

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RAE
Our reference	INS2-7029930671
Location name	Bradford Teaching Hospitals NHS Foundation Trust

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12
	Safe care and treatment
	How the regulation was not being met:
	<ul style="list-style-type: none"> <i>The service must continue to take action to improve performance in national audits to demonstrate effective patient outcomes. 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.</i> <i>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.</i> <i>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.</i> <i>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.</i> <i>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.</i> <i>The service must ensure traceability registers for nasal endoscopes are always completed correctly</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
We have a detailed action plan (attached); this clearly describes the Governance process for monitoring, managing and improvement. In addition we have developed a detailed action plan	

in relation to Maternity services; this is reviewed by our Quality on a monthly basis. Please note that our usual reporting structures have been replaced with a monthly regulation committee whilst we deal with the Corona Virus pandemic. However, maternity is a standing item on the agenda.

Who is responsible for the action?	Director Of Operations –Planned Care
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How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

We have initiated regular meetings with the relevant teams to monitor progress against actions. We intend to utilise internal audit to provide additional independent assurance.

Dashboards have been revised to include additional indicators in relation to Maternity services.

Who is responsible?	Chief Nurse and Chief Medical Officer
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What resources (if any) are needed to implement the change(s) and are these resources available?

We have committed to expand both the Midwifery and Consultant workforce to aid change and compliance. In addition, we are implementing a fully supported Quality Improvement programme with Maternity services.

We are committed to launching our “Moving to Outstanding” programme in 2020, this has been delayed due to operational pressures linked to Corona Virus

Date actions will be completed:	Between September 2020 and April 2021 (varies depending on action and ongoing operational pressures due to Corona Virus)
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How will people who use the service(s) be affected by you not meeting this regulation until this date?

We have a comprehensive risk management framework and we will closely monitor through this any impact on service users or monitor the impact of any risk mitigation.

Completed by: (please print name(s) in full)	Karen Dawber
Position(s):	Chief Nurse
Date:	21/04/2020

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 Premises and equipment
	How the regulation was not being met:
	<i>The service must ensure checks of emergency equipment are completed in accordance with trust policy and that compliance is monitored through periodic audit. The service must ensure regular checks of adult resuscitation equipment are undertaken in maternity.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
A process is in place for the checking and monitoring of emergency equipment	
Who is responsible for the action?	Director of Operations Planned Care
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Weekly monitoring in place	
Who is responsible?	Chief Operating Officer
What resources (if any) are needed to implement the change(s) and are these resources available?	
Nil required	
Date actions will be completed:	April 2020
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
Weekly checks are in place and being monitored routinely since January 2020	

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Completed by: (please print name(s) in full)	Karen Dawber
Position(s):	Chief Nurse
Date:	21/04/2020

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 Receiving and acting on complaints
	How the regulation was not being met:
	<i>The trust must ensure they investigate, respond to and close complaints in all services in line with trust policy.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
N/A – This action was removed post FACAC	
Who is responsible for the action?	
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Who is responsible?	
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	
How will people who use the service(s) be affected by you not meeting this regulation until this date?	

Completed by: (please print name(s) in full)	
Position(s):	
Date:	

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 Good governance
	How the regulation was not being met:
	<p><i>The trust must improve governance and oversight of risk in maternity services.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>The service must ensure all levels of governance and management function effectively and interact with each other appropriately.</i></p> <p><i>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.</i></p> <p><i>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. (Regulation 17: Good governance).</i></p> <ul style="list-style-type: none"> <i>• The service must ensure clinical guidance for staff is clear and not contradictory, particularly with regards to foetal growth monitoring.</i> <i>• The service must ensure there is a formal system is in place for security of prescription pads.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>We have a detailed action plan (attached); this clearly describes the Governance process for monitoring, managing and improvement. In addition we have developed a detailed action plan in relation to Maternity services; this is reviewed by our Quality on a monthly basis. Please note that our usual reporting structures have been replaced with a monthly regulation committee whilst we deal with the Corona Virus pandemic. However, maternity is a standing item on the agenda.</p>	
Who is responsible for the action?	Maternity Business Unit
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
<p>We have initiated regular meetings with the relevant teams to monitor progress against actions. We intend to utilise internal audit to provide additional independent assurance.</p> <p>Dashboards have been revised to include additional indicators in relation to Maternity services.</p>	

Who is responsible?	Director of Operations Planned Care
What resources (if any) are needed to implement the change(s) and are these resources available?	
The maternity improvement programme will need to be fully resourced and facilitated external to the CBU.	
Date actions will be completed:	September 2020 – April 2022

How will people who use the service(s) be affected by you not meeting this regulation until this date?
We have a comprehensive risk management framework and we will closely monitor through this any impact on service users or monitor the impact of any risk mitigation.

Completed by: (please print name(s) in full)	Karen Dawber
Position(s):	Chief Nurse
Date:	21/04/2020

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 Staffing
	How the regulation was not being met:
	<i>The service must ensure all staff are up to date with mandatory training, including safeguarding children level three training.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
Mandatory training is monitored on a monthly basis, as of the 31/12/2019 training levels had significantly improved to within the expected parameters, with the exception of blood training and level 3 Safeguarding (83% against a target of 85%)	
Who is responsible for the action?	Maternity Triumvirate
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Robust process is in place to monitor and follow up staff and mandatory training, this has been put on hold due to Corona Virus Pandemic and we will need to revise our approach and targets as a Trust for the next 12 months	
Who is responsible?	Director of Operations – Planned Care
What resources (if any) are needed to implement the change(s) and are these resources available?	
Resources in place	
Date actions will be completed:	March 2020 – but now on going
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
We have a comprehensive risk management framework and we will closely monitor through	

this any impact on service users or monitor the impact of any risk mitigation.

Completed by: (please print name(s) in full)	Karen Dawber
Position(s):	Chief Nurse
Date:	21/04/2020