

<u>MEETING</u>
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
<u>DATE AND TIME</u>
THURSDAY 11TH JULY, 2019
AT 7.00 PM
<u>VENUE</u>
HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	ROYAL FREE LONDON NHS FOUNDATION TRUST <ul style="list-style-type: none"> • CQC Report • Quality Account 2018-19 	3 - 4

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Barnet HOSC CQC Briefing Report July 2019

Trust CQC Inspection report published 10 May 2019

The Chief Inspector made 93 recommendations in total, 11 of which the Trust “must” undertake and 82 which the Trust “should” undertake. All 93 recommendations are included in our CQC Improvement Action Plan. The Trust has grouped actions together by domain. **AGENDA ITEM 8**

The Trust already has established transformation or strategic plans that align with each CQC theme as improving these areas will have significant impact, not just on the CQC requirements from this inspection but on wider quality improvement.

The action plan represents the transactional actions required to make changes in response to the CQC findings, whilst the themes and the relevant strategies and drivers to improve represent the transformation required to sustain the changes and improvements.

Our CQC improvement Action plan guides the day-to-day activities of the site based processes of operationalising our strategic objectives. It is the process of planning what needs to be done, when it needs to be done, by whom it needs to be done, and what resources or inputs are needed to do it.

In addition to the grouping of actions by domain, a number of high level themes were identified that are contributing factors to both the issues identified by CQC and the solutions.

Our identified strategic themes are:

- Clear focus on continuous improvement of outcomes that matter most,
- Equal focus on continuous improvement of patient and staff experience,
- Continuous improvement of value (through removal of waste) as the most reliable route to financial health,
- Applying continuous improvement to the trust’s ‘must-dos’, Raising morale, cohesiveness and enhancing reputation;
- quality and continuous improvement underpinning recruitment and retention ,
- Contributing to a strong local health economy
- all of which Links to WCC values.

Themes identified by the CQC:

- Improving our staffing levels;
- Continuing our work on preventing avoidable patient safety incidents and continue to improve incident reporting and the learning we gain from incidents;
- Improving our mandatory training performance for key areas of safeguarding
- Improving our practice of managing medicines when prescribing, giving, recording, and storing and disposal of medicines.
- Improving for our patient’s access to our services
- Improving additional support to care and treatment for our patients

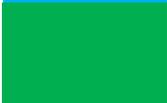
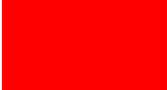
Governance arrangements

The delivery of the CQC Improvement Action Plan will be led by The Group Chief Nurse and Group Clinical Governance and Performance function through established governance and management meetings. Each action has an identified action owner.

Monitoring will occur at each BU clinical performance and Patient safety committee actions have been grouped into domains which have an identified executive lead and sub-committee of the Trust Board for added oversight.

The BU local Executive committees, chaired by the Chief Executive of each BU, will lead on oversight of delivery and receive regular reports from the BU of the improvement progress. The Clinical Standards and Innovation Committee and the People and Population Health committee chaired by a non-executive director, will receive reporting of the total action plan progress. Additionally, The Trust's weekly safety huddle meeting will provide a Trust-wide monitoring role this is attended by all Business Unit executives and senior leads and group corporate leads.

The following ratings are used to easily observe progress against the CQC Improvement Action Plan

	The action is complete and evidence has been validated. The outcome measures are being sustainably achieved
	The action is complete and evidence has been submitted by the action owner.
	The action is underway and expected to be completed by the deadline date.
	The action has not started, is delayed beyond its target date or will not be achieved by its target date.

Key drivers for our improvement are:

- Clear vision and purpose
- Communication
- Data
- Quality Improvement
- Learning systems

The Trust recognises that empowering clinical leaders across our services is essential and the active and equal involvement of staff in quality improvement is the only way through which sustainable improvements can be made.

The CQC Improvement Action Plan provides details of those domains, the critical actions forming the planned improvement work and the measures for monitoring achievement. The CQC improvement action plan will be reviewed at our July Trust board.

The board approved improvement action plan will be published on our website and shared with our commissioners and partners.