

CQC Action Plan

Inspection undertaken in
March 2014

May 2014



Action planning process

- Thorough review of the report
- Capture of all areas for improvement
- High level action plan
 - Trust wide issues
 - Alignment with existing work plans e.g. Urgent Care Board, HCAI
 - Areas requiring engagement with partners
 - Areas identified as ‘should’ improve
- Detailed clinical stream action plans
 - Review plans received to date
 - Avoid duplication through use of trust wide plan



Action plan

- The 5 key questions used for the inspection will be replicated as the framework for the action plan
- CQC action plan steering group
- Progress to be monitored by the Quality Assurance Committee



Are services safe?

- Review child safeguarding checks in the Emergency Department
- Provide a paediatric area within the emergency department
- Ensure timely replenishment of gel dispensers
- Review and monitor storage to ensure patient, staff and visitor safety from trip hazards
- Improve job planning for Consultant Physicians



Are services safe? 2

- Additional investment in Consultant Physicians and Medical registrars
- Review of cleaning specification and investment in services (approximately £1.2 million)



Are services effective?

- Review pain relief for patients being cared for at the end of their life
- Ensure appropriate participation in the national clinical audit programme
- Improve effectiveness for patients who have had a stroke including review of therapist staffing levels
- Continue recruitment and retention activities



Are services caring?

- Roll out intentional rounding – include the Emergency Department
- Improve response times to call bells
- Investment in additional matron post to support Medical Ward services



Are services responsive? 1

- Reduce the number of patients admitted to ‘inappropriate’ wards
- Increase joint working with the Mental Health Trust to improve services (PLS and CAMHS)
- Review accommodation and facilities for adolescents
- Continue Urgent Care pathway improvement programme



Are services responsive? 2

- Improve 18 weeks performance
- Reduce the number of cancelled operations
- Improve ward processes and discharge effectiveness
- Clear the backlog of complaints
- Review the use of face to face meetings with complainants
- Improve complaints handling – consider roll out of ED model



Are services well led?

- Complete the mandatory training database development and provide accurate records
- Reiterate the Raising Concerns Policy and ways in which staff can gain support when reporting issues
- Confirm the programme of events to promote Board level visibility across both sites



CQC action plan steering group

- Terms of reference
- Membership: as for preparatory taskforce
- Includes a Non-Executive Director
- One hour per month – after TMB (11:30-12:30)
- Executive Director sponsor for each stream
- Standing agenda items:
 - Action plan updates
 - Constraints for progress
 - Risk assessments



Any questions or comments?

