

CQC review of compliance 2011

Improvement action plan

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

During October 2011 the CQC carried out an inspection of the hospital site which included 18 wards/departments , observing how people were being cared for, looking at records of people who use our services, talking to staff, reviewing information from stakeholders and talking to people who use our services.

On the 3rd February 2012 the CQC confirmed that the services based in the hospital site complied with the essential standards of quality and safety. However, to ensure that the Trust maintains compliance, the CQC has identified six areas where improvements need to be made.

This attached action plan will be submitted to the CQC to provide assurance that the Trust will make the improvements within an agreed timescale.

Monitoring and assurance

The actions and timescales for each of the improvement actions have been developed with the Heads of Nursing and Midwifery and relevant operational lead. It has been approved by the Director of Nursing and patient experience and by each of the three divisions.

Progress with actions will be monitored by Patient Experience Committee and reported to the Quality Committee (sub committee of the Trust Board).

Improvement action number 1 of 6

Regulated activity: Treatment of Disease, disorder or injury.

Regulation: 18 HSCA 2008 (Regulated Activities) Regulations 2010

Outcome: 02: Consent to care and treatment

Why does the CQC have concerns?

The CQC considers Whittington Hospital to have robust arrangements to seek consent from people who use services, which take account of most recent guidance. However whilst doctors are primarily undertaking assessments of people's capacity to make decisions, the CQC has identified a need for more training for nursing staff and healthcare assistants in this area, to ensure that they support people in line with their best interests.

Action(s)	Lead/s	Timescale
1. A programme of bespoke training (2 hours) for health care assistants will be delivered over a two week period during 2012 to increase training uptake.	Kamilla Bissessar Lead Nurse for MCA	By 31 May 2012
2. Twice monthly training for all staff on MCA and DOLs and the Mental Health (2007) will continue to be delivered and to be formally reviewed.	Kamilla Bissessar Lead Nurse for MCA	On going and dates already circulated for 2012.
3. The MCA and DOLS e- learning will be reviewed to determine if this can be rolled out to supplement face to face training.	Kamilla Bissessar Lead Nurse for MCA and Lisa Smith Assistant Director of Education	Formal review in 30.06.12
4. The Director of Nursing and Patient Experience will receive assurance that nurses and health care assistants have been appropriately prepared to support patients in line with their best interests.	Kara Blackwell Head of Nursing ICAM Debbie Clatworthy Head of Nursing SCD Jenny Cleary Head of Midwifery	30.04.12

Improvement action number 2 of 6

Regulated activity: Treatment of Disease, disorder or injury.

Regulation : 9 HSCA 2008 (Regulated Activities) Regulations 2010

Outcome: 04 Care and welfare of people who use services

Why does the CQC have concerns ?

The CQC saw examples of excellent practice throughout the hospital with patients receiving a high standard of care and staff taking time to speak to them about their treatment. However the hospital needs to continue making improvements to managing waiting times in the Emergency Department, and Outpatients departments, and improving the care and support provided by some individual staff members in particular areas.

Action(s) to address the concerns	Lead/s	Timescale
<p>Emergency department (ED)</p> <p>The Quality Indicators (QI) Action Plan for ED (attached) was agreed by the Executive Committee in February 2012. Indicators 3,6 and 7 of the action plan provides details and timescales for actions required specifically to reduce the total time spent in ED, time to initial assessment and time to treatment. The QI action plan is monitored by the ED board and divisional board on a monthly basis. The total time in ED is also monitored by the Performance Board chaired by the Chief Operating Officer.</p> <p>Outpatient clinics</p> <p>In December 2011 the Trust has set a target for 90% of patients to be seen within 15 mins of their appointment. Performance against this target is reviewed each month by the divisions.</p>	<p>Paula Mattin Head of Acute Care Deputy Director of Operations Integrated Care and Acute Medicine and Dr Rita Das (named clinician for quality indicators in ED)</p> <p>Mathew Boazman CSD¹ Carol Gillen ICAM² Maggie Buckell WCF³</p>	<p>Commence by 29.02.12</p> <p>Ongoing and reported via Monthly Performance & QIPP dashboard</p>

¹ Divisional director for cancer surgery and diagnostics

² Divisional director for integrated care and acute medicine

³ Divisional director for women children and families

Action(s) to address the concerns	Lead/s	Timescale
<p>Improving support to nursing staff in the outpatient clinics</p> <ol style="list-style-type: none"> 1. Acting Matron for Surgery will ensure regular meetings with clinic nurses to discuss communication and any issues which may impact on patient experience. 2. A clinic audit afternoon to be used as an initial staff development session with view to regular events. 	<p>Catherine McNally Acting Matron</p>	<p>To commence by 29.02.12</p> <p>First session to be held by 31.03.12</p>

Improvement action number 3 of 6

Regulated activity: Treatment of disease, disorder or injury.

Regulation: 15 HSCA 2008 (Regulated Activities) Regulations 2010

Outcome: 10 Safety and suitability of premises

Why does the CQC have concerns?

Whilst the CQC has found that suitable premises are generally provided for people who use the hospital it considers that some improvements are needed to facilities on the maternity wards, and outpatient clinics, and in provision of television/radio across all wards, to ensure that patients are provided with a safe, and comfortable environment as far as possible.

Action(s)	Lead/s	Timescale
<p>Provision of TVs/radios (to be available to all patients on Whittington hospital site)</p> <p>Introduction of a TV/radio loan scheme funded by Estates and Facilities and managed by the volunteer service. The TVs will be available to all inpatients.</p> <p>TVs to be installed within the waiting areas of clinic 4a (Breast clinic and general surgery) and clinic 4b (gastrology/ENT/audiology and urology)</p> <p>Wall mounted TVs to be sited the paediatric outpatient clinics.</p>	<p>Antoinette Webber Patient Services manager</p> <p>Claire Gregory (adult clinics)</p> <p>Michelle Johnson (paediatric clinic)</p>	<p>30.04.12</p> <p>Completed 29.02.12</p> <p>31.03.12</p>
<p>Improving facilities in maternity services</p> <p>In order to upgrade the entire maternity unit to a high standard a considerable investment will be required over the next few years. The CQC is aware that in the Trust is currently considering the options for the upgrade and expansion of maternity services.</p>	<p>Jenny Cleary Head of Midwifery</p>	<p>29.02.12</p>

Action(s)	Lead/s	Timescale
<ol style="list-style-type: none"> 1. Refurbishment (painting and furnishings and flooring) to clinic. 2. Replacement of curtains with screens in Cearns (antenatal) ward. 	Claire Gregory Service Manager Surgery Outpatients	29.02.12 30.04.12
<p>Improving facilities in the outpatient clinics</p> <ol style="list-style-type: none"> 1. Urology room (clinic 4b) to be refurbished ensuring wheelchair access and increased room for patients. 	Claire Gregory Service Manager Surgery Outpatients	31.03.12
<p>Improving facilities for patients undergoing chemotherapy</p> <ol style="list-style-type: none"> 1. Installation of a TV/DVD 2. Provision of reclining chairs 3. Water cooler 4. Daily support to the unit from the volunteer service 	Deborah Clatworthy Head of Nursing Cancer Surgery and Diagnostics	29.02.12
<p>Improving facilities for children , young people and their families</p> <ol style="list-style-type: none"> 1. Set up wi- fi access for use by children, young people and their parents/ families. 2. Re decorating ward. 3. Installation of new nurses station to improve access and communication between staff patients and families 4. Improve signage to ensure families can navigate to clinics/ department. 	Michelle Johnson Head of Nursing (WCFs)	31.06.12

Improvement action number 4 of 6**Regulated activity: Treatment of disease, disorder or injury.****Regulation:** Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010**Outcome:** 13 Staffing**Why does the CQC have concerns?**

The CQC found that the Whittington Hospital site generally has sufficient staff available to meet the health and welfare needs of people who use their services. However, it considers that there is room for review of the deployment of staff in particular areas to ensure that patient needs are met effectively.

Action(s)	Lead/s	Timescale
1. Introduce system where pool of bank nurses (including RMNs) report to the clinical site practitioners (CSP).	Julie Teehan Clinical Site Practitioner and Kara Blackwell Head of Nursing Integrated Care and Acute Medicine	With immediate effect
2. CSPs to hold 24/7 list of staff available to work.		With immediate effect
3. Senior nurse representative from women children and families (WCF) division to attend daily bed management meetings to ensure appropriate staff deployment across maternity and paediatrics and gynaecology	Michelle Johnson Head of Nursing (WCFs)	30.04.12
4. Staff redeployment and escalation policy/ guideline to be produced and agreed by the three divisional boards.	Julie Teehan Clinical Site Practitioner	31.05.12
5. Ensure silver and Gold on call information file contains the Staff redeployment and escalation policy/guideline	Kara Blackwell Head of Nursing Integrated Care and Acute Medicine	04.06.12

Improvement action number 6 of 6**Regulated activity : Treatment of disease, disorder or injury.****Regulation : 19 HSCA 2008 (Regulated Activities) Regulations 2010****Outcome:** 17: Complaints**Why does the CQC have concerns?**

There is an appropriate system in place for identifying, receiving, handling and responding to complaints and comments, however improvements are needed in publicising the Patient Advice and Liaison Service to patients across the hospital and in improving response time to complaints received.

Action(s)	Lead/s	Timescale
<ol style="list-style-type: none">1. Revised signage outside PALS and Complaints office.2. Production of a revised PALS & Complaints leaflet.3. Production of revised PALS and Complaints poster4. Distribution of leaflets to all services and locations within Whittington Health.5. Distribution of posters to all wards and clinic settings in Whittington Health.6. NHS Choices website to be monitored by the PALS and Complaints team ensuring timely acknowledgment and timely responses.7. Review and update website re PALs and Complaints information.	Cassie Williams interim complaints manager	Completed 29.02.12 23.03.12 01.02.12 30.04.12 30.03.12 01.02.12 18.05.12