

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 18 December 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 has been requested from the CCGs but is still outstanding. This has been followed up by the chair of the Safety and Quality Committee.</p> <p>This report provides a summary of progress to date and includes an update on the “should do” recommendations which were also made by the CQC.</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 –18 December 2014

### CQC Improvement Plan Update - Outpatients

#### 1. Introduction

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#### 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:-

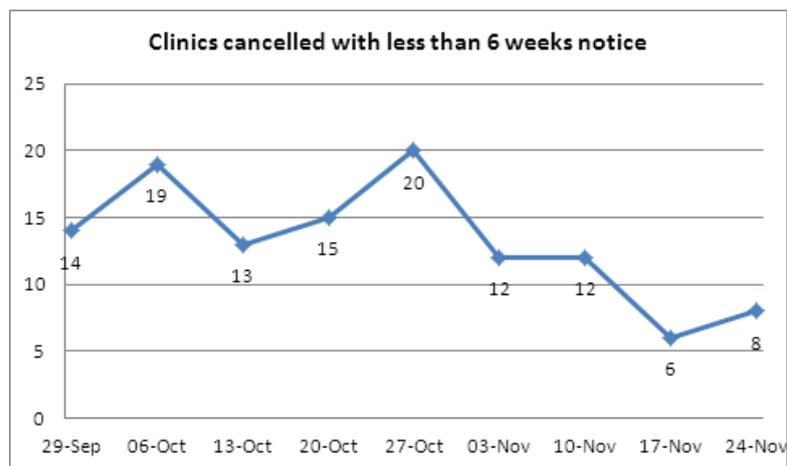
RAG	Definition
B	Action complete
G	Action being delivered to plan
A	Action delayed or outside of budget but plans in place to bring back on track
R	Action unlikely to be delivered to plan

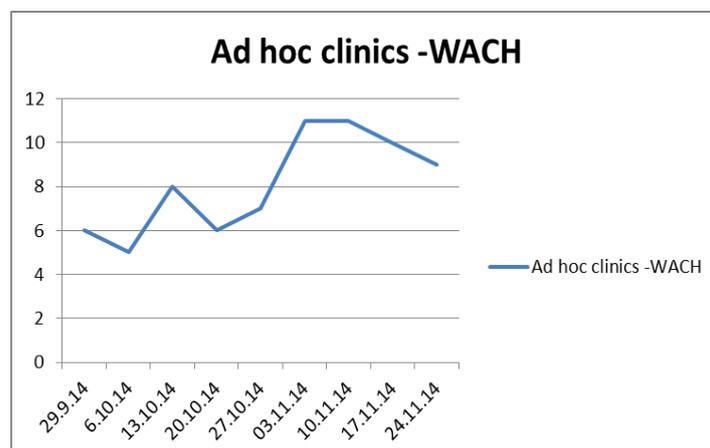
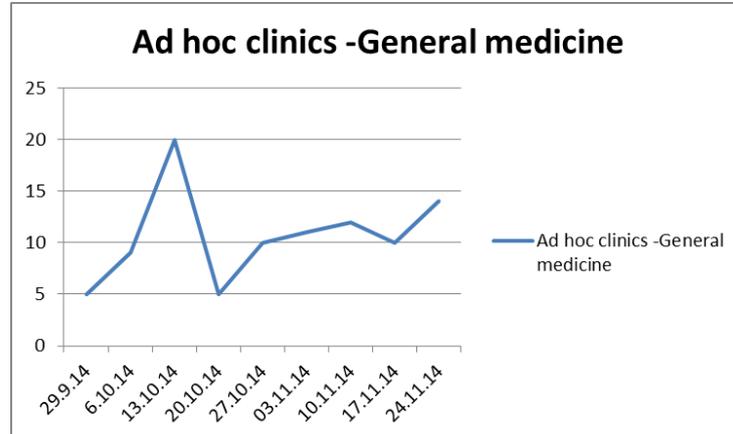
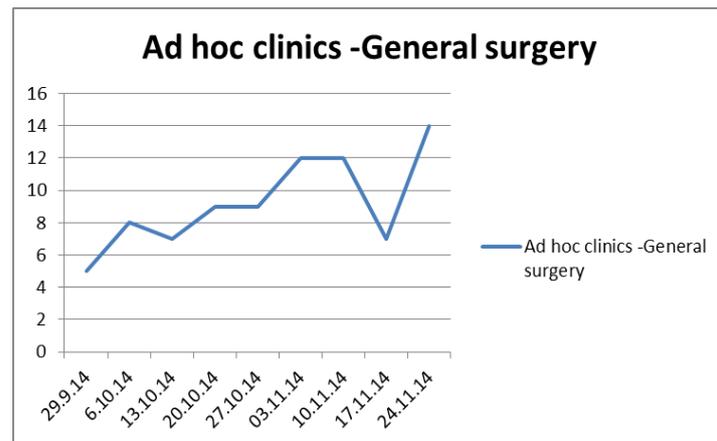
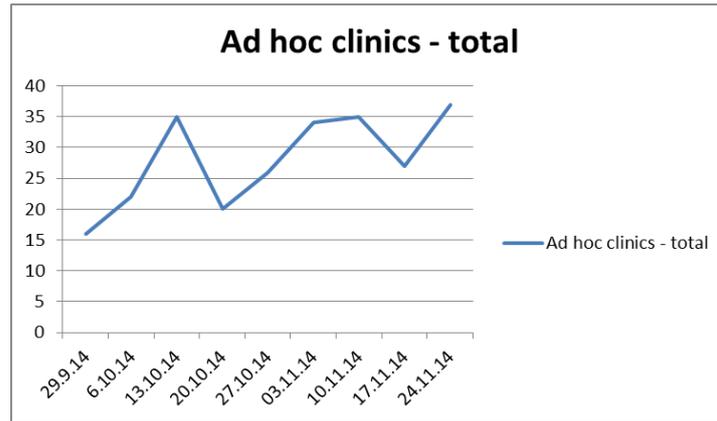
Ref	Details	RAG status
<b>1.0</b>	<b>Environment</b>	<b>A</b>
1.1	Minor redecoration and refurbishment in the existing department have been completed	<b>B</b>
1.2	The Diabetes and Endocrinology services are planning to move offsite to a GP practice in November 2014 which will release 3 rooms along the 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 agree a plan for vacation and occupation and this has been escalated	<b>A</b>

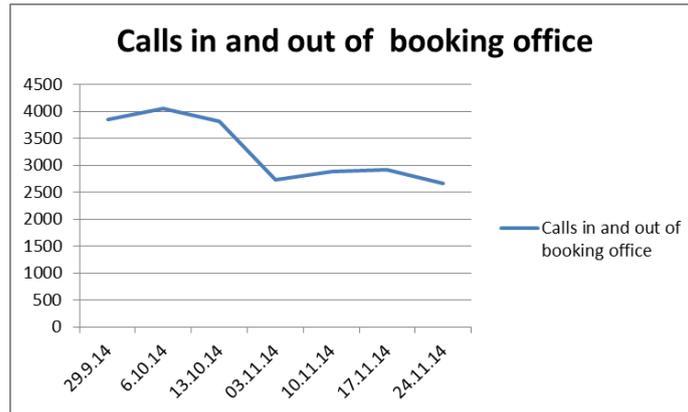
	to CEO level to resolve. We are hoping to take occupation of Earlswood at the beginning of January and this is being followed up on a weekly basis.	
1.3	IT solution being explored to support room allocation and monitoring of clinic space. Onsite visit from potential supplier of software system to support room use and allocation has taken place and further meetings to progress a pilot have been planned. A business case is being developed and 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. Plans have been agreed with clinical staff.	G
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.	B
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>	<b>G</b>
2.1	Trust wide review of demand and capacity underway and half day workshop for outpatient team to review planned for December.	G
2.2	Service level review of demand and capacity underway and will be matched with trust wide review at beginning of 2015.	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>	<b>G</b>
3.1	Interviews for Outpatient Service Manager completed and offer made to strong candidate due to commence January 2015. Interim management arrangements in place	<b>G</b>
3.2	Skill mix review of outpatient services underway. Initially due by end of September but reviewed to deliver in December 2014	<b>A</b>
3.3	Single line management of all outpatient staff considered and agreed not to progress at this point	<b>B</b>
3.4	Outpatient steering group and weekly operational groups all in place	<b>B</b>
3.5	Back to the floor session by Director of Strategy undertaken in outpatients department	<b>B</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	<b>G</b>
<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.	<b>G</b>
4.2	Lead clinician meeting with clinicians on a 121 basis to gain views and feedback on outpatient services	<b>G</b>
4.3	Outpatient services to be included on agenda item for all consultants meeting – Mid September	<b>B</b>
4.4	Outpatient nurse lead to meet with patient experience forum	<b>G</b>
4.5	Outpatient focus group for patients planned for 2 December and 157 members interested in outpatients have been invited. Focus groups completed with 14 participants and feedback being reviewed to include in future actions	<b>B</b>

### Progress against KPIs







**Progress against “should do” recommendations**

Requirements	Lead	Update on progress	Outcome
Review the training provided to clinical staff on the Mental Capacity Act to ensure all staff understand the relevance of this in relation to their work.	Fiona Allsop  Barbara Bray	Nursing: Currently rolling out ward based training for Nurses and now included within MDT MAST training.  E-Learning main tool for delivery of medical training.	Reviewing general training compliance and monitored by safeguarding functions.  Medical compliance reviewed separately
Ensure that a review of mouth care is undertaken so that staff are clear where this should be recorded in the patients care record.	Fiona Allsop	Discussions are on-going on best evidence based tool for recording elements of mouth care.  The Trusts mouth care policy is being drafted to include expected Trust practice and documentation.	Policy for ratification early 2015
Continue to focus on improving the trusts performance on complaints handling.	Fiona Allsop	The Trusts continues to implement the actions recommended by both the CQC inspection and internal audit review of systems (Feb 2014)	The Complaints team are updating the Trust’s policy including updates to systems and monitoring.  Front line non clinical customer care training being rolled out (240 staff planned)
Review the action taken to engage with  a. medical secretaries,	Jim Davey	a. Medical administration review in place to support improved engagement of medical secretaries and implementation	a. Weekly progress report monitoring delivery of action plan reported at the Executive team and at Board in November 2014

<p>b. ward clerks and</p> <p>c. medical records staff</p> <p>to ensure these groups feel more included in decisions relating to their role.</p>	<p>Fiona Allsop</p> <p>Ian Mackenzie</p>	<p>of Dictate IT. Fortnightly project board includes 2 medical secretaries as members</p> <p>b. Review of ward clerk establishment and role underway and regular meetings in place to review concerns raised</p> <p>c. Back to the floor and trust wide article on the role of medical records has helped improve engagement with this key staff group. Regular meetings in place for staff to raise concerns.</p>	<p>b. Update received at Exec 10.12.14</p> <p>c. Weekly progress report monitoring delivery of action plan reported at the Executive team and at Board in November 2014</p>
<p>Review the working environment for the medical records staff.</p>	<p>Ian Mackenzie</p>	<p>Capital plan for 2015/16 includes re-provision of Maple House Annexe</p>	<p>Weekly progress report monitoring delivery of action plan reported at the Executive team and Board in November 2014</p>

### 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**  
**18<sup>th</sup> December 2014**