

Care Quality Commission (CQC) Compliance Action Plan (2019 inspections/Report April 2020) 'Must Dos'		Date initiated	December 2019
		Date of update	April 2020
Accountability		Executive Responsibility	
Lead	Oversight/governance structure	Lead	Work-stream/operational group
Mel Pickup, Chief Executive	Board of Directors	Karen Dawber, Chief Nurse (CN)	Quality Committee
Karen Dawber, Chief Nurse		Bryan Gill, Medical Director (CMO)	Quality Committee
		Matthew Horner, Finance Director (FD)	Finance & Performance Committee
		Pat Campbell, Director of Human Resources (HRD)	Workforce Committee

Aim	Objective		Expected Outcome	Assurance Mechanism	Review date
	Ref				
To effectively and sustainably address areas of non-compliance with the CQC's fundamental standards of quality and safety identified in the 2019 inspections.	1	The Trust must improve governance and oversight of risk in Maternity services.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Board is fully sighted on the key performance indicators (KPI's) relating to compliance.	Monthly
	2	The service must continue to take action to improve performance in national audits to demonstrate effective patient outcomes.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	Clinical Effectiveness subcommittee will have full oversight of the Trust audit plans and the associated KPI's. Reporting through to Quality Committee on a quarterly basis.	Monthly
	3	The service must monitor and control infection risks in theatres consistently well and ensure that mitigating actions (including incident reporting of theatre use) are implemented and closely monitored.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	Infection Control Committee will have full oversight of the KPI's in relation to infection control. Reporting through to Board, via Quality Committee on a quarterly basis.	Monthly

	4	The service must ensure that stillbirths rates are closely and appropriately monitored escalated where required and actions are put in place to improve stillbirth rates.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	Board will be fully sighted on stillbirths on a bi-monthly basis (Board meets bi-monthly), via Quality Committee on a monthly basis and a detailed report provided on a quarterly basis.	Monthly
	5	The service must ensure all staff are engaged with and participate in all steps of the World Health Organisation surgical safety checklist, the checklist is fully completed, and observational and record audits are undertaken to monitor compliance.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	Patient Safety subcommittee will have full oversight of the Trust WHO checklist and the associated KPI's. Reporting through to Quality Committee on a monthly basis. Further detail will be provided on a quarterly basis via the maternity updates.	Monthly
	6	The service must ensure systems and processes are used to safely record the use of controlled drugs in the Maternity service, and compliance is monitored.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	Patient Safety subcommittee will have full oversight and the associated KPI's, via Medicines Safety Group. Reporting through to Quality Committee on a quarterly basis.	Monthly
	7	The Trust must ensure the outcomes/recommendations of any serious case reviews are acted on, and midwives have the opportunity to regularly attend child protection conferences and submit reports to facilitate decision making and safety planning.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	This has been addressed via the system wide Safeguarding Board and is reported biannually to the Trust's Quality Committee.	Monthly
	8	The service must ensure all staff are up to date with mandatory training, including safeguarding children level three training.	The Trust will demonstrate full and sustained compliance with Regulation 18: Staffing.	Monthly monitoring is in place and reports to the Workforce Committee.	Monthly

	9	The service must ensure staff always complete and update risk assessments and applicable key documentation (including modified early obstetric warning scores, and intrapartum 'fresh eyes') for each woman.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Board will be fully sighted on risk processes in Maternity via Quality Committee with detailed report provided on a quarterly basis.	Monthly
	10	The service must ensure a systematic programme of rolling internal and clinical audit (to include documentation audits) is in place to monitor quality and to identify where action should be taken; and robust action plans are in place from audits to facilitate improvement.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Clinical Effectiveness subcommittee will have full oversight of the Trust audit plans and the associated KPI's. Reporting through to Quality Committee on a quarterly basis.	Quarterly
	11	The service must ensure all levels of governance and management function effectively and interact with each other appropriately.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Board will be fully sighted on governance processes in Maternity via Quality Committee with detailed report provided on a quarterly basis.	Monthly
	12	The service must monitor the reporting of staffing related incidents (for example, through the 'safe care' tool) and ensure all opportunities for learning from incidents are taken.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Quality Committee will have full oversight of all staffing incidents and associated learning on a monthly basis.	Monthly
	13	The service must ensure the findings of external incident investigation reviews are duly considered and action plans include all findings to address the issues identified.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Quality Committee will have full oversight of all incidents and associated learning on a monthly basis.	Monthly
	14	The service must ensure regular checks of adult resuscitation equipment are undertaken in Maternity.	The Trust will demonstrate full and sustained compliance with Regulation 18: Staffing.	Patient Safety subcommittee will have full oversight and the associated KPI's. Reporting through to Quality Committee on a quarterly basis.	Monthly

	15	The service must ensure clinical guidance for staff is clear and not contradictory, particularly with regards to foetal growth monitoring.	The Trust will demonstrate full and sustained compliance with Regulation 15: Premises and equipment.	Clinical Effectiveness subcommittee will have full oversight of the Trust clinical guidance and the associated KPI's. Reporting through to Quality Committee on a quarterly basis.	Monthly
	16	The service must ensure traceability registers for nasal endoscopes are always completed correctly and that compliance is monitored through periodic audit.	The Trust will demonstrate full and sustained compliance with Regulation 12: Safe care and treatment.	Patient Safety subcommittee will have full oversight and the associated KPI's. Reporting through to Quality Committee on a quarterly basis.	Monthly
	17	The service must ensure checks of emergency equipment are completed in accordance with Trust policy and that compliance is monitored through periodic audit.	The Trust will demonstrate full and sustained compliance with Regulation 15: Premises and equipment.	Patient Safety subcommittee will have full oversight and the associated KPI's. Reporting through to Quality Committee on a quarterly basis.	Monthly
	18	The service must ensure there is a formal system in place for security of prescription pads.	The Trust will demonstrate full and sustained compliance with Regulation 17: Good Governance.	Patient Safety subcommittee will have full oversight, via Medicines Safety Committee, and the associated KPI's.	Monthly

Change team members				
Name	Job title	Contact details		Initial

Communications plan				
What?	Who?	By whom?	How?	How frequently?
Action plan support	Care Group	Care Group triumvirate	Care Group Core Group Meetings.	Monthly.
Action Plan Oversight	Quality Committee/Workforce Committee/ Board of Directors	Executive Directors	Committee Meetings: action plan and assurance update.	Every meeting, bi-monthly or quarterly depending on action.
Action Plan Management	Moving to Outstanding*	Chief Nurse	Updated action plans and exception reports.	Every meeting.

\*Note to be constituted in April 2020, delay due to COVID-19, plan for late summer/early autumn

Status:	
<b>O</b>	Open
<b>OC</b>	Open and compromised
<b>C</b>	Closed
<b>OD</b>	Overdue

Objective		1 The Trust must improve governance and oversight of risk in Maternity services.						
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
1.1	Establish regular meetings with Chief Nurse and Medical Director and Women's Services CBU.	CN/CMO	November 2019	November 2019	C	November 2019	In place and meeting every 2 weeks initially now 4 weekly.	Diary, reports submitted to CN and CMO.

1.2	Schedule a Quality Summit.	CN/ CMO	January 2020	May 2020	<b>OC</b>	TBC	Unavoidable delays due to COVID-19.	
1.3	Undertake a diagnostic review of Labour ward, focussing on patient experience and staff culture.	CN	December 2019	May 2020	<b>OC</b>	TBC	23/12/2020 - Piece of work commissioned with the Improvement Academy, cultural surveys plus patient level experience surveys using the Patient Experience Toolkit. This will be worked up as part of the wider Maternity improvement programme and is planned to be later in the year to avoid "doing to" - want to be inclusive in our decision making. Will be sequenced to follow Quality Summit.	
1.4	Review reporting structures within the CBU, review terms of reference, roles and responsibilities within the teams in relation to still births and how this is reported.	CN / CMO	December 2019	31/12/2019	<b>C</b>	30/12/2019	Reviewed with clinical teams and changes implemented.	
1.5	Review reporting of Maternity services to Board of Directors.	CN	December 2019	January 2020	<b>C</b>	January 2020	Reports to both Quality Committee and Board changed to provided assurance to each meeting.	

Objective		2	The service must continue to take action to improve performance in national audits to demonstrate effective patient outcomes.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
2.1	CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.		CN	December 2019	January 2020	C	January 2020	Reports provided on a monthly basis.	Minutes and reports.
2.2	Establish regular meetings with Chief Nurse and Medical Director and Women’s Services CBU.		CN/ CMO	November 2019	November 2019	C	November 2019	In place and meeting every 2 weeks initially now 4 weekly.	Diary, reports submitted to CN and CMO.

Objective		3	The service must monitor and control infection risks in theatres consistently well and ensure that mitigating actions (including incident reporting of theatre use) are implemented and closely monitored.					
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
3.1	Infection Control Committee will have full oversight of the risks in relation to maternity theatre.	CN	December 2019	January 2020	C	January 2020	Process reviewed and is enhanced.	Minutes and reports.
3.2	Care Group will set up a group to oversee the implementation of theatre rebuild.	COO	December 2019	January 2020	C	January 2020	Meeting in place and chaired by Care Group Director.	Minutes.
3.3	IGRC will have ongoing oversight of the risk in relation to the strategic risk register.	CEO	December 2019	December 2019	C	December 2019	Risk will continued to be raised as part of exception report to Board of Directors.	Minutes and reports.
3.4	CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	December 2019	January 2020	C	January 2020	Reports provided on a monthly basis.	Minutes and reports.
3.5								
3.6								



Objective		4	The service must ensure that stillbirths rates are closely and appropriately monitored, escalated where required and actions are put in place to improve stillbirth rates.					
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
4.1	CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	December 2019	January 2020	C	January 2020	Reports provided on a monthly basis.	Minutes and reports.
4.2	Establish regular meetings with Chief Nurse and Medical Director and Women's Services CBU.	CN/CMO	November 2019	November 2019	C	November 2019	In place and meeting every 2 weeks initially now 4 weekly.	Diary, reports submitted to CN and CMO.

Objective		5	The service must ensure all staff are engaged with and participate in all steps of the World Health Organisation surgical safety checklist, the checklist is fully completed, and observational and record audits are undertaken to monitor compliance.					
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
5.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	O			

Objective		6	The service must ensure systems and processes are used to safely record the use of controlled drugs in the Maternity service, and compliance is monitored.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
6.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.		CN	April 2020	May 2020	O			

Objective		7	The Trust must ensure the outcomes/recommendations of any serious case reviews are acted on, and midwives have the opportunity to regularly attend child protection conferences and submit reports to facilitate decision making and safety planning.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
7.1	This has been addressed via the system-wide Safeguarding Board and is reported biannually to the Trust Quality Committee.		CN	April 2020	April 2020	C	April 2020	As per System-wide assurance.	Action plans and Board minutes.

Objective		8	The service must ensure all staff are up to date with mandatory training, including safeguarding children level three training.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
8.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.		CN	April 2020	May 2020	O			

<b>Objective</b>		<b>9</b>	<b>The service must ensure staff always complete and update risk assessments and applicable key documentation (including modified early obstetric warning scores, and intrapartum ‘fresh eyes’) for each woman.</b>					
<b>No</b>	<b>Action</b>	<b>Lead</b>	<b>Date Assigned</b>	<b>Scheduled completion</b>	<b>Status</b>	<b>Actual Completion</b>	<b>Comments</b>	<b>Evidence</b>
9.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	<b>O</b>			

<b>Objective</b>		<b>10</b>	<b>The service must ensure a systematic programme of rolling internal and clinical audit (to include documentation audits) is in place to monitor quality and to identify where action should be taken; and robust action plans are in place from audits to facilitate improvement.</b>					
<b>No</b>	<b>Action</b>	<b>Lead</b>	<b>Date Assigned</b>	<b>Scheduled completion</b>	<b>Status</b>	<b>Actual Completion</b>	<b>Comments</b>	<b>Evidence</b>
10.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	<b>O</b>			

<b>Objective</b>		<b>11</b>	<b>The service must ensure all levels of governance and management function effectively and interact with each other appropriately.</b>					
<b>No</b>	<b>Action</b>	<b>Lead</b>	<b>Date Assigned</b>	<b>Scheduled completion</b>	<b>Status</b>	<b>Actual Completion</b>	<b>Comments</b>	<b>Evidence</b>
11.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	<b>O</b>			

Objective		12	The service must monitor the reporting of staffing related incidents (for example, through the 'safe care' tool) and ensure all opportunities for learning from incidents are taken.					
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
12.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	O			

Objective		13	The service must ensure the findings of external incident investigation reviews are duly considered and action plans include all findings to address the issues identified.					
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
13.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	O			

Objective		14	The service must ensure regular checks of adult resuscitation equipment are undertaken in Maternity.					
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
14.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.	CN	April 2020	May 2020	O			

Objective		15	The service must ensure clinical guidance for staff is clear and not contradictory, particularly with regards to foetal growth monitoring.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
15.1	Maternity CBU will provide a monthly update to Quality Committee in relation to Maternity action plans; these will be reviewed within the service. The action plans will cover all areas of the improvement plan.		CN	April 2020	May 2020	O			

Objective		16	The service must ensure traceability registers for nasal endoscopes are always completed correctly and that compliance is monitored through periodic audit.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
16.1	Planned Care Group will develop a process to track all endoscopes in the OPD setting.		COO	April 2020	June 2020	O			

Objective		17	The service must ensure checks of emergency equipment are completed in accordance with Trust policy and that compliance is monitored though periodic audit.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
17.1	Planned Care Group will develop a process for the checking and audit of equipment in the OPD setting.		COO	April 2020	June 2020	O			

Objective		18	The service must ensure there is a formal system in place for security of prescription pads.						
No	Action		Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
18.1	Planned Care Group will develop a process for the security and checking and of prescription pads.		COO	April 2020	June 2020	O			