



South Tyneside and Sunderland
NHS Foundation Trust

STSFT CQC Action Plan

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A decorative graphic consisting of a thick, wavy band in shades of magenta and teal, curving across the middle of the slide.

excellence
in all that we do

Background and rating changes

- Unannounced Inspection on 21-22 June 22
- Scheduled Well-led Inspection 8-11 August 22
- Maternity services and acute medical wards
- Overall rating 'Good' to 'Requires Improvement'
- No areas rated as 'Inadequate'
- Majority remain as 'Good' (58%)

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↔ Feb 2023	Requires Improvement ↓ Feb 2023	Good ↔ Feb 2023	Requires Improvement ↓ Feb 2023	Requires Improvement ↓ Feb 2023	Requires Improvement ↓ Feb 2023

Positive feedback

- Caring remained 'Good'
- Our core values are at the heart of what we do

Wonderful care and compassion of staff

The Trust's commitment to digital innovation had received national and international recognition.

Staff were committed to continually learning and improving services.

Staff were amazing and their care was excellent

Senior leaders had the necessary knowledge, skills and abilities to effectively lead the Trust.

Leaders including the Board were visible and approachable in the Trust for patients and staff.

The Trust had a vision for what it wanted to achieve and had recently launched a new strategy to turn it into action, developed with all relevant stakeholders.

Must and Should Do Actions

	Trust wide	Maternity	Medicine	Total
Must Do	14	11	19	44
Should Do	0	0	2	2
Total	14	11	21	46

- Governance processes – good patient care observed
- Recording and escalation of risks
- Care of people with mental health, learning disabilities or autism
- Nurse and midwifery staffing
- Mandatory training and appraisal
- WHO safer surgery checklist



Action Plan

- SMART action plan
- Dynamic
- Evidence
- Detailed forward plans
- Focus on improvement and sustainability
- Monitored through governance structure
- External Well-Led review by Deloitte



Progress to date

Core Service	Completed – continue to monitor	Open (within deadline)	Extension requested*
Maternity	5	4	2
Medicine	14	5	2
Trust wide	9	4	1
Total	28	13	5

Extensive improvements made, including:

- Staff – LD Team Manager and DoLS/MCA/MH Lead
- Training compliance MCA level 1 and 2 training (96.49% and 88.79%)
- Audit-One report on MCA/DoLS rated ‘Substantial’ assurance
- Audit-One report on incident management rated ‘Good’ assurance
- Mandatory training for medicine directorates > 85%
- Maternity Quality & Safety Team
- WHO checklist compliance meeting 100%
- Midwifery recruitment continues at pace

How do we get back to 'Good'

Preparation

- Evidence repository – business as usual, accessible, high quality, accurate
- Mock inspections
- Quality Support Visits
- Use self-assessment scores
- Peer assessors to share learning
- Executive walk arounds
- Review outstanding Trusts reports
- Triangulation



Monitoring and Actions

- Development of CQC Steering Group
- Multi disciplinary approach, review self assessments
- Improvement plans (plan on a page)
- System to capture trends and patterns

Reporting and governance

- Reporting through Trust Governance

Engagement

- Two year evidence schedule (co-produced with CQC)
- Communication – Two way feedback
- Continue engagement meetings
- Celebrate successes

Summary

- Lots of improvements since inspection
- Action plan governance - monitored and reported regularly
- CQC and Trust engagement meetings continue
- Improved position compared to last inspection

Focus on **‘Excellence in all that we do’**

