

Board of Directors' Meeting 7 January 2021

Agenda item	012/21			
Report	Quality Compliance Report			
Executive Lead	Director of Nursing			
<i>√ tick only those applicable</i>	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance		Well Led	√
<i>√ tick / input only those applicable, usually only one</i>	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF1, BAF4	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting			
	For information			
For consent				
Presented to:	Initial summary presented to Quality Operational Committee 10/11/2020			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>The paper provides an update on progress with the CQC Improvement Plan to 21 December 2020</p> <p>The programme remains on track to provide sufficient evidence to support the case to request the lifting of the identified Section 31 regulatory conditions by March 2021.</p> <p>94% of transactional actions have been completed, which is a 2% increase on the November position, meeting the key milestone of completion of transactional actions by the due date of December 2020.</p> <p>79% of the Section 29a Areas of Improvement have been addressed - an increase of 17% in month.</p> <p>The work being undertaken in relation to the Safeguarding Theme continues with the Action Plan provided in response to the Section 29a Warning Notice received in October 2020 regularly updated and monitored through the Safeguarding Operational Group.</p>			

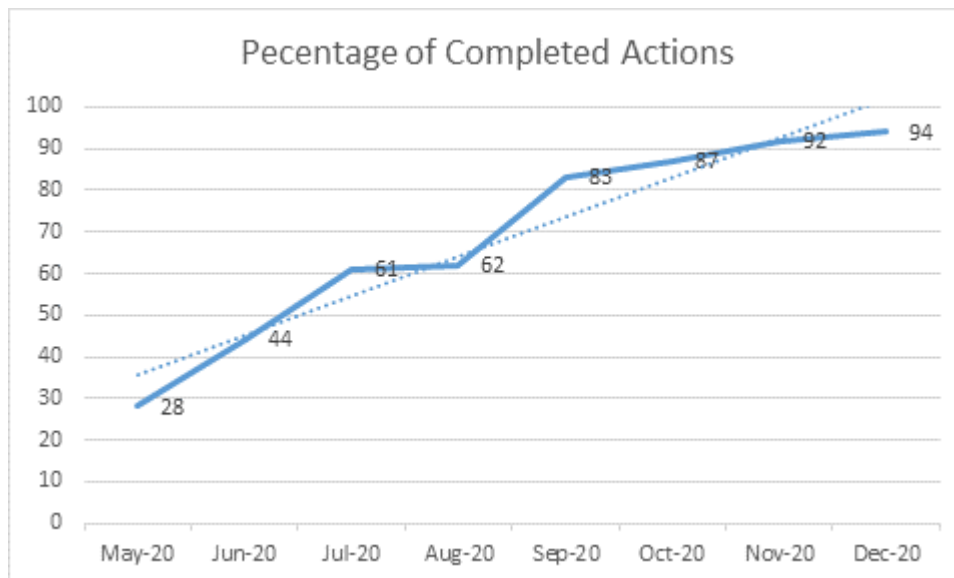
	<p>Compliance with Level 3 Safeguarding Adults Training remains a concern with additional training sessions to be provided through the remainder of the financial year to ensure band 6, 7 and 8 staff are compliant.</p> <p>End of Life Care has been the theme for December with a gap analysis against a set of metrics to determine what good end of life care looks like for each Care Group underway. The outcome of this work will be reported to the February Board of Directors.</p>
Appendices	Appendix 1 – Summary of off track actions

1.0 Introduction

- 1.1 The purpose of this Report is to provide the Board of Directors with an overview of the progress made across the CQC Improvement Programme through the December cycle.
- 1.2 The programme works in conjunction with the reporting requirements to CQC for the Section 31 regulatory conditions.

2.0 December Cycle progress

- 2.1 Table 1 and graph 1 illustrates that progress continues to address the 403 actions identified within the CQC Improvement plan across the care groups and corporate areas. 94% of actions are now reported as complete as at 21 December. This is a 2% increase on the November position representing 378 actions.



Graph 1

- 2.2 24 actions remain either in progress or off track with the majority paused due to external extenuating circumstances beyond our control. A summary of the off track actions is attached at Appendix 1.
- 2.3 Eight actions have been approved as embedded at the Quality Operational Committee on 15 December. These will be presented to the Quality and Safety Assurance Committee for endorsement on 23 December. They are not included in table 1 due to the timing of this report.

Action Plan Summary by Area

Total Number of Actions								
Group	Scope	Total Actions	Embedded	Complete	In Progress	Off Track	Not Yet Started	Percentage Complete
Trustwide	Trust Wide	122	2	110	6	3	1	92%
Urgent and emergency care	Urgent and emergency care	157	7	140	2	8	-	94%
Medical care	Medical care	25	-	25	-	-	-	100%
Scheduled Care	Surgery	37	-	36	1	-	-	97%
	End of life care	10	-	8	1	1	-	80%
	Outpatients	2	-	2	-	-	-	100%
	Critical Care	3	-	3	-	-	-	100%
Women & Children	Maternity	34	1	31	2	-	-	94%
	Children and Young People care	13	-	13	-	-	-	100%
Total		403	10	368	12	12	1	94%

Table 1

- 2.4 Table 2 illustrates the current position with regards to the Section 29a areas for improvement. As at 21 December, 23 areas have been addressed with the associated actions (79%) completed. This is an increase of 5 areas (17%) in month.

Section 29a Improvement Areas status								Percentage Complete
Total Number of S29a Areas for Improvement								
Section 29A Notice	Area of inspection	Date	Improvement required	Total S29a Areas	Embedded	Complete	In Progress	
Section 29A 2018 Part 1 - Wards Risk Assessment	Medical care	Aug-18	17/01/2019	1	-	1	-	100%
Section 29A 2018 Part 2 - Staffing	Critical Care	Aug-18	17/03/2019	4	-	4	-	100%
	Urgent and emergency care	Aug-18	17/03/2019	6	-	6	-	100%
Section 29A March 20	Urgent and emergency care	Nov 19 to Feb 20	31/05/2020	10	1	5	4	60%
Section 29A June 20	Medical care	Jun-20	31/08/2020	3	-	3	-	100%
Section 29A July 20	End of life care	Jul-20	30/09/2020	5	-	3	2	60%
Total				29	1	22	6	79%

Table 2

3.0 Safeguarding Themes

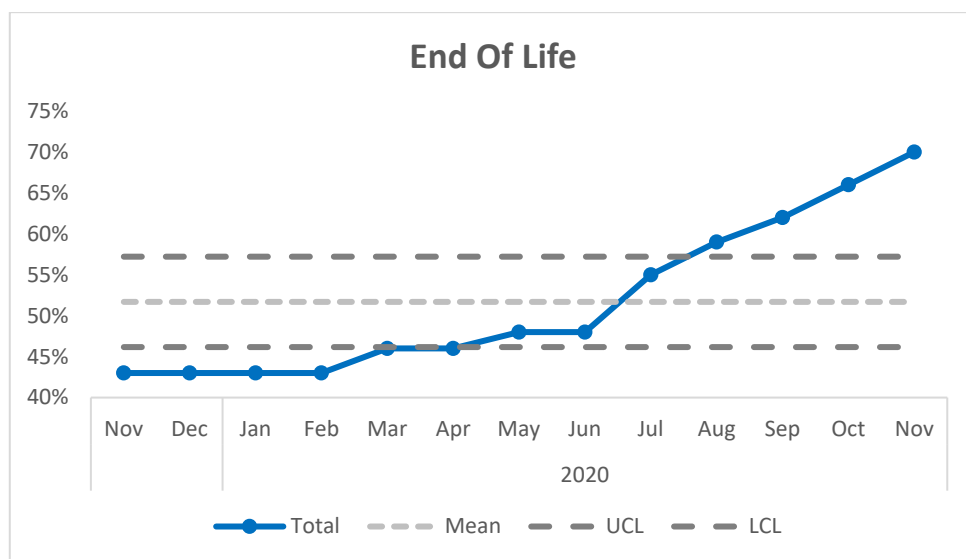
- 3.1 As reported in the December Board Report a deep dive was conducted into the Safeguarding Theme through November. This approach was well received and the work is ongoing.
- 3.2 The Safeguarding Action Plan developed to respond to the Section 29a Warning Notice received in October 2020 is updated frequently by the corporate nursing team in conjunction with the safeguarding team. The report will be presented to the Safeguarding Operational Group, chaired by the Deputy Director of Nursing monthly as part of the ongoing monitoring. The Director of Nursing also has full oversight of progress against the action plan through the Safeguarding Assurance Group.
- 3.3 Compliance with Level 1 and Level 2 Safeguarding training remains stable with overall 100% compliance for Level 1 and 92% compliance with level 2.
- 3.4 Compliance with MCA/DoLS training is currently 56%. This had been increasing by approximately 10% each month and was on trajectory to be at the target 90% by the end of March 2021. Due to operational pressures and the challenges in releasing staff to attend training this has reduced to a 5% increase over November and December. Additional training sessions are being made available and staff are booking their places so it is hoped to make up lost ground in quarter four.
- 3.5 Concern remains in relation to the pace of Level 3 Safeguarding Adult training across the organisation with a compliance rate of 15%. Several face to face training sessions have been provided by the safeguarding team; however there continues to be a high rate of non-attendance. An on-line option has been developed and is currently sitting with the IT department for implementation, including an increased number of face to face sessions through January to March.
- 3.6 The plan to have trained all band 6, 7 and 8 staff by 31/03/2021 remains a priority, in addition to as many band 5 staff as possible within the timeframe. This is being monitored by the ward metric meeting with the Director of Nursing monthly. Again the current operational pressures are likely to pose a challenge to achievement as the release of staff for this training is proving difficult.

4.0 End of Life Care Theme

- 4.1 As reported at the December Board meeting a deep dive is planned for one Section

29a theme each month through November, December and January 2021. The theme for December has been End of Life Care.

- 4.2 In addition the Women and Children's Care Group looked specifically at the safe staffing theme and the well-led actions are being reviewed through the Workforce Group Confirm and Challenge meetings.
- 4.3 The End of Life Care team produced a set of metrics for each Care Group to use to determine what *good* end of life care should look like. The set of questions has served as an 'aide memoire' and has been used to undertake a gap analysis of knowledge and understanding. Taking this approach has identified a number of areas for further focussed training and guidance across the organisation, which will enable the End of Life Care team prioritise the bespoke support required to clinical staff.
- 4.4 Since receipt of the Section 29a Warning Notice in July 2020 there has been a marked increase in compliance with the mandatory End of Life training module.



- 4.5 Compliance with the T34 Syringe Pump training is currently 58% across both hospital sites. This compliance is increasing at approximately 8% per week and is on track to be fully compliant by 31/03/2021.
- 4.6 Due to the timing of this report a full update on the work undertaken will be reported to the February Board.

5.0 Assurance (Green to Blue)

- 5.1 Perhaps a factor of the failure of previous improvement programmes has been a misunderstanding between 'reassurance' and 'assurance'. When working through a large and complex improvement plan it is possible to confuse the two, particularly when services are under significant pressure and scrutiny. It is easier to say that 'something has been achieved - i.e. reassurance rather than provide robust and sufficient evidence to demonstrate it actually has been achieved and is sustainable in the long-term - i.e. assurance.
- 5.2 Once an action has been completed and sufficient evidence has been provided to demonstrate that the action outcome(s) are embedded, sustained and incorporated into trust business as usual processes it will be presented to the Quality Operational Committee, jointly chaired by the Medical Director and Director of Nursing. Full consideration will be given to the evidence and if approved will be submitted to the

Quality and Safety Assurance Committee for endorsement. This is known as the 'Green to Blue Assurance process.

- 5.3 It should be noted that there may be a lengthy time between an action being deemed as completed and the collection of sufficient evidence to demonstrate the action is truly embedded. This does not indicate a lack of progress but ensures a much more robust mechanism for demonstrating once and for all appropriate actions have been taken and are making sustained improvements to the care delivered to patients.
- 5.4 Significant progress has been made in achieving >90% of the actions within the Improvement Programme with further progress being made against the specific themes as reported in the December Board Report. The approach ensures the actions within each theme are looked at in considerable detail with supporting evidence collated from a number of reliable sources.
- 5.5 The remaining actions are showing as either 'off track' or 'in progress'. For these actions the reasons are, in the main, either beyond the Care Group's control or have been superseded since the time of the inspection visit. These actions will remain active on the plan to ensure that as and when further progress can be made appropriate measures are put in place.
- 5.6 As part of this assurance process eight actions were presented to the Quality and Safety Assurance Committee for endorsement on 23 December following approval at the Quality Operational Committee on 15 December. It is expected that an increasing number of actions will become eligible for the green to blue process through quarter four.
- 5.7 As further actions are approved as embedded work will commence to align the CQC Improvement Plan with the Trust Quality Strategy as part of the overall Getting to Good Programme for the organisation.

6.0 Risks and actions

- 6.1 A number of risks to delivery of the programme are identified within the Quality Compliance Plan on a Page in the Trust *Getting to Good* programme supported by the monthly progress Highlight Report.
- 6.2 The issue - *'Impact of COVID second wave and winter pressures impact on staff's resilience and capacity'* within the Quality Compliance Plan on a Page is the main cause for concern currently as care group teams are increasingly managing the impact of the pressures the organisation is now experiencing.

7.0 Conclusion

- 7.1 The programme has successfully transitioned into the transformational second phase and has been positively accepted by all care groups and corporate areas.
- 7.2 End of Life Care has been the theme for December with the Deteriorating Patient and Medicines Management planned for January 2021.



Director of Nursing
December 2020