

TRUST BOARD IN PUBLIC		Date: 30 October 2014	
		Agenda Item: 4.5	
REPORT TITLE:		CQC improvement plan update	
EXECUTIVE SPONSOR:		Sue Jenkins	
REPORT AUTHOR:		Sue Jenkins	
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. It also includes a summary of the work that has been undertaken with regard to medical administration and medical records.</p>			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>(</p> <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.

The Trust was rated as “Good” for all domains.

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. It also includes a summary of the work that has been undertaken with regard to medical administration and medical records.

2. Outpatient update

There are four key workstreams 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	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. 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.	A
1.3	IT solution being explored to support room allocation and monitoring of clinic space. Business case due end of October. Onsite visit from	G

	potential supplier of software system to support room use and allocation has been arranged.	
1.4	Accommodation for additional ophthalmology clinics being considered at Horsham	G
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. Originally due to commence October 2014 but now deferred to 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 still outstanding	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 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	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
2.9	Weekly monitoring of KPIs commenced and reporting in place at divisional level. Detailed reports for key breaches to be developed	G
3.0	Workforce and leadership	G
3.1	Interviews for Outpatient Service Manager completed and offer made to strong candidate. 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 November 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
4.0	Communications	G
4.1	Lead clinician met with GP practices to consider 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
4.4	Outpatient nurse lead to meet with patient experience forum	G
4.5	Outpatient focus group for patients to be established by the end of the year	G

3. Medical records update

There are six key workstreams that the medical records action plan covers. They are

- Leadership
- Information technology
- Resources
- Environment
- Profile of department
- Processes and procedures

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
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Ref	Details	RAG status
1.0	Leadership	G
1.1	An interim medical records manager is in place. The JD is currently being reviewed to ensure it reflects the role and the substantive appointment is expected to be made by the end of December 2014	G
1.2	Weekly leadership meetings are in place	B
1.3	All staff are aware of the details of the improvement plan that was agreed	B
2.0	Information technology	G
2.1	An audit of all IT hardware has been completed and a replacement plan has been agreed and is being implemented. This will be complete by the end of December	G
2.2	Ceiling mounted scanners have been reviewed and a replacement programme has been agreed and is being implemented	G
3.0	Resources	B
3.1	3.6 band 2 vacancies have been recruited to	B
3.2	Stationary orders now made on a pre order basis	B
4.0	Environment	G
4.1	Plans for refurbishment and replacement of medical records department have been included in 2015/16 capital plan	G
4.2	Plan in place to support cleaning	B
5.0	Profile of department	G
5.1	Profile raised through a day in the life of visit and articles	B
5.2	Uniform agreed for staff and to be ordered and in place during 14/15	G
6.0	Processes and procedures	G
6.1	Tracking processes reviewed and updated	B
6.2	Health records policy under review	G
6.3	Need for ad hoc clinic support to reduce and be addressed by outpatient review	G

4. Medical Administration review

There are four key workstreams that the medical administration review action plan covers. They are

- Project governance
- Service operating model

- Workforce model
- Communication

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
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Ref	Details	RAG status
1.0	Project governance	B
1.1	A two weekly project board including clinical leads and medical secretaries has been established	B
1.2	A two weekly implementation team has been established	B
1.3	A rollout programme, metrics and KPIs have been agreed to support delivery	B
2.0	Service operating model	G
2.1	A service implementation model has been agreed	G
2.2	Standard operating procedures are being developed	G
2.3	KPIs have been agreed with dictate IT	G
2.4	Generic letter templates have been agreed	G
2.5	Contract implications with regard to rollout have been agreed with Dictate IT	G
2.6	Specialty sign off process is in place to support implementation	G
3.0	Workforce model	G
3.1	Medical secretary structure has been drafted	G
3.2	JDs have been drafted	G
3.3	Customer care training is being developed for all medical secretaries	G
4.0	Communication	G
4.1	Briefing sessions with medical secretaries have taken place	B
4.2	Communications plan to support rollout has been developed	G
4.3	Medical secretaries to be included as part of governance structure and specifically the project Board	B

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
October 2014