

<b>Date of Meeting:</b> 25/06/2013	<b>Agenda Item No:</b> 6.7	<b>Enclosure:</b> 10
<b>Intended Outcome:</b>		
<b>For noting</b>	<b>For information</b>	<b>For decision</b> ✓
<b>Title of Report:</b> Corporate Safety & Quality Regulatory Report – May 2013		
<b>Aims:</b> To provide the Board of Directors with the evidence of achievement against the national performance targets, highlighting by exception key areas of underperformance, key strategic organisational risks and demonstrating that an improvement plan is in place and is effective.		
<b>Executive Summary:</b> The Service Performance Report summarises the key risks in operational performance for month two 2013/2014. We continue to make considerable progress to deliver the NHS constitution commitments. There remain challenges but we have a robust and proactive improvement plan to deliver to the NHs commitments.		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
<b>We deliver excellent clinical outcomes along closely integrated pathways</b>		✓
<b>We provide excellent patient-centred services</b>		
<b>We deliver excellence in safety, quality and regulatory compliance</b>		
<b>We deliver efficient care and work within budgets</b>		
<b>Recommendations:</b> The Board agree and are assured that the performance improvement plans are robust.		
<b>Prepared by:</b> Corinne Siddall, Executive Director of Operations, Ramona Duguid, Acting Director of Governance Chris Platton, Acting Director of Nursing	<b>Presented by:</b> Corinne Siddall, Executive Director of Operations, Ramona Duguid, Acting Director of Governance Chris Platton, Acting Director of Nursing	

# **Corporate Safety and Quality Regulatory Report NCUH Board of Directors, May 2013**

## **Strategic Objective: Excellence in safety, quality and compliance**

At the same time as delivering the best quality healthcare and excellent customer services we have to ensure patients are safe and that we meet national regulatory safety and quality standards. This will provide independently verified assurance to our stakeholders and will give us the necessary freedom to focus on our priorities.

## **Key Strategic Question**

*To what extent are we delivering excellent safety and quality in accordance with the national regulatory standards?*

## **Key Findings and Performance Levels**

The purpose of this executive summary is to provide the Board of Directors with the evidence of achievement against the national regulatory systems, highlight emerging risks and give assurance that an improvement plan is in place and is effective.

The Board intends to delegate full authority to the following Committees to ensure these standards are met: FIP and the Governance and Quality Committee

The evidence to support the governance of these standards is provided to these Committees and is available on the Trust internet site.

Supporting documents to this report:

NCUH Trust Dashboard

NCUH Quality Dashboard

MONITOR Compliance Framework

<b>Monitor Governance Risk Rating</b>					
The requirements placed on NHS Foundation Trusts as set out in Monitor's 2012/13 Compliance Framework					
	Q1	Q2	Q3	Q4	
	Actual	Actual	Actual	Actual	
<b>Governance</b>					
1. Performance against national measures	Monitor Compliance Framework GRR	3.0			
	Service performance - 15 targets				
	Quality	Processes and systems	Fully met		
		CQC requirements	Partial 10/16		
		Medical practitioners revalidation (ORSA)	Fully met		
Information Governance Lev 2	Fully met				

<b>Care Quality Commission</b>				
<i>Quality and Risk Profiles (QRPs) &amp; Planned Reviews</i>				
	Quarter			
	Q1	Q2	Q3	Q4
Reviews:	1			
Improvement Actions	2.0			
Compliance Actions	2.0			
Enforcement Actions	0			
Patient involvement	Low/Medium Risk			
Personalised care	Low/Medium Risk			
Safeguarding & safety	Insufficient Data			
Suitability of staff	Insufficient Data			
Quality and management	Insufficient Data			

<b>NHS Litigation Authority</b>	
Trust level 3	Level 1
Maternity level 3 (Best score)	Level 1

3. Mandatory services	Change to mandatory services?	None	None	None	None
	Changes to locations?	None	None	None	None

4. Board statements Shadow reporting	Annual plan GRR	N/A			
	Annual Quality Governance	9			
	Service performance	3.0			
	Quality	N/A			

5. Other Factors	Material risks	0	0	0	0
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**Overall governance risk rating:**

Q1	Q2	Q3	Q4
N/A	N/A	N/A	N/A

<b>Commissioners Legally Binding Contract</b> <i>National and local quality standard linked to payments and losses</i>					
<b>Quarter</b>	<b>National Priorities (loss)£K</b>	<b>CQUIN (Earned) (cumulative) £</b>	<b>No Payments (Loss)£K</b>	<b>Best Practice Tariff (Loss)£K</b>	<b>Cumulative Total (Loss) (£K)</b>
1					
2					
3					
4					
Total (potential)					

### Strategic, Operational & Financial Risks: High Risks

<b>Clostridium Difficile</b>	<p><b><u>C.difficile</u></b></p> <p>Since 1<sup>st</sup> April to 17<sup>th</sup> June there has been six against a trajectory of seven post 48 hour attributable C Diff cases. Given this high risk the Trust Board receives a specific improvement plan.</p>						
<p><b>Emergency Care Standard – 95% of patients seen, treated and admitted or discharged in less than four hours</b></p>	<p><b>Performance against National Emergency Care standard (target &gt; 95%)</b></p> <table> <tbody> <tr> <td>April 2013</td> <td>92.1%</td> </tr> <tr> <td>May 2013</td> <td>96.5%</td> </tr> <tr> <td>June 2013</td> <td>96.03%</td> </tr> </tbody> </table> <p><b>Q1 to date (19/6/13) 94.78%</b></p> <p>A detailed Service Improvement Plan is in place and is monitored on a monthly basis at EMT and escalated as appropriate. TDA / LAT and CCG have formally responded in support of this action plan and will be monitoring our performance at the monthly Integrated Delivery meeting. The key elements of this plan are:-</p> <p><b>Acute Physician Model / Management of Emergency Patients from Day 0</b></p> <p>Now in place at WCH and CIC .This gives consultant presence on Emergency Assessment Unit 0800 – 2000 seven days a week. There was no material impact on reduced LOS and patient flow as an immediate result of this.</p> <p>It has been recognised that the implementation of the ACP at WCH has not been as was expected with some elements of the model not operating effectively. A meeting has taken place to address this and changes become operational on Monday 3<sup>rd</sup> June 2013 which will be operational from 27<sup>th</sup> May onwards.</p> <p>These were : - on – call handover to ACP 0800</p> <ul style="list-style-type: none"> <li>- Patients admitted to righ speciality first time</li> <li>- Ward based clinical teams managing patients</li> </ul> <p>The recent appointment of one ACP will further support the embedding of this model and we</p>	April 2013	92.1%	May 2013	96.5%	June 2013	96.03%
April 2013	92.1%						
May 2013	96.5%						
June 2013	96.03%						

have gone back out to advert for two further posts.

The opening of the SAU at CIC has improved flow by directing 12-15 patients per day into new capacity creating appropriate capacity for EAU. This model will be implemented at the WCH by the end of June.

The Ambulatory care service was successfully implemented, as planned, on the EAU on 3 June at CIC. This brings together the best of practice at WCH and the PCAS service at Carlisle. We expect the attendances to increase and eventually have an impact on less admissions over the first quarter of business.

The Nurse Practitioner service at WCH moved from Eskdale ward over the weekend of 18/19 May and is now operational on Pillar/Patterdale ward. This has provided additional capacity in A&E to manage the increased attendances.

Implementation of the new pathway for high risk fractured neck of femur surgery took place on 10 June 2013. All cases will now be operated on at the CIC site.

### **Expected Day of Discharge to be the norm and Medical Director and Nurse Director clinical walkrounds on both sites**

Daily monitoring of EDD compliance now in place. This is also checked and challenged by the Executive Directors and Nursing Directors during clinical walkrounds. There is a definite change in pace and attention to managing discharge at ward level.

A meeting has taken place with senior clinical leaders from NCUH, CPFT and Social services to understand lessons learnt from the walkarounds and ensure actions are implemented to move to a "pull" system.

Work continues across the health economy with senior clinical leaders now attending PAG and Directors of Operations weekly to track and deliver improvement workstreams approved by North Cumbria Strategic Clinical Leaders

The challenge of securing 50 discharges early in the day to ensure capacity is available to match demand is still not effectively working and we continue to work on this. A key change is daily ward rounds prior to noon and patients in the right ward, right time. Rounds do take place but some need to move from pm to am. This will be the norm by 1<sup>st</sup> October 2013. From this week, an enhanced system is being introduced to escalate transfers to right specialty, right time.

### **Increased Bed Capacity to support Patient Flow During Winter 2013/14**

25 beds put back into the system by January 2013.

A further 20 beds to be opened by Q3 2013/14 to support Winter.

A business case is being prepared for a clinical modular build to provide this capacity .

### **Vision for Care of the Elderly Services**

The Care of the Elderly team have prepared a business case for the future vision of their service.

This will focus on delivering high quality care pathways to the frail elderly and reducing LOS by implementing the following :

- Early assessment and treatment by elderly care consultant and MDT (within 12 hours)
- Early supported discharge for stroke patients
- Provision of ortho-geriatric service to achieve Best Practice Tariff
- Right care , right place , first time

A senior nurse and consultant from Northumbria has been seconded into the team to support this work and the Vision will be presented to Trust Board in June.

## 18 Weeks

### Forecast Performance for Admitted Pathways Q1 2013/14

90% by specialty by the end of September

15 services provide elective care as at the end June, 13 services will provide 18 week waiting experience. Two services remain a challenge to achieving a Trustwide standard of 90%, that is orthopaedics and gynaecology.

Service	Patients waiting >18wks at 31 <sup>st</sup> Oct 12	Actual patients waiting >18weeks at 30 April	Plan end of May position >18 weeks	Actual 31 <sup>st</sup> May	Forecast June	Forecast end July	Number required to achieve 90%	% of patients < 18 weeks May 13
Ophthalmology	320	70	46	44	47	22	44	90.54%
Orthopaedics	171	377	309	411	419	248	109	61.59%
General Surgery	133	91	68	91	77	57	82	89.29%
Gynaecology	70	83	74	81	92	62	32	74.29%
Urology	64	41	21	46	23	19	23	79.56%
Dermatology	5	18	5	12	9	2	20	94.09%
Oral surgery	61	14	5	12	11	5	15	92.50%
others	227	42	30	71	84	40	107	N/A
<b>All admitted pathways</b>	<b>1051</b>	<b>736</b>	<b>558</b>	<b>768</b>	<b>762</b>	<b>455</b>	<b>432</b>	<b>82.26%</b>

Detailed operational plans have been agreed with these specialities to recover this activity.

- Ophthalmology:** This Directorate has reduced the backlog of patients waiting greater than 18 weeks below the number required for the 90% milestone and will achieve the end of June forecast. The focus remains the need reduce the number to zero by July, enabled through continued support from Medinet in the form of additional capacity for cataract operations and through the implementation of additional paediatric operating lists in June. The Directorate has also developed a business case to recruit 2 additional consultants which provides the additional capacity required to maintain a sustainable service. This has been presented at EMT on 12 June and will be approved subject to DoF amendments w/c 17/6. Medinet will continue to provide capacity until appointments are made.
- General Surgery:** Operating capacity had been historically reduced due to changes in surgeons job plans due to Medical Director and Associate Medical Director commitments. The plan was to operate on 67 long waiting patients per month in May /June and July. This was not achieved for May - a shortfall of 22 patients. The shortfall was a result of a weekly rise in the number of patients passing the 18 week milestone without treatment, and a lower than expected number of patients treated in Hexham and BMI (ie. 10 compared to 35 expected). All patients who have exceeded 18 weeks, or due to exceed 18 weeks by the end of July are being contacted and offered dates for their operation either within the Trust, with Hexham or at BMI. In June, 39 long waiters will be treated in house, 6 in Hexham and 4 at BMI. There is a need to treat a further 29 (the shortfall of 18 in month plus 11 of the 22 patient shortfall in May), therefore additional patients have been offered the external providers to meet the 90% position at the end of June. Four additional consultants are commencing in post, 2 by end of July and 2 later in the summer. Additional theatre capacity has been identified – this will return the service to its previous capacity and a sustainable 18 week pathway by end of July 2013.

- Gynaecology:** At the end of September to achieve 90%, we need to treat 60 patients currently waiting greater than 18 weeks, plus the 130 patients that will join the backlog due to the capacity and demand imbalance during the next 13 weeks ie. 65 long waiting patients need to be treated each month. Long term sickness and further short term sickness has required covering by locums and additional surgical work being carried out by our substantive consultants, which has exacerbated the capacity deficit. The new theatre schedule started on the 10<sup>th</sup> June and will provide additional opportunities for increased productivity and capacity- particularly for the consultant with the majority of patients in the backlog- to enable the reduction in backlog to be sustainable, in the form of 6 additional cases per week. Patients are currently offered the choice of the Private Sector in addition.

Month	May	June forecast	July	August	September
Planned Operations (Contract)	217	217			
Actual Operations	218	217			
Variance- cumulative	1	1			
> 18 weeks	91	92			
% 18 Week RTT Achievement	84.42	80.34			
Operational Plan to increase capacity for long waiters					
Plan new theatre timetable	-	0	24	24	24
Actual new theatre timetable		0			
Plan Private Sector	-	10	10	10	10
Actual Private Sector		4			
Plan Hexham	-	TBC	TBC	TBC	TBC
Actual Hexham					
Plan Medinet (tbc)	-	-	26	26	26
Actual Medinet					
<b>Total Plan</b>					
<b>Total Actual</b>					
<b>Variance</b>					
<b>Cumulative Variance</b>					

The current status of patient transfer to BMI is summarised in the table below:

	Number of patients
Number of patients identified for triage	90
Number of patients triaged by BMI	57
Number of patients clinically suitable for BMI	42
Number of patients accepting BMI for their treatment	13

A further cohort of patient casenotes will be triaged on Wednesday 27<sup>th</sup> June due to the poor pick up of the BMI choice. Casenotes for 17 patients are under review by one of the gynaecology consultants at NHFT to determine what work can go to Northumbria and what alternative treatment pathways could be offered. This will be completed by the 28<sup>th</sup> June. There is a need to bridge the gap in capacity further and discussion will be initiated with Medinet to treat the worst case scenario of 78 patients over 3 months (ie. Should Northumbria not be able to assist).

- **Dermatology:** The milestone in Dermatology was not met due to a capacity issue and 12 patients over 18 weeks were reported at month end (May). All 12 patients have been offered dates for treatment in June in order to completely clear the backlog, however, 5 have chosen to wait until July for their procedures. The specialty will therefore have 5 patients greater than 18 weeks at the end of June but will be 90% compliant in June and going forward.
- **Urology:** An increase in cancer patients requiring operative treatment has resulted in the plan to reduce the backlog in urology going off track. This has continued in May. 37 additional patients need to be treated in June to meet the required position. Additional external capacity is being sourced from an external provider and an agreement will be reached by the 31<sup>st</sup> May 2013. The service will be compliant by end of June 2013.
- **Oral Surgery:** This Directorate has reduced the backlog of patients waiting greater than 18 weeks below the number required for the 90% milestone. All patients exceeding 18 weeks on the waiting list are being contacted and offered dates for their treatment in order to clear all patients waiting in excess of 18 weeks to five (to acknowledge the level of patient choice exercised in this specialty) .
- **Orthopaedics:**

**Orthopaedics:** >18 week backlog caused by a gap in demand and capacity of 70 patients per month

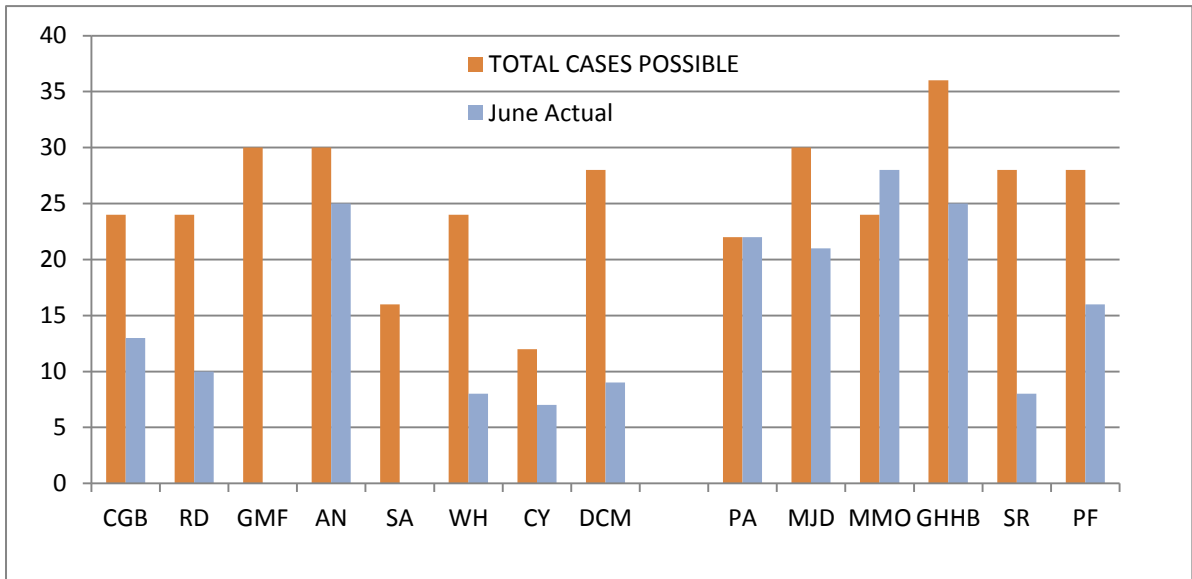
Month	April	May	June to date	July	August	September
Planned Operations (Contract)	296	296	296	296	296	296
Actual Operations	232	253	192			
Variance- cumulative	-64	-107	-211			
> 18 weeks	377	412	432			
% 18 Week RTT Achievement	52.61%	52.57%	45.3%			
Operational Plan to increase capacity						
Plan Hexham Hospital	25	25	25	25	25	25
Actual Hexham Hospital	15	19	8			
Plan WCH	15	15	15	15	15	15
Actual WCH	12	17	5			
Plan Private Sector	0	30	100	70	0	0
Actual Private Sector	0	2	14	74	6	
Plan Better Use WCH capacity	0	0	15	15	15	15
Actual Better use WCH capacity	0	0	18			
Plan Medinet	0	0	0	87	87	86
Actual Medinet	0	0	0			
<b>Total Plan</b>	<b>40</b>	<b>70</b>	<b>170</b>	<b>140</b>	<b>70</b>	<b>70</b>
<b>Total Actual</b>	<b>27</b>	<b>38</b>	<b>39</b>			
<b>Variance</b>	<b>-13</b>	<b>-32</b>	<b>-125</b>			
<b>Cumulative Variance</b>	<b>-13</b>	<b>-45</b>	<b>-170</b>			



The plan for Orthopaedics remains significantly off track

- There is an ongoing shortfall in internal activity against contract each month
- The number of patients needing to be treated by external parties is not reaching that required.

The cause of the shortfall in internal activity is demonstrated below for June and is a result of the majority of surgeons not achieving the potential activity possible given the theatre lists allocated to them. This analysis is being shared with the team and means by which to increase productivity will be discussed with the team. External facilitation is also being obtained to develop the orthopaedic team into a highly performing and productive team.



The cause for the shortfall in patients being treated by BMI is due to patient choice; since the 4<sup>th</sup> May, 600 orthopaedic casenotes have been triaged culminating in only 94 patients being accepting by BMI and then accepting this choice for their treatment. A further tranche of casenotes for triage is being delivered to BMI Lancaster on the 21<sup>st</sup> June, in addition a further triage will take place at CIC on the 27<sup>th</sup> June to work towards a further 100 cases to be booked at BMI.

This will still leave a significant shortfall of 260 patients needing to be treated by the end of September. Consequently, Medinet have been approached and discussions are progressing to commission 8 lists per week, a split of 4 inpatient and 4 day case lists. We are working to initiate this on the weekend of 29<sup>th</sup> June 2013.

Further work on administrative processes is being undertaken to enable quicker transfer of patients to Hexham for their treatment in order to meet the monthly target within the plan. This has been compromised by the number of patients held within the BMI system pending acceptance, however, we cannot allow that to curtail patient flow to Hexham and therefore further refinements to administrative processes are being explored with Jane Rutherford at NHFT.

The table immediately below confirms the improvements by the Trust in the past two years. We aim to have no patients waiting longer than 45 and 36 weeks by the end of Quarter two in 13/14.

PATIENTS WAITING :	MAR- 11	MAR-12	MAR - 13	APR- 13	MAY-13	JUN - 13	JUL - 13
>52 WEEKS	40	27	0	0	0	0	0
>45 WEEKS	55	58	8	5	3	0	0
>36 WEEKS	149	143	37	52	37	19	2

The table below shows the forecast position of the number of tip overs as a percentage of monthly admissions in each specialty. The IST advise that a tip over rate of less than 10% is required to demonstrate a sustainable 18 week position.

Number of tip overs per month expressed as percentage of monthly admission				
Specialty	June	July	August	Sept
ophthalmology	11.1	9.5	9.1	9.1
orthopaedics	40	27.9	20.2	10
general surgery	8.6	8.6	8.6	8.6
urology	10.7	8.6	8	8
oral surgery	6.6	6.6	5	5
gynaecology	16	14.2	11.4	9
ENT	13	10	5	5
<b>Total</b>	<b>17</b>	<b>14</b>	<b>12</b>	<b>9</b>

## Cancer

In April the Trust achieved 6 out of 8 of the national cancer targets.

The two exceptions :

### 62 day patients – GP referral to first definitive treatment (target 85%)

86 patients treated , 22 breaches - achieved 83.3%

13 complex pathways

5 delays in diagnosis

2 lack of surgeon / ICU bed

1 patient choice

1 unfit for treatment

The service improvement plan is focussing on the faster pathway for respiratory services. The model is to change with direct booking to diagnostics and more local treatment. This business case is to be approved at the clinical and operational workstream in June and implemented within 12 weeks.

### 62 day Bowel National Screening Programme (target 90%)

14 treated , 2 breaches – achieved 83.3%

Both patients exercised choice on dates of scope.

## Advancing Quality

Exceptions to report :

### Pneumonia – February 2013

Adult smoking cessation counselling - 64 %

Curb 65 score – 67%

Antibiotics within 6 hours of arrival - 71%

Care Bundle due to be implemented. Training underway with A/E and EAU staff. This will improve compliance and provide documented evidence that standards are being met. Performance can also be monitored and fed back monthly so remedial actions can be agreed with the clinical teams.

**CQC Compliance**

As at the end of May 2013 the Trust has six out of the sixteen outcomes which are not compliant, these are:

- Outcome 4 - Care and welfare of people who use the services
- Outcome 10 - Safety and suitability of premises
- Outcome 13 – Staffing
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 21 - Records

Three of the outcomes where non compliance has been confirmed relates to the CQC inspections at the Cumberland Infirmary (CIC) in March 2013 and West Cumberland Hospital (WCH) in May 2013. The table below summarises the outcomes of the inspection and the forecast for achievement of full compliance:

Outcomes	CIC Inspection Outcome	WCH Inspection Outcome	Forecast
4	The provider was not meeting this standard and judged this as a <i>moderate</i> impact.	The provider was not meeting this standard and judged this as a <i>moderate</i> impact.	Q3 2013/14
13	The provider was not meeting this standard and judged this as a <i>major</i> impact.	The provider was not meeting this standard and judged this as a <i>moderate</i> impact.	Q3 2013/14
21	The provider was not meeting this standard and judged this as a <i>major</i> impact.	The provider was not meeting this standard and judged this as a <i>minor</i> impact.	Q2 2013/14
<b>Monitor Breach</b>	2.0	2.0	

An action plan has been developed following the CIC Inspection which was reviewed by the Governance and Quality Committee in May 2013. The action plan following the WCH inspection is similar and is in place, this needs approved by the Quality Committee in June.

In addition to the areas of non compliance following inspections, the Trust has also identified three outcomes which are not compliant from the Trust's self assessments against the Provider Compliance Assessments. The three outcomes are summarised below and include a forecast against compliance.

**Outcome 10 - Safety and suitability of premises**

The Trust's self assessment of this outcome confirmed non compliance in 12/13. The key issues of non compliance related to fire risk assessments and environmental safety risk assessments.

The Trust has in place an action plan to address compliance with fire safety regulations and the environmental health and safety risk assessments. Full compliance with this outcome is forecasted for end of Q4 2013/14.

### **Outcome 11 - Safety, availability and suitability of equipment**

The Trust has in place an action plan regarding compliance with the safety, suitability and availability of equipment. Specific areas of work to be complete by quarter 2 include:

- Uploading the maintenance schedules onto the asset management system
- Updating and implementing the Trust policies for medical devices
- Training ward sisters on their responsibilities for medical equipment including the competency sign offs for their ward/department
- Competency sign offs for medical staff

Full compliance with this outcome is forecasted for end of Q2 2013/14.

This outcome is being externally assessed because of the concerns raised regarding theatres at both hospital sites. A report is expected by mid July 2013.

### **Outcome 16 - Assessing and monitoring the quality of service provision**

The development of the business unit clinical governance arrangements has commenced, which is a key part of ensuring full compliance across the organisation with this outcome.

The Clinical Policy Group and Board have approved the Clinical Audit Plan for 2013/14.

In April 2013, the Clinical Policy Group have approved an approach to review NICE guidelines which has commenced and the Trust has updated the NICE policy. Reporting on compliance against NICE guidelines and the Trust Policy commenced in April 2013 and was reported to the Trust Board.

Business Unit Leads for Outcome 16 are being identified and will be in place by the end of Q1 13/14.

Full compliance with this outcome is forecasted for end of Q1 2013/14. Progress on the Business Unit Clinical Governance arrangements as well as the monitoring measures are currently being reviewed for the end of Q1 position.

### **Overall position on compliance**

#### **Independent Assurance**

One of the urgent items following feedback from the Keogh Review is to gain independent assurance against the remaining 10 CQC outcomes. This process is being led by Northumbria NHS FT and KPMG.

#### **Comparisson of PCAs and Monitoring Measures with Northumbria NHS FT**

In the summer 2012, the Trust completed a comparison exercise with Northumbria NHS FT (NHFT) to compare the status of the Provider Compliance Assessments (PCAs) and the associated outcome measures to evidence full compliance. At the time NHFT had more outcome and monitoring measures developed than the Trust. In May 2013 the Governance and Quality Committee received a detailed report on the status of the PCAs and the differences in the outcome measures. The status of this work will be reviewed again by the Governance and Performance Acquisition Work Stream in June 2013 to ensure we have a standard approach as the minimum standard for the associated monitoring measures against each of the essential outcomes.

### **Clinical Business Unit Leads and PCAs**

The following outcome measures have been allocated to each of the clinical business units, in accordance with the Northumbria model for monitoring business unit compliance:

Outcome 1 - Respecting and involving service users

Outcome 2 - Consent to care and treatment

Outcome 4 - Care and welfare of service users

Outcome 6 - Cooperating with other providers

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

In practice this means that each of the business units will complete their own PCA and confirm any local monitoring measures that need to be put in place, as well as reporting these through their local Business Unit Governance Boards. This is a significant change for the business units, which are being directly supported by the Compliance Manager as they take on accountability for confirming compliance against the outcomes identified above.

Quarterly assurance will be provided to the Trust Board from July and escalation via the Governance and Quality Committee monthly.

### **Internal inspection programme**

As reported last month, the Trust is adopting the '15 steps' national programme which has been implemented in Northumbria NHS FT over recent months. Colleagues from Northumbria are supporting the Trust getting this new process up and running to ensure we have a single approach to internal inspections across the Group.

### **Complaints**

The Chief Executive led a development day for over 60 staff (ward managers, lead nurses, business managers) to stress the importance of an effective and compassionate complaints process. The aim is to ensure complaints are acted on rapidly, lessons learnt are implemented and complainants feel more encouraged and positive.

As at 19th June, no original complaint is over 100 days. By next Board all complaints will have been responded to within 50 days or less.

## **Recommendations**

Trust Board members are requested to approve this report.

Corinne Siddall  
Executive Director of Operations

Chris Platton  
Acting Director of Nursing

Ramona Duguid  
Acting Director of Governance