

CQC action plan relating to report dated June 2018 30 July 2018

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Agenda Item No: 11.4

Trust Board Report

Meeting Date:	30 th July 2018
Title:	CQC action plan relating to report dated June 2018
Purpose of the Report:	Advise
Summary:	Following the report dated June 2018 an action plan has been developed to include corporate and local actions. TMC will receive the plan and progress on a monthly basis until all actions are closed or being monitored by another sub Board Committee.
Recommendation:	To accept the plan.
Action required:	Note the approach to the CQC action plan.
Clinical implications and view	Divisions, Directorates and Directors had the opportunity to comment on findings and recommendations when the draft report was received.
Patient, carer, public impact and views	Nil
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CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Links to Assurances	SRs 1,8,9,11
Resource Implications:	Unknown at the moment
Equality and Diversity Impact	No group will be disadvantaged by this plan
Risks:	Patient experience, reputation, recruitment,
Risk register reference:	Most risks relate to one or more of the CQC domains.
Other formal bodies involved:	Nil
References	Nil

Report Details

1. Background

Following the Use of Resources assessment by NHSI, CQC visit in February 2018 and the Well Led assessment the final report with recommendations was published 27th June 2018 with an overall rating of “good”.

A draft action plan was presented to TMC in May 2018 with actions that we anticipated being required.

Following the final report being received this action plan has been updated and is attached as appendix 1. This has been presented and accepted at TMC in July 2018.

A template for each Directorate or department to complete a local action plan to move from “good to great” is also attached in appendix 2.

It is proposed that this action plan be monitored by TMC until actions are completed. Some actions will be monitored by other sub Board Committees as per action plan.

We understand that a CQC visit to Cannock Chase Hospital is imminent and any actions required, following the report, will be added to the main action plan.

We are currently waiting for the report following the visit to some of our GP practices.

2. Summary

Trust Board are asked to note the plan and the approach.

Appendices

Appendix 1 – main action plan
Appendix 2 – template for local plans

Appendix 1

1.3	Emergency trolley stock complies with Policy	DMT	30/06/2018	Resus Group	Audits
1.4	Staff communication and training around medication incidents (Discharge lounge/A5/A9/Medical Core Services)	DMT	01/05/2018	MMG	e mails/training records/alert notices
1.5	Ensure secure access for medicines and temperature monitoring. (Medicine and Surgery)	DMT	01/05/2018	MMG	Audits
1.6	Explore staffing issues in midwifery through Birthrate+ review and identify links to Sis.HoM	HoM	31/05/2018	DirGovM	Business case
1.7 Number and Learning from Never Events					
1.7.1	AfPP Review	DivMT	30/09/2018	QSIG	Report
1.7.2	NatSSIPs/LocSSIPs in practice	DivMT	30/09/2018	QSIG	Audits
1.7.3	Review WHO checklist use in theatres and interventional procedures including ongoing educational support.	DivMT	30/08/2018	QSIG	Audits
1.8	Identify causes of poor documentation in ED including HF and redress.	DMT	31/05/2018	DivGovM	Audits
1.9	Establish system and address triage delays in ED.	DMT	31/05/2018	DGovM	SOP
1.10	Mental Capacity Act documentation and compliance.	HoSG	17/04/2018	SSG	Audits
1.11	Develop SOP for local checking of Oxygen cylinders to comply with national regulation.	DMTs	18/04/2018	Med. Gases Group	Audits
1.12	Review Dress Code policy and clarify wearing of scrubs, and establish process for observing non compliance	Dir WOD	31/08/2018	Policy Group	Policy
1.13	Establish system in theatres to ensure theatres are fit for purpose when in use.	DMT	31/05/2018	DivGovMeeting	Audit
1.14 Agree Trust Quality/Safety Cultural Survey					
1.1.4.1	Completion of survey annually by departments	CNO DMT/Heads Dept	31/08/2018 31/12/2018	Board QSIG	Survey Survey reports
1.15	Develop the model of Discharge Lounge including vision and DMO	DMT	31/08/2018	DivMT	Model
1.16.1 Review Safeguarding training policy for scope					
1.16.2	Ensure a system for full staff compliance to Policy	HoS DMT/Heads	31/07/2018 31/08/2018	SSG DivGov	Policy Training records
1.16.3	Implement MCA/DoLs assessment audits	DMT	30/09/2018	DivGov/SSG	Audits

Domain	Action	Accountable lead	Timescale	Assurance group	Evidence	Stretch action	Accountable lead	Timescale	Evidence
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2.0 Effective

2.1	Audit Sepsis 6 compliance and identify issues to action including human factors	Sepsis leadsx2	20/04/2018	DPG	Audits
2.2	Develop structure/process for Mortality reviews	Medical Director	31/07/2018	MoRAG/TB	Report
2.3	Implement a review of elective surgical readmission rates	DMD Div1	31/08/2018	DivGov	Audits

Domain	Action	Accountable lead	Timescale	Assurance group	Evidence	Stretch action	Accountable lead	Timescale	Evidence
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3.0 Caring

3.1	Identify ways to reduce lengthy delays for patient transport.	Div 2 DCOO	31/05/2018	DivMT	Audit
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Domain	Action	Accountable lead	Timescale	Assurance group	Evidence	Stretch action	Accountable lead	Timescale	Evidence
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1.0 Responsive

4.1	Achieve national targets for RTT - external review	DCOOs	31/05/2018	DivMT	Report
4.11	Implement recommendations	DCOOs	tbc	F&PC	IQPR

Domain	Action	Accountable lead	Timescale	Assurance group	Evidence	Stretch action	Accountable lead	Timescale	Evidence
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5.0 Well Led

5.1	Develop new Mandatory training model	Dir.Workforce	30/08/2018	TMC	Kite site
5.2	Confirm Sepsis training requirements for Maternity staff	Head of Midwifery	31/05/2018	Directorate Gov. Group	Minutes
5.3	System of assuring compliance to PAT test policy	Head Med. Equipment	26/04/2018	Med. Devices Group	Audit data
5.4	Effective management of risk registers to include timely closure of actions and risks, relevance of evidence.	and Corporate Heads	31/05/2018	QSIG/QGAC/Audit Committee	Div Data pack/TRR BAF/Internal Audit report
5.5	Review RCA process for patient and staff involvement and feed learning into training programmes and system learning.	Head of Governance	30/06/2018	QSIG	Policy
5.6	Establish Teletracking assurance around patient information governance.	Head of Comms/DPO	31/05/2018	IGSG	MOU
5.6.1	Patient/public poster re use and management of information	Head of Comms	30/08/2018	IGSG	Posters
5.6.2	Publish on line fair processing notice.	DPO		IGSG	Website
5.6.3	Undertake Privacy Impact Assessment.	tbc	30/08/2018		PIA
5.7	Review internet/intranet management processes	Heads of Comms/Med III	30/08/2018	tbc	

5.8	Minimise risk of IG breaches through open log ins	DMTs	23/04/2018	IGSG	Audit				
5.9	Review of patient notes' storage and security in each ward/department	DMTs	18/04/2018	Med Records' Group	Audit				
5.10	Each department to complete Stress survey annually	DMT/Heads	31/01/2019	WODC	Reports				
5.11	[Redacted]				Each department to develop a "Good to Great" CQI plan	DMT/Heads	17/08/2018	QSIG	Plans
5.12	Develop a management handbook - aide memoire	DCEO	31/08/2018	TMC	Handbook				
5.13	[Redacted]				Develop a Trust overarching CQI strategy and plan	TBC	31/08/2018	TMC	Strategy /plan
5.14	[Redacted]				Develop an enhanced model of RCA	HoG	30/08/2018	TMC	Policy

Appendix 2

CQC (insert Directorate/Dept.) Continual Improvement Plan 2018

Domain	Rating ambition eg. RI to Good or Good to Outstanding	Phase 1				Phase 2			
		Improvement outcome	Accountable lead	Timescale	Evidence of outcome	RAG status	Next steps	Accountable lead	Timescale
SAFE									
Domain	Rating ambition eg. RI to Good								
EFFECTIVE		Action	Accountable lead	Timescale	Evidence	RAG status	Next steps	Accountable lead	Timescale
Domain	Rating ambition eg. RI to Good								
CARING		Action	Accountable lead	Timescale	Evidence	RAG status	Next steps	Accountable lead	Timescale
Domain	Rating ambition eg. RI to Good								
RESPONSIVE		Action	Accountable lead	Timescale	Evidence	RAG status	Next steps	Accountable lead	Timescale
Domain	Rating ambition eg. RI to Good								
WELL LED		Action	Accountable lead	Timescale	Evidence	RAG status	Next steps	Accountable lead	Timescale

Red= not started

Amber = Commenced

Green = on time