

TRUST BOARD IN PUBLIC		Date: 25 September 2014 Agenda Item: 4.1	
REPORT TITLE:		CQC improvement plan update	
EXECUTIVE SPONSOR:		Sue Jenkins Director of Strategy	
REPORT AUTHOR:		Sue Jenkins Director of Strategy	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee	
Action Required:			
Approval	Discussion	Assurance (√)	
Summary of Key Issues			
<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 will be provided to the Trust Board every month.</p> <p>This report provides a summary of progress to date.</p>			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe -Deliver safe services and be in the top 20% against our peers</p> <p>SO2: Effective - Deliver effective and sustainable clinical services within the local health economy</p> <p>SO3: Caring – Ensure patients are cared for and feel cared about</p> <p>SO4: Responsive – Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex</p> <p>SO5: Well - led</p>			
Corporate Impact Assessment:			
Legal and regulatory implications		Compliance with CQC recommendations and delivery of action plan to address areas highlighted is essential	
Financial implications		Capital and revenue implications will be addressed through separate business cases	
Patient Experience/Engagement		Feedback from patients regarding their experience in outpatients is a key part of this action plan	

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

TRUST BOARD REPORT – 25 September 2014 CQC Improvement Plan Update - Outpatients

1. Introduction

The Chief Inspector of Hospitals visited the Trust in May 2014.

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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”.

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 will be provided to the Trust Board every month.

This report provides a summary of progress to date.

2. Overview

There are 4 key workstreams that this action plan covers. They are

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

Following the departure of the Outpatient service manager the plan has been reviewed and revised by the steering group and new deadlines and leads have been agreed. The plan is due for full delivery by 31 March 2015.

The table below details the key actions that are being undertaken for each of the 4 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	Environment	G
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	G
1.3	IT solution being explored to support room allocation and monitoring of clinic space. Business case due end of October	G
1.4	Accommodation for additional ophthalmology clinics being considered	G

	at Horsham	
1.5	Refurbishment of haematology clinic areas included in capital plan	G
1.6	Chemo outpatient clinics to be accommodated on ESH site following repatriation from Royal Surrey Hospital. Due to commence October 2014	G
1.7	Report requested from information team to review allocation of patients waiting for ourpatient clinics to nearest location to home address	A
1.8	Outpatients refurbishment and works project group established and meeting on a weekly basis	B
2.0	Systems and processes	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 drafted for ad hoc clinics, cancellations and room requests. Draft circulated to service managers and clinicians	G
2.4	Separate partial booking project team to be established and plan to be completed by end of September. Aim to implement January 2015	G
2.5	Electronic process for referrals being considered and developed with GPs	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
3.0	Workforce and leadership	G
3.1	Recruitment underway for new Outpatient Service Manager and interim management arrangements in place	G
3.2	Skill mix review of outpatient services underway. Due by end of September	G
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
4.0	Communications	G
4.1	Lead clinician met with GP practices to considers views on referrals from GP perspective	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
	Outpatient nurse lead to meet with patient experience forum	G
	Outpatient focus group for patients to be established by the end of the year	G

3. Recommendation

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

Sue Jenkins
Director of strategy
September 2014