Status

Not Completed
Completed / Signed Off

Trust Integrated Quality Improvement Plan
Section Notices Plan Updated 24 August 2020

The Queen Elizab
Hospital King's L
NHS Foundation

Regulatory Intervention	
Executive Accountable Lead Officer	Frankie Swords - Medical Director
Operational lead	Lou Notley - Associate Director of Quality Improvement
Programme Lead	Sarah Davidson - Quality Improvement Programme Manager

Ref	Source i.e.. NHSi, etc.	Cross-reference	CQC Domain	Applicable To	Milestone Description	Scheme Owner	Measure of Success (key success indicators to understand success)	Start Date	End Date		Assured by which Committee Board	Evidence Assurance	STATUS	Completed Date
2.0.0					**To ensure the care provided by the Trust is delivered in accordance with all Regulatory requirements**	**Chief Executive Officer**	**The removal of all Regulatory Enforcement and Warning Notices**	**01/06/2019**	**28/12/2020**		**IQIP RG**			
2.1.0	**2.1**				**To take the necessary focused action in Maternity and Midwifery Services and ensure the service is compliant with required regulations**	**Medical Director**	1. All Section 31 regulations are lifted							
	S31 MATERNITY SERVICES													
2.1.1	M38,31 MAT 01		Safe	Maternity	M38 The trust must improve cardiotocography training rates. 31 MAT 01 The Registered Provider must ensure with immediate effect that staff reviewing, interpreting and classifying Cardiotocography (CTG) traces are trained and competent to do so.	Practice Development Midwife, Clinical Lead Women & Children	Compliance levels	31/07/2018	06/09/2019		HMBQ	Yes	**Completed & Signed off**	07/10/2019
2.1.2	31 MAT 02		Safe	Maternity	31 MAT 02 By 1 August 2018 the provider must submit to the Care Quality Commission written evidence of the completion of CTG training for all midwifery and medical staff that are currently working.	Divisional General Manager Women & Children	Compliance reports submitted in Sept 2018	31/07/2018	06/09/2019		HMBQ	Yes	**Completed & Signed off**	07/10/2019
2.1.3	31 MAT 03		Safe	Maternity	31 MAT 03 The Registered Provider will ensure that there is a consultant obstetrician of the day nominated and who has oversight of the delivery suite from 9am to 7pm, Monday to Friday, with appropriate presence between 7pm Friday and 9am Monday.	Divisional General Manager Women & Children	Closed	31/07/2018	08/08/2019		HMBQ	Yes	**Completed & Signed off**	08/08/2019
2.1.4	31 MAT 04		Safe	Maternity	31 MAT 04 The Registered Provider will ensure a clear process and on call rota in place for consultant obstetric cover out of hours.	Divisional General Manager Women & Children	Closed	31/07/2018	08/08/2019		HMBQ	Yes	**Completed & Signed off**	08/08/2019
2.1.5	31 MAT 05		Safe	Maternity	31 MAT 05 The Registered Provider will ensure that there is appropriate escalation of deteriorating patients in line with current guidelines and best practice with full medical handover at 9am and 7pm, with ward rounds at 12.30pm and 5pm.	Clinical Lead Obstetrics & Gynaecology	Guidelines and hand over records	31/07/2018	31/05/2020		SLTQ	Yes	**Completed & Signed off**	27/04/2020
2.1.6	31 MAT 06		Safe	Maternity	31 MAT 06 The Registered Provider will ensure that all women and babies will receive ongoing risk assessments for the duration of their maternity care.	Matneo Group	Audits of compliance	31/07/2018	31/12/2019		HMBQ	Yes	**Completed & Signed off**	11/11/2019
2.1.7	31 MAT 07	Links from 2.1.8	Safe	Maternity	31 MAT 07 The Registered Provider must ensure that a senior daily clinical review is undertaken for every birth in the unit.	Inpatient Matron Women & Children, Clinical Lead	Audit of compliance	31/07/2018	31/03/2020		SLTQ	Yes	**Completed & Signed off**	23/03/2020
2.1.8	31 MAT 08	Links to 2.1.7	Well Led	Maternity	31 MAT 08 The Registered Provider must ensure there is executive director oversight and a system of monitoring and recording to ensure that senior clinical review is in place.	DLT Women & Children	Badger net audit and governance meetings	31/07/2018	31/03/2020		SLTQ	Yes	**Completed & Signed off**	23/03/2020
2.1.9	31 MAT 09	Links from 2.2.8	Safe	Maternity	31 MAT 09 The Registered Provider will ensure that all incidents within the maternity service are reported and investigated in line with trust policy.	Risk & Governance Matron Women & Children	Operational Governance group log	31/07/2018	31/07/2020		IQIP RG	Yes	**Completed & Signed off**	27/07/2020

2.1.10	M43,31 MAT 10		Effective	Maternity	M43 The trust must ensure that clinical guidelines are regularly reviewed and contain up-to-date national guidance. 31 MAT 10 The Registered Provider must ensure that all policies and procedures are in line with national best practice and are current.	Risk & Governance Matron Women & Children	All guidelines up to date	31/07/2018	31/07/2020		IQIP RG	Yes	Completed & Signed off	27/07/2020
2.2.0	**2.2**				**To take the necessary focused action in Maternity and Midwifery Services and ensure the service is compliant with required regulations**	**Medical Director**	1. All Section 29A regulations are lifted							
	29A MATERNITY SERVICES													
2.2.1	M42,29A MAT 01		Safe	Maternity	M42 The trust must ensure that service users with high risk care pathways receive consistent care planning and appropriate consultant review. 29A MAT 01 There was a lack of ownership for care planning for high-risk service-users by consultants. Service-users with high-risk care pathways, such as twin pregnancies, did not routinely see the same consultant and experienced delays in care planning.	Clinical Lead Obstetrics & Gynaecology	Lead consultant in place	31/07/2018	31/03/2020		SLTQ	Yes	Completed & Signed off	24/02/2020
2.2.2	M41,29A MAT 02		Responsive	Maternity	M41 The trust must ensure that effective arrangements are in place for vulnerable service users. 29A MAT 02 Vulnerable service users were not prioritised by the service. The service ran a limited number of vulnerable service-user antenatal clinics and the demand exceeded the number of appointments available. There was not an effective system in place for women who could not be offered an appointment at vulnerable women clinics.	Clinical Lead Obstetrics & Gynaecology	Lead consultant in place	31/07/2018	31/01/2020		HMBQ	Yes	Completed & Signed off	07/10/2019
2.2.3	M39,29A MAT 03		Safe	Maternity	M39 The trust must ensure that the environment at Wisbech hospital and in the early pregnancy unit is appropriate to provide safe care and treatment. 29A MAT 03 The maternity clinic facilities at North Cambridgeshire Hospital were not fit for purpose and risked the safety of service users. The facilities had only one entrance/exit which involved accessing the service through a narrow staircase with no lift access. Service-users could not be safely evacuated from this area in the event of a medical emergency or fire.	EPAU Lead	Emergency drill taken place	31/07/2018	31/10/2019		HMBQ	Yes	Completed & Signed off	08/08/2019
2.2.4	29A MAT 04		Safe	Maternity	29A MAT 04 The environment in the Early Pregnancy Assessment Unit (EPAU) was not fit for purpose and risked the safety of service users. There was a wall between the scan room and the door, which meant that women could not be safely transferred in the event of a medical emergency. There was nowhere to lay down a miscarrying woman should they deteriorate.	Deputy Head of Midwifery	Declutter and emergency training drill.	31/07/2018	31/10/2019		HMBQ	Yes	Completed & Signed off	07/10/2019
2.2.5	M46,29A MAT 05		Effective	Maternity	M46 The trust must review the antenatal booking process to ensure that referrals are tracked. 29A MAT 05 The booking process for consultant-led antenatal clinics was not effective; there was no tracking or monitoring of referrals. Referrals were regularly lost resulting in high-risk service-users experiencing delayed or missed appointments.	Divisional General Manager Women & Children	Closed	31/07/2018	08/08/2019		HMBQ	Yes	Completed & Signed off	08/08/2019
2.2.6	29A MAT 06		Responsive	Maternity	29A MAT 06 The waiting area arrangements for antenatal clinics on Brancaster were unsuitable. The waiting room was shared with gynaecology which meant that gynaecological patients with fertility concerns were seated with pregnant women attending antenatal clinics.	Divisional General Manager Women & Children	Closed	31/07/2018	08/08/2019		HMBQ	Yes	Completed & Signed off	08/08/2019
2.2.7	M48,29A MAT 07		Safe	Maternity	M48 The trust must ensure that women who have miscarried up to 16 weeks are cared for in a suitable environment. 29A MAT 07 Arrangements for women who miscarried up to 16 weeks were unsuitable. Women who miscarry up to 16 weeks gestation were placed on Elm ward which is a surgical ward.	Divisional General Manager Women & Children	Closed	31/07/2018	08/08/2019		HMBQ	Yes	Completed & Signed off	08/08/2019
2.2.8	29A MAT 08	Links to 2.1.9	Safe	Maternity	29A MAT 08 Systems and processes for identifying and managing risk were neither properly established nor operating effectively. We were not assured that duty of candour was being undertaken as required by the regulations. We were not assured that incidents were being investigated or graded to the appropriate level.	Risk & Governance Matron Women & Children	Compliance reports	31/07/2018	31/07/2020		IQIP RG	Yes	Completed & Signed off	27/07/2020
2.2.9	M47,29A MAT 09,29A MAT 10		Well Led	Maternity	M47 The trust must ensure that leaders within the service collaborate to improve the service and that culture and wellbeing of staff is improved. 29A MAT 09 The culture of the service was poor. The relationship between midwifery and obstetrics staff was challenged. Medical staff were disengaged in the safe provision of obstetric care. 29A MAT 10 The leadership of the service had broken down.	Divisional General Manager Women & Children, Deputy Chief Executive	Improved staff survey	31/07/2018	31/03/2020		SLTQ	Yes	Completed & Signed off	30/03/2020
2.3.0	**2.3**				**To take the necessary focused action in the Emergency Department to ensure the service is complaint with required regulations**	**Medical Director**	1. All Section 31 regulations are lifted							

	S31 URGENT & EMERGENCY CARE												
2.3.1	31 ED 01 2019	Links from 2.3.10	Safe	Urgent & Emergency	31 ED 01 2019 The registered provider must ensure that risk assessments are undertaken for all patients presenting in the emergency department, including children, with mental health concerns and/or at risk of deliberate self-harm or suicide. The registered provider must ensure that risk assessments are completed in full, risk score aggregated and ensure that action is taken to mitigate the identified level of risk. This includes ensuring that appropriate levels of observation are undertaken by suitably qualified staff, when necessary.	ED Matron, ED Clinical Educators	New triage Sept. MH action plan collaborative working with MH Team, Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place, Training plan in place	22/03/2019	31/12/2019		HMBQ	Yes	Completed & Signed off	12/12/2019
2.3.2	31 ED 02 2019	Links from 2.3.11	Safe	Urgent & Emergency	31 ED 02 2019 The registered provider must ensure that all areas utilised for patients, including children, at risk of deliberate self-harm or suicide have had an environmental risk assessment. This includes toilet and shower facilities which these patients may use, as well as other clinical areas where patients may be treated. The provider must ensure that actions are undertaken, as identified in the risk assessment, and that all staff are aware of and adhere to protocols.	Head of Nursing Paediatrics, ED Matron	Action plan - Carley, Alison Webb, Jo Fields, NSFT, Departmental risk assessments completed in all areas,	22/03/2019	31/01/2020		SLTQ	Yes	Completed & Signed off	27/01/2020
2.3.3	M21,31 ED 03 2019		Safe	Urgent & Emergency	M21 The trust must review the arrangements for booking in patients and for the waiting area to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have clear criteria for escalating patients to clinical staff. 31 ED 03 2019 The registered provider must ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have a clear set of written criteria which would require them to escalate patients to clinical staff and be trained and assessed in its use.	ED Matron, Head of Business Support	Red flag system training - completed, Triage reviewed, Training and competency plan in place, Plan for 360 vision.	22/03/2019	31/10/2019		HMBQ	Yes	Completed & Signed off	11/11/2019
2.3.4	M131 2019	Supercedes [1] in 2.3.3	Safe	Urgent & Emergency	M131 2019 The trust must ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately. (31 ED 03 The registered provider must ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have a clear set of written criteria which would require them to escalate patients to clinical staff and be trained and assessed in its use) (M121 2019 The trust must review the arrangements for booking in patients and for the waiting area to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have clear criteria for escalating patients to clinical staff.)	ED Matron, ED Operational Manager	Red flag system/streaming, Triage reviewed, Training and competency plan in place, Plan for 360° visibility.	16/08/2019	31/12/2019		HMBQ	Yes	Completed & Signed off	11/11/2019
2.3.5	31 ED 04 2019	Links from 2.3.13	Safe	Urgent & Emergency	31 ED 04 2019 The registered provider must ensure that an effective system is in place for the regular oversight of the waiting area for walk-in patients to ensure that patient needs are being met and patients at risk of deterioration are identified and escalated appropriately.	ED Matron	Streaming business case submitted, 2hourly risk and safety assessments in place, Plan for 360° visibility in place.	22/03/2019	31/05/2020		SLTQ	Yes	Completed & Signed off	27/04/2020
2.3.6	31 ED 05 2019	Links to 2.3.14	Safe	Urgent & Emergency	31 ED 05 2019 The registered provider must ensure that there is an effective system in place to robustly clinically assess all patients who present to the emergency department in line with relevant national clinical guidelines within 15 minutes of arrival. The registered provider must ensure that the staff required to implement the system are suitably qualified and competent to carry out their roles in that system, and in particular to undertake triage, to understand the system being used, to identify and to escalate clinical risks appropriately.	ED Matron	Streamline ENP double up triage, Noted Nurse in Charge, Escalation plan in place, Triage plan in place, Clear role definition in place in the dept.	22/03/2019	31/08/2020				Not Completed	
2.3.7	31 ED 06 2019	Links from 2.3.17	Safe	Urgent & Emergency	31 ED 06 2019 The registered provider must ensure that clear inclusion and exclusion criteria is in place for the 'fit to sit' area in minors. The registered provider must ensure that there are sufficient numbers of staff available to monitor and review patients who have been placed in the 'fit to sit' area.	ED Matron, ED Operational Manager	No ambulatory sitting area. Inclusion/exvisible and shared, Standard Operating Procedure (SOP) in place, Skill mix completed, Training in place.	22/03/2019	29/02/2020		SLTQ	Yes	Completed & Signed off	24/02/2020
2.3.8	31 ED 07 2019,M137 2019		Safe	Urgent & Emergency	31 ED 07 2019 The registered provider must devise and implement an effective system to ensure that there are sufficient numbers of suitably qualified, skilled and experienced clinical staff throughout the emergency department to support the care and treatment of patients. M137 2019 The trust must devise and implement an effective system to ensure that there are sufficient numbers of suitably qualified, skilled and experienced clinical staff throughout the emergency department to support the care and treatment of patients. The system must include provision for review and adaptation of staffing levels as required at regular intervals through the day to meet demand.	ED Matron, ED Clinical Lead	Staffing uplift submitted - awaiting response, Skill mix completed, Monitored twice daily by senior nurse, Unify data, Individual training plans in place, Vacancy, mat leave and study leave monitored at 1:1 meetings, Overseas recruitment and training plan in place, Resus trolley: Daily/weekly checking processes in place.	22/03/2019	31/03/2020		SLTQ	Yes	Completed & Signed off	27/01/2020
2.3.9	M127 2019		Safe	Urgent & Emergency	M127 2019 The trust must ensure that risk assessments are undertaken for all patients presenting in the emergency department, including children, with mental health concerns and/or at risk of deliberate self-harm or suicide, and ensure that action is taken to mitigate the identified level of risk.	ED Matron, ED Clinical Educators	New triage Sept. MH action plan collaborative working with MH Team, Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place. Training plan in place.	16/08/2019	31/12/2019		HMBQ	Yes	Completed & Signed off	12/12/2019
2.3.10	M128 2019	Links to 2.3.1	Safe	Urgent & Emergency	M128 2019 This trust must ensure that appropriate levels of observation are undertaken by suitably qualified staff, when risk assessments indicate that this is necessary.	ED Matron	Obs nurse HCA cost pressure, Skill mix completed, Monitored twice daily by senior nurse, Unify data, Individual training plans in place, Vacancy, mat leave and study leave monitored at 1:1 meetings, Overseas recruitment and training plan in place.	16/08/2019	31/12/2020		HMBQ	Yes	Completed & Signed off	12/12/2019
2.3.11	M129 2019	Links to 2.3.2	Safe	Urgent & Emergency	M129 2019 The trust must ensure that all areas utilised for patients, including children, at risk of deliberate self-harm or suicide have had an environmental risk assessment and that actions are undertaken as identified by the assessment.	ED Matron	Action plan - Carley, Alison Webb, Jo Fields, NSFT, Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place, Training plan in place.	16/08/2019	31/12/2020		SLTQ	Yes	Completed & Signed off	25/03/2020

2.3.12	M130 2019		Safe	Urgent & Emergency	M130 2019 The trust must ensure that all emergency department staff are aware of and adhere to protocols for responding to patients with mental health concerns.	ED Matron	Training same as 2.3.1.	16/08/2019	31/12/2019		SLTQ	Yes	Completed & Signed off	27/01/2020
2.3.13	M132 2019	Links to 2.3.5	Safe	Urgent & Emergency	M132 2019 The trust must ensure that an effective system is in place for the regular oversight of the waiting area for walk-in patients to ensure that patient needs are being met and patients at risk of deterioration are identified and escalated appropriately.	ED Matron	Streaming business case submitted, 2 hourly safety assessment in place - plan for 360° underway.	16/08/2019	31/05/2020		SLTQ	Yes	Completed & Signed off	27/04/2020
2.3.14	M133 2019	Links from 2.3.6	Safe	Urgent & Emergency	M133 2019 The trust must ensure that there is an effective system in place to robustly clinically assess all patients who present to the emergency department in line with relevant national clinical guidelines within 15 minutes of arrival.	ED Matron	Streamline ENP double up triage, X2 triage in place, Safety huddles.	16/08/2019	31/08/2020				Not Completed	
2.3.15	M134 2019		Safe	Urgent & Emergency	M134 2019 The trust must ensure that the staff required to implement this system are suitably qualified and competent to carry out their roles in that system, and in particular to undertake triage, to understand the system being used, to identify and to escalate clinical risks appropriately.	ED Matron, ED Clinical Educators	Triage teaching plan evidence competencies on shared drive, Teaching plan with competencies in place, CNE.	16/08/2019	31/10/2019		HMBQ	Yes	Completed & Signed off	07/10/2019
2.3.16	M135 2019		Safe	Urgent & Emergency	M135 2019 The trust must ensure that the system makes provision for effective monitoring of the patient's pathway through the department from arrival. The registered provider must ensure that this clinical assessment and the rationale for level of care provided is clearly documented in patients' records.	ED Matron	Morning huddles and effective clinical assessment of patients take place consistently	16/08/2019	30/09/2020				Not Completed	
2.3.17	M136 2019	Links to 2.3.7	Safe	Urgent & Emergency	M136 2019 The trust must ensure that clear inclusion and exclusion criteria is in place for the 'fit to sit' area in minors and that there are sufficient numbers of staff available to monitor and review patients who have been placed in the 'fit to sit' area.	ED Matron, ED Operational Manager	No ambulatory sitting area. Inclusion/exvisible and shared, SOP in place, Skill mix completed.	16/08/2019	29/02/2020		SLTQ	Yes	Completed & Signed off	24/02/2020
2.4.0	**2.4**				**To take the necessary focused action in Gynaecology services to ensure the service is complaint with required regulations**									
	S31 URGENT & EMERGENCY CARE - GYNAECOLOGY													
2.4.1	31 Gynae 08 2019		Effective	Gynaecology	31 GYNAE 08 2019 The registered provider must ensure that there is an effective system in place to monitor and follow up patients within the gynae/oncology service post surgery, review or investigations.	Divisional General Manager Women & Children	Flow chart and Panda minutes	22/03/2019	31/10/2019		HMBQ	Yes	Completed & Signed off	11/11/2019
2.4.2	M154 2019		Effective	Gynaecology	M154 2019 The service must ensure that robust processes are in place to monitor referral to treatment and follow up appointments effectively.	Divisional General Manager Women & Children	Panda term of reference and minutes	22/03/2019	31/10/2019		HMBQ	Yes	Completed & Signed off	11/11/2019
2.5.0	**2.5**				**To take the necessary focused action in medicine to ensure the service is compliant with required regulations**	**Medical Director**	1. Medical services are compliant with all S31/29A Regulations							
	29A MEDICINE													

2.5.1	M2,29A MED 01 2019	Links from 2.5.2	Safe	Trust Overall	M2 The trust must ensure patient care records are accurate, complete and contemporaneous. This includes the accurate and consistent completion of weight and nutritional assessments and fluid balance charts. 29A MED 01 2019 Records did not provide a full plan of individualised care and did not accurately reflect the needs or wishes of patients. Patients preferences and individual needs were not considered. There was inconsistent and incomplete record keeping in the emergency department. An individualised plan of care was not established for patients at the end of life. Patients requiring end of life care did not always receive appropriate care that met their needs.	Head of Nursing Medicine	Documentation training plan in medicine to revisit fundamentals of assessment and individualised care underway.	01/10/2019	30/09/2020				Not Completed	
2.5.2	M114 2019	Links to 2.5.1 & Supercedes [2] in 2.5.1	Safe	Trust Overall	M114 2019 The trust must ensure patient care records are accurate, complete and contemporaneous and stored securely. (M2 The trust must ensure patient care records are accurate, complete and contemporaneous. This includes the accurate and consistent completion of weight and nutritional assessments and fluid balance charts) (M33 The trust must ensure that patient care records are stored securely in all areas)	Head of Nursing Medicine	Audits by IG Team, Perfect Ward audits, Documentation training plan in medicine to revisit fundamentals of assessment and individualised care underway, Storage review completed, IG audits underway.	16/08/2019	30/09/2020				Not Completed	
2.5.3	M147 2019		Safe	Trust Overall	M147 2019 The trust must ensure that fluid balance charts are properly completed.	Deputy Chief Nurse	Perfect Ward audit, Documentation training plan in medicine to revisit fundamentals of assessment and individualised care underway.	16/08/2019	31/08/2020				Not Completed	
2.5.4	M3,M51,M56,29A MED 02 2019	Links from 2.5.6 & Supercedes [2] in 2.5.5	Safe	Medical	M3 The trust must ensure mental capacity assessments are consistently and competently carried out where required. M51 The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes. M56 The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty safeguards 29A MED 02 2019 Staff understanding of and the application of the Mental Capacity Act 2005 was inconsistent in medical care and the emergency department. Training information supporting staff knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) was incorrect and not in line with the Act. (M115 2019 The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards) (M117 2019 The trust must ensure mental capacity assessments are consistently and competently carried out where required)	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	MCA/DOLS campaign planning, Task and Finish Steering Group, Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place, Training plan in place.	01/10/2019	31/08/2020				Not Completed	20/08/2020
2.5.5	M115 2019	Duplicate of 2.5.4	Safe	Medical	M115 2019 The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place, Training plan in place.	01/10/2019	31/08/2020				Not Completed	
2.5.6	M116 2019	Links to 2.5.4	Safe	Medical	M116 2019 The trust must ensure that Deprivation of Liberty Safeguards (DoLS) are properly applied for and that training materials are accurate and supported by the Act.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place, Training plan in place.	16/08/2019	31/08/2020				Not Completed	20/08/2020
2.5.7	M117 2019	Duplicate of 2.5.4	Safe	Medical	M117 2019 The trust must ensure mental capacity assessments are consistently and competently carried out where required.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	Engagement with mental health underway - escalation process in place, Task and Finish Group in place, Department reviewed for mental health suitability, Risk assessments reviewed, Practice drills in place, Training plan in place.	01/10/2019	31/08/2020				Not Completed	
2.5.8	M161 2019		Safe	End of Life Care	M161 2019 The trust must continue to monitor and take action to improve completion of do not attempt cardio pulmonary resuscitation (DNACPR) forms and that appropriate mental capacity assessments are undertaken for patients with a DNACPR in place.	Head of Patient Experience	DNA CPR completion monitored and challenged locally. Audit plan in place.	16/08/2019	31/05/2020				Not Completed	26/05/2020
2.5.9	29A MED 03 2019		Safe	Medical	29A MED 03 2019 Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent.	Head of Patient Experience	Training plan in place.	30/04/2019	31/08/2020				Not Completed	24/08/2020

2.5.10	29A MED 04 2019	Links from 2.5.18	Safe	Medical	29A MED 04 2019 Staff understanding of the safeguarding process was inconsistent. We identified a serious safeguarding concern that we escalated to senior ward management. We had no confidence that they would take the required action. We escalated this concern to yourself for immediate action.	Lead Professional for Safeguarding Adults and Children	Staff consistently follow safeguarding procedures and report concerns without delay	30/04/2019	31/07/2020		IQIP RG	Yes	Completed & Signed off	24/07/2020
2.5.11	29A MED 05 2019		Safe	Medical	29A MED 05 2019 There were control of substances hazardous to health (COSSH) contraventions in medical ward areas and hot water risks in sluice areas.	Health & Safety Manager	6 month compliance audits, Local risk assessments in place, Complete	30/04/2019	31/10/2019		HMBQ	Yes	Completed & Signed off	06/09/2019
2.5.12	29A MED 06 2019		Safe	Urgent & Emergency	29A MED 06 2019 Staff in the emergency department did not always ensure that patients and their relatives or carers were treated with dignity and respect.	Lead Nurse	Check and challenge daily Band 7 meetings, Nurse in Charge (NIC) Clear role, Check and challenge.	30/04/2019	31/10/2020				Not Completed	
2.5.13	M112 2019	Supercedes [1] in 2.5.16	Safe	Medical	M112 2019 The trust must ensure that patients are treated individually, with dignity and respect and that they are kept informed of and involved with plans for their care. (M113 2019 The trust must ensure that patients individual needs are recorded, respected and met wherever possible)	Head of Nursing Medicine	Signage, Matrons 'back to the floor' check and challenge.	16/08/2019	31/08/2020		IQIP RG	Yes	Completed & Signed off	
2.5.14	29A MED 07 2019		Safe	End of Life Care	29A MED 07 2019 There was a lack of palliative care consultant staffing compounded by a lack of ownership for end of life care by each speciality throughout the trust.	Medical Director	All patients identified as EOL receive care in line with revised strategy	30/04/2019	31/12/2020				Not Completed	
2.5.15	29A MED 08 2019		Well Led	Medical	29A MED 08 2019 There was a lack of management oversight and assurance in relation to the risks identified during the inspection in medical care, the emergency department, end of life care and gynaecology services. There was no clear leadership for the end of life care service.	DLT Medicine	Four divisional model, DLT's is in place.	30/04/2019	31/10/2020				Not Completed	31/05/2020
2.5.16	**M113 2019**	Duplicate of 2.5.13	Responsive	Trust Overall	M113 2019 The trust must ensure that patients individual needs are recorded, respected and met wherever possible.	Head of Nursing Medicine	Documentation training plan in medicine to revisit fundamentals of assessment and individualised care underway.	16/08/2019	31/08/2020				Not Completed	
2.5.17	**M138 2019**	Duplicate of 1.4.3	Safe	Medical	M138 2019 The trust must ensure that all staff are trained to the appropriate level for safeguarding children and adults.	Lead Professional for Safeguarding Adults and Children	Staff consistently follow safeguarding procedures and report concerns without delay	01/06/2019	31/12/2020				Not Completed	
2.5.18	M139 2019	Links to 2.5.10	Safe	Medical	M139 2019 The trust must ensure that staff follow procedures in relation to safeguarding and that any safeguarding concerns are reported without delay.	Lead Professional for Safeguarding Adults and Children	Staff consistently follow safeguarding procedures and report concerns without delay	30/04/2019	31/07/2020		IQIP RG	Yes	Completed & Signed off	24/07/2020
2.5.19	M140 2019		Safe	Medical	M140 2019 The trust must ensure that all Control of Substances Hazardous to Health (COSHH) covered cleaning materials are securely stored and other potentially harmful items such as batteries are also secured.	Health & Safety Manager	Sluices all locked. Review of other options, ? Closed, Local risk assessments.	16/08/2019	31/10/2019		HMBQ	Yes	Completed & Signed off	06/09/2019

2.5.20	M141 2019		Safe	Medical	M141 2019 The trust must ensure that vulnerable people and the public are not exposed to the risk of very hot water.	Health & Safety Manager	Risk assessment going to Gov/audits, Local risk assessments.	16/08/2019	31/12/2019		HMBQ	Yes	Completed & Signed off	09/12/2019
2.5.21	M143 2019	Supercedes [1] in 2.5.22	Safe	Medical	M143 2019 The trust must ensure that patients at risk of deterioration are appropriately escalated for review. (M114 2019 The trust must ensure patient care records are accurate, complete and contemporaneous and stored securely)	Head of Patient Experience	Staff ensure patients at risk of deterioration are escalated as appropriate. Patient records are properly maintained.	16/08/2019	31/08/2020				Not Completed	24/08/2020
2.5.22	M144 2019	Duplicate of 2.5.21	Safe	Medical	M144 2019 The trust must ensure that NEWS2 is appropriately used, observations completed at appropriate intervals and actions recorded.	Head of Patient Experience	Reduction in unexpected in-hospital cardiac arrests	16/08/2019	31/08/2020				Not Completed	
2.5.23	M155 2019		Safe	End of Life Care	M155 2019 The trust must address specialist palliative consultant staffing and put measures in place to improve in line with national standards.	Medical Director		16/08/2019	31/12/2020				Not Completed	
2.5.24	M156 2019		Well Led	End of Life Care	M156 2019 The trust must ensure that the executive lead for end of life care and divisional triumvirate take accountability for raising, monitoring and addressing risks in end of life care.	Head of Patient Experience	All patients receive care in their preferred place	16/08/2019	31/03/2020		SLTQ	Yes	Completed & Signed off	23/03/2020
2.5.25	M157 2019	Links from 2.5.27	Well Led	End of Life Care	M157 2019 The trust must ensure effective ownership and monitoring of performance to drive improvement within the service.	Head of Patient Experience	Dashboard is regularly reviewed and acted upon	16/08/2019	31/08/2020				Not Completed	
2.5.26	M158 2019		Safe	End of Life Care	M158 2019 The trust must ensure that a personalised plan of care is successfully implemented across the organisation to ensure that end of life patients receive person-centred care that meets their needs.	Head of Patient Experience	All patients receiving EOL care have an IPOC in place	16/08/2019	31/08/2020				Not Completed	24/08/2020
2.5.27	M159 2019	Links to 2.5.25	Safe	End of Life Care	M159 2019 The trust must ensure systems and processes are in place, and effective, to identify patients who require end of life care and to instigate an appropriate pathway.	Head of Patient Experience	There are effective systems and processes in place	16/08/2019	31/08/2020				Not Completed	
2.5.28	M160 2019		Well Led	End of Life Care	M160 2019 The trust must review the end of life strategy and ensure it includes clear actions for achieving a sustainable quality service. The strategy must be communicated to all staff.	Head of Patient Experience	End of Life Strategy in place and communicated.	16/08/2019	31/05/2020		SLTQ	Yes	Completed & Signed off	26/05/2020
2.5.29					Moved, see 1.8.2									
2.5.30	M50		Caring	Medical	M50 The trust must review 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms to ensure they are completed fully and in line with trust policy and national guidance.	Resus Manager	Audit plan in place to monitor.	01/10/2019	31/12/2019		HMBQ	Yes	Completed & Signed off	09/12/2019

2.5.31	S178 2019		Safe	Urgent & Emergency	S178 2019 The trust should ensure that patients' individual nutritional needs are assessed, addressed and monitored.	ED Matron	NIC responsibility, Skill mix review, Training plan in place.	16/08/2019	31/03/2020		SLTQ	Yes	**Completed & Signed off**	25/03/2020
2.6.0	**2.6**				**To take the necessary focused action in Diagnostic and Screening Procedures and ensure the service is compliant with required regulations**	**Medical Director**	1. All Section 31 regulations are lifted							
	S31 DIAGNOSTIC IMAGING													
2.6.1	31 RAD 01 2019	Links from 2.6.8	Safe	Diagnostic Imaging	31 RAD 01 2019 The registered provider must ensure that relevant clinical policies and guidelines are in place across the diagnostic imaging department to support operational activity. This includes policies related to scope of practice and patient care. The registered provider must ensure that policies and guidelines are in line with national guidance, legislation and best practice. Regular audit must take place to ensure compliance.	Radiology Manager	Closed	01/06/2019	31/12/2019		HMBQ	Yes	**Completed & Signed off**	12/12/2019
2.6.2	31 RAD 02 2019	Links from 2.6.5, 2.7.1	Safe	Diagnostic Imaging	31 RAD 02 2019 The registered provider must ensure that all Patient Group Directions (PGDs) are fit for purpose and all staff working under a PGD have received the appropriate training and competency assessments. This includes annual competency assessments.	Radiology Manager	Lifting of the Section 31 Condition notice by the CQC. Continued PGD audit compliance.	01/06/2019	30/01/2020		SLTQ	Yes	**Completed & Signed off**	27/01/2020
2.6.3	31 RAD 03 2019	Links from 2.6.7	Safe	Diagnostic Imaging	31 RAD 03 2019 The registered provider must ensure that an effective system is in place for the regular oversight of the appropriate escalation of significant findings. This should include diagnostic imaging undertaken out of hours to ensure that any patients at risk are escalated appropriately.	Radiology Manager	Closed	01/06/2019	30/03/2020		HMBQ	Yes	**Completed & Signed off**	11/11/2019
2.6.4	31 RAD 04 2019	Links from 2.7.3	Well Led	Diagnostic Imaging	31 RAD 04 2019 The registered provider must ensure that there is robust system in place to facilitate effective clinical governance within the diagnostic imaging department. This is to include oversight of training, compliance to scope of practice, learning from incidents and escalation processes. The registered provider must ensure that there is a systematic approach to audit to measure compliance with protocols, processes and professional standards. The registered provider must ensure that there are processes in place for effective communication within the diagnostic imaging department.	Clinical Lead Clinical Support Services	Lifting of the Section 31 Condition notice by the CQC. Continued evidence of incident learning and governance processes from the departments clinical governance meeting.	01/06/2019	30/06/2020		IQIP RG	Yes	**Completed & Signed off**	22/06/2020
2.6.5	M164 2019	Links to 2.6.2	Safe	Diagnostic Imaging	M164 2019 The trust must ensure that Patient Group Directions (PGDs) are fit for purpose and are adhered to.	Radiology Manager	Lifting of the Section 31 Condition notice by the CQC. Continued PGD audit compliance.	01/06/2019	31/12/2019		SLTQ	Yes	**Completed & Signed off**	27/01/2020
2.6.6	M165 2019		Safe	Diagnostic Imaging	M165 2019 The trust must ensure that staff have the appropriate training and competencies in place and that these are assessed and clearly recorded. This includes annual competency assessments.	Radiology Manager	Compliance of trust mandatory training and clinical audit programme.	01/06/2019	31/05/2020		SLTQ	Yes	**Completed & Signed off**	26/05/2020
2.6.7	M168 2019	Links to 2.6.3	Safe	Diagnostic Imaging	M168 2019 The trust must ensure that an effective system is in place for the regular oversight of the appropriate escalation of significant findings, to include diagnostic imaging undertaken out of hours to ensure that any patients at risk are escalated appropriately.	Radiology Manager	Closed	01/06/2019	31/12/2019		HMBQ	Yes	**Completed & Signed off**	11/11/2019
2.6.8	M169 2019	Links to 2.6.1	Safe	Diagnostic Imaging	M169 2019 The trust must ensure that relevant clinical policies, guidelines and protocols are in place across the Diagnostic Imaging department to support operational activity.	Radiology Manager	Closed	01/06/2019	31/12/2019		HMBQ	Yes	**Completed & Signed off**	12/12/2019
2.7.0	**2.7**				**To take the necessary focused action in Diagnostic and Screening Procedures and ensure the service is compliant with required regulations**	**Medical Director**	1. All Section 29A regulations are lifted							
	29A DIAGNOSTIC IMAGING													

2.7.1	29A RAD 01 2019	Links to 2.6.2	Safe	Diagnostic Imaging	29A RAD 01 2019 Staff were unclear about their scope of practice. Staff within cross sectional imaging were working outside of the existing Patient Group Direction (PGD) and administering contrast to children. Staff we asked were unsure where to access guidance. Not all staff were up to date with basic life support and anaphylaxis training.	Radiology Manager	Lifting of the Section 31 Condition notice by the CQC. Continued PGD audit compliance.	01/06/2019	30/01/2020		SLTQ	Yes	**Completed & Signed off**	27/01/2020
2.7.2	29A RAD 02 2019		Safe	Diagnostic Imaging	29A RAD 02 2019 Staff in diagnostic imaging were unclear of the escalation process to ensure the correct escalation of patients with significant findings on diagnostic imaging.	Radiology Manager	Closed	01/06/2019	31/12/2019		HMBQ	Yes	**Completed & Signed off**	11/11/2019
2.7.3	29A RAD 03 2019	Links to 2.6.4	Safe	Diagnostic Imaging	29A RAD 03 2019 Incidents in the diagnostic imaging department were not appropriately reported or escalated. We did not see evidence of themes identified and lessons learned. Lessons learnt from incidents were not shared effectively.	Radiology Manager	Lifting of the Section 31 Condition notice by the CQC. Continued evidence of incident learning and governance processes from the departments clinical governance meeting.	01/06/2019	30/06/2020		IQIP RG	Yes	**Completed & Signed off**	22/06/2020
2.8.0	**2.8**				**To take the necessary focused action to ensure the Trust is compliant with GMC required regulations and offer a positive educational environment for medical trainees**	**Medical Director**	1. All GMC Conditions are lifted							
	GMC CONDITIONS													
2.8.1	GMC CN1 2019		Well Led	Trust Overall	GMC CN1 2019 The Trust must provide evidence that there is an established, visible and trusted process which support and encourages trainees to raise their concerns regarding unacceptable professional behaviour, patient safety issues and compliance with GMC standards for education and training	Director of Medical Education	Junior Doctors feel safe and supported to raise concerns and issues. The GMC Survey is rated Green.	29/04/2019	31/05/2020		SLTQ	Yes	**Completed & Signed off**	26/05/2020
2.8.2	GMC CN2 2019		Well Led	Trust Overall	GMC CN2 2019 The Trust must make demonstrable progress in addressing the culture within the trust. This must include clarity on what behaviours are unacceptable and what actions will be taken when behaviours fall below standards and proactive work to identify and address such behaviours.	Director of Medical Education	A good culture is embedded across the Trust with optimised good relationships and engagement. An agreed Accountability Framework is in place.	29/04/2019	31/05/2020		SLTQ	Yes	**Completed & Signed off**	26/05/2020
2.8.3	GMC CN3 2019		Well Led	Trust Overall	GMC CN3 2019 The Trust must develop an effective educational governance system that articulates a clear line of accountability and governance to the Trust Board	Director of Medical Education	Medical Education Committee established with regular reporting to the Trust Board. Medical Education is a regular agenda item on Divisional Boards.	29/04/2019	31/05/2020		SLTQ	Yes	**Completed & Signed off**	26/05/2020