



North West Anglia
NHS Foundation Trust

Clinical Division: FISS

Representatives at meeting: Nicola Leighton-Davies
Tamer Sadek
Nerea Odongo

Date of meeting: 11 December 2020

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)
PCH Outpatients	MUST and SHOULD recommendations	2	0	0	0
	Overall actions (including high level feedback)	3	0	0	0
HH CYP Services	MUST and SHOULD recommendations	13	5	0	0
	Overall actions (including high level feedback)	4	2	0	0

CQC Yellow actions overview

- **CYOP – Objective:** The service must have systems and processes in place to support children and their families with planning, preparing and moving a child from children's healthcare to adult healthcare.
- Review services across site and consider options for aligning specialist services
- Policies and Guidelines to be aligned and implemented across both Units. MBSC to be embedded and action plans developed for areas requiring improvement.
- **Progress update:**
 - We have appointed a Transition Nurse, who has completed an audit of all children affected.
 - A training package has been written in line with Ready, Steady, Go programme and teaching should be completed by the end of December 2020.
 - Services are being reviewed across-sites, to consider options for aligning specialist services and specialist nurses to support transition care.
 - Diabetes nurses aligned cross site, epilepsy aligned cross site, allergy / respiratory is next on the agenda to be reviewed. then all services will have the same specialist nurse provision.
 - Guidelines, policies 100% aligned 85% in date (paediatrics) and 100% aligned 90% in date (neonatal) . Patient information leaflets all aligned.

Actions completed in the last 4 months	
CYOP	Transition Nurse commenced in post. Teaching package completed and commenced. Scoping exercise completed as to how many children meet the criteria to start the pathway.
CYOP	Mandatory training for Holly Ward 95%. Sepsis competency completed for all staff except one.
CYOP	Cross-site Guidelines Group developed. 100% on guidelines alignment.

Good news stories and / or lessons learnt in the last 4 months	
Diagnostic Imaging	<ul style="list-style-type: none"> - Achieved renewed UKAS Accreditation for Quality and Safety Standards at PCH, STH and CCC. Plans to roll out at community hospitals and Hinchingsbrooke - Reduction in the number of inappropriate/poorly completed Imaging referrals by redesigning the electronic referral system and instigating a formal electronic rejection system. - Referrals are prioritised based on clinical urgency with more standardised turn round times. This improves patient flow through the department – and at present has vastly improved the imaging pathway for all referrals.
Rehabilitation	<ul style="list-style-type: none"> - Rehabilitation Services staff reconfiguration during stage one of the pandemic to provide 7 day service. - Some staff redeployed into other areas of the department / across sites to support staffing and specialist areas. - Approval received to recruit up to 6 FCP (Physiotherapists) within MSK. - 2x Band 7 Physiotherapists completing their ACP MSc training. - Report completed to establish the recovery of patients post Covid 19. Patients received a follow up telephone call and the themes from the data compiled.
Neonates	<ul style="list-style-type: none"> - NICU rated as Outstanding for first CREWS assessment - Alignment of free car parking and meals for parents on SCBU as well as NICU - Physiotherapy Inpatient service commenced - Launched attend anywhere for neonatal ward rounds so parents can video call in if they are unable to make it in the morning. - Launched Vcreate TV to capture moments of baby care and share with parents
Paediatrics	<ul style="list-style-type: none"> - Installation of medicine cupboards on Amazon Ward to ensure compliance with CQC standards - Monthly clinics for GA MRI scans will commence from January 2020, with two ad-hoc sessions also planned to catch up with patients on the waiting list. Consent process has been aligned across site
Breast	<ul style="list-style-type: none"> - GIRFT accreditation achieved - Funding received from Commissioners to support van hire, locum radiographers and mammographers to clear backlog of patients
Gynaecology	<ul style="list-style-type: none"> - Termination of pregnancy services are now completed remotely - Recruitment completed to Band 6 Nurse to support Lily

Good news stories – continued

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

Pharmacy

- Pivotal in the supply of medications to the Recovery trial patients of which we had the highest intake in the region.
- Home delivery of medications to patients that are shielding and remote clinics.
- Dispensary team won team of the month for rising to the challenge and pulling together to provide an excellent patient centred service
- Provisionally registered pharmacists are our new pharmacists who were preregistration pharmacists last year and due to COVID have been delayed taking their exam later this year. They have undergone risk assessments and competency mapping, given access to mentors to ensure they are supported in their new roles.
- The manufacturing team at PCH received a personal thanks by e-mail from the Chief Executive of the Royal Papworth Hospital for their work in supporting pharmacy and nursing colleagues on their wards through the supply of Propofol syringes
- We have regular volunteer involvement at both sites within the pharmacy department, recently having the support of young volunteers at the weekend to improve the service and provide a better care to our patients.
- Established new methods of learning and training within the team utilising remote access to teams and recorded webinars to ensure the team still have access to the much needed training resources to continue their professional development.
- Captain Tom funded rest area renovations to give the team a comfortable place to rest and recover on their breaks and share a socially distanced catch up ensuring the wellbeing of the staff is looked after.

Actions looking forward for the next 4 months	
Rehabilitation	<ul style="list-style-type: none"> - Additional MSK Occupational Health Clinics to be provided - Actively looking at how training funding can be accessed to support pilot for FEES within Speech and Language Therapy - OD involvement to support the department
Diagnostic Imaging	<ul style="list-style-type: none"> - Completion of project to replace MRI scanners, end date now projected as end of January 2021 (delayed due to Covid) - PACS merger planned for January 2021 – once complete this will mean patients can be offered the first available slot on any site
Neonates	<ul style="list-style-type: none"> - Ongoing project for refurbishment of SCBU at HH, including provision of parental facilities. Options appraisal is completed.
Paediatrics	<ul style="list-style-type: none"> - Embedding and sharing the CREWS action plan for Holly Ward with the wider multidisciplinary team - Supporting successful set up of the new PAU modular building
Pharmacy	<ul style="list-style-type: none"> - Distribution of Covid-19 vaccine in line with national roll-out - Installation of electronic drug cabinet within ED Resus to ensure its compliance with safe and secure storage of medications and more efficient drug supply management.
Outpatients Admin – HRADS	<ul style="list-style-type: none"> - Repair of wall / heater damaged by flood, to enable heater and computers to be used again - Repair / replacement of faulty fire doors x3 within the building

Challenges / concerns and actions to be taken

Concern: Rehabilitation	Staffing levels across Rehabilitation Services
Action to be taken:	Seek support from locums to backfill vacancies and maternity leave. Options paper produced to increased to establishment
By whom:	Susan Bentley
Timescale for completion:	
Concern: Paediatrics	Holly Ward received 'requires improvement' at their recent CREWS assessment
Action to be taken:	Action plan has been written, and will be shared with the wider team via open forums. Work has already begun on the plan
By whom:	Sandie White, Jayne Rootham, Nerea Odongo, Angela West
Timescale for completion:	October 2021
Concern: Breast Services	The mobile breast screening van is at the end of it's workable life, and there have been several episodes of breakdown.
Action to be taken:	Lease quote extended by one year. Quotes have been requested for a replacement vehicle. Added to Trust Risk Register
By whom:	Vanessa Hewick
Timescale for completion:	Feb 2021

Challenges / concerns and actions to be taken

Concern: Paediatrics and Neonates	Lack of psychological support for children and parents within Paediatric and Neonatal services
Action to be taken:	IA to be written, and demand mapping to be completed
By whom:	T Jones / J Rootham / T James
Timescale for completion:	Target date of September 2021 for appointment

Concern:	Breast screening programme was paused for three months, causing a backlog of patients which may cause delay to diagnosis and treatment
Action to be taken:	Moved to open appointment system, applied for funding for second screening van, locum mammographers and locum radiographers to increase capacity.
By whom:	Vanessa Hewick
Timescale for completion:	2021

Concern: FISS Division	Feedback from staff surveys, exit interviews and FTSU have all indicated the need to improve culture within the Division
Action to be taken:	Work with OD for support and guidance. Launch of Division-wide Civility Campaign for February 2021.
By whom:	Leadership Triumvirate and wider teams
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>Governance Meetings Speciality Meetings DLB (by exception)</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>In all areas, Minutes from Governance meetings are shared with Team Leaders for smaller Team Meetings, stored in shared folders electronically or emailed to all staff.</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence) <i>- Only current High Risks are detailed</i></p>	<p>102751 – M1 Major Imaging equipment replacement programme 103157 – Insufficient Dietetic staffing levels to provide specialist intervention to adult Eating Disorder patients</p>

Divisional CQC governance (cont.)

Self-assessment against CQC fundamental standards

Are departmental CQC self-assessments up to date?	Yes, all reviewed on a monthly basis.
Divisional committees / CBU meetings (including evidence) where CQC self-assessments against fundamental standards have been discussed:	Red, Amber and new Green indicators are discussed at monthly Governance and Speciality meetings, and escalated to DLB by exception
What are the high level compliance rates against the fundamental standards?	