

COVERSHEET

Meeting	Board of Directors' meeting in PUBLIC
Paper Title	CQC Improvement Action Plan
Date of meeting	8 October 2020
Date paper was written	24 September 2020
Responsible Director	Hayley Flavell, Director of Nursing
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Presenter	Hayley Flavell, Director of Nursing
Executive Summary	
<p>In order to assure the delivery of the CQC Improvement Action Plan, weekly confirm and challenge sessions continue to be held with each Care Group and relevant corporate areas to review completion of actions and to ensure timely progress is being made, providing support, advice and guidance where necessary.</p>	
Previously considered by	Weekly report provided to the Executive Team

The Senior Leadership Operational Committee is asked to:

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> 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)

N/A

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

N/A

1. Background

In order to assure the delivery of the CQC Improvement Action Plan, weekly confirm and challenge sessions continue to be held with each Care Group and relevant corporate areas to review completion of actions and to ensure timely progress is being made, providing support, advice and guidance where necessary. This paper provides an update to 30 September 2020.

2. Current Position as at 30 September 2020

Table 1 indicates that as at the 30 September the Trust has completed actions to address eleven of the 29 Section 29a areas for improvement (38%). For the June and July 2020 Section 29a warning notices, a comprehensive document is being developed for each to describe in detail the actions taken, and to demonstrate the improvements to date. For the August 2018 notices, these are being monitored by the weekly/monthly Section 31 compliance return.

Total Number of S29a Areas for Improvement

Section 29A Notice	Area of inspection	Date	Improvement required	Total S29a Areas	Embedded	Complete	In Progress	Percentage Complete
Section 29A 2018 Part 1 - Wards Risk Assessment	Medical care	Aug-18	17/01/2019	1	-	-	1	0%
Section 29A 2018 Part 2 - Staffing	Critical Care	Aug-18	17/03/2019	4	-	-	4	0%
	Urgent and emergency care	Aug-18	17/03/2019	6	-	1	5	17%
Section 29A March 20	Urgent and emergency care	Nov 19 to Feb 20	31/05/2020	10	-	6	4	60%
Section 29A June 20	Medical care	Jun-20	31/08/2020	3	-	2	1	67%
Section 29A July 20	End of life care	Jul-20	30/09/2020	5	-	2	2	40%
Total				29	-	11	17	38%

Table 1

The actions outstanding from the 2018 Section 29a warning Notice issues on 17 October 2018 relate in the main to the number of suitably qualified, competent, skilled and experienced staff within the Emergency Department across both the Royal Shrewsbury and Princess Royal Hospitals and the Critical Care Unit at the Princess Royal Hospital.

Recruitment has been underway across all clinical staff groups since this time with increased staffing establishments within the Emergency Departments. Appropriate levels of paediatric trained staff was also highlighted within the notice. An Emergency Paediatric Consultant has been appointed and is in post. Recruitment to emergency department paediatric nurses is in train with a number of adult nurses having successfully completed the paediatric module in emergency medicine.

The ability to recruit substantive consultant staff for the Critical Care Unit has proved more challenging due to the low numbers of available clinicians nationally. Mitigations are in place to ensure patient safety with a medical rota in place supported by consultant anaesthetists who cover out of hours with access to the on-call intensive care consultant on the Royal Shrewsbury site. Further recruitment is underway in addition to a review of the rota that incorporates both units.

Table 2 shows the Must Take Action Areas for Improvement by Regulation, and indicates that as at the 30 September the Trust has completed actions to address 49 of 88 (56%) Must Take action areas for improvement. Specific progress against the Must Take actions will continue to be reviewed by the Director of Nursing as part of the monthly cycle of business.

Total Number of Must Take Areas for Improvement -

Regulation	Total Must Take	Embedded	Complete	In Progress	Percentage Complete
Regulation 05: Fit and proper persons – directors	1	-	1	-	100%
Regulation 09: Person Centred Care.	2	-	1	1	50%
Regulation 10: Dignity and respect.	2	-	2	-	100%
Regulation 11: Need for Consent.	3	-	-	3	0%
Regulation 12: Safe care and treatment.	35	-	19	16	54%
Regulation 13: safeguarding.	7	-	3	4	43%
Regulation 15: Premises and equipment.	3	-	2	1	67%
Regulation 16: Complaints.	1	-	-	1	0%
Regulation 17: Good governance.	20	-	16	4	80%
Regulation 18: Staffing.	13	-	4	9	31%
Regulation 20: Duty of candour.	1	-	1	-	100%
Total	88	-	49	39	56%

Table 2

Table 2a shows the Must Take action areas for improvement by accountable executive.

Total Number of Must Take Areas for Improvement -

Accountable Executive	Total Must Take	Embedded	Complete	In Progress	Percentage Complete
Chief Nurse	34	-	23	11	68%
Chief Nurse / Director of Corporate Services	1	-	-	1	0%
COO	5	-	1	4	20%
Director of Corporate Services	6	-	6	-	100%
Director of Finance	1	-	1	-	100%
Director of Governance	7	-	5	2	71%
Medical Director	17	-	10	7	59%
Workforce Director	9	-	3	6	33%
Workforce Director, Chief Nurse	8	-	-	8	0%
Total	88	-	49	39	56%

Table 2a

The total number of actions within the CQC Improvement Action Plan is 401 – the increase in number is due to one action being sub-divided into two specific sections, one of which has been fully completed. This number includes all actions relating to the Section 29a areas of improvement, must and should take actions from the 2018, 2019 and 2020 CQC Inspections and Quality Visits and a number of miscellaneous improvement actions.

As at the 30 September, the Trust have completed 340 of 400 actions (85%). Nine actions, which were due for completion by the end of September are currently off track. Mitigations to bring each action back on track are in place. Table 3 shows a summary of total action status by Care Group:

Total Number of Actions -

Group	Scope	Total Actions	Embedded	Complete	In Progress	Off Track	Not Yet Started	Percentage Complete
Trustwide	Trust Wide	122	-	95	20	7	-	78%
Urgent and emergency care	Urgent and emergency care	157	7	131	17	1	1	88%
Medical care	Medical care	25	-	25	-	-	-	100%
Scheduled Care	Surgery	37	-	32	5	-	-	86%
	End of life care	9	-	7	1	1	-	78%
	Outpatients	2	-	2	-	-	-	100%
	Critical Care	2	1	-	1	-	-	50%
Women & Children	Maternity	34	1	28	5	-	-	85%
	Children and Young People care	13	-	11	2	-	-	85%
Total		401	9	331	51	9	1	85%

Table 3

3. Assurance

Workshops have taken place with all Care Groups and Corporate areas through September, reviewing all actions that have been completed since April 2020. The workshops seek to agree the specific measures of success, including the required supporting evidence and agree a potential target date of when an improvement area will be submitted to the Quality Operational Committee for approval and the Quality and Safety Assurance Committee for endorsement as embedded (blue).

In addition a review of all remaining actions to the 31 December has concluded in order to identify those actions which can be agreed as complete prior to their due date and to ensure there are no risks to delivery of the remaining actions within the required timeframe. This also ensures there are no residual actions, which may be overlooked as we move into phase two.

4. Next steps

The first phase of the CQC Improvement Action Plan has been to work through the actions across the care groups and corporate areas. Significant progress has been made with 15% of the actions remaining for completion by 31 December 2020. This phase has been largely transactional with the majority of actions relating to ensuring we have robust systems and processes in place to deliver safe, high quality care.

A key element of this work has been to challenge clinical colleagues in their approach and thinking around the care they provide, recognising what they do well but acknowledging when things do not go according to plan and taking swift and appropriate action.

October will see us moving into phase two of the programme, which will focus entirely on 'what good looks like' and the measures that will substantiate the improvements made and positive outcomes for patients.

To facilitate this in a meaningful way we are focussing on the 'themes of improvement' – for example - how we reduce avoidable harm to patients from falls, pressure ulcers and medication errors, how we recognise and respond to our most acutely unwell patients and how we support our most vulnerable patient groups.

It is in this phase where we will demonstrate tangible benefits to patients, with clear and measurable indicators that will be built into business as usual processes across the organisation and become part of how we work every day even when nobody is looking.

A feature of previous Improvement Plans within the organisation has been to focus on the transactional actions; but the real sustainable changes in the Trust will come from a transformational approach, where staff celebrate and are proud of the care they give, are actively engaged in driving and seeking out best practice whilst learning from each other and surrounding organisations. Phase two of our CQC Improvement Action Plan aims to achieve this.

Recommendation

The Board of Directors are asked to:

- Note the content of the report
- Note the progress made in completing 85% of the total 400 actions within the Improvement Plan