

<b>Subject:</b>	<b>Care Quality Commission Quality Improvement Plan December 2015 actions</b>																																												
<b>Prepared by:</b>	Tracey Stenning, Head of Governance and Quality Fiona McNeight, Associate Director of Quality and Governance																																												
<b>Sponsored by:</b>	Cathy Stone, Director of Nursing																																												
<b>Presented by:</b>	Cathy Stone, Director of Nursing																																												
<b>Purpose of paper</b>	Inform the Trust Board on progress against the Care Quality Commission Quality Improvement Plan																																												
<p><b>Key points for Trust Board members</b></p> <p><i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<ul style="list-style-type: none"> <li>This report contains an update against all actions contained within the CQC Quality Improvement Plan with a deadline of the 31<sup>st</sup> December 2015.</li> <li>The report provides significant assurance that actions are being closely monitored. The large majority of actions have been closed, with some remaining on-going until there is sustained evidence of on-going compliance.</li> </ul> <p><b>Compliance summary December 2015:</b></p> <table border="1" data-bbox="500 1041 1409 1293"> <thead> <tr> <th colspan="7">CQC Quality Improvement Plan – December 2015 position status (chapter 3)</th> </tr> <tr> <th rowspan="2">Action type</th> <th rowspan="2">Total no.</th> <th rowspan="2">Complete</th> <th colspan="2">Complete</th> <th rowspan="2">Within deadline / revised deadline</th> <th rowspan="2">Breached deadline</th> </tr> <tr> <th>Actions complete; on-going monitoring (amber)</th> <th>Action plan in place; on-going monitoring* (blue)</th> </tr> </thead> <tbody> <tr> <td>Compliance</td> <td>4</td> <td>1</td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Must-do</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>1**</td> </tr> <tr> <td>Should-do</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Trust-wide</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>* These actions will be removed from the monthly reports, monitoring will be through the CSC Governance/performance reviews. ** Cross references to compliance action which has breached the deadline.</p> <p>Actions marked as 'complete', will continue to be progressed and monitored. In effect they are actions which require on-going monitoring (blue).</p> <ul style="list-style-type: none"> <li>There are a total of 22 Compliance Actions within the report of which 4 were due to be completed in December.             <ul style="list-style-type: none"> <li>3 complete (2 requiring on-going monitoring).</li> <li>1 breached as noted below exception relating to medical and dental staff not meeting Trust targets to complete mandatory and statutory training remains (ref: CA20_M22).</li> <li>There are a total of 33 'Must do actions' within the report. Although there were none due for completion in December, 1 action requiring monthly monitoring has now been complete (Theatre call bell). 1 action breached the deadline which cross references to a compliance action referenced above.</li> </ul> </li> <li>There are a total of 28 'Should do actions' within the report of which 1 was due to be completed in December. This has been completed with</li> </ul>	CQC Quality Improvement Plan – December 2015 position status (chapter 3)							Action type	Total no.	Complete	Complete		Within deadline / revised deadline	Breached deadline	Actions complete; on-going monitoring (amber)	Action plan in place; on-going monitoring* (blue)	Compliance	4	1	2	0	0	1	Must-do	0	1	0	0	0	1**	Should-do	1	0	0	1	0	0	Trust-wide	1	0	0	1	0	0
CQC Quality Improvement Plan – December 2015 position status (chapter 3)																																													
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Must-do	0	1	0	0	0	1**																																							
Should-do	1	0	0	1	0	0																																							
Trust-wide	1	0	0	1	0	0																																							

on-going monitoring required.

- There are a total of 5 'Trust-wide actions' within the report of which 1 was due to be completed in November. This has been completed with on-going monitoring required.

**Key exceptions**

- It has been agreed with the TDA and CCG at the Integrated Delivery Meeting that, as the actions plans from the four work streams of the System Resilience Group mirror the actions associated with Urgent Care and support from system partners, the dashboards from the work streams will be included in future reports to demonstrate achievements and delivery. The previously reported actions have therefore been removed from the plan.
- CA20\_M22 regarding medical and dental staff not meeting Trust targets to complete mandatory and statutory training remains non compliant. Performance continues to be monitored through the performance review process and is discussed at Operational Board and through Team Brief. The Trust is attempting to implement a skills passport for trainee doctors which would result in mandatory training undertaken in other Trusts being accepted here. The Trust is also engaging the Deanery in a discussion on how trainee doctors may be treated differently in relation to mandatory training.

CQC Quality Improvement Plan – Year-to-date position status (chapter 3)						
Action type	Total no.	Complete	Complete		Within deadline / revised deadline	Breached deadline
			Actions complete; on-going monitoring (amber)	Action plan in place; on-going monitoring* (blue)		
Compliance	22	14	2	5	0	1
Must-do	33	25	2	5	0	1**
Should-do	28	22	1	3	2	0
Trust-wide	5	3	1	1	0	0

\* These actions will be removed from the monthly reports, monitoring will be through the CSC Governance/performance reviews.

\*\* Cross references to compliance action which has breached the deadline.

Actions marked as 'complete', will continue to be progressed and monitored. In effect they are actions which require on-going monitoring (blue).

- To date, of the 22 compliance actions:
  - 21 complete (7 requiring on-going monitoring).
  - 0 (zero) actions outstanding.
  - 1 breached relating to medical and dental staff not meeting Trust targets to complete mandatory and statutory training remains (ref: CA20\_M22).
- To date, of the 33 'Must Do' actions:
  - 32 complete (7 requiring on-going monitoring).
  - 0 (zero) actions outstanding.
  - 1 breached relating to medical and dental staff not meeting Trust targets to complete mandatory and statutory training remains (ref: CA20\_M22).
- To date, of the 28 'Should Do' actions:
  - 26 complete (4 requiring on-going monitoring).
  - 2 within deadline.

	<ul style="list-style-type: none"> <li>To date, of the 5 Trust-wide actions: <ul style="list-style-type: none"> <li>5 are complete (2 requiring on-going monitoring)</li> <li>0 (zero) outstanding actions.</li> </ul> </li> </ul>
<b>Options and decisions required</b>  <i>Clearly identify options that are to be considered and any decisions required</i>	Any changes to format of report.
<b>Next steps / future actions:</b>  <i>Clearly identify what will follow the Trust Board's discussion</i>	Monthly reporting to Governance and Quality Committee.
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	Legal requirement to meet the Health and Social Care Act regulations.
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	Nil.

**Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register**

<b>Strategic Aim</b>	1: Deliver safe, high quality patient centered care  3: Become the hospital of choice for general, specialist and selected tertiary services  5: Develop sufficient financial strengths to adapt to change and invest in the future.
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	1-1516
<b>Risk Description</b>	Inability to maintain on-going compliance with all CQC standards.
<b>CQC Reference</b>	All domains

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>
Governance and Quality Committee	14 <sup>th</sup> January 2016

# Chapter 1: Board Governance and Assurance

<b>Key:</b>	<b>Blue</b>	Actions complete; on-going monitoring required	<b>Amber</b>	Action plan in place; on-going monitoring of actions	<b>Dark green</b>	Completed with evidence submitted	<b>Red</b>	Breached expected deadline
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Portsmouth Hospitals NHS Trust  
**Chapter 1 – Board Governance and Assurance**  
**DECEMBER 2015 ACTIONS UPDATE**

Well-led			
Action	Responsible Lead	Deadline	Delivery rating
<b>2. Review Clinical Services Strategy and ensure supported by clear improvement plans.</b>	Director of Strategy	<del>30<sup>th</sup> September 2015</del> <del>30<sup>th</sup> November 2015</del> 31 <sup>st</sup> December 2015	Blue
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>5 year clinical and service strategies are being included for each CSC as part of the 2016/17 business planning process. The second draft of these plans was submitted on 23<sup>rd</sup> December for review and subsequent aggregation. The aggregation of these plans will be reviewed at the next Finance and Performance Committee (28<sup>th</sup> January). Following this review, the plans will be incorporated into the draft local health system 2016/17 plan, as per national planning guidance issued on 22<sup>nd</sup> December 2015.</li> </ul> <p><b>November update: Revised deadline given the move of Trust Board to December.</b></p> <ul style="list-style-type: none"> <li>As per Board request, options appraisal being developed to present to next Trust Board in December (November Board meeting has been moved to December). As part of the development of this appraisal, further conversations have been held with key stakeholders (Clinical Commissioning Groups, Trust Development Authority and Local Authorities).</li> </ul> <p><b>October update: Revised deadline to evaluate new models of care prior to final development of the strategy</b></p> <ul style="list-style-type: none"> <li>Extensive listening exercise conducted throughout August and September, involving a wide range of internal and external stakeholders. A summary of this exercise was presented to Trust Board in September. Due to the rapidly changing external environment within our health system, the Board requested that the potential new models of care receive careful evaluation ahead of the final development of the Trust wide strategy. An options appraisal has been requested by the Board for the November meeting.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>The Clinical Services Strategy has been reviewed as part of the overall Trust Strategy, and presented to Trust Board in September. Some minor amendments are required and there is agreement that the full strategy be presented to the Trust Board in October 2015.</li> </ul>			
<b>8. Revise existing Trust Strategy.</b>	Director of Strategy	<del>30<sup>th</sup> September 2015</del> <del>30<sup>th</sup> November 2015</del> 31 <sup>st</sup> December 2015	Blue
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>Refer to action above for 'Well-led – 2'.</li> </ul> <p><b>November update: Revised deadline given the move of Trust Board to December.</b></p> <ul style="list-style-type: none"> <li>Refer to action above for 'Well-led – 2'.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Refer to action above for 'Well-led – 2'.</li> </ul>			
Unscheduled care			
Action	Responsible lead	Deadline	Delivery rating
<b>2. Commissioning Strategy for Urgent Care, Frail Elderly and End of Life.</b>	Commissioners	30 <sup>th</sup> September 2015	Amber
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>The Urgent Care Commissioning Strategy is monitored through the Urgent Care Board.</li> <li>The Trust participates in a clinical system-wide Frailty Transformation Group, which ensures clear processes across the whole system. A strategy is expected to emerge from this group.</li> </ul>			

Blue	Actions complete; on-going monitoring required	Amber	Action plan in place; on-going monitoring of actions	Dark green	Completed with evidence submitted	Red	Breached expected deadline
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Portsmouth Hospitals NHS Trust  
**Chapter 1 – Board Governance and Assurance**  
**DECEMBER 2015 ACTIONS UPDATE**

Unscheduled care			
Action	Responsible lead	Deadline	Delivery rating
<p><b>November update:</b></p> <ul style="list-style-type: none"> <li>Following the ECIP visit to the Trust, the Frail Elderly pathway is currently under review.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>End of Life Strategy received.</li> <li>System strategy for Urgent Care or Frail Elderly not received.</li> </ul>			
3. Delivery of system-wide Urgent Care Plan (underpinned by the Accountability Framework).	All Accountable Officers	On-going with monthly review at the Urgent Care Board	Amber
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>Continued monthly oversight at the Urgent Care Board.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>A meeting has been organised between TDA, NHS England and the Trust on 26<sup>th</sup> November 2015.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>On-going with monthly oversight at the Urgent Care Board.</li> </ul>			

Unscheduled care – support needed from system partners					
Key issues	Support needed	KPI	By when*	Lead	Delivery rating
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>It has been agreed with the TDA and CCG at the Integrated Delivery Meeting that, as the actions plans from the four work streams of the System Resilience Group mirror the actions previously included in the Trust CQC Quality Improvement Plan, the associated dashboard from the work streams will be included in future reports to demonstrate achievements and delivery.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>All metrics relating to delivery of the Urgent Care Phase 2 plan will be updated retrospectively following an exception report from Urgent Care Board to the Quality Improvement meeting. No formal updates have been received. A meeting has been organised between TDA, NHS England and the Trust on 26<sup>th</sup> November 2015.</li> </ul> <p><b>August update:</b></p> <ul style="list-style-type: none"> <li>A full report on the above actions will be provided at the TDA Integrated Delivery meeting in September 2015.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>The Urgent Care Board will provide an exception report to the Quality Improvement Plan oversight meeting to address the above actions.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Meeting held on 28<sup>th</sup> October: awaiting report to update position.</li> </ul>					

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Portsmouth Hospitals NHS Trust  
**Chapter 1 – Board Governance and Assurance**  
**DECEMBER 2015 ACTIONS UPDATE**

End of Life Care			
Action	Responsible lead	Deadline	Delivery rating
3. Scope the potential for improvement regarding patients dying in their place of choice and agree improvement actions with partners and Commissioners.	Director of Nursing	<del>30<sup>th</sup> November 2015</del> 31 <sup>st</sup> March 2016	Amber
<p><b>December update: Revised deadline to reflect on-going actions following CCG workshop and TDA event.</b></p> <ul style="list-style-type: none"> <li>The Trust participated in the TDA End of Life Care event in December and is part of the on-going project.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>The local health system meeting is scheduled to take place on 18<sup>th</sup> November 2015.</li> <li>A local health system workshop currently being organised by the Clinical Commissioning Group will further inform a scoping exercise.</li> </ul>			

Key:

Blue	Actions complete; on-going monitoring required	Amber	Action plan in place; on-going monitoring of actions	Dark green	Completed with evidence submitted	Red	Breached expected deadline
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# Chapter 3: Care Quality Commission Quality Operational Improvement Plan

Key:

<b>Blue</b>	Actions complete; on-going monitoring required	<b>Amber</b>	Action plan in place; on-going monitoring of actions	<b>Dark green</b>	Completed with evidence submitted	<b>Red</b>	Breached expected deadline
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Portsmouth Hospitals NHS Trust  
**Chapter 3 – Care Quality Commission Quality Operational Improvement Plan**  
**DECEMBER 2015 ACTIONS UPDATE**

Ref.	Core service	Compliance action	Improvement action(s)	Lead	Exec. lead	Deadline	Evidence required	Assurance	Delivery rating
<b>KEY:</b>									
CA: Compliance action		M: 'Must do' actions		S: 'Should do' actions		TWM: Trust-wide 'must do' actions			
* The Quality Care Reviews will undertake a baseline assessment of all performance metrics. This baseline will inform the improvement trajectory required against each key metric									
CA2 M11	Surgery <b>Trust-wide</b>	Patients were not allocated to specialist wards according to their clinical needs.	<ol style="list-style-type: none"> <li>On-going implementation of Phase 2 of the system wide unscheduled care plan to improve patient flow</li> <li>Undertake monthly Quality Care Reviews*</li> </ol>	Director of Operations- Unscheduled care  Supported by Deputy Director of Nursing	Chief Operating Officer	<del>30<sup>th</sup> Sept. 2015</del> On-going monthly monitoring	<ol style="list-style-type: none"> <li>Progress against delivery of Phase 2 of the system wide unscheduled care plan</li> <li>Outcome of monthly Quality Care Reviews* incorporating checks on risk assessment completeness</li> </ol>	Reporting progress against Phase 2 system wide plan implementation to the Urgent Care Board  Monthly exception reporting of outcome and learning from Quality Care Reviews* in the Trust Board Integrated Performance Report	Amber
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>It has been agreed with the TDA and CCG at the Integrated Delivery Meeting that, as the actions plans from the four work streams of the System Resilience Group mirror the actions previously included in the Trust CQC Quality Improvement Plan, the associated dashboard from the work streams will be included in future reports to demonstrate achievements and delivery.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>Phase 2 process on-going. Recent ECIP visit has generated new ways of working to be implemented as part of Phase 2 plan.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Meeting held 28<sup>th</sup> October; awaiting exception report.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>Agreed at the Quality improvement oversight meeting that the Urgent Care Board would monitor the compliance with the Phase 2 plan and an exception report would be provided to the oversight meeting</li> </ul> <p><b>August update (M11):</b></p> <ul style="list-style-type: none"> <li>The implementation of Phase 2 of the system-wide unscheduled care plan is in progress.</li> <li>Complaints/PALS relating to outliers and moves being monitored monthly through the unscheduled care metrics, no concerns to note.</li> </ul>									
CA10 M5	Surgery	The cardiac arrest call bell system in E level theatres was unable to identify the location of the	<ol style="list-style-type: none"> <li>Daily checks to demonstrate alarms are working</li> <li>Ensure warning lights come on outside each theatre to identify</li> </ol>	Head of Nursing Critical Care, HSDU, Anaesthetics and Theatres	Medical Director	<del>30<sup>th</sup> Sep. 2015</del> Monthly updates	<ol style="list-style-type: none"> <li>Evidence of daily checks of alarms.</li> <li>Evidence of daily checks of warning lights</li> <li>Evidence of</li> </ol>	Reporting progress against Critical Care, HSDU, Anaesthetics and Theatres Clinical Service Centre Improvement Plan	Dark green

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**Chapter 3 – Care Quality Commission Quality Operational Improvement Plan  
DECEMBER 2015 ACTIONS UPDATE**

Ref.	Core service	Compliance action	Improvement action(s)	Lead	Exec. lead	Deadline	Evidence required	Assurance	Delivery rating
		emergency.	3. specific theatre Anomalies in the illuminated indicator panels making it difficult to identify which theatre has pulled the alarm to be addressed through Carillion				communications with Carillion and outcome	through the monthly Executive Performance Reviews	
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>All works were completed and confirmation that alarms are working was received on 25<sup>th</sup> November 2015.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>The panels have been installed, however, a commissioning date (indicating operational in practice having completed final installation and testing) is under discussion. The works will be finally completed by the end of November.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Work to complete the installation of additional alarm panels in theatres is due to commence on the 27<sup>th</sup> and 28<sup>th</sup> October and commissioned on the 29<sup>th</sup> October 2015.</li> </ul> <p><b>September update: Monthly updates to ensure progress with nurse call panel</b></p> <ul style="list-style-type: none"> <li>Training has been delivered to teams with clarification of lighting system at the Clinical Governance Meeting.</li> <li>A Purchase Order has been raised with the Contractors for the new nurse call panels; all other works required have been completed.</li> </ul> <p><b>August update: Revised deadline pending completion of small works.</b></p> <ul style="list-style-type: none"> <li>Assurance has been provided that the emergency alarms are checked every day in theatres (alarm tests E1-20) and recovery (alarms/O2/Suction). The warning lights outside theatres/recovery are included as part of this check. There are no reported issues.</li> <li>Carillion confirmed in March 2014 they have resolved the issues with the 'follow-me' warning lights outside theatres.</li> <li>A quotation has been requested for the new nurse call panel; all other works required have been completed.</li> </ul>									
CA13 M28	Surgery	Records relating to the assessment and monitoring of deteriorating patients in recovery were not kept.	<ol style="list-style-type: none"> <li>Develop a post-operative monitoring protocol compliant with Trust-wide VitalPAC Early Warning Score for patients in recovery</li> <li>Audit compliance with protocol once implemented</li> <li>Review Theatre VitalPAC Early Warning Score (TVIEWS) Policy</li> <li>Introduce a record keeping standards</li> </ol>	Head of Nursing Critical Care, HSDU, Anaesthetics and Theatres	Medical Director	<p><del>31<sup>st</sup> Oct. 2015</del></p> <p>31<sup>st</sup> March 2016</p>	<ol style="list-style-type: none"> <li>Post-operative monitoring protocol developed</li> <li>Protocol audit results and associated actions</li> <li>Evidence of policy review</li> <li>Clinical Service Centre Clinical Governance Meeting minutes evidence record keeping standards update</li> </ol>	<p>Reporting progress against Critical Care, HSDU, Anaesthetics and Theatres Clinical Service Centre Improvement Plan through the monthly Executive Performance Reviews</p> <p>Deteriorating Patient Steering Group report to the Patient Safety Steering Group with exceptions reported to</p>	Amber

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**Chapter 3 – Care Quality Commission Quality Operational Improvement Plan  
DECEMBER 2015 ACTIONS UPDATE**

Ref.	Core service	Compliance action	Improvement action(s)	Lead	Exec. lead	Deadline	Evidence required	Assurance	Delivery rating
			update at Clinical Service Centre Clinical Governance Meeting 5. Ensure the Intraoperative care record contains a TVIEWS observation record and undertake quarterly audit of compliance with completion				5. Audit results with associated action plans	the Governance and Quality Committee  Critical Care, HSDU, Anaesthetics and Theatres Clinical Service Centre quarterly report to the Governance and Quality Committee	
<p><b>December update: Revised deadline to allow for embedding of protocol prior to auditing.</b></p> <ul style="list-style-type: none"> <li>The t-VIEWS protocol has been re-branded as the post-anaesthetic discharge scoring protocol; the main purpose will be to act as a de-escalation protocol rather than an early warning system (written as a Standard Operating Theatre rather than a policy).</li> <li>It has been reviewed at both Theatre Governance and the CHAT Governance and Quality committee and has been sent to the Anaesthetic Governance Group. The protocol is due for final ratification at the GHAT Governance and Quality Committee on the 14<sup>th</sup> January 2016. Following ratification the plan will be launched.</li> <li>Auditing of the protocol will commence once the protocol has been fully embedded; expected in March 2016.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>Discussions being held at the Recovery Quality Meeting.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>The Post Operative monitoring (t-VIEWS) protocol has been drafted, however, clarification is being sought from the Resuscitation team and Anaesthetics recovery lead on how frequently the t-VIEWS is required to be recorded.</li> <li>An audit tool to determine compliance with the protocol has been devised and is ready for launch once the protocol has been agreed.</li> <li>Regarding the policy review, this is an on-going agenda item and will include final ratification of policy and audit outcomes (Recovery Quality Improvement Group minutes and Critical Care, HSDU, Anaesthetics and Theatres governance October agenda (minutes not available yet) and September minutes provided as evidence).</li> <li>A snapshot audit of current compliance with the Deteriorating Patient Policy and scoring of t-VIEWS which took place between the 1<sup>st</sup>-16<sup>th</sup> October shows 94-100% compliance with all elements except t-VIEWS being scored every time observations are taken. There is no concern regarding patient safety as patients are being continually monitored and appropriate action taken.</li> </ul>									
CA20 M22	Medicine Surgery Critical Care Children & young people <b>Trust-wide</b>	Medical and dental staff did not meet trust targets to complete mandatory and statutory training.	1. Ensure all medical and dental staff complete essential skills training in line with Trust policy for compliance	Chief of Service for each Clinical Service Centre	Medical Director	31 <sup>st</sup> Aug. 2015 <b>On-going monthly monitoring</b>	1. Monthly training compliance data 2. Clinical Service Centre performance review metrics	Reporting essential skills training performance data through Clinical Service Centre monthly Executive Performance Reviews	<b>Red</b>

<b>Key:</b>	<b>Blue</b>	Actions complete; on-going monitoring required	<b>Amber</b>	Action plan in place; on-going monitoring of actions	<b>Dark green</b>	Completed with evidence submitted	<b>Red</b>	Breached expected deadline
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**Chapter 3 – Care Quality Commission Quality Operational Improvement Plan  
DECEMBER 2015 ACTIONS UPDATE**

Ref.	Core service	Compliance action	Improvement action(s)	Lead	Exec. lead	Deadline	Evidence required	Assurance	Delivery rating
								Trust and Clinical Service Centre level performance data reported monthly in the Integrated Performance Report to Trust Board	
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>One of the ten Clinical Service Centres has now achieved compliance against the standard.</li> <li>Performance continues to be monitored through the performance review process and is discussed at Operational Board and through Team Brief.</li> <li>A number of face to face training sessions have been cancelled due to the escalation status of the hospital.</li> <li>The Trust is trying to implement a skills passport for trainee doctors which would result in mandatory training undertaken in other Trusts being accepted here.</li> <li>The Trust is also engaging the Deanery in a discussion on how trainee doctors may be treated differently in relation to mandatory training.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>Monitoring of compliance continues at the monthly Executive Performance Reviews with each Clinical Service Centre.</li> <li>An improvement in compliance is being seen with the majority of Clinical Service Centres; however, overall compliance is not being achieved.</li> <li>The Director of Education; Consultant in Critical Care has been requested to give consider some special interventions for Junior Doctors, as this is the group of staff with lowest compliance rates.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>The Director of Workforce and Organisation Development has sent compliance levels of staff to all Clinical Service Centres Chief of Service and General Managers to ensure that all staff are encouraged to undertake training. Where an issue with the supply of training has been identified, all efforts will be made to correct this.</li> <li>It has been noted that there are a number of staff identified within the Corporate Service Centre that are not employed by the Trust and therefore, should not be included on the Electronic Staff Record; action is underway to correct this.</li> <li>Monitoring continues at the Monthly Executive Performance Reviews.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>No significant improvement has been noted. This has been escalated and will form part of the CSC monthly Executive Performance Reviews.</li> </ul> <p><b>August update: Deadline amended to show on-going monthly monitoring required.</b></p> <ul style="list-style-type: none"> <li>No significant improvement (although the change of Drs may have impacted upon this) has been noted. This has been escalated and will form part of the CSC monthly Executive Performance Reviews from September and will continue to be monitored closely monthly.</li> </ul>									
M9	<b>Trust-wide</b>	There is a hospital wide approach to address patient flow and patient care pathways across clinical service centres.	1. On-going implementation of Phase 2 of the system wide unscheduled care plan to improve patient flow	Director of Operations - Unscheduled Care	Chief Operating Officer	On-going	1. Implemented Phase 2 of the system wide unscheduled care plan to deadline	Reporting progress against Phase 2 system wide plan implementation to the Urgent Care Board  Urgent Care Board Quality Metrics	Amber
<p><b>December update:</b></p>									

<b>Key:</b>	Blue	Actions complete; on-going monitoring required	Amber	Action plan in place; on-going monitoring of actions	Dark green	Completed with evidence submitted	Red	Breached expected deadline
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**Chapter 3 – Care Quality Commission Quality Operational Improvement Plan  
DECEMBER 2015 ACTIONS UPDATE**

Ref.	Core service	Compliance action	Improvement action(s)	Lead	Exec. lead	Deadline	Evidence required	Assurance	Delivery rating	
<ul style="list-style-type: none"> <li>It has been agreed with the TDA and CCG at the Integrated Delivery Meeting that, as the actions plans from the four work streams of the System Resilience Group mirror the actions previously included in the Trust CQC Quality Improvement Plan, the associated dashboard from the work streams will be included in future reports to demonstrate achievements and delivery.</li> </ul> <p><b>November update:</b></p> <ul style="list-style-type: none"> <li>Phase 2 process on-going. Recent ECIP visit has generated new ways of working to be implemented as part of Phase 2 plan.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Meeting held 28<sup>th</sup> October 2015; awaiting report.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>Agreed at the Quality improvement oversight meeting that the Urgent Care Board would monitor the compliance with the Phase 2 plan and an exception report would be provided to the oversight meeting</li> </ul>										
S22	Trust-wide	Services have detailed strategic plans for service developments, for example, for the single point of access and appropriate provision of high dependency services.	Action linked to action 2 of 'well-led' within the Trust Strategic Quality Improvement Plan Deadline: <del>30<sup>th</sup> September 2015</del> Revised deadline <del>30<sup>th</sup> November 2015</del> Revised deadline: 31 <sup>st</sup> December 2015							Blue
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>5 year clinical and service strategies are being included for each CSC as part of the 2016/17 business planning process. The second draft of these plans was submitted on 23<sup>rd</sup> December for review and subsequent aggregation. The aggregation of these plans will be reviewed at the next Finance and Performance Committee (28<sup>th</sup> January). Following this review, the plans will be incorporated into the draft local health system 2016/17 plan, as per national planning guidance issued on 22<sup>nd</sup> December 2015.</li> </ul> <p><b>November update: Revised deadline given the move of Trust Board to December.</b></p> <ul style="list-style-type: none"> <li>As per Board request, options appraisal being developed to present to next Trust Board in December (November Board meeting has been moved to December). As part of the development of this appraisal, further conversations have been held with key stakeholders (Clinical Commissioning Groups, Trust Development Authority and Local Authorities).</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Extensive listening exercise conducted throughout August and September, involving a wide range of internal and external stakeholders. A summary of this exercise was presented to Trust Board in September. Due to the rapidly changing external environment within our health system, the Board requested that the potential new models of care receive careful evaluation ahead of the final development of the Trust wide strategy. An options appraisal has been requested by the Board for the November meeting.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>The Clinical Services Strategy has been reviewed as part of the overall Trust Strategy, and presented to Trust Board in September. Some minor amendments are required and there is agreement that the full strategy be presented to the Trust Board in October 2015.</li> </ul>										
TWM 1	Trust-wide	The trust clinical strategy is	Action linked to action 2 of 'well-led' within the Trust Strategic Quality Improvement Plan Deadline: <del>30<sup>th</sup> September 2015</del> Revised deadline <del>30<sup>th</sup> November 2015</del> Revised deadline: 31 <sup>st</sup> December					Monthly reporting to Operational Board	Blue	

Key:	<b>Blue</b>	Actions complete; on-going monitoring required	<b>Amber</b>	Action plan in place; on-going monitoring of actions	<b>Dark green</b>	Completed with evidence submitted	<b>Red</b>	Breached expected deadline
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**Chapter 3 – Care Quality Commission Quality Operational Improvement Plan  
DECEMBER 2015 ACTIONS UPDATE**

Ref.	Core service	Compliance action	Improvement action(s)	Lead	Exec. lead	Deadline	Evidence required	Assurance	Delivery rating
		supported by clear improvement plans and these are monitored and evaluated appropriately.	2015						
<p><b>December update:</b></p> <ul style="list-style-type: none"> <li>Refer to action for S22.</li> </ul> <p><b>November update: Revised deadline given the move of Trust Board to December.</b></p> <ul style="list-style-type: none"> <li>Refer to action for S22.</li> </ul> <p><b>October update:</b></p> <ul style="list-style-type: none"> <li>Refer to action for S22.</li> </ul> <p><b>September update:</b></p> <ul style="list-style-type: none"> <li>Refer to action for S22.</li> </ul>									

Key:

Blue	Actions complete; on-going monitoring required	Amber	Action plan in place; on-going monitoring of actions	Dark green	Completed with evidence submitted	Red	Breached expected deadline
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