Summary of the CQC Improvement Plan

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<th>KEY</th>
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<tr>
<td>Delivered</td>
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<td>On Track to deliver</td>
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<tr>
<td>Some issues – narrative disclosure</td>
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<tr>
<td>Not on track to deliver</td>
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Version | Version 11.0
Date     | 25.02.2015
### What are we doing?

- The Trust was placed in Special Measures following a Risk Summit in June 2014 which discussed the findings of an inspection by the Chief Inspector of Hospitals in February 2014.

- The Chief Inspector made 15 recommendations in total, 8 of which the Trust “must” undertake and 7 which the Trust “should” undertake. All 15 recommendations are included in our CQC Improvement Plan. The key themes of these recommendations are summarised below:
  - Improving our staffing levels;
  - Engaging and communicating more effectively with frontline staff;
  - Improving performance information to drive improvement and good decision making;
  - Improving our nurse record keeping;
  - Continuing to improve incident reporting and the learning we gain from incidents;
  - Improving the availability of case notes and test results in our outpatients departments.

- At our July meeting the Trust Board approved an overarching Quality Improvement Plan, which has been designed to deliver the longer term quality improvements needed over the next three years and the CQC Improvement Plan is a key part of this in year one. Together with the support of our partners, our doctors, nurses and managers, we will be able to make changes that can be sustained well beyond a year and deliver real and meaningful improvements for the benefit of everyone who uses our hospitals.

- To support the CQC Improvement Plan, The NHS has a formal system already in place called ‘Quality Surveillance Groups’ (QSGs) to bring together parts of the local health and care economies to routinely share information and intelligence. Working with our Local Area Teams we intend to make best use of this existing facility for discussing progress against our Improvement Plan and any connected matters. The Trust Board is satisfied that this provides sufficient governance arrangements to deliver the level of assurance required to track and question the progress being made. Board. Assurance is also sought from the appropriate Board Sub-Committees.

- The CQC Improvement Plan is time limited; however, to ensure the improvements can be sustained and to tackle some of the some long standing issues such as culture, we will also be establishing an Improvement Academy within our Trust. The Improvement Academy will provide support and assistance to our staff, helping them to understand what ‘good’ and ‘outstanding’ look like and providing them with the tools to achieve those high standards. The Academy approach will support staff to use tried and tested techniques for delivering consistent change. The action plan will ensure our services are of the highest quality in relation to staffing numbers and skill mix, record keeping, access to health records, incident reporting, accurate and timely performance information, facilities and communication.

- This document shows our plan for making these improvements and demonstrates our progression against the plan. The Trust will remain in Special Measures while we take forward our plans to address the 15 recommendations from the Chief Inspector of Hospitals.

- The CQC Improvement Plan was refreshed and signed off by the Board on 1st December 2014. The refreshed plan ensures that the format and content align to the CQC reporting domains and that there is further clarity of the intended outcomes and key performance indicators across the programme of improvement. This will assist in the process to ensure that improvement actions align with the improvement recommendations.
Who is responsible?

• Our actions to address the recommendations have been agreed by the Trust Board.

• Our Chief Executive, Jackie Daniel, is ultimately responsible for implementing actions in this document. Other key staff are Sue Smith, Executive Chief Nurse; George Nasmyth, Medical Director; and Mary Aubrey, Director of Governance, as they provide the executive leadership for quality, patient safety and patient experience.

• Fiona Wise is currently the Improvement Director to support our progress by challenging our approach to ensure we deliver the most effective service to our patients. The Improvement Director acts on behalf of Monitor and works together with the relevant Regional Team of Monitor to ensure delivery of the improvements and oversee the implementation of the action plan overleaf. Should you require any further information on this role please contact specialmeasures@monitor.gov.uk

• Ultimately, our success in implementing the recommendations of the CQC Improvement Plan will be assessed by the Chief Inspector of Hospitals, who will re-inspect our Trust by June 2015.

• If you have any questions about the work we are doing contact our Director of Governance, Mary Aubrey, mary.aubrey@mbht.nhs.uk, 01539 716688. Or, if you want to contact Monitor, you can reach them by email at enquiries@monitor.gov.uk.

How we will communicate our progress to you?

• We will provide a progress report every month whilst we are in Special Measures, which will be reviewed by the Improvement Board and received by the Trust Board. With the agreement of the Trust’s Board of Directors the Improvement Board stood down from 12th December 2014 and oversight of how the trust action plan is improving our services in line with CQC recommendations is now the responsibility of the Quality Surveillance Group (QSG).

• The progress report will be published on the NHS Choices and Trust websites, and subsequent longer term actions may be included as part of a continuous process of improvement.

• Each month we will let all staff, governors and partners know where the update can be found.

• We will write to all FT members via our autumn newsletter letting them know more about the inspection outcome and describing the special measures, where members can access the action plan and how and when we will update it.

• We will present updates on progress at our scheduled Council of Governor meetings which are held in public.

• We will provide staff with an update on progress at our regular staff briefings.

Chair / Chief Executive Approval (on behalf of the Board):

Chair Name: Pearse Butler
(Commenced in post on 4th November 2014.
Signature:
Date: 25th February 2015

Chief Executive Name: Jackie Daniel
Signature:
Date: 25th February 2015
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<tr>
<th>Summary of Main Concerns</th>
<th>Summary of Urgent Actions Required</th>
<th>Agreed timescale for implementation</th>
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| Domain 1 - Safe         | Ensure staffing levels and skill mix in all clinical areas are appropriate for the level of care provided | • Undertake baseline nursing staffing review.  
• Introduce Red Rules. This is a staffing tool that is to be used for ward managers to flag any nurse staffing levels of concern and will ensure no less than two registered nurses on any shift. | • 31.01.2014  
• 31.12.2013 | Buddy Trust (Salford)  
Director of Nursing  
NHS England  
Staffing decision tool audit | Delivered  
• “Red rules” for safer staffing introduced in December 2013 for general inpatient wards supported by baseline staffing review in January 2014.  
• Additional investment in nursing establishments approved by the Board, with funding released in three tranches from September 2014 – March 2015.  
• Revised establishment to meet NICE Safer Staffing Guidance. | |
|                         | • Introduce Ward Boards outside ward areas to display actual staffing levels publicly and publish staffing levels data on the national database and on the Trust website monthly.  
• Introduce rules to ensure nursing budgets are set with ward managers and signed off by the Exec. Chief Nurse. | • 30.06.2014  
• 30.06.2014 | Workforce Committee  
Clinical Commissioning Groups (CCGs) | Delivered  
• Ward Boards introduced outside all ward areas.  
• Hard Truths staffing level data published on the Trust’s website and nationally through NHS Choices from 24 June 2014 onwards. | |
|                         | • Introduce Key Performance Indicators to monitor the use of bank, agency and locum staff and monitor through the Workforce Committee. Key Performance Indicators are a measure that provides managers with important information to enable them to understand the performance level of the Trust. | • 31.10.2014 |  | Some Issues – Narrative disclosure - Risk to due date identified,  
• Bank & agency expenditure reported to the Workforce Assurance Committee on a monthly basis from October 2014 onwards  
• Plans for the KPIs to be further improved following implementation of the “Bank Staffing” module on e-rostering and the development of the Roster Perform reporting tool. | 30.11.2014 |
|                         | • Review Trust approach to temporary staffing and ensure that robust arrangements are in place for the supply, and monitoring, of these staff. | • 31.12.2014 |  | Delivered  
• HB Retinue retained for supply of medical locums with regular analysis of usage and performance monitoring to share with Divisions & record active contract management.  
• In January 2015, Workforce Committee approved proposal to retain and develop in-house bank to improve supply and utilisation of contingent staff to meet service needs | |
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<td>Domain 1 - Safe</td>
<td>Continue to actively recruit staff using local, national and international recruitment and implement our Recruitment and Retention Strategy to ensure patients’ needs are met.</td>
<td>31.03.2015</td>
<td>Buddy Trust (Salford) Director of Nursing NHS England Staffing decision tool audit Workforce Committee Clinical Commissioning Groups (CCGs)</td>
<td>On track to deliver  • The Trust continues to actively recruit staff to meet agreed establishment levels for April 2015.  • Current vacancy levels are 5.6% nursing &amp; midwifery, 8.3% medical and 3.5% AHP – ongoing recruitment campaigns continue with vacancies covered by bank, agency and locum appointments  • 22 registered nurses recruited from Spain are due to start in the Trust in March 2015  • Recruitment plan for 2015/16 developed with measures aimed at domestic, national and international recruits  • The first cohort of Modern Apprentice posts commenced in February 2015  • An in depth analysis of the residual gap is being undertaken. Discussions have taken place with Cumbria University regarding development of locally agreed training programmes to support the long-term solution</td>
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<td>Domain 1 - Safe</td>
<td>Introduce regular European Working Time Directive (EWTD) monitoring to ensure safe systems of work and to protect employee health and wellbeing and report 6 monthly to Workforce Committee. The EWTD is a directive from the Council of Europe (93/104/EC) to protect the health and safety of workers in the European Union.</td>
<td>31.12.2014</td>
<td></td>
<td>Delivered  • EWTD Audits now completed on a 6-monthly basis and reported to the Workforce Assurance Committee  • EWTD Audits demonstrating reduced level of staff working over 48 hours and greater compliance with “opt-out” agreements  • Percentage of staff working extra hours is BETTER THAN AVERAGE in 2014 NHS Staff Survey</td>
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<td>Introduce staffing decision tool in all inpatient areas. This is a tool which will assist ward managers and senior nurses to provide evidence based data to support their staffing decisions.  • Roll out staffing decision tool across all general wards.</td>
<td>31.10.2014 31.03.2015</td>
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<td>Delivered  • The Trust is using the safer nursing care tool endorsed by NICE.  • Staffing is monitored 4 times daily at the safety meetings and actions documented.</td>
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|                 | Ensure staffing levels and skill mix in all clinical areas are appropriate for the level of care provided (Continued) | • Roll out e-rostering on all sites by January 2015. Electronic rostering systems enable managers to draw-up rosters quickly and achieve a better skill-mix of workers. | • 31.01.2015 | Buddy Trust (Salford) Director of Nursing NHS England | Delivered  
• Roll out completed to all planned wards at Royal Lancaster Hospital and Westmorland General Hospital. | |
|                 |  | • 31.01.2015 | | Staffing decision tool audit Workforce Committee | Some issues narrative disclosure  
• E-rostering will be fully rolled out by end February 2015  
• Ongoing implementation around benefits realisation and improving utilisation, including development of Roster Perform to analyse rosters and support decision-making | 28.02.2015 |
|                 |  | • Implement the Payroll link on those wards where e-rostering is live and enable automatic timesheet and absence reporting. | • 31.01.2015 | Clinical Commissioning Groups (CCGs) | Some issues narrative disclosure  
• Delays in roll-out has meant that the full implementation of the payroll has been deferred  
• A schedule is in place to complete this phase by May 2015. | 31.05.2015 |
|                 |  | • Number of staff recruited each month will be reported to the Workforce Committee and to frontline staff to inform them about progress against the plan. | • 31.08.2014 |  | Delivered  
• Vacancy levels and staffing profile KPIs presented monthly to the Workforce Assurance Committee and Board of Directors from July 2014 onwards  
• Updates on progress to frontline nurses and midwives via monthly Executive Chief Nurse newsletter. | |
| Domain 1 - Safe | Continue to actively recruit medical and specialist staff in areas where there are identified shortfalls | • Proactively monitor actual and planned staffing levels in relation to specific and ‘hard to recruit’ staff groups within Medical Staff and Allied Health Professions and report recruitment success / challenges to the Workforce Committee and the Board on a monthly basis | • 31.10.2014 | Buddy Trust (Salford) Workforce Committee CCGs | Delivered  
• Vacancy levels and staffing profile KPIs presented monthly to the Workforce Assurance Committee and Board of Directors from July 2014 onwards  
• Current vacancy levels are 5.6% nursing & midwifery, 8.3% medical and 3.5% AHP – ongoing recruitment campaigns continue with vacancies covered by bank, agency and locum appointments  
• Recruitment plan for 2015/16 developed with measures aimed at domestic, national and international recruits | |
|                 |  | • Develop workforce Key Performance Indicator to monitor vacancy levels and recruitment to medical and AHP positions and monitor at the Workforce Assurance Committee | • 31.03.2015 |  | • Delivered  
• Vacancy levels and staffing profile KPIs presented monthly to the Workforce Assurance Committee and Board of Directors from July 2014 onwards  
• Current vacancy levels are 5.6% nursing & midwifery, 8.3% medical and 3.5% AHP – ongoing recruitment campaigns continue with vacancies covered by bank, agency and locum appointments  
• Recruitment plan for 2015/16 developed with measures aimed at domestic, national and international recruits | |
## Domain 1 - Safe

**Continue to actively recruit medical and specialist staff in areas where there are identified shortfalls**

(Continued)

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| • Develop a five year Workforce Plan for Better Care Together to address strategic intention and changing model of health care delivery (e.g. 7 day working). | 31.03.2015 | Buddy Trust (Salford) Workforce Committee CCGs | On track to deliver  
  • A Workforce Change Enabling Group has been established to lead on the development and implementation of a workforce and education plan to support Better Care Together, with the initial focus on the two-year and five-year Delivery Plans  
  • Initial workforce plan developed as key element of the Trust’s 5-year Better Care Together Strategy  
  • Workforce plan scheduled to be presented to the Trust Board by 31st March 2015. |

### Domain 1 - Safe

**Improve its incident reporting. All staff must be aware of their responsibilities to both report incidents and implement remedial action and learning as a result.**

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| • Inform staff of the Lessons Learned monthly newsletter, the importance of incident reporting and the automatic feedback process to the incident reporter on all categories of incidents reported including actions taken and lessons learned. | 30.09.2014 | Buddy Trust (Salford) CCGs | Delivered  
  • Information provided in the August Payslip to all staff.  
  • Article published on 2nd September 2014 in the Weekly Newsletter.  
  • Divisional and corporate news includes lessons learned. |
| • Improve staff feedback on completion of an investigation and closure of the incident by sending automatic notification outlining the outcome, actions and lessons learned. | 30.09.2014 | Buddy Trust (Salford) CCGs Quality Committee Workforce Committee | Delivered  
  • The reporter gets an automatic reply email thanking them for reporting the incident and giving them the incident number and details of how the incident will be managed.  
  • Following a serious untoward incident, the reporter gets a further email with a brief overview of the investigation at the time of closure of the incident, investigation, recommendations and lessons learned  
  • 2014 NHS Staff Survey reports that 93% of errors, near misses or incidents witnessed in the previous month were reported. |
| • Continue to develop the Knowledge Management Website to include corporate and divisional lessons learned newsletters for staff. | 31.12.2014 | | Delivered  
  • The knowledge Management website has been developed to include organisational and Divisional lessons learned across the organisation.  
  • Lessons learned newsletters have been produced quarterly in April 2014, June 2014 September 2014 and December 2014 and circulated via communications.  
  • New lessons learned web page has been developed and is available from Governance Division intranet pages.  
  • Learning Lessons bulletins are currently available from this page and a database has been developed for capturing and searching individual lessons. |
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<td><strong>Domain 1 - Safe</strong></td>
<td>Improve its incident reporting. All staff must be aware of their responsibilities to both report incidents and implement remedial action and learning as a result. (continued)</td>
<td>Implement training programmes in 2014/15:  - to improve the reporting of safety incidents;  - to ensure that managers roles and responsibilities are understood and that appropriate investigations are undertaken;  - for staff participating in completing the RCA template on the Safeguard system.</td>
<td>31.03.2015</td>
<td>Buddy Trust (Salford) CCGs Quality Committee Workforce Committee</td>
<td>On track to deliver  - Training sessions for improving incident reporting, have run monthly on each hospital site since 1/04/14, with good attendance which is recorded on Training Management System. (TMS)  - Individual department manager’s incident training sessions have been held monthly for radiology, pathology, surgery and acute medicine on each hospital site since 1/04/2014, with good attendance recorded on TMS  - Training sessions for managers conducting incident investigation and completing RCAs have run monthly on each site since 1/04/14, with attendance recorded on TMS.  - 2014 NHS Staff Survey reports that 89% of staff agree/strongly agree that my organisation encourages staff to report errors, near misses or incidents - better than the national comparator  - Recent staff survey/listening event results report improvements in staff receiving feedback following reporting incidents  - The Trust continues to be a high reporter of incidents with severity of incident reducing.  - Reduction in harm trends are being sustained in relation to HSMR, SHMI, perinatal mortality, hospital acquired pressure ulcers, falls resulting in harm and deterioration  - Content and learning from incidents is reviewed weekly by the patient safety summit and appropriate actions taken to ensure learning; actions are documented.</td>
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<td>To monitor staff perceptions of incident reporting and feedback through the quarterly Pulse surveys.</td>
<td>31.03.2015</td>
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<td>On track to deliver  - Quarterly pulse survey undertaken and reported through Business Intelligence Workforce Dashboard and Workforce Committee  - Pulse surveys undertaken in June and September 2014. The next pulse survey will be undertaken in February 2015 and bi-monthly thereafter  - 2014 NHS Staff Survey reports that 93% of errors, near misses or incidents witnessed in the previous month were reported  - 2014 NHS Staff Survey reports that 89% of staff agree/strongly agree that my organisation encourages staff to report errors, near misses or incidents - better than the national comparator  - 2014 NHS Staff Survey reports that 64% of staff agree/strongly agree that when errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again – an 8% improvement on 2013 and 3% better than national comparator  - 2014 NHS Staff Survey reports that 42% of staff agree/strongly agree that they are given feedback about changes made in response to reported errors, near misses or incidents – a 5% improvement on 2013 and in line with the national comparator</td>
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### Domain 2 - Effective

#### Ensure that appropriate action is taken in response to audits where poor practice is identified

- **Annual clinical audit plan for 2014/15** to be developed using Healthcare Quality Improvement Partnership (HQIP) guidance to prioritise audits. HQIP was established in April 2008 to promote quality in UK health services, by increasing the impact that clinical audit has on healthcare quality.
  - **Agreed timescale for implementation**: 21.07.2014
  - **External Support/Assurance**: Buddy Trust (Salford) Quality Committee
  - **Progress against original timescale**: Delivered
    - Annual clinical audit plan for 2014/15 developed using HQIP Guidance and presented to the Quality Committee on 21/7/2014.

- **From the 2014/15 annual audit plan, all priority 1 and 2 audits will have an action plan developed in line with Healthcare Quality Improvement Partnership (HQIP) Guidance. Priority 1 and 2 audits are identified external and internal ‘must do’ audits.**
  - **Agreed timescale for implementation**: 31.03.2015
  - **External Support/Assurance**: Buddy Trust (Salford) Internal Audit CCGs
  - **Progress against original timescale**: Delivered
    - Work is on-going to ensure all priority 1 and 2 audits have an action plan developed.

- **Develop a clinical audit module on the Ulysses safeguard system to follow up and monitor the timely implementation of clinical audit action plans.**
  - **Agreed timescale for implementation**: 31.12.2014
  - **External Support/Assurance**: Quality Committee
  - **Progress against original timescale**: Completed action plans have been received and uploaded onto the clinical audit module on Ulysses.

- **From the 2014/15 annual audit plan, 80% of audits will have an action plan implemented within the allocated timescales and the focus will be on Priority 1 and 2 audits.**
  - **Agreed timescale for implementation**: 31.03.2015
  - **External Support/Assurance**: Quality Committee
  - **Progress against original timescale**: Work is ongoing to ensure that 80% of audits have an action plan implemented

- **To establish a Clinical Audit and Effectiveness Committee to monitor the effectiveness and impact of clinical audit.**
  - **Agreed timescale for implementation**: 30.10.2014
  - **External Support/Assurance**: Quality Committee
  - **Progress against original timescale**: Clinical Audit and Effectiveness Committee established.
    - Terms of Reference for Clinical Audit and Effectiveness Committee agreed at the first meeting held on 12/09/2014.

- **Review and update clinical audit procedure**
  - **Agreed timescale for implementation**: 30.10.2014
  - **External Support/Assurance**: CCGs
  - **Progress against original timescale**: Clinical Audit procedure ratified at the Clinical Audit and Effectiveness Committee on 15/11/2014.

### Domain 2 - Effective

#### Improve the nurse record keeping on the medical wards

- **Raise awareness and reiterate the importance of accurate record keeping with all nursing staff utilising nurse staffing away days in order to ensure that patient assessments are undertaken in line with professional regulations.**
  - **Agreed timescale for implementation**: 31.10.2014
  - **External Support/Assurance**: Buddy Trust (Salford) Quality Committee CCGs
  - **Progress against original timescale**: Some issues narrative disclosure
    - A Nursing and Medical Documentation audit has been undertaken. This also includes a Pharmacy audit on documentation. A report and action plan has been presented to the Executive Directors Group on 20th January 2015. The audit helps to identify any areas that require improvement that can be addressed within a reasonable timescale. Progress will be monitored to ensure actions are implemented at the Quality Committee on a monthly basis.
    - Trust healthcare staff are developing a single contemporaneous healthcare record that should be in use by April 2015
  - **Revised deadline (if required)**: 31.03.2015
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<td><strong>Domain 2 - Effective</strong></td>
<td>Improve the nurse record keeping on the medical wards</td>
<td>• Health Record Keeping Standards provided to relevant staff groups at local induction to ensure staff understand professional responsibilities and they will be held to account for this.</td>
<td>Quality Committee CCGs</td>
<td>On track to deliver</td>
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<td>• Health record keeping standards included as part of essential job related mandatory training in place and operational to ensure staff understand professional responsibilities and they will be held to account for this.</td>
<td>Quality Committee CCGs</td>
<td>On track to deliver</td>
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<td><strong>Domain 3 - Caring</strong></td>
<td>Review the services provided by the chaplaincy at RLI so that patient’s spiritual needs are better met.</td>
<td>• To recruit additional members to the chaplaincy team to provide spiritual and pastoral support to patients and their families.</td>
<td>QSG Workforce Committee</td>
<td>Delivered</td>
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<td><strong>Domain 4 - Responsive</strong></td>
<td>Ensure that accurate and timely performance information is used to monitor and improve performance in all clinical areas.</td>
<td>• Dashboards provide at-a-glance views of performance information. The Board level and Assurance level Business Intelligence Dashboards will be reviewed to ensure an integrated suite of performance data is available to the Board.</td>
<td>Buddy Trust (Salford) Finance Committee/ Audit Committee</td>
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<td>• Finalise divisional level dashboards to ensure an integrated suite of performance data is available to support robust performance management for Finance, Clinical Standards, Quality, Human Resources and Governance for implementation in Quarter 2.</td>
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- Workforce performance reports presented to the Workforce Committee include compliance with local induction training.
- KPIs have been further developed to ensure monitoring at departmental level.
- RAISE reviews and mock inspections focus on documentation. Improvement has been noted in a number of areas including risk assessment (for harm) at first assessment in the ED
- Health record keeping standards included as essential (job-related) mandatory training for 2014/15;
- Workforce performance reports presented to the Workforce Committee include compliance with induction and mandatory training.
- Individual accountability is picked up via weekly patient safety summit meeting with agreed actions to ensure learning at individual and team/organisational level (as appropriate)

- Trust Executive Dashboard utilised in the August Board meeting.
- Assurance Committee dashboards finalised and in use.
- Weekly Executive Dashboard in use from Sept. 2014.
- Weekly Health Check dashboard now in operational use.
- Nursing & midwifery business intelligence dashboard developed

- Divisional Dashboards have been developed and were ready for use on 24/12/2014, these have been well received. Training is on-going for the divisions regarding use of the dashboards.
- On-going work will continue with the divisions to incorporate specialist key performance indicators and associated data.
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| **Ensure that accurate and timely performance information is used to monitor and improve performance** | • Undertake a review of systems to identify areas for improvement to systematically collect and collate data e.g. Lorenzo, ‘Guru’, Safeguard Risk Management System, SharePoint etc. | 31.12.2014 | Finance Committee/ Audit Committee/ Internal Audit | Some issues narrative disclosure  
• Internal Audit data review of systems (Part 2) has been undertaken and the report has been finalised.  
• Work is being undertaken to address the actions identified as areas for improvement. | 25.02.2015 |
| **Ensure the timely availability of case notes and test results in outpatients department across the Trust** | • Audit case note availability on a monthly basis to monitor progress against improvement trajectory. | 30.08.2014 | Quality Committee | Delivered  
• Case note availability has improved and is audited on a monthly basis.  
• 96.23% achieved trust wide against a target of 94% in December 2014  
• The results are reported at the monthly Divisional Performance Review meetings.  
• The Trust is currently rolling out paperlite project  
• A task and finish group is in place to drive the implementation of Paperlite Outpatient Clinics which is the first stages of electronic patient record within OPD consultations. Informatics are supporting data collection) to show performance against improvement markers. | |
| | • Audit the timely availability of outpatient test results being available electronically on a monthly basis to monitor progress against national standards. | 30.09.2014 | Internal Audit | Delivered  
• A total of 286,466 pathology tests were reported in January 2015 with 99.98% of tests produced from analyses in house’ being available on Lorenzo  
• A total of 9623 tests were sent away for analysis in January 2015 with 99.33% being available on Lorenzo. | |
| **Review the numbers of elective caesarean sections carried out in the maternity services** | • Strengthen existing approaches to reviewing and monitor elective caesarean section rates as part of the divisional clinical audit programme; | 30.09.2014 | Quality Committee/ Independent Review | Delivered  
• Monthly caesarean section data collection undertaken.  
• Caesarean section audit completed and presented to Executive Directors Group on 30.09.2014.  
• A further audit has been completed in December 2014 and data analysed and presented to the Clinical Audit Committee in January 2015.  
• January audit presented to quality assurance committee demonstrates a c-section rate of 25.3 (national average 26.5) and 100% indication recorded in all records (43 at RLI and 22 at FGH) | 31.12.2014 |
| | • Independent review of randomly selected cases to ensure compliance with the Trust’s guideline; | 30.10.2014 | | Delivered  
• North Tees have undertaken an independent review and submitted the final report to the Trust  
• Action plan being monitored monthly by quality assurance committee | |
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<td><strong>Domain 4 - Responsive</strong></td>
<td>Review the numbers of elective caesarean sections carried out in the maternity services (Continued)</td>
<td>• Findings of the report of the independent review to be presented to the Quality Committee in January 2015.</td>
<td>Quality Committee Independent Review</td>
<td>Delivered The findings of the report and action plan have been presented to the Quality Committee on the 19/01/2015 and the Executive Directors Group meeting on 20.01.15.</td>
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<tr>
<td><strong>Domain 4 - Responsive</strong></td>
<td>Consider its investment into the diagnostic and imaging services to respond to increased demand.</td>
<td>• Continue to urgently recruit staff in order to achieve appropriate establishment of staff in the Radiology Department.</td>
<td>QSG Workforce Committee</td>
<td>Delivered • One Radiologist appointed. • Interviews arranged February 2015 for Consultant Radiologist. • Skill mix review undertaken and Advanced Practitioner cover maximised. • Robust outsourcing options in place for reporting. • KPI performance measures will monitor performance on a monthly basis ongoing. • 4 outsourcing companies being used to support film reading including RIG reporting • Non-core elements of the service explored through the Imaging managed service project • Consultant radiographer recruited Dec 2013 • Consultant radiologist interviewed and recruited August 2014 - post to commence November • Actively pursuing locums to fulfil fixed term contracts • One consultant considering a 12 month FTC for Barrow • Optimising advanced practitioner skills to replace radiologist reporting • Further extending the AP skill set • Increased PA's for existing consultants • Outsourcing ‘out of hours’ reporting (excluding emergency on site cover) • Discussions with divisions on rationalising reporting – agreement with Respiratory and agreement with orthopaedics on check films • Use of locums and agency with specific duties • Exploring options to use SpR to cover plain film reporting (from Manchester University) - awaiting response • Exploring insourcing for nuclear medicine - honorary contract underway • Radiology reporting on line from December 2014</td>
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| Review its facilities and equipment in A&E so that patients who are subject to delayed transfer do not receive sub-optimal care | • Combining the Medical Admissions Unit with Short stay in order to increase bed provision, Capital plans being developed, although expansion would be subject to available funding. | • 31.12.2014 | QSG Quality Committee | Some Issues – Narrative disclosure –  
  • Currently in the process of combining MAU with the short stay unit at FGH but due to staffing issues this is not feasible at the present time  
  • Several different options have been explored.  
  • We are awaiting notification regarding capital funding’.  
  • The Trust is dealing with length of stay to improve patient flow and discharge. | 31.03.2015 |
| Domain 5 – Well Led | Review its staffing investment to ensure that the AHP workforce is developed at the same pace as the nursing and medical workforce to meet the growing demand for services. | • To develop, implement and monitor a workforce plan for Allied Health Professional (AHP) staff to meet identified service needs. | • 30.09.2014 | Quality Surveillance Group (QSG) Workforce Committee | Delivered  
  • Workforce KPIs Indicator Report presented to Workforce Committee on a monthly basis.  
  • A draft Workforce Plan for AHP staff was presented to the Workforce Committee on 20.10.2014.  
  • Further work has been undertaken to develop the Workforce Plan for AHPs. This was approved at the Workforce Committee on 19.11.2014.  
  • Current AHP vacancy levels are 4.8 WTE – this excludes 8.8 WTE prospectively appointed to address planned growth and turnover and due to start March – April 2015. | |
| Domain 5 – Well Led | Improve communication with staff on the wards | • Communications team to review existing communication arrangements and recommend a plan to improve communication to all wards and departments across all sites which will then be signed off by the Board. | • 30.10.2014 | Executive Directors Group Workforce Committee CCGs/ Healthwatch | Delivered  
  • Review of Strategy in progress.  
  • Communications ‘Comms Cell’ in each hospital being established. Groups will provide feedback on communication activities.  
  • A Communications report was presented to the board at the end of November 2014. Delivery of the Plan will be completed by 31/01/2015.  
  • The delivery of the Engagement Plan submitted and presented to the Board on 28/01/2015  
  • 2014 NHS Staff Survey reports statistically significant improvement in levels of staff reporting good communication between senior managers and staff  
  • Whilst levels slightly behind national average, communication satisfaction levels have never been higher over 11 years of NHS survey  
  • Listening into Action commenced 2014; by February 2015; front line staff are leading a number of pioneering projects, supported by directors, across the Trust | 31.01.2015 |
### Domain 5 – Well Led

**Improve communication with staff on the wards**

(Continued)

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<td>Improve communication with staff on the wards</td>
<td>• Various patient safety walkabouts will be undertaken including non-executive and executive director patient safety walkabouts, 15 Steps Challenge walkabouts, Quality Review Inspections of Department Standards and peer reviews. These will be undertaken to ensure appropriate visibility of senior management across all sites.</td>
<td>30.10.2014</td>
<td>• 30.10.2014 Quality Committee</td>
<td>• Various patient safety walkabouts being undertaken. • Schedule of patient safety walkabouts developed and available on SharePoint. • Formal walkabouts at RLI and FGH have been replaced with a programme of mock CQC assessment visits. • Mock CQC assessments have been carried out on 11/12/2014 at RLI; 30/12/2014 at FGH; 02/02/2015 at RLI and 05/02/2015 at FGH. Letters have been sent out to all ward managers informing them of the outcome of the assessment. • Four formal walkabouts have been undertaken at WGH in January 2015. • 2014 NHS Staff Survey reports positive improvement in levels of staff knowing who the senior managers are here. • Whilst levels are slightly behind national average, visibility of senior managers levels have never been higher over 11 years of NHS survey • January mock CQC staff listening events undertaken – for presentation at March board of directors meeting.</td>
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**Domain 5 – Well Led**

**Review the opportunities to engage its workforce in the ‘Better Care Together’ initiative so staff are aware of the future of the services they work in**

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<td>Review the opportunities to engage its workforce in the ‘Better Care Together’ initiative so staff are aware of the future of the services they work in</td>
<td>• Develop a detailed staff engagement plan in relation to the implementation of ‘Better Care Together’ following the submission of the Strategic Outline Case and the Trust’s 2-5 year plan to ensure that all staff have the opportunity to influence decisions that affect them and the services they provide. • Continue to implement the Trust-wide Communications Strategy to ensure that all staff are able to easily access key corporate information e.g. management briefings, team brief, weekly message etc. and signed off by the Board.</td>
<td>30.10.2014</td>
<td>30.10.2014 Board of Directors CCGs</td>
<td>Delivered • Workshop held with Staff side to develop engagement actions and activities. • Engagement plan is being finalised and has been sent out for consultation prior to approval by the Board in November 2014. • It has therefore been agreed at the Executive Directors Meeting on 18/11/2014 to extend the completion date to 31/01/2015 to deliver the plan. • The delivery of the Engagement Plan submitted and presented to the Board on 28/01/2015 • 2014 NHS Staff Survey reports positive improvement in levels of staff who agree/strongly agree that senior managers here try to involve staff in important decisions • 2014 NHS Staff Survey reports big improvement in levels of staff who agree/strongly agree that senior managers are committed to patient care • 2014 NHS Staff Survey reports positive improvement in levels of staff who agree/strongly agree that care of patients/service users is my organisation’s top priority • Trust quality improvement plan sets out the five-year quality strategy for the Trust; 2015-16 key work streams to contribute to further improvement of quality indicators to be agreed with clinical directors, lead nurses/AHPs and managers in March 2015.</td>
<td>31.01.2015</td>
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<tr>
<td>Oversight and improvement action</td>
<td>Agreed Timescale for Implementation</td>
<td>Action owner</td>
<td>Progress against original timescale</td>
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  • Monthly meetings held with Monitor                                                                  |                              |
| Partnership working with a ‘Buddy Trust’ (Salford) to provide help and support to deliver improvements in quality of services. | August 2014 – June 2015           | Trust Chief Executive.                      | On track to deliver  
  • Partnership working with (Salford) as a ‘Buddy Trust’                                              |                              |
| Appointment of an Improvement Director (by Monitor).                                               | September 2014                     | Monitor.                                    | Delivered  
  • Fiona Wise, Improvement Director has been appointed and commenced on 24 September 2014.          |                              |
| Meetings of the Trust Improvement Board which will review evidence about how the trust action plan is improving our services in line with CQC recommendations and reporting to NHS Choices on a monthly basis. | July 2014 – December 2014         | Trust Chair.                               | Delivered  
  • The NHS has a formal system already in place called ‘Quality Surveillance Groups’ (QSGs) to bring together parts of the local health and care economies to routinely share information and intelligence. Working with our Local Area Teams we intend to make best use of this existing facility for discussing progress against our Improvement Plan and any connected matters.  
  • The Trust Board is satisfied that this provides sufficient governance arrangements to deliver the level of assurance required to track and question the progress being made.  
  • With the agreement of the Trust’s Board of Directors the Improvement Board stood down from 12th December 2014 and oversight of how the trust action plan is improving our services in line with CQC recommendations is now the responsibility of the Quality Surveillance Group (QSG). |                              |
| Trust reporting to the public about how our trust is improving via monthly briefings/releases to local media. | July 2014 – June 2015              | Trust Chief Executive.                      | On track to deliver  
  • Monthly briefings displayed on the Trusts homepage.                                                  |                              |
| Local economy level consideration of whether the trust is delivering its action plan and improvements in quality of services by a Quality Surveillance Group (QSG) composed of NHS England Area Team, Clinical Commissioning Groups (CCG’s), Monitor, Trust Development Authority, Care Quality Commission, Local Authority and Healthwatch. | July 2014 – June 2015              | Trust Chief Executive/ Improvement Director/ CCG’s | On track to deliver  
  • QSG meeting held on 8th December 2014 and 9th February 2015.                                        |                              |
| Re-inspection.                                                                                     | May 2015                           | Care Quality Commission.                    | On track to deliver  
  • CQC re-inspection to take place in May 2015.                                                       |                              |
Appendix 1: Definitions of Terminology used within the Improvement Plan

This document provides a brief explanation of some of the terminology used within the CQC Improvement Plan.

Quality Improvement Plan
The Quality Improvement Plan has been developed following the Care Quality Commission (CQC) Inspection of our hospitals in February 2014. The Chief Inspector made 15 recommendations which are all included in our CQC Improvement Plan and can be summarised into the six key areas listed below. The plan identifies the improvements that need to be made, how the improvements will be delivered and timescales in which these improvements will be implemented.

• Improving our staffing levels;
• Engaging and communicating more effectively with frontline staff;
• Improving performance information to drive improvement and good decision making;
• Improving our nurse record keeping;
• Continuing to improve incident reporting and the learning we gain from incidents;
• Improving the availability of case notes and test results in our outpatients departments.

Improvement Board
To support the CQC Improvement Plan, an Improvement Board has been created which over the next year will have the responsibility of overseeing and contributing to progress on actions and will report directly to the Trust Board. We have asked many of our partners, such as the Clinical Commissioning Groups, NHS England, the patients’ champion Healthwatch and local authorities, to be part of the Improvement Board.

Improvement Academy
The Improvement Academy will provide support and assistance to our staff, helping them to understand what ‘good’ and ‘outstanding’ look like and providing them with the tools to achieve those high standards. The Academy approach will support staff to use tried and tested techniques for delivering consistent change.

Recruitment and Retention Strategy
The Recruitment and Retention Strategy is a document which sets out the direction in which the Trust will work towards recruiting and retaining the best skilled and dedicated workforce. It aims to improve existing recruitment and retention practices and identifies how we will ensure that we are an employer of choice.

Hard Truths staffing level data
NHS England and the CQC have issued joint guidance to Trusts on the delivery of the ‘Hard Truths’ commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels. Staff numbers will need to be displayed on boards outside all inpatient ward areas. To see further details please refer to the link below:
http://www.england.nhs.uk/2014/04/01/hard-truths/

Workforce Key Performance Indicator (KPI) Report
Key Performance Indicators are a measure that provides managers with important information to enable them to understand the performance level of the Trust. The setting of KPI’s in respect of workforce will enable the Trust to ensure that staffing levels are safe and that staff can provide appropriate levels of care. The KPI’s will be used to monitor the use of bank, agency and locum staff and recruitment of staff. This data will be reported to the Workforce Assurance Committee in the form of a Workforce Key Performance Indicator Report.

European Working Time Directive (EWTD) monitoring
The EWTD is a directive from the Council of Europe (93/104/EC) to protect the health and safety of workers in the European Union. Monitoring will ensure safe systems of work and to protect employee health and wellbeing. This will be reported on a 6 monthly basis to the Workforce Committee

Electronic Rostering Systems
Electronic rostering systems enable managers to draw up rosters quickly and achieve a better mix of workers.

Workforce Plan for Better Care Together
The Trust will develop a 5 year workforce plan to address the changing model of healthcare delivery taking into account the proposals for future healthcare across Morecambe Bay as identified in the ‘Better Care Together Strategy’. For further information relating to Better Care Together please refer to the link below:
http://www.bettercaretogether.co.uk/

Health Record Keeping Standards
Record keeping is an integral part of Nursing, Midwifery and Allied Health professional practice and is essential to the provision of safe and effective care. For further guidance on Record Keeping Standards please refer to the link below:

Lessons Learned monthly newsletter
The Lessons Learned monthly newsletter is published on the Trust Intranet and is a means of sharing lessons learned across the organisation following the investigation of an incident, complaint or claim. All members of staff have access to the Trust Intranet in order to view the Lessons Learned monthly newsletter.

**Knowledge Management Website**

The Knowledge Management Website is currently in development. This will be accessible on the Trust Intranet and will contain lessons learned and changes in practice following the investigation of an incident, complaint or claim. All staff will have access to this website to enable sharing of lessons learned and improvements identified.

**Pulse surveys**

A pulse survey is a survey given to employees of an organisation to get a sense of their satisfaction and productivity at a single point in time.

**Healthcare Quality Improvement Partnership (HQIP)**

HQIP was established in April 2008 to promote quality in UK health services, by increasing the impact that clinical audit has on healthcare quality. For further information on HQIP please refer to the link below:

http://www.hqip.org.uk/

**Ulysses Safeguard Risk Management System**

The Ulysses Safeguard Risk Management System is an electronic database used by the Trust to report and manage patient safety incidents, staff / visitor incidents, customer services and alerts. The system will be further developed to include the management of clinical audit.

**Clinical Audit and Effectiveness Committee**

The Clinical Audit and Effectiveness Committee will be established to monitor the effectiveness and impact of clinical audit.

**Lorenzo**

Lorenzo is an electronic patient record management system used by the Trust.

**Guru**

Guru is an electronic clinical data sharing tool that enables Trust clinicians to remotely access GP patient records.

**SharePoint**

SharePoint is an electronic system that can be used to provide intranet portals, document and file management which can be accessed by a designated group of staff members.

**Paperlite Project**

The Paperlite project enables patient records to be electronically tracked and reduces the reliance on outpatient casenotes by ensuring outpatient records are available electronically.

**15 Steps Challenge**

There are five toolkits that make up the 15 Steps Challenge; each toolkit provides a series of questions and prompts to guide patients, service users, carers and NHS staff through their first impressions of a care setting - See more at:


**Review and Inspection of Department Standards (RAIDS)**

RAIDS are patient safety walkabouts conducted by a senior nursing team who will visit wards unannounced and follow a set process to assess First Impressions, Nursing Evidence and Patient Experience.

**Better Care Together**

Better Care Together is a project to reform health and social care in North Lancashire and South Cumbria. The programme is a partnership of local NHS organisations and councils. It is driven by a shared recognition that major changes are needed to ensure services can continue to meet the needs of local people.

**Strategic Outline Case**

The strategic outline case is a brief, high-level document that identifies how the Trust will deliver health care services in partnership with the local community.

**Communications Strategy**

The Communications Strategy provides a framework for the delivery of effective communications that are clear, honest, timely and relevant. It will reflect the Trust's aims and values.

**Monthly accountability meeting with Monitor**

The Trust Executive team meet with Monitor on a monthly basis to discuss progress against the action plan.