Summary of the CQC Diagnostic Improvement Plan

BLUE	Milestone successfully achieved
GREEN	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
AMBER/GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
AMBER	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not cause the project to overrun.
AMBER/RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
RED	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

Version	**Version 1.0**
Date	**25/10/19**

What and why we need to improve

During June 2019, the CQC inspected all core services as part of an intelligence led comprehensive inspections at BTH. On 17th October 2019, the CQC Head of Hospitals Inspection wrote to confirm immediate actions that needed to be taken to address immediate patient safety concerns, discovered during the inspection. The concerns that require action are across the following main service areas:

- Trust wide
- Urgent & Emergency Care
- Medical Care
- Surgery
- Critical Care
- Outpatients
- Child & Adolescent Mental Health Services
- Community Services for Children and Young People
- Community Dental Services

In September 2019, following the appointment Kevin McGee as CEO, a Quality Improvement Strategy for Blackpool Teaching Hospitals was produced and approved by the Board of Directors following a comprehensive diagnostic review of the causes of risk to patient safety and care sustainability.

The diagnostic focus was to identify areas for improvement that impacted on patient safety. It was not a full investigation into all aspects of operations of the trust. The diagnostic was informed and complimented the immediate concerns raised by the CQC –

The following areas to improve patient safety, harm and outcomes will be prioritized and are to be delivered via the formal activity of the Quality Improvement Directorate and reported via the Board of Directors

- Mortality
- Avoidable Harm
- Last 1000 days of life

In addition, the following key areas for corporate improvement identified are:

- Assurance and governance arrangements
- Operational management and data quality
- Workforce capacity and capability
- Leadership and external relations

The CQC report has now been published (October 2019). The CQC identified 32 'Must Dos' and 86'Should Dos' to ensure sustainable improvement to care delivered across Blackpool Teaching Hospitals. The full report corroborates the findings of the Chief Executives Diagnostic.

The full CQC report has established evidence that Blackpool Teaching Hospitals overall is rated Requires Improvement, Caring as Good, with Well Led being rated as Inadequate.

All of the CQC 'must dos' and 'should dos' have been mapped across to the themes for improvement identified in the Chief Executives Diagnostic.

This improvement plan sets out the immediate (first 9 months) improvement actions – this is to ensure we are getting the basics right, stabilising services and creating the right conditions upon which we can continue to improve and ultimately transform care delivery across BTH.

Our quality improvement strategy aims to go beyond the immediate concerns raised by the CQC report, we will engage our staff in a quality improvement strategy that will result in our services to be rated good or outstanding by regulators, that our staff would rate as a good place to work and a good place for their relatives to be cared for. The 32 'Must Do's' have been allocated an executive lead, with operational managers identified and a relevant to provide assurance to. The 86 'Should Do's' will be further reviewed with the CQC and will be priortised to ensure we manage the program of improvement and not overwhelm the Trust. They will be allocated to the action plan once we have formally agreed with the CQC.

Who is responsible?

The Trust Chief Executive, Kevin McGee, is ultimately responsible for implementing the actions in this document. The Trust executive team will provide the leadership to ensure we identify the right improvement actions that will tackle some of the long standing issues the Trust has faced and create the right conditions to deliver the changes required.

Our site leadership teams, divisional triumvirates and clinical leaders across the Trust will be key to delivering the actions that will ensure service sustainability and transformation. The high level deliverables articulated in this plan are underpinned by weekly improvement actions that clinical and management teams have developed and own.

The Fylde Coast System Improvement Board will bring together parts of the local health and care economies to ensure there is a shared understanding and collective commitment to the delivery of the improvement plan, including resources that need to be made available to enable the changes to happen.

It is evident that the Trust has many thousands of staff trying to deliver good standards of care to patients. However, we need to create a culture of continuous improvement supported by robust governance and accountability arrangements from Board to ward which ensures leaders are focused on the key risks to the delivery of excellent care.

How will we measure our improvement?

Measurement of our improvements will be fundamental to ensuring sustainability and the reliability of our care.
We will develop a high level assurance dashboard against our key themes that measures our progress. We need to ensure that our improvement actions and activities are translating to improvement in outcomes for patients using a small number of key performance indicators.

We will assure our improvement plan through our Trust board and Non-Executive assurance committees. Each 'Must Do' has been allocated to a Board Assurance Committee with both an Executive lead and a delivery lead. Each committee meeting agenda will be amended so that assurance against progress of the key milestones can be monitored and any risks mitigated. All must do's will be allocated to the appropriate risk register entry. This will be facilitated by the corporate governance team and overseen by the Trust Company Secretary.

How will we communicate progress?

Internal Communication to staff within the Trust will utilise the full range of existing communication channels and our new leadership arrangements to listen, update and engage staff in the delivery of the improvement plan.

Briefing of key issues through the line management structure; use of dedicated pages on the Trust intranet and articles on our improvement journey will feature in the weekly newsletter. Any matters which require immediate communication will be sent through an all user email.

There are multiple routes for staff to feed-back comments including the Freedom to Speak Up. We have commenced our Senior Support and Sharing walk rounds. The Big Conversation events allow for face to face discussion with senior leaders. We are committed to increasing our Safety Walk rounds where structured engagement events with clinical teams will celebrate success and learn about key service risks.

Working in partnership with the multi-agency communications group we will:

- Ensure the clear, consistent and integrated delivery of all internal and external communications including staff, patients, families and carers, commissioners, GPs;
- Ensure the public/patients are informed and reassured that services are safe;
- Ensure that all key partners and stakeholders are kept up to date and informed about developments, decisions and any service changes that are required and their impact;
- Ensure all related media enquiries are co-ordinated and managed effectively, to ensure clear and consistent messages and to ensure media coverage is accurate;

- Work together to manage and protect the reputation of the NHS and social care in Lancashire and the services provided across the local healthcare economy;
- Ensure any subsequent operational or service changes are communicated effectively across Blackpool Teaching Hospitals and the local healthcare system to staff, GPs, the public and externally.

Must Dos - by Core Service & Theme

Appendix 1: Must Dos by Core Service & Theme

Core Service

Trustwide
- Update Policies
- Duty of Candour
- Culture

Urgent & Emergency Care
- Consent
- Patient Choice and Treatment Choice
- Mental Capacity Act
- Deprivation of Liberty
- Mental Health needs and risks
- Medical Staffing
- Nurse Staffing
- Environmental Risk Assessments

Medical Care
- Consent
- Medical Record Management
- Patient Choice and Treatment Choice
- Bed Rail practice
- Record Management
- MCA & DOLS
- Safe storage for personal medicines
- Safe Staffing

Surgery
- Safe Storage of Medical Notes
- Surgical and Medical Escalation
- Pain Management Pathways
- Risk Escalation and Mitigation

Critical Care
- National Standards for Critical Care Environment and Facilities
- Medical Staffing
- Nurse Staffing
- Mixed Sex Accommodation

Outpatients
- Transcatheter Aortic Valve Implantation pathway & RTT
- Cancer Pathways & RTT

CAMHS
- 18 Week Wait Pathway
- Care and Treatment Outcomes

Community CYP
- Wait Times
- Access to therapy services

Community Dental
- Wait Times for Children GA lists

Blackpool Teaching Hospitals NHS Foundation Trust

Themes

Governance
- Policies
- Duty of Candour
- Culture
- Environmental Risk Assessments
- Monitoring Quality & Safety
- Safe Storage of Medical Notes
- Risk Escalation and Mitigation

Safe Staffing
- Medical Staffing
- Nurse Staffing

Safe Care & Treatment
- Environment Risk Assessments
- Bed Rail Practice
- Consent
- Medical Record Management
- MCA
- DOLS
- Safe storage of personal medicines
- Critical Care Environment & Facilities

Person Centred Care
- Patient Centred Care Treatment Plans
- Pain Management
- Mixed Sex Accommodation
- CAMHS 18 week pathway
- CAMHS outcome management
- Wait times for Community CYP, Community Dental, Community Therapy Services and CAMHS

People Centred | Positive | Together we care | Compassion | Excellence

Must Dos by Key Actions and Proposed Leads/Committees

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Trustwide	The trust must ensure there are effective processes to review and update policies and guidelines based on national guidance and evidence based practice.	Deputy Director of Quality Governance	Governance Team	Exec Directors	
	The trust must ensure that culture is improved in all staff groups so that there is no impact on patient care.	Director of HR and OD	Triumvirates	Workforce Transformation Committee	
	The trust must ensure that the duty of candour is applied in line with legislation.	Director of Nursing	Deputy Director of Quality Governance	Quality Committee	

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Urgent & Emergency Care	The trust must ensure that the care and treatment of service users is appropriate, meets their needs and reflects their preferences. The trust must ensure that it carries out an assessment of the needs for care and treatment and it designs care and treatment that meets those needs.	Medical Director	UCD Triumvirate	Clinical Effectiveness Committee	
	The trust must ensure that care and treatment of service users is only provided with the consent of the relevant person and that Mental Capacity Act 2005 and Deprivation of Liberty legislation and trust policy is adhered to and documented appropriately.	Nurse Director	Triumvirate Nurse Directors.	Clinical Effectiveness Committee	
	The trust must ensure the trust meets the needs of patients who present with a mental health need.	Medical Director	Triumvirate Medical Director of UCD	Clinical Effectiveness Committee	
	The trust must ensure that care and treatment is provided in a safe way for service users and that the risks to the health and safety of service users is assessed and that all is done to mitigate any such risks.	Director of Nursing	Nursing lead for A&E Triumvirate	Quality Committee	
	The trust must ensure that systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided.	Medical Director	Triumvirate Medical Director for UCD and Audit Team.	Quality committee	
	The trust must ensure consultant staffing in the adult emergency department meets the minimum requirements of the Royal College of Emergency Medicine.	Medical Director	Triumvirate Medical Director and Operational Manager	Workforce Transformation Committee	
	The trust must ensure the trust deploys sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's care and treatment needs.	Director of Nursing	Triumvirate Nursing Director	Workforce Transformation Committee	

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Medical Care	The trust must ensure that the care and treatment of service users is appropriate, meets their needs and reflects their preferences. They must ensure that they carry out an assessment of the needs for care and treatment and design care and treatment that meets those needs.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that care and treatment of service users is only provided with the consent of the relevant person and that Mental Capacity Act 2005 and Deprivation of Liberty legislation and trust policy is adhered to.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that care and treatment is provided in a safe way for service users and that the risks to the health and safety of service users is assessed and that all is done to mitigate any such risks.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that all medicines are stored properly and safely.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that systems and processes are established and operated effectively to assess and monitor and improve the quality and safety of the services provided.	Director of Nursing	UCD Triumvirate	Quality Committee	
	The trust must ensure that they maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.	Director of Nursing & Medical Director	UCD Triumvirate	Clinical Effectiveness Committee and Quality Committee	
	The trust must ensure they deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's care and treatment needs.	Medical Director	Triumvirate Medical Director and Operational Manager	Workforce Transformation Committee	

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Surgery	The trust must ensure the trust stores records securely.	Director of Nursing & Medical Director	SC Triumvirate	Clinical Effectiveness Committee and Quality Committee	
	The trust must ensure that patients have an accurate and timely assessment of their condition, are monitored appropriately, and are escalated to medical staff when they need to be.	Medical Director	Triumvirate medical director	Clinical Effectiveness Committee	
	The trust must ensure that patients receive appropriate pain relief without delay.	Medical Director	Triumvirate medical director	Clinical Effectiveness Committee	
	The trust must ensure the trust improves how it monitors, acts, and records the steps it has taken to reduce and mitigate risk	Director of Nursing	Deputy Director of Quality	Quality Committee	
Core Services	**Must Do**	**Exec Lead**	**Delivery Lead**	**Proposed Committee**	**Risk Register Reference**
Critical Care	The trust must ensure the trust follows national guidance and ensures that the environment and facilities are suitable.	Director of Finance	Strategy & planning	Operations and Performance	
	The trust must ensure the service has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.	Director of Nursing	Triumvirate Nursing Director	Workforce Transformation Committee	
	The trust must ensure it reviews its systems to ensure that all mixed sex accommodation breaches are reported.	Director of Operations	UCD Triumvirate	Ops and performance	

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Outpatients	The trust must develop and embed a process for the timely assessment, monitoring and prioritisation of patients referred for or awaiting transcatheter aortic valve implantation.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure it improves waiting times for urgent cancer referrals in line with operational standards; particularly for those patients referred with suspected (symptomatic) breast cancer.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure it improves the proportion of people waiting less than 62 days from urgent referral to first definitive treatment, in line with operational standards.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure the service improves how it monitors, acts, and records the steps it has taken to reduce and mitigate risk; particularly with respect to patients referred with suspected (symptomatic) breast cancer, and patients referred for or awaiting transcatheter aortic valve	Director of Operations	Triumvirate	Ops and performance	
Core Services	**Must Do**	**Exec Lead**	**Delivery Lead**	**Proposed Committee**	**Risk Register Reference**
Child & Adolescent Mental Health Services	The trust must ensure that patients' care and treatment address the mental health problems identified during assessment.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure that patients wait no longer than 18 weeks from the point of referral to start treatment.	Director of Operations	Triumvirate	Ops and performance	
Core Services	**Must Do**	**Exec Lead**	**Delivery Lead**	**Proposed Committee**	**Risk Register Reference**
Community Services for Children and	The trust must ensure that it reviews arrangements to admit and treat patients in line with national targets. Waiting times from referral to treatment need to improve particularly in therapy services	Director of Operations	Triumvirate	Ops and performance	
Core Services	**Must Do**	**Exec Lead**	**Delivery Lead**	**Proposed Committee**	**Risk Register Reference**
Community Dental Services	The trust must ensure it acts to reduce the waiting list for children requiring a general anaesthetic in the south region.	Director of Operations	Triumvirate	Ops and performance	

Action Plan Template for Completion

Action Plan for Completion

Core Service	Delivery Lead
Delivery Lead	
Must Do Action	
Theme	

KPIs	Baseline	Target

NHS Blackpool Teaching Hospitals NHS Foundation Trust

Actions

No.	Key Actions	Start Date	End Date	SRO

Risks/Issues

Ref	Date Identified	Risk Description	Risk Owner	Risk Score (LxI)	Mitigating Actions	Action Owner

Proposed Governance

Appendix 4: Proposed Governance

Blackpool Teaching Hospitals NHS Foundation Trust

Group	Attendees	Purpose
Delivery Assurance Group	Divisional Triumvirate Chief Nurse	To sign off all CQC action plans To ensure that any KPIs have been achieved To ensure that all actions and monitoring is sustainable and there is a forum for overseeing these going forwards To be assured that the action can be closed Agree key actions and areas to highlight for future CQC preparedness reviews
Committees	Committee Members	To develop and agree to action plans for submission to the Delivery Assurance Group To hold action owners to account to deliver key action plans To monitor KPIs and ensure that there are continual check in place moving forwards to ensure sustainability

Proposed Governance

Monthly Highlight Report

Key
- On Track
- Slippage
- Requires attention

CQC Highlight Report: **INSERT CORE SERVICE**

NHS Blackpool Teaching Hospitals NHS Foundation Trust

Service Lead	
Author	TBA

Confidence in Delivery	Oct	Nov	Dec	

Summary to Date	Upcoming Milestones	Due Date	Update

Area	Status	Due Date	Key Actions this Month	Key Actions Next Month	Items to Escalate

People Centred | Positive | Together we care | Compassion | Excellence

Key

On Track
Slippage
Requires attention

CQC Highlight Report: INSERT CORE SERVICE

Blackpool Teaching Hospitals NHS Foundation Trust

Service Lead	
Author	

Ref.	Date Identified	Risk Description	Risk Owner	Risk Score (L x I)	Mitigating Actions	Action Owner
TBA	DD/MM/YY	Cause, Effect & Impact		16 4 x 4		

Key Messages