

"A Continuous Journey of Learning and Improvement"

Presenting the case for a CQC Inspection at Sherwood Forest Hospitals NHS FT

Paul O'Connor – 4th March 2015



Objective

 To give you the confidence that inspecting the Trust to determine whether or not it comes out of Special Measures, is a risk worth taking.

I have been asked to cover:

- Progress to date in addressing Special Measures issues
- Residual issues still to be addressed before exiting Special Measures
- Action plan to address residual issues

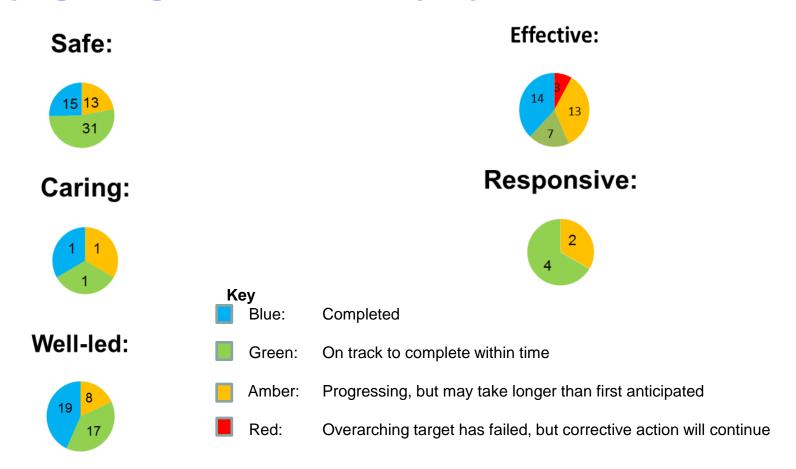


Our Approach

- Exiting Special Measures is not an end in itself
- Point at which our progress against our Q.I.P. is assessed
- The Q.I.P. is the overarching roadmap for future quality improvement

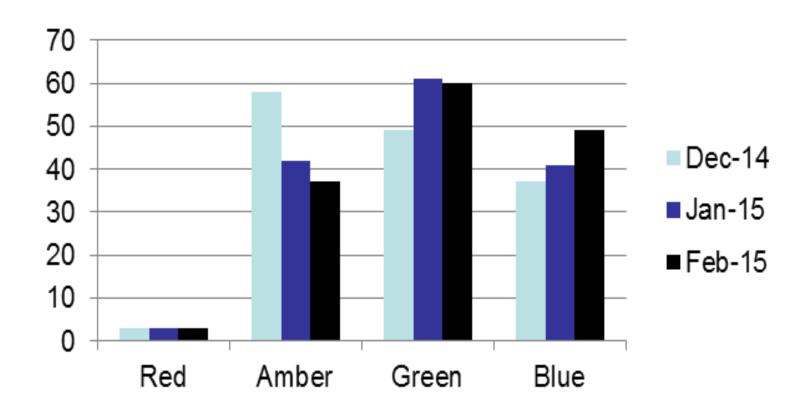


We are progressing well with our Quality Improvement Plan:



Of 149 actions, 49 already complete, 60 well on the way to complete







How are we assured?

- Our risk management has strengthened (SMART Action Plan, Barrier 8, - 'Green', Endorsed by I.D.)
- Our Governance is strong (QGF from 13 to <4, self assessment beyond Board since March 2014
- Well developed BAF, accountability matrix and Trust committee/governance structure



- 1. What progress have we made?
 - Of 149 Q.I.P. actions 49 already complete
 - Further 60 should complete on time/early
 - Big areas of progress include
 - Delivery of the Keogh RRR action plan including:
 - Management of complaints
 - Newark Strategy
 - £4M investment in nursing numbers and skill mix
 - **Board and Executive Development**
 - Quality for All values in place
 - Medical Appraisal
 - Recognition of embedded learning from HM Coroner
 - Risk Management and Governance



- Strengthened medicines management systems in which we have seen critical medication omissions fall from 5% to <2%
- Whistleblowing Policy updated and improved, with an imminent listening event
- A new IT based system which tracks maintenance of all medical equipment
- Introduction of VitalPac leading to 98% completion of observations and 100% accuracy on early warning scoring
- A new patient experience function leading to excellent complaints performance
- Learning boards, new grand round, good ideas group and learning events as part of developing a new learning culture



- 2. What residual issues are still being addressed?
 - Delivery against ED 95% access target
 - Infection Prevention & Control
 - Staff (particularly Medical) engagement
 - Patient Pathway development
 - Adult safeguarding
 - HEEM issues recently raised



- 3. Do action plans exist to address residual issues?
 - Q.I.P.
 - SMART Action Plan
 - Weekly Countdown Plan
 - A&E Performance Escalation Plan
 - Appointment to key posts
 - Team and Personal Development
 - Strategic Narrative development
 - Buddying Support
 - Board Development to ensure effectiveness and assurance



- Is there evidence of learning?
 - Deep dives at Quality Sub-committee of Board
 - H.M. Coroner commendation & reduced repeat occurrences
 - Enhanced Medical Appraisal
 - Improved year on year position on ED performance
 - The learning loop on complaints
 - Restructuring to reflect:

Strengthened P.M., P.M.O. and matrix delivery across divisions

GP input into Exec meetings

Consistency in Newark governance

Proactive involvement of clinicians



What further support do we need?

- Networked services
- Lead provider in Better + Together
- Build on operational improvements already started
- To separate and deal with the structural deficit
- Continue to rebuild the capacity and capability of the Trust



What will you get if you decide a CQC Inspection is appropriate?

- An Inspection that proves:
 - We have continued to progress since April 2014
 - We know what our problem areas are
 - We have evidence that every problem area has, and will continue to be addressed
 - We know what we still have to do

When we exit special measures, what can we offer?

- A Trust that is demonstrably "on the up"
 - CAN attract new staff
 - CAN give a local population something to be proud of
 - CAN be the keystone in a successful local health economy



Summary

We've sorted our risks

We understand our problems

We deliver safer care

We are ambitious and aspirational

We are part way on a continuous journey of improvement



Removing Trusts from Special Measures

"The Chief Inspector will usually recommend that a trust comes out of Special Measures if the quality of care is showing sufficient signs of improvement, even if it is not yet 'good', and the trust leadership is robust enough to ensure that the trust will sustain current improvements and make further improvements. Monitor must also be confident that improvement will be sustained".

Monitor CQC & TDA: "A Guide to Special Measures" - Feb 2015



Conclusion

What am I most proud of?



Any Questions?

Is there anything you have raised that I haven't addressed?