome of this is that the Trust is going further than requested in the report and looking to embed sustainable longer term improvements through addressing the root causes. In the run up to the next inspection, there will be a stronger focus on those areas still outstanding and judged as Inadequate to ensure they can be evidenced as addressed.

Recommendation

The Trust Board is asked to:

- Note the progress that has been made in the delivery of QIPs against the previously approved trajectories by the USCG, SCG, W&C's, Workforce ISGs and Well Led throughout August.
- There are concerns around slippage to deliver the Root cause actions identified to deliver the Findings associate with USCG, these are being addressed with corporate support.
- Well LED, progress has led to a review of the whole plan to include improved engagement and input from Care group level.
- Note the approach to the development and monitoring of progress.

Appendix One: Operational Plan performance updates (using VMI methodology)

4. Operational Plan performance updates (using VMI methodology)

2019/20 SaTH Operational Plan A3

19/20 Objective:
Move beyond special measures (By Improving Care)

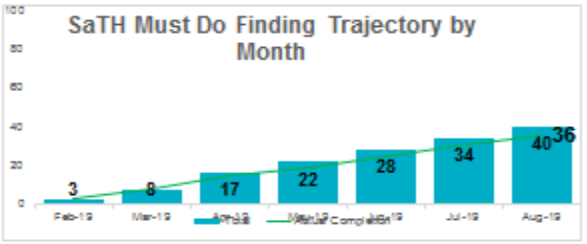
Month update:
AUGUST 2019

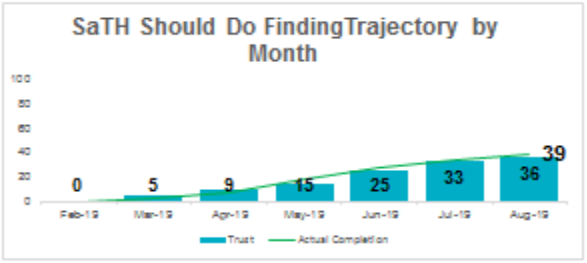
Executive Sponsor(s): Paula Clark

Operational Leader(s): Nigel Lee, Victoria Rankin, Jo Banks, Edwin Borman, Julia Clarke, Arne Rose, Barbara Beal

RAG : Amber

1. Current performance by Findings





2. Narrative update/In month actions - Findings

At the end of August, the latest full month for which reporting is available, 36 Must Do Findings and 39 Should Do Findings were completed, slipping slightly behind the trajectory of 40 Must Do Findings and 36 Should Do Findings. This is 90`% of the forecast completion trajectory for Must Do Findings and 100% of Should Do Findings with an additional Finding completed ahead of trajectory. This progress is shown, in the charts to the left; Figure One shows progress for the Must Do Findings by month, Figure Two for the Should Do Findings by month.

3. Trajectory

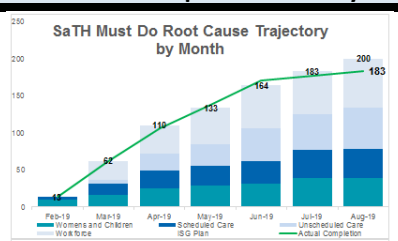
Metric: CQC Must Do Findings

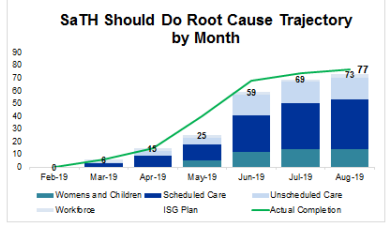
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	3	8	17	20	28	34	40	51	66	69	74	74	74	79
Actual	3	8	15	20	25	31	36							

Metric: CQC Should Do Findings

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	0	5	9	15	25	33	36	51	59	66	75	75	75	76
Actual	0	3	7	18	28	34	39							

4. Current performance by Root Cause





5. Narrative update/In month actions – Root Cause

At the end of August, the latest full month for which reporting is available, 183 Must Do Root Causes and 77 Should Do Root Causes were completed behind the trajectory of 200 Must Do Root Causes and 72 Should Do Root Causes. This is 95% of the forecast completion trajectory. This progress is shown, broken down by Improvement Steering group (ISG), in the charts to the left; Figure One shows progress for the Must Do Root Causes by month, Figure Two for the Should Do Root Causes by month.

6. Trajectory

Metric: CQC Must Do Root Causes

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	13	62	110	133	164	183	200	226	252	256	261	261	261	265
Actual	13	62	106	137	170	177	183							

Metric: CQC Should Do Root Causes

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	0	6	16	26	59	69	73	98	107	114	128	128	128	128
Actual	0	6	16	41	67	72	77							

7. Analysis: *What is the root cause of the problem? Why does a gap exist between the plan and actual? How have we achieved target? Are there any learning points to be utilized elsewhere?*	**8. Escalation points/Positive highlights:** Which *areas require escalation? Which areas require committee/board assistance? What are we most proud of? How have we demonstrated progress towards strategic goals? How have our values been reflected?*
At the end of August there was an overall underperformance of 13. This is being masked by the early completion of several Root Causes and the true underperformance is 17 against the trajectory. The PMO has analysed the reasons for this by root cause.	USC continues to deliver short of the trajectory, however recovery steps are in place with collaborative working with corporate teams underway. A full QIP update is provided to Trust Board and Quality & Safety Committee on a monthly basis. Cycle 14 dashboards attached. This includes detail behind progress being made and support required.
9. Previous months actions	**10. Next month's actions**
• Reporting cycles completed. • August Safety Oversight & Assurance Group (SOAG) delivered. • Equipment Task and Finish Group taken place.	• Continued development of key quality metrics. • Focus on recovering off track root cause actions. • September Safety Oversight & Assurance Group (SOAG) delivered.

The Shrewsbury and Telford Hospital NHS Trust

Looking our best for our patients and the CQC…..

PIR Submission

06.09.19

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Provider Information Request

The Shrewsbury and Telford Hospital NHS Trust

- The Provider Information Request (PIR) was received by the Trust on 14th August 2019
- The PIR contains 139 individual requests for data and documents, with a strict deadline of 3 weeks to submit. Friday 6th September for PIR and supporting evidence and 12th September for final documents
- The PIR is broken down into two main sections:
  - Trust level request – main request which asks you to describe services against five key domains. It includes questions on the Well Led key line of enquiry
  - Sector request asks the Trust to report on a limited number of key info for core services the Trust provides

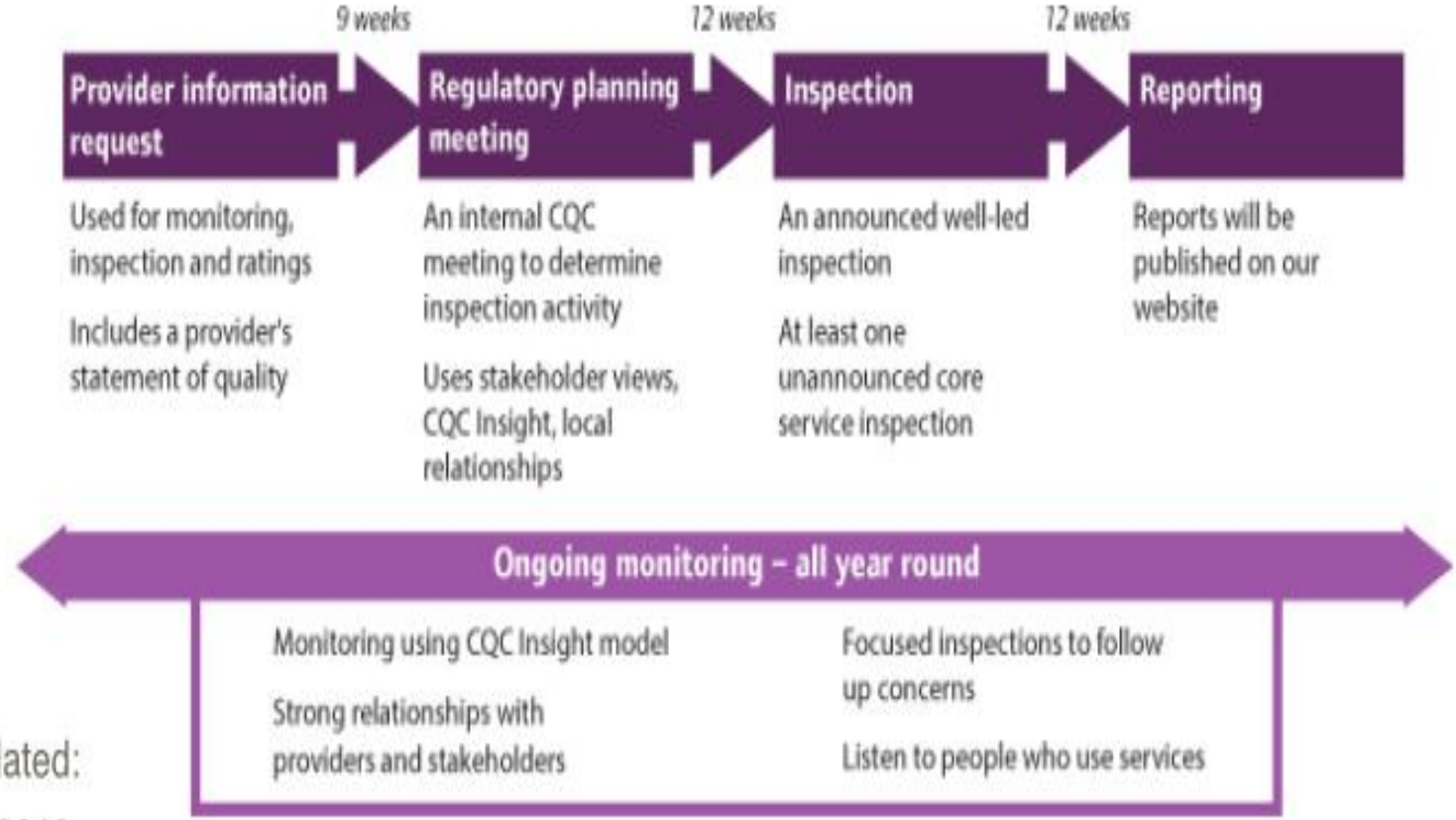
Provider Information Request

The Shrewsbury and Telford Hospital NHS Trust

- Following submission, CQC will hold a planning meeting and arrange a date for the unannounced inspection – the timeline is shown on the next slide
- The unannounced inspection can be at any time from six weeks following PIR submission and may be as late as mid November.
- There will also be an announced *Well led inspection* and *a Use of Resources review* as part of the process, planning and sign off

CQC Timelines from PIR

The Shrewsbury and Telford Hospital NHS Trust



Last updated:

05 April 2019

Different leads are responsible for different elements of our CQC process

The Shrewsbury and Telford Hospital NHS Trust

- Barbara Beal, Director of Nursing, is the overall lead responsible for the CQC inspection
- Maggie Bayley, Associate Director of Nursing (Interim) is the principal Trust contact for the purpose of data requests and inspection preparation
- Bev Tabernacle, Deputy Chief Executive is leading on the Well Led aspects for the inspection
- James Drury, Finance Director is leading on all aspects in relation to the Use of Resources

PIR timelines

The deadlines for submission are rigorous

The Shrewsbury and Telford Hospital NHS Trust

14 August

PIR receievd by the Trust

16 August

Individual requests emailed to out to individuals for completion

27 August

FINAL deadline date for return of all requests

28th/ 29th/ 30th August

Care Group Confirm and Challenge Meetings

2/3 September

QA Check by PIR Lead & MD and DoN

4 Sept

Executive Sign off including agreement of care group self assessments

06 Sept PIR submission and supporting evidence

12 September

Documents submission by the Trust

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Process

The Shrewsbury and Telford Hospital NHS Trust

- PIR data issues reviewed early August to prevent pitfalls of last years data working in collaboration with Finance, workforce and informatics
- Project plan agreed with executives to ensure focus on key deadlines
- Meeting arranged 14.08.19 with data analysts at CQC to ensure data issues resolved – PIR issued that day
- PIR sent to care groups for completion 16th August
- 1st data submission to CQC 16.08.19
- Early communications – Handbook has been sent out via email to all staff 16.08.19
- Confirm and challenge meeting with Care groups 28/29/30 August
- Final information requested from care groups including self-assessments 01.09.19

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Executive Sign Off

The Shrewsbury and Telford Hospital NHS Trust

- Review of PIR by Executives and debate and discussion of care group self assessments – agree and sign off including overall provider self-assessment

Overall Trust Rating 2018					
SAFE	Effective	Caring	Responsive	Well- Led	Overall
Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Trust Self Assessment 2019					
Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

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Planning – next steps

The Shrewsbury and Telford Hospital NHS Trust

- CQC briefing with Matrons and Ward Managers …….
- CQC briefing and discussion with SLT 10.09.19
- All documents to be submitted by close of play 10.09.19 to enable review and submission by 12th September
- Continue weekly reporting to CQC due to regulation 31 and section 29 breaches in Maternity and ED. Agreed new data set for ED reporting 10.09.19 with CQC
- Communications - Staff handbook being printed and to be attached to September pay slips, improvement newsletter, workshops with Trust leads
- Care Groups to focus on outstanding issues from previous report and ensure action taken to resolve/earlier deadlines supported by PMO Team. Work with staff to help them prepare for the visit and to see this as a positive opportunity to showcase the best of the care they deliver to patients every day – noting the significant number of innovations submitted

Planning – next steps

The Shrewsbury and Telford Hospital NHS Trust

- CQC mock clinical reviews being planned for 1st & 2nd October with NHSE/I staff and internal staff to work in collaboration to review services including:
  - Outpatients and diagnostics; children and young people; gynaecology
  - Urgent and Emergency Services – with a focus on the deteriorating patient; maternity
- Areas not visited as part of the mock inspection will still be visited by the internal team to support ongoing review of practice and preparation.
- Continued Exemplar visits
- Other visits to the Trust
  - *JAG Accreditation Visit being undertaken on 9th October 2019*
- 23rd October – NHSE/I revisit the Trust to undertake and Infection Prevention and Control review – the results form part of the CQC ratings
  - Since the last visit in June we have reviewed all areas and undertaken confirm and challenge meetings. Further spot checks will be ongoing.

Planning – next steps

The Shrewsbury and Telford Hospital NHS Trust

- Well-led preparation
  - Care Groups to lead self- assessment against KLOE
  - This will be supported by NHSE/I, with mock interviews for Directors and Care group Triumvirates

- Use of resources preparation
  - Care groups to undertaken self assessments against he key areas
  - Work stream leads identified for each section of this review

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