

**REPORT FOR: HEALTH AND  
WELLBEING BOARD**

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**Date of Meeting:** 8 January 2015

**Subject:** **INFORMATION REPORT – Care  
Quality Commission (CQC)  
Compliance Improvement Plan  
Quality Improvement Plan**

**Responsible Officer:** Carole Flowers  
Chief Nurse  
London North West Healthcare NHS  
Trust

**Exempt:** No

**Wards affected:** All

**Enclosures:** Care Quality Commission Compliance  
Plan for Northwick Park Hospital,  
Central Middlesex Hospital and St  
Marks Hospital (LNWHT)  
and Quality Improvement Plan : London  
North West Healthcare NHS Trust  
(LNWHT)

## **Section 1 – Summary**

This report provides an update on the achievement of the CQC Compliance Improvement Plan and progress on the implementation of the Trust Quality Improvement plan.

**FOR INFORMATION**

## **Section 2 – Report**

The **CQC Compliance Improvement Plan** is attached for reference, as can be seen the plan demonstrates good compliance in achievement of the recommendations. The majority of actions are completed, progress is being made in line with planned completion dates and evidence is embedded in the master copy. A few key requirements will not be achieved till 2015, these include: full implementation of the midwifery staffing workforce plan, repeat of the national maternity survey, reconfiguration of Jacks Place, total additional bed capacity as currently planned and achievement of the A&E medical staffing plan.

In addition to the CQC Compliance Improvement Plan a Trust Quality Improvement Plan (QIP) has been developed, this will address those issues raised following the inspection that were not required to be included as part of the Compliance Improvement Action Plan. The QIP will reflect the divisional action plans and support those initiatives that require Trust wide implementation. The QIP plan will have five main work streams, which will capture issues raised within the CQC reports and continue to achieve the Trust objectives of providing safe, high quality care. The five work streams are:

- Governance ( e.g. policies, complaints, incidents)
- Workforce (e.g. safe staffing, appraisal)
- Safety & Quality (e.g. adequate beds & theatre sessions)
- Patient Experience (e.g. FFT net promoters score, acting on feedback)
- Environment (equipment, facilities, PLACE )

In addition a 'vision' for Quality is being developed which will be owned by staff, communicated widely to all stakeholders as the Trust core commitment to quality driven services. This will be integrated into governance systems and process to ensure clear expectations are set, actions taken to close gaps, effective monitoring and reporting to the appropriate Trust Board sub committees.

To support this work a CQC Compliance Manager will be recruited.

Progress will also be reported to stakeholders including the Trust Development Authority and Commissioners (CCG) to avoid duplication of reporting one committee is being established by the TDA which will be co-chaired by the CCG and include other stakeholders e.g. CQC and Healthwatch.

### **Section 3 – Further Information**

N/A

### **Section 4 – Financial Implications**

N/A

### **Section 5 - Equalities implications**

Supports equality of access to and provision of safe, quality led services.

### **Section 6 – Council Priorities**

The Council's vision:

#### **Working Together to Make a Difference for Harrow**

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

The improvement action plan will continue to strengthen the safety and quality of patient services.

### **Section 7 - Contact Details and Background Papers**

**Contact:** Carole Flowers, Chief Nurse: Tel. 020 8869 5045

**Background Papers:** CQC reports can be found on the CQC website.