1. **Care Quality Commission (CQC) inspection action plan status at 30 June 2016**

The Trust’s action plan was formulated in April 2015. During June 2016 compliance action completion increased from 80% to 90% and should action completion rose from 72% to 77%. The key compliance action gaps are increasing medicines management training in areas not subject to the compliance action and demonstrating effective resolution of the medical records storage action.

Of the 10 CQC compliance actions records storage is pending review in July to evaluate whether it can be confirmed as effectively resolved. Whilst the compliance action on medicines management training in paediatric nursing has been resolved other Divisions and clinical groups are not yet passing the test of effectiveness of 90% training compliance and the divisional action plan for this will be submitted to the Trust’s Quality and Performance Committee for the July meeting.

Of the 12 ongoing “should” actions 1 item, direct admission to the stroke unit, has yet to reach the 90% target despite a trajectory to recover this and this remains red rated. The 13 remaining “should” actions are progressing and whilst these have slipped against timescale it isn’t currently practicable to put a firm date by which all actions will be fully resolved as some actions are extremely complex to resolve adequately. There is a clear mechanism for monitoring remaining actions via the CQC Quality Review Group which reports monthly to Quality and Performance Committee and Trust Board.

**Table 1 – Overall status of CQC action plan at 30 June 2016**

<table>
<thead>
<tr>
<th>RAG</th>
<th>Status of actions</th>
<th>Compliance Actions</th>
<th>Should Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>Complete and effectiveness tested</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Green</td>
<td>Completed</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Actions completed</td>
<td>9/10 completed</td>
<td>90%</td>
</tr>
<tr>
<td>Green</td>
<td>On track</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Amber</td>
<td>Minor recoverable slippage</td>
<td>1 Records storage is under review to be confirmed as green going forward.</td>
<td>20%</td>
</tr>
<tr>
<td>Red</td>
<td>Significant slippage</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Actions progressing</td>
<td>1/10 progressing</td>
<td>10%</td>
<td>12/53 progressing</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10 actions</td>
<td>100%</td>
<td>53 actions</td>
</tr>
<tr>
<td>Regulated area</td>
<td>Description</td>
<td>Due</td>
<td>Status</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>9 (1)(b)(ii)</td>
<td>– Care and Welfare of Service Users</td>
<td>Due 31 May 2015;</td>
<td>Resolved and effectiveness test complete.</td>
</tr>
<tr>
<td>10 (1)(a),(b),(c),(e) – Assessing and Monitoring Quality of Service Provision</td>
<td>Deteriorating Patient and Resuscitation Council Standards</td>
<td>30-Apr-16</td>
<td>Actions arising from the Critical Care External Review are completed. The location of ITU and HDU and the inability to co-locate these currently is a known residual area which is for longer term consideration.</td>
</tr>
<tr>
<td>10 (1)(a),(b),(c),(e) – Assessing and Monitoring Quality of Service Provision</td>
<td>Critical care - governance and risk management</td>
<td>30-Sep-15</td>
<td>In July 2015 a questionnaire was developed. In December 2015 a ward pilot feedback was rolled out for patients stepped down from ITU to the wards. Test of effectiveness complete.</td>
</tr>
<tr>
<td>22 - Staffing</td>
<td>Adequacy of staffing levels</td>
<td>31-Dec-15</td>
<td>Establishment confirmed and the Paediatric Staffing escalation tool is operating effectively.</td>
</tr>
<tr>
<td>20(2)(a) - Records</td>
<td>Records storage</td>
<td>2016; Mitigation extended to 31 Dec 15</td>
<td>MES is to undertake a review and advise whether this action can now be recorded as green.</td>
</tr>
<tr>
<td>13 – Management of Medicines</td>
<td>Medication prescribing poor practice – reason for 'as required' medication to be administered</td>
<td>31-Dec-15</td>
<td>Test of effectiveness shows compliance as 90%. Completed.</td>
</tr>
<tr>
<td>13 – Management of Medicines</td>
<td>Safe and timely dispensing practice – delay in transit</td>
<td>30-Oct-15</td>
<td>Test of effectiveness is pending confirmation by Pharmacy.</td>
</tr>
<tr>
<td>13 – Management of Medicines</td>
<td>Medicines management training out of date in paediatric nursing</td>
<td>Compliant as at October 2015</td>
<td>Resolved for Paediatric Nursing. Other clinical areas do not consistently meet the 90% mandatory training level and divisional improvement plans are being progressed and monitored in governance meetings.</td>
</tr>
</tbody>
</table>

Note: Blue indicates test of effectiveness completed.
<table>
<thead>
<tr>
<th>&quot;Should Actions&quot;</th>
<th>Description</th>
<th>RAG</th>
<th>Due</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Urgent and Emergency</td>
<td>Security of restricted area</td>
<td>C</td>
<td>30 Sept 15</td>
<td>Layout regarding patient visibility remains sub-optimal; A&amp;E strategy to include remodelling, staffing and process matters is being drafted.</td>
</tr>
<tr>
<td>2 Urgent and Emergency</td>
<td>Premises layout</td>
<td>C</td>
<td></td>
<td>Substantially complete with high risk pathway of action to be undertaken by Divisional Chief. Draft policy pending approval. An individualised approach to planning care for high risk pathway is being drafted.</td>
</tr>
<tr>
<td>3 Urgent and Emergency</td>
<td>Mental health patient assessment room</td>
<td>C</td>
<td></td>
<td>We have expanded the Acute Oncology Nursing Service and also now provide Consultant support 24/7 for the complex palliative care admission pathway.</td>
</tr>
<tr>
<td>4 Maternity and Gynaecology</td>
<td>Experience and outcomes for complex needs</td>
<td></td>
<td>2015</td>
<td>Improvement works status progressing and Place survey undertaken.</td>
</tr>
<tr>
<td>5a Critical Care</td>
<td>Night moves of patients from Critical Care</td>
<td>C</td>
<td>31 Aug, 31 Dec 15</td>
<td>Draft policy pending approval.</td>
</tr>
<tr>
<td>5b Trustwide</td>
<td>Transferring end of life care patients</td>
<td>C</td>
<td></td>
<td>We have expanded the Acute Oncology Nursing Service and also now provide Consultant support 24/7 for the complex palliative care admission pathway.</td>
</tr>
<tr>
<td>6 End of Life Care (EOLC)</td>
<td>Complex palliative care admission pathway</td>
<td>C</td>
<td></td>
<td>Improvement works status progressing and Place survey undertaken.</td>
</tr>
<tr>
<td>7 Critical Care</td>
<td>Display of incidents involving harms</td>
<td>C</td>
<td></td>
<td>Rated green as mitigations in place.</td>
</tr>
<tr>
<td>8 Critical Care</td>
<td>Investigations into serious incidents</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>9 Critical Care</td>
<td>Cleaning of clinical areas</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>10 Critical Care</td>
<td>Intensive Care Faculty Standards audit</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>11 Trustwide</td>
<td>HDU clinical room security</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>12 Critical Care</td>
<td>Medical staff skills and experience</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>13 Critical Care</td>
<td>Assessment of delirium</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>14 Critical Care</td>
<td>Latest innovations in patient support</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>15 Critical Care</td>
<td>Completeness of operational policy</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>16 Medicine</td>
<td>Dementia care</td>
<td>C</td>
<td></td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>17 Medicine</td>
<td>Strategic planning</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>18 Children Young People</td>
<td>High dependency care resource needs</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>19 Children Young People</td>
<td>Meeting mental health needs - Ash skills mix</td>
<td>C</td>
<td>Review Dec 15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>20 Children Young People</td>
<td>Implementation of hot drinks policy</td>
<td>C</td>
<td>31 Aug, 30 Nov 15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>21 Trustwide</td>
<td>Pain assessment</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>22 Surgery</td>
<td>Medicines storage on ward</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>23 Surgery</td>
<td>Recovery - equipment storage</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>24 Trustwide</td>
<td>Safeguarding training</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>25 Surgery</td>
<td>Screen on Wren Ward</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>26 Trustwide</td>
<td>Assisting visually impaired patients</td>
<td>C</td>
<td>30 Mar 16</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>27 Urgent and Emergency</td>
<td>Mental Capacity Act and Deprivation of Liberty</td>
<td>C</td>
<td>30-Nov-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>28 -</td>
<td></td>
<td>C</td>
<td>30-Nov-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>29 Urgent and Emergency</td>
<td>Recruitment methods</td>
<td>C</td>
<td>30-Nov-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>30 Urgent and Emergency</td>
<td>Time to attend training</td>
<td>C</td>
<td>30-Sep-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>31 Trustwide</td>
<td>Probationary period support</td>
<td>C</td>
<td>30-Sep-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>32 Children Young People</td>
<td>Checking controlled drugs in paediatric A&amp;E</td>
<td>C</td>
<td>Sep-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>33 Urgent and Emergency</td>
<td>Staff meal breaks</td>
<td>C</td>
<td>Sep-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>34 Trustwide</td>
<td>Hand hygiene compliance</td>
<td>C</td>
<td>Sep-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>35 Medicine</td>
<td>Staffing ratios</td>
<td>C</td>
<td>Sep-15</td>
<td>CAMHS has rolled out a new service for supporting HCAs.</td>
</tr>
<tr>
<td>36 Medicine</td>
<td>Direct admission to Stroke Unit</td>
<td>C</td>
<td>30 Jun 15</td>
<td>Improved but not yet meeting 90% target.</td>
</tr>
<tr>
<td>37 Medicine</td>
<td>Heart failure aftercare</td>
<td>C</td>
<td>Sep-15</td>
<td>Escalation process in place and action is completed.</td>
</tr>
<tr>
<td>38 Medicine</td>
<td>Endoscopy on-call rota</td>
<td>C</td>
<td>Sep-15</td>
<td>Escalation process in place and action is completed.</td>
</tr>
<tr>
<td>39 Medicine</td>
<td>Mixed sex accommodation breaches</td>
<td>C</td>
<td>Sep-15</td>
<td>Escalation process in place and action is completed.</td>
</tr>
<tr>
<td>40 Trustwide</td>
<td>Wheelchairs available for inpatient use</td>
<td>C</td>
<td>To set June 15</td>
<td>Action completed.</td>
</tr>
<tr>
<td>41 Outpatients and diagnostics</td>
<td>Governance and risk management</td>
<td>C</td>
<td>To set June 15</td>
<td>Action completed.</td>
</tr>
<tr>
<td>42 Trustwide</td>
<td>Data not split by site</td>
<td>C</td>
<td></td>
<td>Action completed.</td>
</tr>
</tbody>
</table>