

**Trust Board Meeting: Wednesday 12 November 2014**

**TB2014.116**

<b>Title</b>	<b>Update on CQC Inspection Action Plans</b>
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<b>Status</b>	For discussion
<b>History</b>	<p>CQC Compliance Action Plan has been presented to:</p> <ul style="list-style-type: none"> <li>• Trust Management Executive, 22 May, 12 June and 28 August 2014</li> <li>• Quality Committee, 11 June 2014</li> <li>• Trust Board, 9 July 2014</li> </ul> <p>The 'Should Do' / Advisory Action Plan has been presented to:</p> <ul style="list-style-type: none"> <li>• Trust Management Executive, 24 July 2014</li> <li>• Quality Committee, 13 August 2014</li> <li>• Trust Board, 10 September 2014</li> </ul> <p>The last monitoring report was presented to Trust Management Executive on 23 October 2014.</p>

<b>Board Lead(s)</b>	<b>Eileen Walsh, Director of Assurance</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## Executive Summary

1. As previously reported to the Board the Trust action plans in relation to the 'Must Do' and 'Should Do' recommendations raised in the Care Quality Commission's (CQC) reports, are being monitored by the Assurance Team.
2. Progress to date with regard to both action plans is summarised in Appendices 1, 2 and 3 in a dashboard format.
3. Three actions are reported as 'off plan' in relation to the Compliance Action Plan and two were delayed in relation to the Advisory Action Plan.

#### 4. **Recommendation:**

The Board is asked to:

- review the progress made to date; and
- note results of discussions in relation to the delays in completion of certain actions.

## 1. Introduction

1.1. The Care Quality Commission (CQC) conducted an inspection of the Trust on the 25th and 26th February 2014 and as a result of the visit action plans were developed and submitted to CQC. The Assurance Team are monitoring progress against each of the actions and collating the supporting evidence.

## 2. 'Must Do' Action Plan

2.1. A monthly update of the agreed 'Must Do' action plan is provided in order that progress may be monitored against the plan.

2.2. Progress to date is provided as Appendix 1 and 2. This summarises the current position in relation to actions required for compliance to be demonstrated and the exceptions.

2.3. Compliance is measured according to five conditions and to the target time scales as described in the table below:

Action completed on time	Action has been completed on or before target date
Actions on plan	Actions have been started and are expected to be completed by target date
Action completed late	Actions have been completed after the target date
Action off plan	Actions are delayed ; they are not expected to be completed by target date
Action off plan beyond completion date	The target date has passed; actions are not complete.

2.4. The information in this report relates to activity up to 17 October 2014. At that time there were three actions where there was a recorded delay in completion, as illustrated below and in the appendices 1 & 2. These were subject to detailed discussion at the Trust Management Executive in October.

Action number	Action description	Exception comment / discussion note from TME
<b>Action Delayed: will not be completed by target date</b>		
CA 2.1	Recruitment into substantive theatres and sterile services: Deputy theatre manager vacancy (Due date 17 August 2014)	The substantive post remains vacant, interim manager in post. Three recruitment campaigns have been unsuccessful due to a lack of suitable candidates. The Divisional General Manager was asked to review the situation as part of the next Divisional meeting and report back to the TME following this meeting.
CA 2.2	To complete the remaining aspects of the Maternity Staffing Business Plan agreed by TME in 2013 the final element was in relation to the recruitment of four WTE ward receptionist posts. (Due date 31 July 2014)	The Divisional Director was asked by TME to clarify the position in terms of funding for these posts and considered alternative solutions, if funding was not available.
CA 5.1	To provide support to four student Supervisor of Midwives (SOM's) to complete the study programme. This action is aimed to ensuring that from September the Midwives caseload ratio will be 1:18. (Due date 30 September 2014)	The supervisor's course has taken place and three of the four students passed. Action is being taken to identify further applicants. (n.b. linked to support from NHS England) The Divisional Director was asked to keep a watching brief on this issue.

### 3. 'Should Do' Action Plan

3.1. The Assurance Team have been monitoring progress to date and the action plan dashboard is provided, as Appendix 3. This summarises the current position in relation to actions required for compliance to be demonstrated.

3.2. The information in this report relates to activity up to 17 October 2014. At that time the majority of actions have either been completed or are 'on plan'. Two actions were reported as 'off plan', these are included in the summary on Appendix 3. These were subject to detailed discussion at the Trust Management Executive in October.

Action number	Action description	Exception comment/ discussion note from TME
<b>Action Delayed: will not be completed by target date</b>		
SD17	Revision of the Resuscitation Policy (Due date 30 September 2014)	This is a unified region wide policy previously led by the PCT co-ordination of the update is under review. The Divisional Director confirmed there was a Trust Lead and the position in relation to the Policy would be clarified by this lead.
SD18	National Staff Survey results to support reporting awareness. (Due date 30 September 2014)	Due date included in the original action plan was incorrect. The due date to this action would be amended to reflect the Trust expected reporting timeframe (March 2015)

3.3. Progress against actions is being monitored by the Assurance Team and evidence is being collated for assurance.

### 4. Next steps

4.1. The full action plans were presented to the Health Overview and Scrutiny Committee (HOSC) in September 2014. It was agreed at this meeting that a full update on progress to complete actions is reported back to the HOSC by the end of the calendar year.

4.2. An update on progress will also be provided to the Care Quality Commission at the next quarterly meeting with the Trust in December 2014.

### 5. Recommendation

5.1. The Board is asked to:

- review the progress made to date; and
- note results of discussions in relation to the delays in completion of certain actions.

**Eileen Walsh**

**Director of Assurance**  
**November 2014**

Report prepared by:  
Clare Winch, Deputy Director of Assurance

**Appendix 1: CQC visit 'Must Do' action plan overview and exception – Monitoring dashboard**

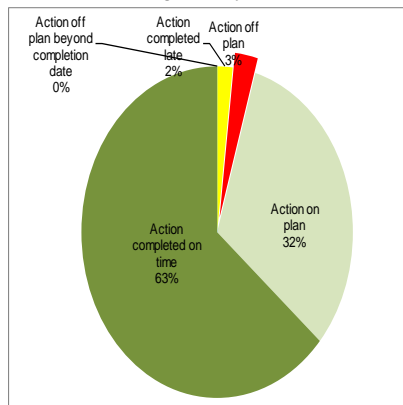
Table 1: Summary of Actions	
Action completed on time	70
Actions on plan	35
Action completed late	2
Action off plan	3
Action off plan beyond completion date	0
<b>Total Actions</b>	<b>110</b>

**Overview of Exceptions**  
 Exceptions which are not meeting time scale targets are:  
**CA 2.** Recruitment into substantive theatres and sterile services: Deputy theatre manager vacancy  
 \* The post remains vacant. (DGM and Director of Workforce reviewing further actions)  
 Implement the remaining aspects of the Maternity Staffing Business Plan agreed by TME in 2013. This includes recruitment of four WTE ward receptionist posts.  
 \* Funding has not been identified; posts have not be advertised. (alternative solutions to be considered)  
**CA 5.** To provide support to four student Supervisor of Midwives (SOM's) to complete the study programme.  
 \* Following re-sit three of the four midwifery supervisors were appointed. (Further recruitment work underway for next course)

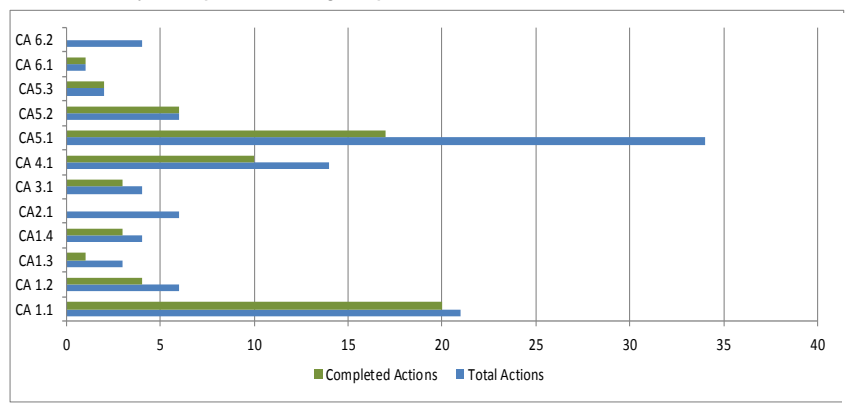
The two 'completed late' items were previously reported to TME in August 2014.  
 10 actions have been completed on or before target date since the previous report.

Key to charts 1, 2 & 3	
Number of actions	Blue
Action completed on time	Green
Actions on plan	Light Green
Action completed late	Yellow
Action off plan	Orange
Action off plan beyond completion date	Red

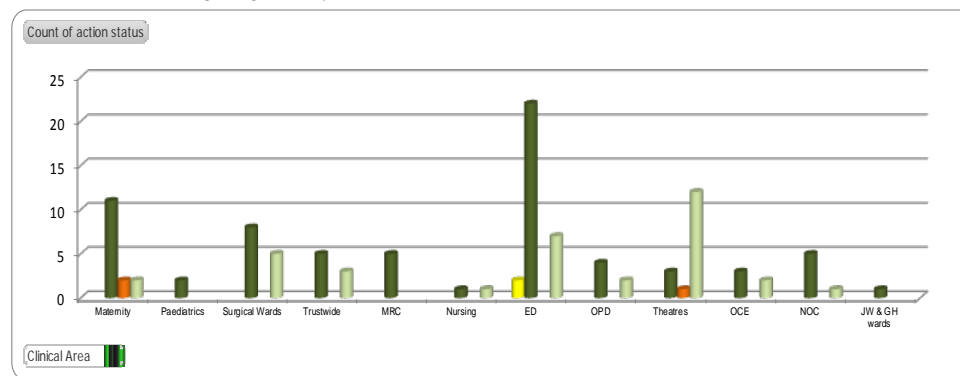
**Chart 1: Actions categorised by current status**



**Chart 2: Summary of Completed actions against plan**



**Chart 3: Actions monitoring categorised by service**



**Appendix 2: CQC visit 'Must Do' action plan details – Monitoring dashboard**

**Compliance Action 1: The provider had failed at times to plan and deliver care to patients needing emergency care, surgical care and outpatient care to meet their needs and ensure their welfare and safety.**

*John Radcliffe and Trust Wide. Treatment of disease, disorder or injury Surgical procedures. Regulation 9(1)(b)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.*

The trust needs to plan and deliver care safely and effectively to people requiring emergency, surgical and outpatient care, to meet their needs and to ensure their welfare and safety.

<b>Action completed on time</b>	27	<b>Summary of current position:</b> Of the 37 actions 27 are reported as completed and 10 remain 'on plan'.
Actions on plan	10	
<b>Action completed late</b>	0	
Action off plan	0	
<b>Action off plan beyond completion date</b>	0	
<b>Total Actions</b>	<b>37</b>	

**Compliance Action 2: The provider had failed to consistently safeguard the health, safety and welfare of patients because they did not ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff employed.**

*John Radcliffe and Trust Wide. Treatment of disease, disorder or injury; Surgical procedures; Family planning; Maternity and midwifery services; Termination of pregnancies. Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.*

The trust needs to ensure that it has suitable numbers of qualified skilled and experienced staff to safely meet people's needs at all times

<b>Action completed on time</b>	17	<b>Summary of current position:</b> Of the 34 actions 17 are reported as completed and 15 continue to be reported as 'on plan'. The 'off plan' actions relate to recruitment into the theatre manager position and the appointment of reception staff in Childrens and Women's Division - as reported in September 2014
Actions on plan	15	
<b>Action completed late</b>	0	
Action off plan	2	
<b>Action off plan beyond completion date</b>	0	
<b>Total Actions this section</b>	<b>34</b>	

**Compliance Action 3: The provider had failed at times to deliver care to patients that ensured their privacy, dignity and human rights were respected.**

*John Radcliffe and Trust Wide. Treatment of disease, disorder or injury. Regulation 17(1)(a) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.*

The trust needs to plan and deliver care to people requiring emergency care in a way that safeguards their privacy and dignity.

<b>Action completed on time</b>	1	<b>Summary of current position:</b> Of the four actions one action is reported as completed Two actions were completed after a delay, as reported in September 2014. One action is reported as remaining 'on plan'.
Actions on plan	1	
<b>Action completed late</b>	2	
Action off plan	0	
<b>Action off plan beyond completion date</b>	0	
<b>Total Actions this section</b>	<b>4</b>	

**Compliance Action 4: The provider had failed at times to take proper steps to ensure that patients were protected against the risks of receiving unsafe or inappropriate care or treatment arising from a lack of proper information about them, by means of the maintenance of an accurate record in respect of each patient, including appropriate information and documents in relation to that care and treatment.**

*NOC, Churchill, Trust wide. Treatment of disease, disorder or injury. Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.*

The trust must ensure that patient records accurately reflect the care and treatment planned and delivered for each patient in line with good practice standards.

<b>Action completed on time</b>	16	<b>Summary of current position:</b> Of the 20 actions 16 are reported as completed and four are on plan.
Actions on plan	4	
<b>Action completed late</b>	0	
Action off plan	0	
<b>Action off plan beyond completion date</b>	0	
<b>Total Actions this section</b>	<b>20</b>	

**Compliance Action 5: The provider did not have suitable arrangements in place in order to ensure that all staff were appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to service users to an appropriate standard through receiving appropriate training, professional development and supervision.**

*John Radcliffe. Treatment of disease, disorder or injury; Maternity and midwifery services. Regulation 23(1)(a) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.*

The trust needs to ensure that staff receive suitable induction to each area that they work within the trust.

The trust needs to ensure that newly qualified midwives are appropriately supported.

<b>Action completed on time</b>	8	<b>Summary of current position:</b> Of the ten actions eight are reported as completed and one as being 'on plan'. A single action is reported as 'off plan' and this relates to the Supervisor of Midwives issue - as reported in August 2014.
Actions on plan	1	
<b>Action completed late</b>	0	
Action off plan	1	
<b>Action off plan beyond completion date</b>	0	
<b>Total Actions this section</b>	<b>10</b>	

**Section 6: Other actions identified as MUST do but not compliance actions**

Effective training for A & E staff related to dementia and learning disability

Improve theatre capacity

<b>Action completed on time</b>	1	<b>Summary of current position:</b> Of the five actions a single action is reported as complete and four are reported to be progressing to plan. Evidence of completion of actions is being gathered to provide assurance.
Actions on plan	4	
<b>Action completed late</b>	0	
Action off plan	0	
<b>Action off plan beyond completion date</b>	0	
<b>Total Actions this section</b>	<b>5</b>	

**Appendix 3: CQC visit Compliance 'Should Do' Actions: Monitoring Dashboard**

**Table 1: Overview of 'Should Do' action Status**

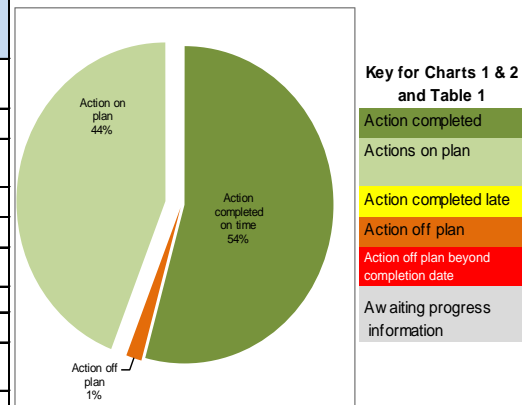
Should Do' Actions Overview	
Action completed on time	64
Actions on plan	52
Action completed late	0
Action off plan	2
Action off plan beyond completion date	0
Aw aiting progress information	0
<b>Total Actions Assessed</b>	<b>118</b>

Summary of current position:
<p><b>October 7th 2014</b> Evidence of progress and completion is being collected.</p> <p>54% of actions are reported as completed on time (Chart 1). 44% of actions are on plan (Chart 1). 1% of actions are reported as off plan (Chart 1).</p> <p><b>The 'off plan' actions</b> are in respect of:  <b>SD17:</b> The revision of the Resuscitation Policy; the current policy is a unified regional policy. This was previously organised through the PCT Lead, this post no longer exists. Cor-ordination of review is more difficult as a result.  <b>SD18:</b> Requires National Staff Survey results to demonstrate changes in reporting awareness. The Staff Survey is undertaken annually in October therefore the target date needs to be reviewed.</p> <p><b>N.B:</b> Some actions are duplicated across sites as can be seen in Table 2.</p>

**Table 2: Numbers of Actions at Different Sites of the Trust**

Action Type	Churchill	Horton	John Radcliffe	Nuffield	Grand Total
Access to specialist medical services	0	3	0	0	3
Agency staff access to EPR	0	0	0	2	2
Bed capacity and A&E waiting times	0	1	0	0	1
Complaints	0	0	2	0	2
Complaints feedback ED	0	0	1	0	1
Critical Care Medical Staffing	0	2	0	0	2
Critical care Outreach Service	0	1	0	0	1
Cross team working	0	0	1	0	1
Dementia training for staff in ED	0	0	1	0	1
Diabetes Care Pathway	2	0	0	1	3
Discharge	16	0	15	0	31
Environment and Facilities	4	1	2	0	7
frail elderly	0	0	13	0	13
Improve number of high dependency beds	0	0	2	0	2
Incidents meetings	0	0	1	0	1
Medical beds/ staffing levels	2	0	0	0	2
Paediatric nurse on duty	0	2	0	0	2
Patient Experience	0	0	2	0	2
Preceptorship for midwives	0	1	0	0	1
Record keeping observation	0	4	3	0	7
Resuscitation beds ED	0	0	1	0	1
Review of DNAR decisions	0	5	0	0	5
Staff engagement and support	0	3	0	1	4
Staff engagement and support – Surgery	0	0	1	0	1
Staff training in dementia in ED	0	1	0	0	1
Staffing - therapies	0	0	2	0	2
Staffing levels (OCE at the NOC)	0	0	0	3	3
Standardised Codes – cardiac arrest	5	0	0	0	5
<b>Grand Total</b>	<b>29</b>	<b>24</b>	<b>49</b>	<b>16</b>	<b>118</b>

**Chart 1: Overview of all 'Should Do' action status**



**Chart 2: 'Should Do' Action Status by Site**

