

**Report on actions you plan to take to meet CQC essential standards**

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	RJ2
<b>Our reference</b>	INS1-591613532
<b>Location name</b>	University Hospital Lewisham
<b>Provider name</b>	Lewisham Healthcare NHS Trust

Regulated Activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
	<b>How the regulation was not being met:</b>
	<i>Patients were not always treated with courtesy and respect or encouraged to express their views about what was important to them in relation to their care. (Regulation 17 (2)(a) &amp; (c)(ii))</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>The Trust has implemented a process whereby patient feedback is sought on a continual basis across all areas. Questions relating to patients being treated with dignity and respect are always asked and our performance across the year has been continually improving with a current positivity score of 92.69 and a rate of 84.53% of respondents stating 'Yes Always' (n=978).</p> <p>A question is also asked about whether or not patients feel that they were involved in decisions about their care and treatment, as much as they wanted to be. Our performance across the year has been improving and currently 64.75% of the patients responding to the questionnaire answered 'Yes definitely', 26.08% responded 'yes to some extent and 6.11% responded 'no'.</p> <ol style="list-style-type: none"> <li>1. All wards have their monthly Patient Experience Scorecard provided by the Patient Experience Team. All Ward managers will be required to present an action plan on areas of Red at the Nursing &amp; Midwifery Quality and Metrics Meeting.</li> <li>2. Dignity and Respect are sessions which are included in all nursing induction programmes but this will be strengthened with the introduction of the 6C's which will be built into our Nursing and Midwifery Strategy which will be developed in the coming month.</li> <li>3. The Matrons will perform monthly Quality Ward Rounds and will record the observations made and present these at a newly formed Nursing/ Midwifery Quality Metrics forum which will be set up to monitor and report on Nursing and Midwifery Quality Metrics. Matron Quality Ward Rounds will also be presented to the Directorate Governance Meetings.</li> <li>4. All Wards will have 'Ward Contracts', which will be developed in conjunction with the Ward Team and all ward staff will be required to sign the Ward Contract. These Ward Contracts will be explicit in the expectation that all patients will be treated with Dignity and Respect and be involved in decision-making and their own care.</li> <li>5. A review of Ward Dignity Champions will take place and all wards will have at least one Dignity Champion.</li> <li>6. The Executive and Non-Executive Team undertake 'Executive Walkabouts', these 'Walkabouts' are observational and involve patient discussions and feedback about care. The reports from the 'Walkabouts' will be presented to the Trust Patient Experience Committee and action plans arising from the 'Walkabout' will be the responsibility of the Head of Nursing.</li> <li>7. To ensure that a robust process is in place to assess the wards and departments for compliance against the essential standards of quality and safety, we will develop a new approach to our internal 'inspections'. This new approach will encompass a rigorous assessment and testing of all the evidence with which to test compliance against the full standards.</li> <li>8. The Corporate Nursing Department will produce a video for all staff, to stress the importance of the important aspects of Privacy, Dignity, Communication, staff and patient handover and documentation.</li> </ol>	

9. Through our preparation and existing work on our organisational development plan for the newly merged organisation, our focus on culture will aim to embed and improve making the patient's experience, a good one.

Who is responsible for the action?

1. Action 1 – Ward Managers
2. Action 2 – Practice Development Team
3. Action 3 – Matrons
4. Action 4 – Ward Managers & Ward Staff
5. Action 5 – Ward Managers
6. Action 6 – Heads of Nursing
7. Action 7 – Deputy Director of Nursing and Deputy Director of Governance
8. Action 8 – Deputy Director of Nursing
9. Action 9 – Human Resources department

**How are you going to ensure that improvements have been made and are sustainable?  
What measures are you going to put in place?**

1. The Trust has an existing system in place to gain patient feedback on a continual basis. The consenting patients within each area complete the questionnaire using an electronic system and all results are collated and published onto a Ward Scorecard. All wards are then required to ensure that any actions required as a result of their published results are implemented within their areas.
2. Ward scorecards will be presented by Ward managers at the newly developed Nursing and Midwifery Metrics meeting and action plans will be developed for Red areas.
3. The Matrons Quality Ward Rounds will be reported to the Nursing Quality Metrics meeting and also to the Directorate Governance meetings. Action plans arising from the Quality Ward Rounds will be monitored by the Matrons.  
  
All Patient Experience Feedback, scores and performance is reported through the Trust Governance Structures to the Trust Board.
4. The Executive and Non-Executive Directors also complete 'Executive Leadership Walkabouts' once a month and observe practice within ward or department areas. The observational visits to the wards also include talking to patients and gaining first hand feedback on their experience.  
The Executive Walkabouts will also form part of the Trust Patient Experience Committee reports to the Trust Board.
5. The Patient Welfare Forum also undertakes visits to the wards for observational purposes and also observes practice and obtains patient feedback. The Feedback is also reported to the Patient Experience Committee.
6. The new internal compliance inspection of assessment for the wards will cover all the aspects within the essential standards, wards will be inspected and a comprehensive report will be produced and any partial or non-compliances will require an action plan. These action plans will be monitored by the Trust Clinical Quality Committee.

Who is responsible?	<ol style="list-style-type: none"> <li>1. Trust Patient Experience Team – production of monthly ward scorecards on patient experience</li> <li>2. Ward managers will be responsible for the actions relating to any Amber or Red areas on their Ward Patient Experience Scorecard</li> <li>3. Matrons will be responsible for the Matron's Quality Ward Round and presentation of report at Metrics and Directorate Governance Meeting</li> <li>4. Patient Experience Committee will receive reports from the Executive Walkabouts</li> <li>5. Patient Welfare Forum will continue to report to the Patient Experience Committee</li> <li>6. The Heads of Nursing will be responsible for the monitoring of reports following the internal inspection of ward areas, along with the Trust Clinical Quality Committee</li> </ol>
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>The resources will be identified from within the Directorate Budgets.</p>	
<b>Date actions will be completed:</b>	30 <sup>th</sup> September 2013
<b>How will not meeting this regulation until this date affect people who use the service(s)?</b>	
<p>The Trust had made significant improvements to date related to treating patients with dignity and respect, which has been demonstrated in our whole year results of our internal Patient Experience Questionnaire and our Friends and Family responses.</p> <p>However, we do recognise that there is always room for improvement and we are committed to ensure this improvement is continual.</p> <p>We are always seeking the feedback from patients, relatives and carers, and can be assured that over 92% of our patients are satisfied with the care they have received and the dignity and respect shown.</p> <p>We monitor all complaints on an ongoing basis and do have a process where action plans and improvements are made as a result of any informal or formal complaints.</p> <p>We aim to provide a high quality service with an excellent standard of care delivery and we will monitor this from our daily patient experience responses.</p>	
Completed by (please print name(s) in full)	Belinda Regan

Position(s)	Deputy Director of Governance
Date	15 <sup>th</sup> April 2013

Regulated Activities	Regulation
Diagnostic and screening procedures Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	<b>How the regulation was not being met:</b>
	<i>Some patients were not protected against the risks of receiving inappropriate or unsafe care. Accurate needs assessments were not always in place, which meant that care and treatment was not always planned and delivered so as to meet patients' individual needs.</i> (Regulation 9 (1)(a) & (b)(i))
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>The completion of Nursing and Midwifery documentation is covered within the Nursing and Midwifery Induction Programmes. The Trust also has an E-learning package for Health Records.</p> <p>The Trust has in place a monthly audit system for auditing the completion of nursing documentation which includes the Nutritional Assessment and Screening Tool and also includes all the needs assessments. It is mandatory for each ward to undertake this audit.</p> <p>The results of these audits are discussed at the Trust Aspiring to Excellence meeting.</p> <ol style="list-style-type: none"> <li>1. The Practice Development Team will continue to ensure that the importance of completing the needs assessments for patients and ensuring that this is recorded within the patient records is continually emphasised within the Trust Nursing and Midwifery Induction Programme.</li> <li>2. To address the observations made by the Care Quality Commission, the Trust will establish a new group the Quality Nursing and Midwifery Metrics Group which will monitor the compliance of the monthly ward audits and will report to the Heads of Nursing and Aspiring to Excellence Group.</li> <li>3. All department matrons will be required to present the reports at the Quality Nursing and Midwifery Metrics group. Action plans will be required for any partial or non-compliant areas.</li> <li>4. The matrons on their Quality Ward rounds will assess the completion of the nursing and midwifery patient records as part of their observational assessment.</li> <li>5. The Corporate Nursing Department will produce a video for all staff, to stress the importance of the important aspects of Privacy, Dignity, Communication, staff and patient handover and documentation.</li> <li>6. The Surgical Directorate will review its core nursing assessment and care planning documentation as part of the integration planning with a view to streamlining nursing documentation.</li> <li>7. As part of the establishment of the new Quality, Nursing and Midwifery Metrics meeting, the Trust will produce an annual planner for Wards to assist ward managers complete their required roles in relation to nursing and midwifery audits.</li> <li>8. A Training programme in conjunction with the Dementia CQUIN and national requirements will be continued and assisted by the four main Trust Dementia Leads, the appointment of a Clinical Nurse Specialist for Dementia and a Dementia Nurse. This will assist the roll out of the Dementia pathway across all areas, the roll out of the use of Dementia Passports and the undertaking of a survey of the Carers of patients with dementia.</li> <li>9. The End of Life Strategy will be finalised and approved by the End of Life Care Steering Group and work will commence on the action plan.</li> </ol>	

Who is responsible for the action?	Action 1 - The Trust Practice Development Team Action 2 – The Heads of Nursing Action 3 – Trust Matrons Action 4 – Trust Matrons Action 5 – The Deputy Director of Nursing Action 6 - Head of Nursing for Surgery Action 7 – Heads of Nursing Action 8 – Heads of Nursing Action 9 – Head of Nursing for Specialist Medicine and Trust Lead Nurse for Cancer
<b>How are you going to ensure that improvements have been made and are sustainable?          What measures are you going to put in place?</b>	
<ol style="list-style-type: none"> <li>1. The Trust has an existing system in place to monitor the completion of nursing assessments on a monthly basis. This includes the Nutritional Assessment Tool A scorecard is produced which shows the completion and compliance rates for all wards. The Trust will now introduce a new system for the presentation of these reports in a newly established Quality Nursing and Midwifery Metrics forum. This forum will be run by the Senior Nurses within the Trust and all Trust Matrons and Ward managers will be required to present their data. Any partial or non-compliant areas will require an action plan which will be monitored by the group. It is anticipated that this group run on a continual monthly basis.</li> <li>2. The Trust matrons will be required to report their observational findings from their Quality Ward Rounds to the Heads of Nursing meetings and the Directorate Governance meetings and action plans associated with observations will be monitored.</li> <li>3. The impact of the Video production will be measured by staff feedback and the compliance audits of completed documentation.</li> <li>4. The Surgical Directorate will review its documentation and through the Heads of Nursing and Surgical Governance meeting progress will be monitored and implementation plans agreed.</li> <li>5. The Trust is in the process of appointing a Senior Nurse for Dementia and has submitted another proposal for a Band 7 Dementia Nurse. Training has commenced and the Trust has four Lead Trainers who have completed the National training course. A training programme will be developed for the Trust on appointment of these posts. As part of the focus on dementia for the Trust, feedback surveys from carers of patients with Dementia will be developed and rolled out within the Trust.</li> <li>6. The Trust End of Life Strategy will be finalised and approved by the End of Life Care Steering Group and ratified through the Patient Experience Committee. An action plan will be part of the strategy and the Patient Experience Committee, as well as the End of Life Care Steering Group will monitor and oversee progress against the action plans.</li> <li>7. To encourage patients to feel and become more involved in their care we will produce additional and appropriate patient information and will introduce a Poster Campaign with the Communications Department to be displayed on the ward – “No decision about me, without me’ ., campaign.</li> </ol>	

Who is responsible?	1. Heads of Nursing 2. Trust Matrons 3. Heads of Nursing 4. Heads of Nursing 5. Heads of Nursing 6. Head of Nursing Specialist Medicine, Patient Experience Committee 7. Heads of Nursing with the Communications department
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
1. The resources identified for the making of the video will be met by the Directorate Budget 2. The resources for the appointment of the Dementia post will be met by the Directorate budget 3. The resources required any potential introduction of new Surgical Documentation will be the subject of the Trust normal business case proposals.	
<b>Date actions will be completed:</b>	December 2013
<b>How will not meeting this regulation until this date affect people who use the service(s)?</b>	
<p>The Trust has made immediate improvements since the CQC visit and the subject of the needs assessment planning and completion has been raised with all ward and senior nursing staff. Ad-hoc, spot check visits to wards have been conducted and an improvement has been seen.</p> <p>The Trust is also preparing for its NHSLA level 2 assessment and audits and assessments of patient records form part of that preparation for assessment. An independent assessor has been appointed to assist the Trust with its preparation and the assessor has conducted numerous unplanned assessments of patient health records and has reported improvements.</p> <p>Whilst recognising the importance of the completion of the patient needs' assessments, the Trust do believe it continues to provide safe, good quality care to its patients and carers.</p>	
Completed by (please print name(s) in full)	Belinda Regan
Position(s)	Deputy Director of Governance
Date	15 <sup>th</sup> April 2013



