

*One Trust...*

*...serving our local communities*



# CQC Trust Improvement Plan

Lewisham Overview and Scrutiny  
Committee

14<sup>th</sup> January 2015

# The CQC identified 7 overall themes

1. Improve the Accident and Emergency Department at the Queen Elizabeth Hospital
2. Improve our patient journey, from admission and ED, through to the transfer to another service, discharge or to the end of life
3. Improve the numbers and core skills of all of our staff
4. Improve our management of clinical waste
5. Improve our hand hygiene compliance
6. Improve the knowledge we share with our staff about our mistakes and how we handled them
7. Improve the availability of our medical equipment and clinical devices and how we maintain them and check their suitability



# Trust Wide Improvement Plan

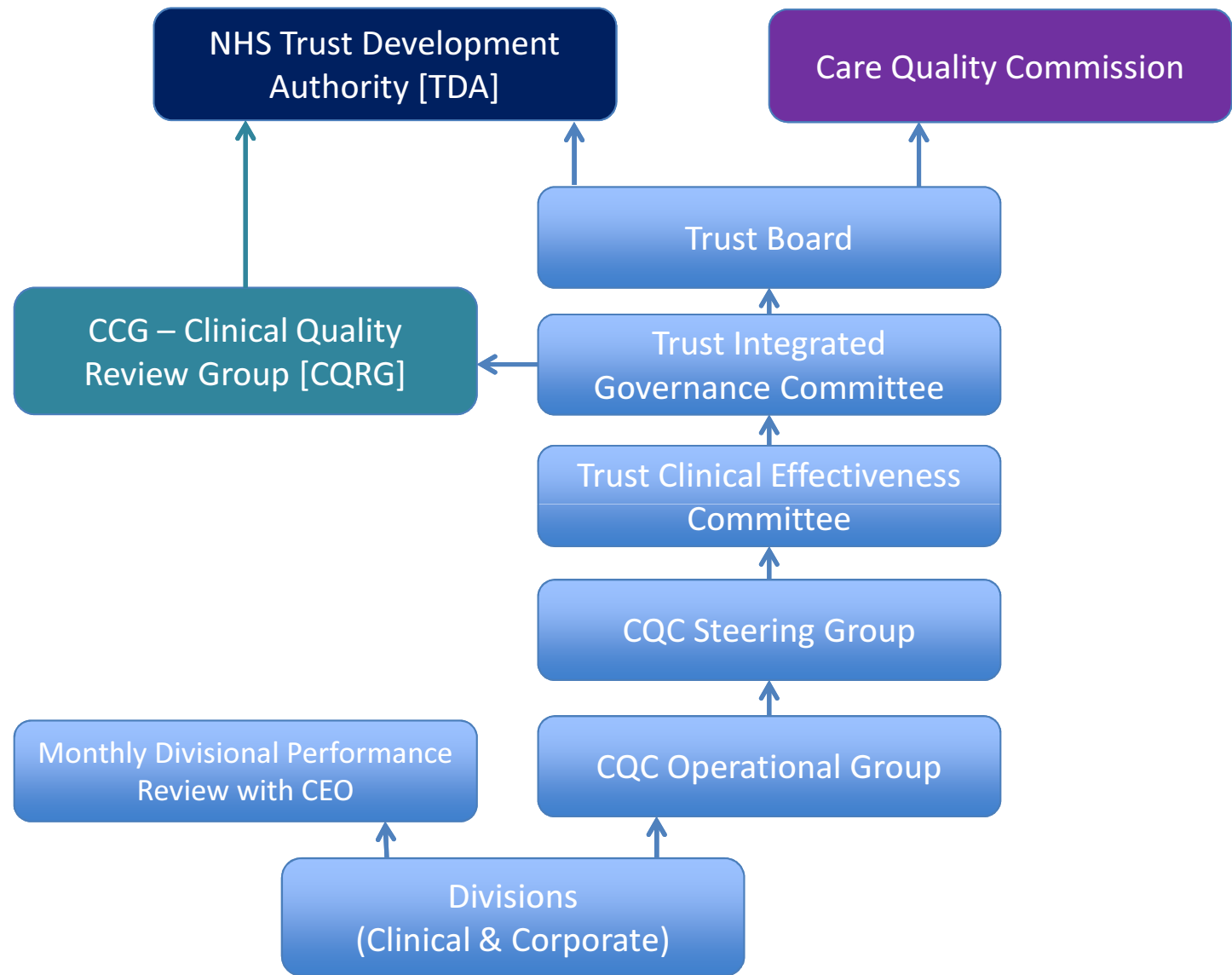
- This was transformed into an Trust Wide Improvement Plan with 6 themes (Theme attachments 1-6 in pre-read) (it was not possible to discuss ED improvements without also discussing patient pathways) and 140 separate metrics
- There is an update report produced monthly
- The live document undergoes continuous refinement even as the actions are being completed and monitored
- Each theme and each division has a separate metric card, from which scorecards have been derived
- The scorecards give much greater detail about the improvements made and the steps needed to complete the actions



# On-going Assurance

- Oversight of the improvement metrics and scorecards is monitored by the Trust CQC Operational group – general and governance managers and the heads of nursing and midwifery who are transforming the paper aspirations to actions on the ground and audit from there. Actions will not be closed until the evidence has been scrutinised
- Strategic monitoring and assurance is managed via the current CQC Project Steering group – divisional directors and heads of department who are accountable for the actions proposed
- Monitoring, assurance and audit of evidence is reported via the Trust Integrated Governance framework, to the Board and is externally monitored through the CQRG (includes CCGs, TDA, NHSE, Healthwatch) .





# On-going Assurance

- Re-inspection of quality and standards within clinical areas began on 28 July 2014 and 32 areas have been inspected to date
- Basic care has been good overall, with the majority of patients appearing cared for and well presented, reporting few problems and generally happy with the levels of care and the types of information they are receiving.
- Infection control was observed to be good on the whole, with the majority of staff observing Bare Below the Elbow and Hand Hygiene compliance but dress code and some areas of medical hand hygiene compliance is still an on-going issue, now managed by Divisional Directors
- All of the clinical waste areas in each area were checked for access and security and were found to be compliant.
- Equipment was checked and found to be in good working order with recent maintenance checks done
- Knowledge of MCA and IG weak in some areas
- Lack of PALS leaflets does arise in some areas, but this is being managed by the PALS dept
- Incomplete nursing assessments and fluid charts, this is now being addressed by additional training
- All Matrons & Heads of Nursing are involved in inspections and issues reported directly to them.
- We met with CQC in November and have established links with our local representative

