

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 27 November 2014</b>	
		<b>Agenda Item: 4.1</b>	
<b>REPORT TITLE:</b>		CQC improvement plan update	
<b>EXECUTIVE SPONSOR:</b>		Michael Wilson Chief Executive	
<b>REPORT AUTHOR:</b>		Sue Jenkins Director of Strategy	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		Executive Committee	
<b>Action Required:</b>			
<b>Approval</b>	<b>Discussion</b>	<b>Assurance (√)</b>	
<b>Summary of Key Issues</b>			
<p>The Chief Inspector of Hospitals visited the Trust in May 2014.</p> <p>The Trust was rated as “good” for all domains.</p> <p>In terms of the 8 core services that were reviewed the Trust received a “good” rating for all services apart from Outpatients services which were rated as “requires improvement”.</p> <p>In response to the CQC report and summary of findings an action plan has been developed to address the areas for improvement in the outpatients service. A monthly update of progress against the action plan is provided to the Trust Board every month.</p> <p>An update on the system wide issues identified at the quality summit will be provided at the December Board along with an update on the “must do” areas that were also highlighted by the CQC.</p> <p>This report provides a summary of progress to date.</p>			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<p>(</p> <p><b>SO1:</b> Safe -Deliver safe services and be in the top 20% against our peers</p> <p><b>SO2:</b> Effective - Deliver effective and sustainable clinical services within the local health economy</p> <p><b>SO3:</b> Caring – Ensure patients are cared for and feel cared about</p> <p><b>SO4:</b> Responsive – Become the secondary care provider and employer of choice for the catchment populations of Surrey &amp; Sussex</p> <p><b>SO5:</b> Well - led</p>			
<b>Corporate Impact Assessment:</b>			
<b>Legal and regulatory implications</b>	Compliance with CQC recommendations and delivery of action plan to address areas highlighted is essential		
<b>Financial implications</b>	Capital and revenue implications will be addressed through separate business cases		
<b>Patient Experience/Engagement</b>	Feedback from patients regarding their experience in outpatients is a key part of this		

	action plan
<b>Risk &amp; Performance Management</b>	A monthly steering group is in place to ensure delivery of the plan
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	N/A
<b>Attachments:</b>	
CQC improvement plan update - outpatients	

## TRUST BOARD REPORT – 27 November 2014 CQC Improvement Plan Update - Outpatients

### 1. Introduction

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In response to the CQC report and summary of findings an action plan has been developed to address the areas for improvement in the outpatients service. A monthly update of progress against the action plan is provided to the Trust Board every month.

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This report provides a summary of progress to date.

### 2. Outpatient update

There are four key work streams that the outpatient action plan covers. They are

- Environment
- Workforce and leadership skills
- Communications
- Systems and processes

The table below details the key actions that are being undertaken for each of the four areas and a RAG status is included:-

RAG	Definition
B	Action complete
G	Action being delivered to plan
A	Action delayed or outside of budget but plans in place to bring back on track
R	Action unlikely to be delivered to plan

Ref	Details	RAG status
1.0	<b>Environment</b>	A
1.1	Minor redecoration and refurbishment in the existing department have been completed	B
1.2	The Diabetes and Endocrinology services are planning to move offsite to a GP practice in November 2014 which will release 3 rooms along the Chipstead corridor which will be converted to clinic rooms. There is a delay in the move to Earlswood due to the current occupants (First Community Health) failing to vacate. Discussions are underway to	A

	agree a plan for vacation and occupation and this has been escalated to CEO level to resolve.	
1.3	IT solution being explored to support room allocation and monitoring of clinic space. Onsite visit from potential supplier of software system to support room use and allocation has taken place. Proposal paper to support implementation to be developed by the end of November 2014. This will be considered by CHIG and CAG. No capital has been allocated to this scheme at the moment and likely cost is estimated at £24k.	A
1.4	Accommodation for additional ophthalmology clinics being considered at Horsham	G
1.5	Refurbishment of haematology clinic areas included in capital plan for 2015/16 but work planning to start in February/ March 2015.	A
1.6	Chemo outpatient clinics to be accommodated on ESH site following repatriation from Royal Surrey Hospital. Originally due to commence October 2014 but now deferred to January due to RSCH delay in signing agreement November.	A
1.7	Report requested from information team to review allocation of patients waiting for outpatient clinics to nearest location to home address and information now available and to be used to inform appointment bookings.	G
1.8	Outpatients refurbishment and works project group established and meeting on a weekly basis	B
<b>2.0</b>	<b>Systems and processes</b>	G
2.1	Trust wide review of demand and capacity underway	G
2.2	Service level review of demand and capacity underway	G
2.3	New templates implemented and in place for ad hoc clinics, cancellations and room requests	B
2.4	Separate partial booking project team established and plan to be completed. Aim to implement January 2015 using Cardiology and Rheumatology as pilot areas	G
2.5	Electronic process for referrals being considered and developed with GPs. Trial being developed with two GP practices.	G
2.6	KPIs and metrics agreed for monitoring outpatients by steering group	B
2.7	Consultant to consultant process reviewed and referrals reduced to minimise financial penalties	B
2.8	Monitoring of new to follow up ratios in place on a monthly basis to ensure financial penalties are minimised	B
2.9	Weekly monitoring of KPIs commenced and reporting in place at divisional level. Detailed reports for key breaches to be developed	G
2.10	Telephone clinics in place for some specialties and tariff being developed to support this more efficient and effective way of working. Rheumatology is looking at this area in more detail.	G
2.11	Bleep system to enable patients to leave the department has been explored with other trusts who have system in place. Not considered viable as patients too concerned that they will lose their appointment slot. Self check kiosk option being considered as an alternative and pilot being explored with potential supplier	
2.12	Outpatient booking office call answering currently at 98%. Plan in place to improve to 99%	G
<b>3.0</b>	<b>Workforce and leadership</b>	G
3.1	Interviews for Outpatient Service Manager completed and offer made to strong candidate due to commence January 2015. Interim management arrangements in place	G

3.2	Skill mix review of outpatient services underway. Initially due by end of September but reviewed to deliver in December 2014	A
3.3	Single line management of all outpatient staff considered and agreed not to progress at this point	B
3.4	Outpatient steering group and weekly operational groups all in place	B
3.5	Back to the floor session by Director of Strategy undertaken in outpatients department	B
3.6	Programme to extend skills of nurses being developed and to be worked up in more detail in New Year following appointment of new service manager	G
<b>4.0</b>	<b>Communications</b>	<b>G</b>
4.1	Lead clinician and members of outpatient team have met with a number of GP practices and CCG governance committee to consider views on referrals from GP perspective. This is key to improve working relationships between the Trust and primary care.	G
4.2	Lead clinician meeting with clinicians on a 121 basis to gain views and feedback on outpatient services	G
4.3	Outpatient services to be included on agenda item for all consultants meeting – Mid September	B
4.4	Outpatient nurse lead to meet with patient experience forum	G
4.5	Outpatient focus group for patients planned for 2 December and 157 members interested in outpatients have been invited.	G

#### Progress against KPIs

	29.9.14	6.10.14	13.10.14	20.10.14	27.10.14	03.11.14	10.11.14
Clinics cancelled < 6 weeks	14	19	13	15	20	12	12
Ad hoc clinics - total	16	22	35	20	26	34	35
General surgery	5	8	7	9	9	12	12
General medicine	5	9	20	5	10	11	12
WACH	6	5	8	6	7	11	11
Calls in and out of booking office	3847	4047	3818	-	-	2732	2882

#### Recommendation

The Board are asked to consider this report and ensure that it provides assurance around delivery of the CQC improvement plan.

**Sue Jenkins**  
Director of Strategy  
November 2014