

Clinical Division: Surgery

Representatives at meeting: ...Kate Hopcraft

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Filippo Di Franco

Madeleine Seeley.....

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Date of meeting:

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CQC action plan compliance

Core Service	Actions	Evidence demonstrates action implemented Green (G)	Evidence demonstrates the action is mostly met and within timescales Yellow (Y)	Evidence demonstrates the action is mostly met but not within timescales Amber (A)	Evidence in place demonstrates the action has not been met Red (R)
HH Critical Care 2018	MUST and SHOULD recommendations	The trust should ensure that medical staffing meets Guidelines for the Provision of Intensive Care Services (GPICS) 2015.			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> • Complete Risk Assessment • Write Investment Appraisal • Actions to be taken for 102889. Collect and analyse supporting data for the IA e.g. time of admissions to the CCC, overnight operating theatre activity, calls to other emergencies (e.g. arrest calls, obstetrics etc) • Actions to be taken for 102885. Collect and analyse supporting data for the IA e.g. time of admissions to the CCC, calls to other emergencies (e.g. arrest calls) 			

CQC action plan compliance

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HH EOL Care 2018	MUST and SHOULD recommendations				The Trust must ensure the robust monitoring of end of life care, including the achievement of preferred place of care and death and the timeliness of discharge through local audit.
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Scoping exercise to clarify current process, 			<ul style="list-style-type: none"> Audit tool to be devised to capture time to discharge Design a policy to formalise the process to include a flow chart summary

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must ensure that medical staffing levels are appropriate for the service being delivered. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Medical rota is reviewed daily. Consultant assigned to manage rota. Rota co-ordinator to escalate gaps. Employment of suitable external locums. Recruitment process in place to implement increased investment in Cons posts. Link in with Trust strategy for "difficult to recruit to" posts 			

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PCH Critical Care 2019	MUST and SHOULD recommendations		<ul style="list-style-type: none"> The service must ensure that patients are admitted to the critical care unit within four hours of the decision to admit and that this performance is monitored. 		
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Review delayed admission evidence over last year. Design process to ensure data is captured. Review governance process in place to ensure learning from incidents of delayed admissions. Reinstigate Critical Care Delivery Group. 	<ul style="list-style-type: none"> Review escalation processes. 		

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must ensure that there are clear plans in place to improve capacity and flow to ensure patients do not stay on the critical care unit for longer than required. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Inform COO of issue and receive input and advice. Implement measures on daily basis regarding patient flow - cross divisional to step down medical patients. Ensure BCP and escalation processes are robust and utilised correctly. 			

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The operational policy for critical care was out of date and there was no criteria for admission and discharge to and from the unit. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Operational policy to be reviewed and updated as necessary 			

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PCH Critical Care 2019	MUST and SHOULD recommendations			<ul style="list-style-type: none"> The service must ensure mortality and morbidity is reviewed regularly and incorporated into the governance of the service. 	
	Overall actions (including high level feedback)				<ul style="list-style-type: none"> Monthly Mortality and Morbidity meetings to be reintroduced with the intention of learning from deaths and discussions around clinical decision making and treatment. Nursing staff to be involved to review nursing care. Identification of any themes from deaths / learning needs for junior and nursing staff

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PCH Critical Care 2019	MUST and SHOULD recommendations			<ul style="list-style-type: none"> Mortality and morbidity reviews were not taking place and performance within the service was not being reviewed. 	
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Clinical lead appointed Retrospective review of pt deaths over the last 3 months 			<ul style="list-style-type: none"> M&M data to form part of clinical governance
	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must ensure they assess, monitor and improve the quality, safety and effectiveness of the service. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Internal accreditation assessment and action plan 			

CQC action plan compliance

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PCH Critical Care 2019	MUST and SHOULD recommendations		<ul style="list-style-type: none"> The trust must ensure they seek and act on feedback from both staff and patients to improve the service. 		
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Open door sessions available with both local and divisional leadership team Advertising and encouragement of staff to complete yearly and quarterly staff surveys 	<ul style="list-style-type: none"> Ensure that message to Matron is clearly advertised Patient representative to attend speciality meeting Rehab team to give feedback forms to patients when discharged to the wards Patient story collection. Quarterly coffee morning sessions for rehabilitated patients 		

CQC action plan compliance

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must ensure that leaders have a clear understanding and oversight of the issues the service faces and have clear plans in place to manage and prioritise the issues. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Development of strategy / action plan. Critical Care Service Stream meetings. CBU governance meetings and feed into Divisional Management Board. Critical Care Delivery Group meetings 			

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must ensure there are functioning and effective governance processes in place. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Reintroduction of CCC stream meeting achieved. Minutes of CCC stream to be reviewed at CBU. Minutes of CBU to be reviewed at Divisional Governance. Minutes of divisional governance to be reviewed at HMC. Service has reviewed governance processes: 			

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must ensure that data collected is reliable, analysed, understood by staff and used to improve safety and performance. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Standard agenda for ward meetings to include a review of data. Minutes of meetings sent to all staff with hard copy available. Increased governance walkabouts. Standing agenda item on dedicated MDT Clinical Governance meetings 			

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service should review departmental cleaning checklists to ensure a clear record of cleaning is kept. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Review daily cleaning lists 			
	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service should ensure there are clear protocols for patients to access swallowing assessments out of hours. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Policy is already in place and accessible via i-Connect 			

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PCH Critical Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> Throughout our inspection, consultants reported staying in the relatives room overnight to support junior doctors. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Review of appropriateness of residential support - clarification from Clinical Lead required 			

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PCH EOL Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service must improve documentation in relation to decisions and discussions around do not attempt cardiopulmonary resuscitation (DNA CPR) orders, in line with national guidance. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Audit of use of ReSPECT forms following the roll out in 2019 by two Junior Doctors, led by Deputy Medical Director and the Quality Governance and Compliance team. Audit form included as an appendix to the updated policy which is being put forward for approval at internal governance meetings (NMAG and QGOC in January 2020). A further spot check review of completion of Respect forms (against standards described in the policy) will be undertaken as part of the Structured Judgement Review (mortality reviews) process – these results will be shared via divisional governance 			

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PCH EOL Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service should develop an effective system to track syringe drivers. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Risk to be added to risk register Review Datix and add code as necessary for unavailability of equipment to monitor effect. Review current contract 			

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PCH EOL Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> The service should continue to improve discussions around preferred place of care and preferred place of death. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> All wards to identify Amber Care Link. Audit being developed re. preferred place of care - needs to be linked to Critical Care actions re. meeting with Alec Dearden 			

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PCH EOL Care 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> Within oncology / haematology pharmacy we found the room was not clean, there were rolls of dust where medicines were stored, and the floor was noticeably soiled. The door to the pharmacy was a fire door and this was propped open with a barrier across to indicate no entry. There was no room monitoring thermometer within this room to safeguard medicines should the room become overheated. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> To be reviewed and assurance given that it is of the expected standard. Trustwide Policy awaiting approval to mitigate medication storage in extreme heat. 			

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PCH Surgery 2019	MUST and SHOULD recommendations	<ul style="list-style-type: none"> Management of Ophthalmology theatre lists - some were running late. 			
	Overall actions (including high level feedback)	<ul style="list-style-type: none"> Audit of theatre lists to determine whether they are amended post printing. Review the process of theatre amendments 			

Actions completed in the last 4 months

CQC Domain	Action completed	Impact on service	Evidence
Regulation 12.11- Safe care and treatment	PCH Critical Care 2019: Reinstate Critical Care Delivery Group.		18/11/2020 - Update from Sue Somers - these have been reinstated and have been renamed ITU Tactical Meeting chaired by Kate.
Regulation 17.4 - Good governance	PCH Critical Care 2019: Implement measures on daily basis regarding patient flow - cross divisional to step down medical patients.		Photo of Whiteboard Calendar invites - Daily meetings and Drop in at PCH
Regulation 17.7 - Good governance	PCH Critical Care 2019: Open door sessions available with both local and divisional leadership team		Drop in sessions diary appointments sent Surgery Staff Council diary appointments sent
Regulation 17.8 - Good governance	PCH Critical Care 2019: Development of strategy / action plan Critical Care Service Stream meetings CBU governance meetings and feed into Divisional Management Board Critical Care Delivery Group meetings		Critical Care Service Stream Minutes TACC Governance Minutes

Good news stories and / or lessons learnt in the last 4 months



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CQC Domain	Good news / lesson learnt	Impact on service	Evidence
Well Led	Recruitment to leadership posts: Critical Care Lead Nurse, Matron	Leadership and development of service	Recruitment

Actions looking forward for the next 4 months

CQC Domain	Actions expected	Impact on service	Evidence
Regulation 12.11- Safe care and treatment	PCH Critical Care 2019: Review escalation processes.		Copy of escalation process, minutes of Network meetings and CCDG
Regulation 17.5 - Good governance	PCH Critical Care 2019: The service must ensure mortality and morbidity is reviewed regularly and incorporated into the governance of the service.		M&M Meeting Minutes
Regulation 17.5 - Good governance	PCH Critical Care 2019: M&M data to form part of clinical governance		Critical Care Service Stream Meetings
Regulation 17.7 - Good governance	PCH Critical Care 2019: Patient representative to attend speciality meeting		
Regulation 17.7 - Good governance	PCH Critical Care 2019: Rehab team to give feedback forms to patients when discharged to the wards		
Regulation 17.7 - Good governance	PCH Critical Care 2019: Patient story collection Quarterly coffee morning sessions for rehabilitated patients		

Challenges / concerns and actions to be taken

(1)

Concern:	Impact of second wave and covid related activity
Action to be taken:	To continue to provide evidence that green status maintained on actions
By whom:	CBU leadership teams, with oversight by Divisional Triumvirate
Timescale for completion:	

(2)

Concern:	Mortality and Morbidity in Critical Care – lack of MDT inclusion
Action to be taken:	To correct
By whom:	Clinical Lead
Timescale for completion:	By end December 2020

Challenges / concerns and actions to be taken

(3)

Concern:	Changes to patient cohort following T&O reconfiguration – particularly on ward B7
Action to be taken:	Action plan implemented following patient safety concerns. New leadership on ward, staff performances processes completed. Robust plan commenced regarding the changes required around patient cohorts.
By whom: <u>(4)</u>	Matron and Ward manager
Timescale for completion:	
Concern:	
Action to be taken:	
By whom:	
Timescale for completion:	

Divisional CQC governance

CQC action plan

<p>Divisional committees / CBU meetings (including evidence) where CQC action plan has been discussed:</p>	<p>Divisional Management Board CBU Governance and Performance meetings</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>Yes Evidenced in CBU Governance Minutes</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence)</p>	<p>HH Critical Care 2018: 102889 / 102885 HH EOL Care 2018: 102275 PCH Critical Care 2019: 102007 PCH EOL Care 2019: 103006 / 103002 PCH Surgery 2019: 101821</p>

Divisional CQC governance (cont.)

Self-assessment against CQC fundamental standards

<p>Are departmental CQC self-assessments up to date?</p>	<p>Yes – Critical care outstanding – will action. Head and Neck will be completed by HoN Elaine Dolden prior to matron appointment January 2021.</p>
<p>Divisional committees / CBU meetings (including evidence) where CQC self-assessments against fundamental standards have been discussed:</p>	<p>Discussed in CBU Governance Meetings – held monthly.</p> <p>Added to CBU Performance Packs for discussion at Divisional Management Board Meetings – held monthly.</p>
<p>What are the high level compliance rates against the fundamental standards?</p>	<p>Documented evidence that green rag rating has been achieved across TACC and Haematology/Oncology.</p>

Divisional CQC governance (cont.)

CREWS reports and action plans



CREWS assessments within past 4 months and ratings achieved	Ward	Assessment Date	CREWS rating
	B5	16/09/2020	Good
	B7	22/10/2020	Requires Improvement
	Bay Tree Ward	27/10/2020	tbc
	Theatres HH	22/09/2020	Good
	Greenwood, Theatres Stamford	16/10/2020	Outstanding
Divisional committees / CBU meetings (including evidence) where CREWS reports and action plans have been discussed:	Discussed in CBU Governance Meetings – held monthly. Added to CBU Performance Packs for discussion at Divisional Management Board Meetings – held monthly.		
How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate	Action plans feeding into the CQC self-assessments.		