

Brent Overview & Scrutiny Committee – 26th November 2014

Care Quality Commission (CQC) Compliance and Quality Improvement Action Plans (NPH, CMH, St Mark's) update.

Summary:

This report provides Brent Overview & Scrutiny Committee with an update on the achievement of the CQC Compliance Improvement Plan and progress on the development of the Trust Quality Improvement plan.

The CQC Compliance Improvement Plan is attached for reference. The plan demonstrates good compliance in achievement of the recommendations. The majority of actions are completed, and progress is being made in line with planned completion dates.

A few key requirements will not be achieved till 2015, these include: full implementation of the midwifery staffing workforce plan, repeat of the national maternity survey, reconfiguration of Jacks Place, total additional bed capacity as currently planned and achievement of the A&E medical staffing plan.

In addition to the CQC Compliance Improvement Plan a Trust Quality Improvement Plan (QIP) is currently being populated, this will address those issues raised following the inspection that were not required to be included as part of the Compliance Improvement Action Plan. The QIP will reflect the divisional action plans and support those initiatives that require Trust wide implementation. The QIP plan will have four main work streams, which will capture issues raised within the CQC reports and continue to achieve the Trust objectives of providing safe, high quality care. The four work streams are:

- Governance (e.g. policies, complaints, incidents)
- Workforce (e.g. safe staffing, appraisal)
- Patient Experience (e.g. Family and Friends Test net promoters score - acting on feedback)
- Environment (equipment, facilities, PLACE)

In addition a 'vision' for Quality is being developed which will be owned by staff, and communicated widely to all stakeholders as the Trust's core commitment to quality driven services. This will be integrated into governance systems and processes to ensure clear expectations are set, actions taken to close gaps, and effective monitoring and reporting to the appropriate Trust Board sub committees. To support this work a CQC Compliance Manager will be recruited.

Progress will also be reported to stakeholders including the Trust Development Authority (TDA) and Commissioners (Clinical Commissioning Groups). To avoid duplication of reporting one committee is being established by the TDA which will be co-chaired by the CCG and include other stakeholders e.g. CQC and HealthWatch.

Conclusion

Brent OSC is asked to note:

- good progress made in achieving the CQC Compliance Improvement Action Plan

- development of the Trust's CQC Quality Improvement Plan
- commitment to embed more effectively the Trust's commitment to safe, quality services
- reporting and monitoring arrangements