

## Board of Directors (In Public)

### Item 2.2

**Subject:** Care Quality Commission Action Plan Update  
**Date of meeting:** 8<sup>th</sup> January 2018  
**Prepared by:** Sue Pemberton/Director of Nursing & Operations  
**Presented by:** Susan Pemberton/Director of Nursing & Operations  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
All	Assurance on the Trust's work to maintain compliance with Care Quality Commission standards

### 1. Executive Summary

In April 2016 LHCH was inspected by the Care Quality Commission (CQC) and rated "Outstanding". Post inspection the Trust developed an action plan to address the areas for improvement highlighted. The majority of these actions have now been closed with the exception of improving DNAs. To ensure that the Trust is equipped for its next CQC inspection there has been a comprehensive programme of internal inspections conducted to provide assurance that all areas Trust wide are prepared. In addition, the Director of Nursing and Director of Corporate Affairs have completed a well led internal mock inspection in September and October 2018. The actions arising from this have been added to the overall CQC action plan (appendix one). The Trust holds an on-going learning and sharing forum where leaders across all areas meet to discuss the CQC standards and share their preparation progress. The Trust has been advised that its well led inspection will be carried out between 5<sup>th</sup> and 7<sup>th</sup> February 2019 and therefore expects an unannounced inspection prior to that. The internal inspection programme has not identified any key risks for the Trust.

### 2. CQC Preparation

The Trust is utilising various methods to ensure it is prepared for the next inspection these include:

- Learning and sharing forums, mock inspections and EECS reviews have all continued following the LHCH inspection in 2016 with all staff being very much engaged within these processes. The learning and sharing forums have been a successful platform bringing staff together from across a number of departments and wards. It is here that areas of good practice are shared and discussed, with solutions explored and agreed. Staff bring their folders of outstanding evidence to each meeting that they will use to show case their areas to the inspectors. The meetings are also used to review the CQC

KLOES where staff work through, discussing how they and their area's meet the criteria.

- Unannounced mock inspections have enabled staff to observe practice, review documentation and have given staff the opportunity to speak with patients and their families regarding their experience within the Trust. The response to undertaking these mock inspections has been excellent. All areas have been assessed trust wide
- LIA and service improvement projects are on-going to improve services and are staff across the Trust are encouraged to be involved. These programmes of improvement demonstrate the leadership at all levels, Trust wide, and provides good evidence for our forthcoming well led inspection.

### **3. Outcomes of CQC Internal Mock Inspections**

The attached action plan details the improvements that have been highlighted to further enhance the care delivery across the Trust. All highlighted actions have an improvement plan that supports delivery to ensure continuous improvement.

### **4. Summary**

The programme of Trust-wide mock inspections coupled with our embedded approach to ward and departmental assessment have provided good assurance that the Trust is aware of where improvements need to be made, alongside recognising the outstanding care and practice in place.

The sharing and learning forum is the vehicle for all staff to interact and hear first hand the improvements and learnings from other areas. The morale in the Trust is mainly positive and staff are engaged in the improvement plans.

### **5. Recommendations**

The Board of Directors are asked to:

- Receive assurance of continued compliance and improvement with CQC standards.
- Receive a further update in 6 months time

## Appendix one

### Mock Inspection Actions May and November 2018

Area for Improvement	Area	Review date	Action	Progress	Lead Executive
Mixed knowledge of incident reporting and learning	All areas	Completed December 2018	The Trust should continuously improve communication and education regarding incident reporting and share the learning.	Learning Hub in place. Safety and Organisational Learning E-Bulletin in place. Learning and Sharing events. Executive and Management Walk rounds. Evidence of team meetings across all clinical areas. Learning from incidents form part of team brief From May 2018 Programme of education regarding types of incidents to be report.	Director of Research and Innovation.

Staff rest environment and facilities	Trustwide	July 2019	The Trust should strive to optimise where possible the rest areas for staff and look at the possibility of identifying a central rest area for all groups of staff who do not have an identified area for rest breaks with appropriate facilities.	An LiA group has been established to review staff rest areas. A Health and wellbeing zone for staff is part of the Trusts wider plans for summer 2019. All rest areas have been reviewed by a crowd fixing event in October 2018 – an action log has been developed for estates to take forward.	Director of Workforce Development
Medications flow and storage trust wide	All clinical areas and pharmacy	July 2019	Improvements are required to reduce the risk of medications missing on patient transfers within the hospital. In addition medications storage needs review and improvement.	An external review has been conducted that has identified some improvements that could be made to improve the flow and storage of medications This is an A3 service improvement project and is progressing well.	Director of Nursing and Quality
Staff Competency	All areas	July 2019	Learning and	Level 1 – competency	Director of

framework			development department are progressing an education vision which will outline the Trusts plans for career progression and development of a competency framework. This will ensure that the right skills are in the right place, to ensure patients receive the right care. The strategy group have met and progress is being made to develop the vision.	framework has gone out to all preceptorship Staff – this is a 12 month programme. Level 2 – rolling out in Q4 to rest of nursing workforce (Band 5 and upwards). Level 3 (Band 7 and above) development of management/leadership competencies by Q2 2019. Links with career clinics are being developed as part of the retention strategy.	Workforce Development
Lack of appropriate space for bereaved families when patients present as PPCI	Catheter Labs	Completed December 2018	A designated area has been identified for refurbishment to allow bereaved families to use. The longer term plan is the reconfiguration of the Cath Labs – this is being addressed currently within the medical division	Awaiting completion of refurbishment work for designated area for families. Awaiting final design for Cath Labs from the medical division. <b><u>6<sup>th</sup> December 2018</u></b> A conservatory on the main corridor has been improved to provide an area for families to sit and rest while their	Chief Finance Officer

				relatives are undergoing procedures in the catheter labs. The catheter lab business case will provide improved facilities.	
DNAS in medicine	Medicine	July 2019	Some speciality groups within medical services have a higher DNA rate than is expected	The information is currently being reviewed inclusive of what the targets should be for each speciality within medicine. An action plan is in place with the admin lead and the medical division working together to improve the DNA rate <b><u>6<sup>th</sup> December 2018</u></b> An action plan is in place led by the medicine division to address DNA and updates and progress is monitored via the Operational Board.	Director of Nursing and Operations
Divisional leadership - Improvement is required to divisional	Cross- Divisional	Completed December 2018		A review has been undertaken of the secretariat within the divisions and roles and responsibilities clarified.	Director of Nursing and Operations

administration processes				Standards for operationalising the divisional meetings have been re-iterated and support has been given	
Need to integrate the learning from deaths with the Trust wide learning	Corporate	All learning is gathered and interpreted however, this process is cumbersome. A central database to collate this information to enable accurate thematic analysis is required.		The creation of a database is underway and will be implemented in Quarter one 2019	Director of Research and Innovation
The was a lack of understanding in some areas from staff on how equality and inclusion has been developed across the Trust from a staff perspective	Corporate	July 2018	Equality and inclusion Steering Group is in place, awareness of the key developments from the group needs to be raised to all staff in a more regular/structured way.	Grading system review was undertaken and approved by the Board of Directors and Health Watch in September 2018. Learning and sharing event occurred in November 2018. EDS2 BAME Network has been publicised. WRES data was shared Trust wide. Equality and Inclusion has been built into business	Director of Workforce

				cases. A senior leadership development session is planned for December 2018. The Trust is involved in working across Cheshire and Merseyside to provide access to regional staff equality groups.	
Need to improve the environment in some areas for the Trust – willow suite, OPD and general decor	Cross divisional	July 2019	There were some areas within the Trust where the general décor and paintwork requires improvement and the willow suite required some further improvements to ensure it meets the required standards for our patients. The patent calling system in outpatients has been implemented however there are some minor improvements required.	<p>Painting has been addressed with a programme across the Trust.</p> <p>The improvements to Willow Suite have been made.</p> <p>The outstanding area is the patient calling system in outpatients which still requires some improvements and this work is underway</p>	Chief Finance Officer