Paper 7.4

Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
5th December 2018

TITLE	**Care Quality Commission (CQC) Action Plan Update**
EXECUTIVE SUMMARY	This paper is a summary of the CQC Regulation Paper submitted to Quality of Care Committee on 22nd November 2018.
The Council is asked to:	Note the action plan update
Submitted by:	Sue Tranka, Chief Nurse
Date:	December 2018
Decision:	For Noting

1 Care Quality Commission Inspection June/July 2018

The CQC report for the Trust was published In October 2018. The results by Domains were as follows:

Overall for the Trust - five out of six domains ratings are "Good"- Effective, Caring, Responsive, Well-Led and the Use of Resources. The Trust rating for the Safe domain remains at "Requires Improvement" for the following reasons:

- Medicines effectiveness could not be guaranteed because medicines were not always stored in line with manufacturers' guidance.

- The premises and equipment were not always well looked after. Inspectors found blocked fire exits, fire doors in poor repair, insecurely stored hazardous waste, and waste not segregated in line with national guidance. There was not always evidence that emergency equipment had been checked to demonstrate its fitness for emergency use.

- Mandatory training levels were below the target of 90%.

At the St Peters Hospital site the rating improved to "Good" and Critical Care achieved "Outstanding". Medical care retained its "Good" rating. The Emergency Department received a rating of "Requires Improvement". The CQC did not inspect Surgery, Maternity or End of Life Care this time and their rating of "Good" from the inspection in 2015 remains.

Critical Care's outstanding rating particularly reflects their high quality care and leadership. The Team were praised for their compassion, inspirational commitment to quality and safety, with innovative use of technology.

Some areas the CQC found to be good at the Trust included:

- Staff caring for patients with compassion and kindness.

- The services took account of patients' individual needs and there were specialist teams to support patients living with dementia or those with vulnerable circumstances.

- The use of a developmental care round in the Neonatal Intensive Care Unit which identifies when families require additional support.

The Ashford Hospital site received a rating of "Requires Improvement" which reflects the need to strengthen both the Safety and the Well-Led domains. The Well-Led improvements focus largely on operational and governance areas so that people can clearly outline their role in these services and how this fits with the Trust's overall vision.

2 Care Quality Commission June 2018 Inspection Actions

The Trust submitted an improvement action plan to the CQC in November 2018 for both the "must" and the "should" improvement items. The full plan can be viewed within the Quality of Care Committee papers of 22 November 2018.

There are many stand-alone actions on the plan which will be progressed individually. There are two large scale actions with major improvement programmes where we will take a more

holistic approach to strengthening the services in the Emergency department and Outpatients at Ashford. The rationale for this is that by taking a more holistic approach to strengthening the services overall, the focus will be much broader resulting in resolution of the wider challenges. The individual findings of the CQC that require fixing in those two areas will be addressed as part of these overall improvement programmes.

2.1 Monitoring and Governance over the CQC Action Plan

The action plan includes milestones, first tests of an action and final tests of effectiveness. Much of the plan is well underway already as steps were initiated as soon as the CQC gave us their initial findings.

The progress of the actions will be monitored, coordinated and assessed monthly by regulatory assurance to enable a live status of the action plan to be presented to each Quality of Care Committee.

The process to achieve governance over the plan will be:

1. Monitoring at each Oversight Committee/Group as noted on the Plan
2. Reporting of the whole plan to Quality of Care Committee at each meeting
3. Exception reporting to Board quarterly.

Each person named as the Contact for Updates for each action will be responsible for updating the masterplan held by the Quality Team by the 3rd working day each month.

The Corporate Quality and Safety Manager is implementing a system to ensure smooth operation of the above arrangements.

3 Summary

The Trust has submitted its improvement action plan to the CQC and governance arrangements to monitor this are being implemented.