

IMPROVEMENT ACTION PLAN

Urgent and Emergency Care (UEC) Care quality Commission (CQC) improvement action plan

Summary Description Action Plan

Action plan to address the 'should do' areas for improvement from the CQC inspection report.

Date of inspection visit: 20 April 2022

Date of publication: 17/08/2022

Combined action plan commencement date:	06/09/2022
---	------------

Action Plan Lead:	CSU should be Farah		
Task and Finish Group Members:	Clinical Director – Saman Khan Senior General Manager – Farah Naz General Manager – Ruth Taunton-Smith Deputy Director of Nursing – Jill Clayton Emma Clinton, Matron Emergency Care Jacob Mushlin, Consultant	Status:	
		O	Open
		O	Open and compromised
		C	Closed
		OD	Overdue

No	Areas for Improvement – (Should dos)	Actions and tasks to achieve the objective or aim	Named Individual responsible	Completion Date	Progress Update	Status	Evidence of action completed	Method of assurance	Assurance Level (RAG Rating)
1	The Trust should ensure that there is a dedicated, fully – risk assessed room available for patients presenting to the department experiencing mental health crisis	1. Dedicated mental health suite to be designed and built/ adapted into the current ED footprint.	Emma Clinton, Matron Emergency Care	31 st March 2023	1. Designs drawn up and monies allocated. 2. Scoping meeting re: buildings September 2022. 3. Awaiting final review of recommendations from local Mental Health Provider.	O	Completion of works and room commissioned by 31 March 2023.	Commissioned facility. User feedback. Monitoring of Safety Events.	
2	The trust should ensure that there is a sustained Improvement in the oversight and treatment of sepsis	1. RCEM severe sepsis and septic shock audit 2. Sepsis Dashboard monitored monthly 3. QI project to be initiated with identified outcomes to ensure sustainability in conjunction with Lead Sepsis Nurse.	Jacob Mushlin, Consultant, AED/Emma Clinton, Matron Emergency Care	31 st March 2023	1. Identified sepsis lead at both Junior doctor and consultant level. 2. Re-designed pathways to facilitate early treatment 'Golden Hour' initiated. 3. Trust Sepsis lead Nurse meeting regularly with AED team to monitor and track progress.	O	Use of monthly data from dashboard evidencing improving time to treat data. Evidence of training. Monitoring of safety events. QI project documented and tracked on Life QI platform. RCEM Audit results. Monthly Sepsis DATA – dashboard. Speciality Quality and Safety minutes.	Tracked through Clinical Service Unit (CSU) governance. Life QI reports.	
3	The trust should ensure there is a sustained improvement in the quality of patient records to ensure that they are fully documented and up-to-date with all observations.	1. Documentation audits to be completed from EPR on a weekly basis 2. Audit results to be monitored at monthly Quality and Safety meetings	Emma Clinton, Matron Emergency Care /Janette Jarvis, A&E Practice Educator	31 st August 2023	1. Initial back to basics audits completed. 2. Audits with team leaders to commence.	O	Audit results and data. Quality and Safety minutes.	Tracked through Clinical Service Unit (CSU) governance	
4	The Trust should continue to work with system partners to improve patient	1. Emergency care has been identified as a priority work stream as	Board of Directors	Ongoing		O	Monitor as part of Trust performance report.	Minutes of meetings.	

No	Areas for Improvement – (Should dos)	Actions and tasks to achieve the objective or aim	Named Individual responsible	Completion Date	Progress Update	Status	Evidence of action completed	Method of assurance	Assurance Level (RAG Rating)
	flow throughout the emergency care pathway	part of ICS linking into to wider West Yorkshire system.					Monitor through ICS meetings Act as One programme.	Action plans for improvement.	