

CQC action plan following CQC visit in March 2015

Regulation: Regulation 12(1), (2)(a), 2(b) & 2 (e) HSCA (RA) Regulations 2014 Safe care and treatment				
How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
<p>The provider must take action to ensure that all patients in A & E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their “Triage Position Statement” dated April 2011</p>	<p>The organisation took immediate action post inspection to ensure that all patients in A&E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their “Triage Position Statement” dated April 2011. This action is complete</p>	<p>This action is complete</p> <p>The improvement has been made and has been sustained. Performance is regularly reported to the Board.</p> <p>Resources have been identified and are in place</p>		<p>Finance and Performance Committee</p>

<p>The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting</p>	<p>The organisation has an agreed programme with commissioners that aims to improve performance against national targets for, referral-to-treatment time targets, and achievement of</p>	<p>The organisation is working to a trajectory of improvement of performance against national targets which is monitored weekly and</p>	<p>This action continues and will be reviewed monthly</p>	<p>Finance and Performance Committee</p>
<p>How the regulation was not being met</p>	<p>Action plan</p>	<p>Status and on-going compliance</p>	<p>Update as at January 2016</p>	<p>Assurance Committee</p>
<p>time targets to protect patients from the risks of delayed treatment and care.</p>	<p>cancer waiting time targets to protect patients from the risks of delayed treatment and care. It is also working with ECIST to improve A&E performance and most recently been identified as one of 28 communities receiving support through the Emergency Care Improvement Programme.</p>	<p>reported to the Board of Directors on a monthly basis The organisation is outsourcing work to third party providers to assist with the delivery of some backlog of activity, additional outpatient clinics and operating lists are also being used to manage volumes of activity</p>	<p>Currently, Gynaecology work has been outsourced to Hull and temporary waiting list initiatives are being run</p>	

<p>The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.</p>	<p>The organisation has an Acute Strategy which details the multi faceted approach to improving patient flow throughout the organisation. Some facets of the plan have been delivered and others are still in progress. This is led by the Medical Director together with the Chief Operating Officer and Clinical Directors responsible for the acute care pathway.</p>	<p>Completion date 31st January 2016 The organisation has already taken steps to improve flow by looking and piloting models of ambulatory care Resource requirements to be established</p>	<p>Ambulatory care unit is in place as is the Frailty Unit A further risk has been added to the MD risk register around reviewing different workforce models</p>	<p>Board of Directors and Finance and Performance Committee</p>
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How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
<p>The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.</p>	<p>A review is to be undertaken of current resources within the dietetics team with a subsequent options appraisal being made to the Board. A business case for the establishment of an Acute Pain Team in Scarborough is under development and will be considered by the Board of Directors</p>	<p>Review completed Completion date 28th February 2016 An option appraisal for dietetics and business case for an Acute Pain Service in Scarborough is to be considered by the Board of Directors. Resources identified through options appraisals and business cases.</p>	<p>We can confirm that the dietetics service fully meets the standards of support for critical care. No further action required for this element</p>	<p>Board of Directors</p>
<p>The provider must ensure all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.</p>	<p>The organisation has a well-established programme of planned preventative maintenance checks for EME, and the same is replicated for non-clinical equipment.</p>	<p>Actions are already in place Improvement will be measured on these issues through regular audit and review with outcomes being reported into the Board</p>	<p>This action is completed</p>	<p>Environment and Estates Committee</p>

	Domestic staff are responsible for the monitoring of food fridges, and nursing staff are responsible for the monitoring of drugs fridges.	of Directors No additional resource implications		
How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
The provider must ensure all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.	A collaborative process between nursing and pharmacy staff is being established to ensure that the monitoring of fridges takes place and is escalated when necessary. The daily checking of rhesus equipment is the responsibility of nursing staff and compliance with this will be monitored and escalated	Actions are already in place Improvement will be measured on these issues through regular audit and review with outcomes being reported into the Board of Directors	This action continues to be reviewed on a monthly basis	Quality and Safety Committee

<p>The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels:</p> <ul style="list-style-type: none"> • nursing staff on medical and surgical wards; • consultant cover within the A & E; • registered children's nurses on children's wards, and other 	<p>The organisation has successfully recruited an additional 73 RCNs who take up post in October 2015 to work in its acute sites. It has an open and centralised rolling recruitment campaign for RNs which will be reviewed on a monthly basis. We also have an active recruitment campaign targeting nurses from the EU.</p>	<p>Completed by October 2015</p> <p>Partly actioned , the organisation has recruited 73 additional nurses with a further 60 planned , progress will be reported to the Board of Directors on a monthly basis</p>	<p>This item continues to be reviewed. at the point of writing the report. of the further appointment of 60 nurses 31 have been appointed and work continues to recruit additional nurses</p>	<p>Workforce Strategy Committee and Quality and Safety Committee</p>
<p>The Trust is engaged in a continual recruitment programme for ED Consultants and most recently has.</p>	<p>Aim to recruit additional ED Consultants–June 2016</p> <p>Process of continuous recruitment and looking at</p>	<p>The action is linked to the amendment in the MD risk register.</p> <p>Further workforce models are</p>		

How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
appropriate clinical areas and <ul style="list-style-type: none"> • radiologists • community inpatient services. 	introduced a recruitment and retention premia to enhance this. The Trust is also working with ECIST, ECIP and its Acute Board to explore the potential for alternative models of care that reduce the reliance on the ED consultant Workforce	alternative roles	being reviewed by the MD	Workforce Strategy Committee
	There is an open rolling recruitment for Paediatric Nurses	Paediatric Nurse interviews by 31st December 2015 Paediatric Nurses recruited to establishment		

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	<p>The organisation has taken steps to increase staffing in community inpatient services</p>	<p>Action complete</p>		

Regulation: Regulation 17 (1), (2)(b) & (2) (e) HSCA (Regulated Activities) Regulations 2014 Good governance.				
How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
The provider must take action to ensure that the governance and risk management arrangements are strengthened to ensure risks are identified and acted upon in a timely manner.	The organisation is currently undertaking the Monitor 'Well Led' review and will act on any subsequent recommendations	The review will report to the 31st January 2016 . Resources already in place	Draft report being reviewed by CE and Chair. Final report to be presented to the Board of Directors	Board of Directors
The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service.	The organisation has taken steps to develop a local clinical strategy for critical care	Completion date 31st January 2016 Local strategy completed. External review taking place in November 2015 to report January 2016 Resources already in place	The draft report is expected during January and will be presented to the Executive Board	Executive Board

	<p>Each individual division has a its own strategy for the management of outpatients, There is a strategy for Radiology</p>	<p>Completed</p> <p>Resources already in place</p>		<p>Finance and Performance Committee</p>
	<p>The organisation has jointly commissioned a review of critical care services across North Yorkshire which will</p>	<p>Completion date 31st January 2016</p> <p>On an interim basis, the Vale of York CCG have</p>	<p>This is linked to the item above about local strategy and will be completed once the</p>	<p>Finance and Performance Committee</p>

How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
	<p>inform the new clinical strategy. The review is due to conclude on 12 November with a report being expected in January 2016</p>	<p>agreed to fund one additional critical care beds in York , with a proviso of reviewing this position once the review of Critical Care Services across North Yorkshire has concluded and recommendations agreed.</p>	<p>report has been completed and received by the Executive Board</p>	

		Resources already in place bed		
<p>The provider must ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.</p>	<p>The organisation already has a programme of harmonisation and review of policies. It is looking to appoint a Clinical Improvement Fellow (interviews W/C 2 Nov) and a Deanery Leadership Fellow for a year to lead on the project of harmonising and reviewing clinical guidelines. Deanery Leadership Fellow to be advertised in November 2015.</p>	<p>Completion date 31st March 2017 Clinical guidelines in existence which conform to NICE Guidelines will continue to be used and will be relaunched as they are updated. Resources will be dependent on recommendations and commissioner funding</p>	<p>1st new appointment is expected to be in post by the end of January. The second appointment will be in post from March/April 2016.</p>	<p>Quality and Safety Committee</p>

How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
<p>The provider must ensure that patient records are fully secured when stored, specifically within the school nursing records.</p>	<p>Action has been taken to undertake a new risk assessment of the building containing school nursing records. As a result some minor adjustments have been made to this facility that provide additional security</p>	<p>Completion date 30th November 2015</p> <p>The facility is secure and patrolled by the organisations Security Team</p> <p>Resources: the Quality Improvement Lead is part funded by the department. The Deanery Leadership Fellow post is part funded by Deanery funds and part by post grad work</p> <p>Reported to the Board as completed (December 2015)</p>	<p>This action is completed. Additional security has been put in place for the building.</p>	<p>Environment and Estates Committee</p>

Regulation: Regulation 18(2)(a) HSCA (RA) Regulation 2014 Staffing				
How the regulation was not being met	Action Plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
<p>The provider must ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.</p>	<p>The organisation has taken steps to ensure that all staff complete statutory and mandatory training with compliance being reported regularly to the Board. Compliance is currently at 81%. Current training levels for</p> <ul style="list-style-type: none"> • Safeguarding Adults Awareness - 91% • Safeguarding Adults level 1 -76% • Safeguarding Adults level 2 - 74% • Safeguarding Children level 1 - 89% • Safeguarding Children Level 2 - 77% • Safeguarding Children Level 3 -72% 	<p>Achieved annually Improvements have been established, are measurable and are reported to the Board</p> <p>Resources are in place.</p>	<p>This action is completed. The system for an annual review is in place</p>	<p>Workforce Strategy Committee</p>

	<ul style="list-style-type: none"> • Basic Life Support - 82% 			
<p>The provider must review arrangements to support staff working alone in the community to ensure their safety.</p>	<p>The organisation has implemented a new process that will ensure that all staff receive annual appraisals</p>	<p>Completion date 31st January 2016 Resource implications will be considered as part of the re-development of the policy.</p>	<p>This action is on target for completion at the end of January. It is expected that the re-developed</p>	

Regulation: Regulation 10(1) and 10(2)(a) HSCA (RA) Regulation 2014 Dignity and Respect				
How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
<p>The provider must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16 at York hospital.to the up to date requirements and good practice.</p>	<p>The organisation has taken steps to ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit on Ward 16. Whilst it is at times unavoidable from a patient safety perspective for patients to experience being in a mixed sex environment patients are advised if this is the case, and given an option of being nursed on the NEU or elsewhere. Patients are also given information informing why they might find themselves on a mixed sex environment.</p>	<p>Completion date 30th November 2015 This will be monitored via regular audit and reported to the Board. Resource requirements not applicable. Reported to Board that action completed (December 2015)</p>	<p>This action has been completed. The process put in place is the same as that used by the Vascular Imaging Unit</p>	<p>Quality and Safety Committee</p>

