Draft CQC Stocktake - Must Do Actions - July 2018 V1.1

Must Do Actions	Regulation Number	Programme	QSIP Project	SRO/Project Lead	Report	Assurance
Overall Trust						
The trust must ensure that the governance is fit for purpose. The	17	Improving quality	QS02 Governance	SRO: Neill Hepburn		
structure must support effective and efficient performance		and safety		Project Lead: Sally Sealy, Jayne		
management, responsibility, decision making, consistency and		,		Warner		
accountability.						
The trust must ensure the integrated performance report is fit for		Improving quality	QS10 Data Quality	SRO: Neill Hepburn		
purpose. The data quality must be improved to		and safety		Project Lead: To be appointed		
provide assurance to the board. The trust must ensure that there is						
triangulation of data.						
The trust must ensure there is an effective governance processes	17, 19	Improving quality	QS02 Corporate Governance	SRO: Karen Brown		
around the procedures to ensure locum staff are		and safety		Project Lead: Martin Rayson		
suitable to work in the organisation.		,		,		
The trust must ensure there is a defined governance structure to	17, 9, 12	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
assure the board of the quality and delivery of		and safety		Project Lead: Jo Wilson		
surgical care to children and this must be overseen by a multi-		,				
disciplinary children's surgery committee which reports						
to the board.						
The trust must ensure there is an effective system and process in place	7, 19, 12	Improving quality	QS02 Clinical Governance	SRO: Neill Hepburn		
in relation to the governance of potential		and safety		Project Lead: Sally Sealy		
carers providing direct supervisory and/or clinical care within the acute						
hospital.						
	17	Improving quality	QS02 Clinical Governance	SRO: Neill Hepburn		
meetings take place and that these are of good		and safety		Project Lead: Sally Sealy		
quality.						
	17, 12	Improving quality	QS02 Clinical Governance	SRO: Neill Hepburn		
chief pharmacist and medicines safety officer to		and safety		Project Lead: Sally Sealy		
escalate safety concerns appropriately.						
The trust must ensure there are fully effective arrangements for	17	Improving quality	QS02 Clinical Governance	SRO: Neill Hepburn		
identifying, recording, and managing risks, issues,		and safety		Project Lead: Sally Sealy		
and taking mitigating action.		,		, , ,		
The trust must ensure there are clear links between the board	17	Improving quality	QS02 Clinical Governance	SRO: Karen Brown		
assurance framework and the corporate risk register.		and safety		Project Lead: Jayne Warner		
The trust must implement records management processes that ensure	17 12	Productive services	Outpatient Improvement	SRO: Mark Brassington	2021 Programme Board	FSID
clinical records are stored securely with			Programme	project lead Yaves Lalloo		
controlled access.						
The trust must take immediate action to address the significant levels	17	Improving quality	QS01 Developing the Safety	SRO: Martin Rayson		
of violence and abuse experienced by staff.		and safety	Culture	Project Lead: Jennie Negus		
	20	Improving quality	QS02 Duty Of Candour	SRO: Neill Hepburn		
relation to incidents.		and safety	Governance	Project Lead: Paul White		
The trust must ensure appropriate checks on prospective and current	19	Improving quality		SRO: Michelle Rhodes		
staff are carried out to ensure they are suitably		and safety		Project Lead: Jenny Hinchliffe		
fit and proper to carry out their role.						
Lincoln County Hospital		•		· · · · · · · · · · · · · · · · · · ·		
Urgent Emergency Care						
The trust must ensure all patients who attend the emergency	12	Urgent Care		SRO Mark Brassington		
department are triaged within 15 minutes of their		Improvement		project lead Trish Dunmore		
arrival.		Programme				
The trust must ensure all patients brought in by ambulance are handed	12	Urgent Care	1	SRO Mark Brassington		
over to the department within 30 minutes		Improvement		project lead Trish Dunmore		
and patients should wait no more than 1 hour from time of arrival to		Programme				
time of treatment.						
נוווכ טו נוכמנווכוונ.		1	1	ļ	<u> </u>	I



In a constraint of particles of control of advancement of the department of the depa	Must Do Actions	Regulation Number	Programme	QSIP Project	SRO/Project Lead	Report	Assurance
The Use and Home and Lobic and movement data if aver use and provide web of a specific difference of the Use of Home And Andrew Market and Market and Market and Market and Market and Market and Jacket and Market and Market and Market and Market and Market Andrew Market and M		12	-		_		
singerstands in the integrating particle particles produces provides particles and particles provides particles and particles	department within four hours.		Programme				
sciences and a diverse manual science stategarding collaters and conservation is been bread and conservations of the anticipant science stategarding been bread and conservations of the stategarding been bread and conservation bread and conser	The trust must ensure all clinical and non-clinical staff receive the	13	Improving quality	QS07 Safeguarding	SRO: Michelle Rhodes		
Nome Proper Rates and Compensation for head of a set of the set o	appropriate level of safeguarding children training:		and safety		Project Lead: Jenny Hinchliffe		
Nome Proper Rates and Compensation for head of a set of the set o	as directed in the Intercollegiate guidance: Safeguarding Children and						
Interview consume all source manue all source manue consume all source manue co							
Interview consume all source manue all source manue consume all source manue co	Health Care Staff (March 2014).						
mandarge lange lan							
packs, none the instant one angels.	The trust must ensure all staff in the emergency department attend	12, 18	PRM		SRO Mark Brassington		
The number shall in the energinety degratment are spaphing 12 PMA SR0 Most Reassingtion Head <	mandatory training in key skills in line with trust				Project lead Kat Etoria		
Inc percent of the service in a service particular base complete and recorded outcome is a constraint decision and a const	policy, to meet the trusts own targets.						
Inc percent of the service in a service particular base complete and recorded outcome is a constraint decision and a const	The trust must ensure staff in the emergency department are applying	12	PRM		SRO Mark Brassington		
The total introd introd introd introductions and actions into diverse plane in total introductions and actions including participations and actions an					Project lead Kat Etoria		
In charger there are documented decisions and under texture and area (and performance) (and performance) (and performance) (and p	Outpatients						
In charge there are documented decisions and a dree. In the instruct many encarge the prenatage of staff completing mandator 13, 13 Developing the work force to meet work force to men	The trust must ensure patients have complete and recorded outcomes	9.12	Productive services	Outpatient Improvement	SRO: Mark Brassington	1	
actions incluided bind 1 <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></t<>					-		
The true must must must must must must be percentage of saff completing mandatory. 33. 38 Developing the must must must must must be percentage of saff completing mandatory. SAI. 04 Manual Completing mandatory. SAI. 04 Manua Completing mandatory. SAI. 04 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>							
Laining including schemeng Laining Lai		13 18	Developing the		SRO: Martin Bayson	Workforce and OD	
unit tragets Lume needs Lume							
The trust must ensure that resis is ougoing and sufficient oversight of the first organized for the service, including difference of the service of the servi						Committee	
risk register end and safety project Lead: Safy Safy end Inter trust most ensure data is used in a way that drives significant improvement of the services, including constitutional standards and waiting its: 9, 12 productive service that function standards and waiting its: Project Lead: Safy Safy Safe Mark Brassington project lead Yaves Lalloo Project Lead: Safe Yask Brassington project lead Yaves Lalloo Project Lead: Safe Yask Brassington project lead Yaves Lalloo Project Lead: Safe Yask Brassington Project Lead: Simon Dejonge Project Lead: Safe Yask Brassington Project Lead: Simon Dejonge Project Lead: Sim		17		OS02 Corporate Governance	SBO: Neill Henburn		
The trust must ensure data is used in a way that drives significant improvement of the services, including constitutional standards and waiting list. 0,12 productive services project lead Yaves Lalioo Outpatient Improvement Programme Scho Mark Brassington project lead Yaves Lalioo Hightin Hospital Hightin Hospital Improvement of the service, including constitutional standards and waiting list. Scho Mark Brassington project lead Yaves Lalioo Improvement Project lead Yaves Lalioo Hightin Hospital Improving quality and safety QSO4 Pilgrim Emergency Department Scho Mark Brassington Project Lead: Simon Dejonge Scho Mark Brassington Project Lead: Simon Dejonge Hightin Hospital Improving quality and safety QSO4 Pilgrim Emergency Department Scho Mark Brassington Project Lead: Simon Dejonge Scho Mark Brassington Project Lead: Simon Dejonge Histor Graphic Construction of School (Higge Significant) Improving quality and safety QSO4 Pilgrim Emergency Department Scho Mark Brassington Project Lead: Simon Dejonge Scho Mark Brassington Project Lead: Simon Dejonge Histor Standard Dispartment Improving quality and safety Mignor Mark Brassington Project Lead: Simon Dejonge Scho Mark Brassington Project Lead: Simon Dejonge Histor Standard Dispartment 9, 10, 12 Improving quality and safety OSO4 Pilgrim Emergency Department Scho Mark Brassington Pr					-		
Improvement of the services, including in the services, including is the service of the services, including is the service of the services in the service of the services including is the service of the		0 12		Outpatient Improvement			
constitutional standards and waiting list. Improving quality Constitutional standards and waiting list. Improving quality Odd P ligrim Emergency Improving quality Odd P ligrim Emergency SRO: Mark Brassington Improving quality Under take an inflation assessment of all patients who present to the emergency department. Improving quality Odd P ligrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge It rays must be undertake no in seglered healthcare professional that is experient of an emergency/Linger to are and has received generating. Improving quality Odd P ligrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge It is experient as to have regard to the generating. Improving quality Odd P ligrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Initial assessment of the regency begartment. 12 Improving quality Odd P ligrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Initial assessment of the regency begartment. 12 Improving quality Odd P ligrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Project Lead: Simon Dejonge Initial assessment of the regency begartment. 12 Improving quality Odd P ligrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Project Lead: Simon De	, 0	5, 12	productive services		0		
Filigrin toopital Urgent and Emergency Care Improving quality and safety QS04 Pilgrin Emergency against and safety SR0: Mark Brassington Improving quality and				riogramme			
urgent and imagency care control contro <thcontrol< th=""> <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<></thcontrol<>							
The trust must ensure that there is an effective system in place to undertake an initial assessment and treat mergency department. Triage of patients who present to the emergency department. Triage of patients which IS minutes of arrival. tage of patients which IS minutes of arrival. Triage of patients which IS minutes of arrival. Triage of patients which IS minutes of arrival. Triage transmet and transmet there is an effective escalation process in place for staff in the straeming area at the front door of the emgrency departing transmet, and in the ambulance walting areas of Plagim MegPatie. The trust must ensure that there is an effective escalation process in the main department to receive clinical intervention within an anonorate lining/ame. The trust must ensure that there is an effective escalation process in the main department to receive clinical intervention within an anonorate lining/ame. The trust must ensure that there is an effective escalation process in the main department to receive clinical intervention within an anonorate lining/ame. The trust must ensure that there is an effective escalation process in the main department to receive clinical intervention within an anonorate lining/ame. The trust must ensure that there is an effective escalation process in the main department to receive clinical intervention within an anonorate lining/ame. The trust must ensure that there is an effective escalation process in the main department to receive clinical intervention within an anonorate lining/ame. The trust must ensure an effective escalation process in place to replace the advection within an anonoratic lining/ame. The trust must ensure an effective escales in peraiting to ensure there the s							
underske an initial assessment of all patients who present to the emregency department. Project Lead: Simon Dejonge Project Lead: Simon Dejonge triage of patients within 15 minutes of arrival. triage of patients within 15 minutes of arrival. 12 Improving quality and safety QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge Project Lead: Simon Dejonge triage must be undertaken by a registred healthcare professional that is experienced in emergency/urgent care and has received specific triage trianing. 12 Improving quality and safety QS04 Pilgrim Emergency Project Lead: Simon Dejonge SRO: Mark Brassington Project Lead: Simon Dejonge The trust must ensure finitial assessment of the angency Vegartment patients" (February 2017). 12 Improving quality and safety QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge SRO: Mark Brassington Project Lead: Simon Dejonge Project Lead: Simon Dejonge 9, 10, 12 Improving quality and safety QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge SRO: Mark Brassington Project Lead: Simon Dejonge Project Lead: Simon Dejonge Inclination presence in constance and effective escalation process in place for staff the streaming area at the front door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who inclinately presence dincial intervention writhin an annomatize timeframentor cearly senior subset, deterrorising or h		12	Improving quality	OS04 Pilgrim Emergency	SRO: Mark Brassington		
present to the emergency department. Improving quality QSO4 Pilgrim Emergency SRO: Mark Brassington Triage of patients within 15 minutes of arrival. 12 Improving quality and safety Department SRO: Mark Brassington Triage must be undertaken by a registered healthcare professional that is experionced in emergency/upgent care and triage is undertaken in sto have registered by the Koyal College of Emergency Medicine titled 12 Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Protect Lead: Simon Dejonge 12 Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Protect Lead: Simon Dejonge 9 10 12 Improving quality QS04 Pilgrim Emergency Partents 9 10 12 Improving quality QS04 Pilgrim Emergency Partents 9 10 12 Improving quality QS04 Pilgrim Emergency Partents 9 10 12 Improving quality QS04 Pilgrim Emergency Partents 9 10 12 Improving quality QS04 Pilgrim Emergency Partents 9 10 12 Improving quality QS04 Pilgrim Emergency Partent Project Lead: Simon Dejonge Project Lead: Simon Dej				• • •	=		
The trust must ensure that there is an effective system to undertaken in triage of patients within 15 minutes of arrival. Triage must be undertaken by a registered healthcare professional that is experienced in emergency/Urgent care and has received specific triage training. The trust must ensure in effective scalation process in place for staff in the streaming area at the front door of the emergency department to receive clinical precess is operating to ensure there of the man ensure an effective process is operating to ensure there of the ensure on effective process is operating to ensure there of the man ensure an effective process is operating to ensure there of the main ensure and there there or early senior assessment, rapid assessment and true there or early senior assessment process in place for staffs.							
triage of patients with 15 minutes of parival. And safety Department Project Lead: Simon Dejonge Improving quality tas experience in emergency/urgent care and Improving quality OSO4 Pilgrim Emergency SRO: Mark Brassington has received specific triage training. Improving quality OSO4 Pilgrim Emergency SRO: Mark Brassington such a manner as to have regard to the guidance issued by the Royal College of Emergency Medicine titled Project Lead: Simon Dejonge SRO: Mark Brassington Patients' (February 2017). Improving quality and safety Department SRO: Mark Brassington place for staff in the streaming area at the front 9, 10, 12 Improving quality SRO: Mark Brassington Project Lead: Simon Dejonge door of the emergency department, and in the ambulance waiting areas of Pilgrim Mospital, to fast track patients who 9, 10, 12 Improving quality asfety Department Project Lead: Simon Dejonge SRO: Mark Brassington the main department to receive clinical intervention within an anonorate timeframe. 9, 10, 12, 18 Improving quality OS04 Pilgrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality SRO: Mark Brassington he main department to receive clinical intervention within an anonorate timeframe.		12	Improving quality	OS04 Pilgrim Emergency	SRO: Mark Brassington		
Triage must be undertaken by a registered healthcare professional that is experienced in emergency/urgent care and has received specific triage training. Improving quality and safety Q504 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge Stringe must be undertaken by a registered healthcare professional that is experienced in emergency/urgent care and has received specific triage training. 0.004 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge Stringe must ensure that there is an effective escalation process in place for staff in the streaming area at the front door of the emergency deteriorating or have a recognised early warning trigger scores through to the main department, and in the ambulance waiting ancomparity ensure ensure that there is on effective process is operating to ensure there the main department to receive clinical intervention within an anoncruite timeframe. The trust must ensure an effective process is operating to ensure there is a sensorment and realment process in place for patients brought to by ambulances, and 9, 10, 12, 18				• • •	=		
is experienced in emergency/urgent care and has received specific triage training. The trust must ensure finitial assessment of Irriged' is undertaken in full assessment of Emergency Medicine titled "Initial assessment of Emergency Department Patients" (February 2017). The trust must ensure that there is an effective escalation process in place for staff in the streaming area at the fornt door of the emergency department, and in the ambulance waiting areas of Pligrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an annonniate timeframe. Is assessment and treatment or early senior assessment process in place for satients brought in by ambulances, and							
has received specific trage training. Image: contract of trage training. Improving quality assessment and 'trage' is undertaken in such a manner as to have regard to the grudance issued by the Royal College of Emergency Medicine titled 'Initial assessment of Emergency Department QOAP Pilgrim Emergency Department Project Lead: Simon Dejonge SRO: Mark Brassington Project Lead: Simon Dejonge Patients'' (Freburary 2017). Project function of the ambulance waiting area at the front door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anoncriate timeframe. The trust must ensure an effective process is operating to ensure there are specific trager to consumption of the area of the grude assessment, rapid assessment and treatment or early senior assessment process in place for patients brought to barbalance, and 9, 10, 12, 18 Improving quality and safety QS04 Pilgrim Emergency Department and safety SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality and safety SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality and safety SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality and safety SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality and safety SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality and safety SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality and safety SRO: Mark Bra							
The trust must ensure 'initial assessment' and 'triage' is undertaken in such a manner as to have regard to the guidance issued by the Royal College of Emergency Medicine titled ''initial assessment of Emergency Department QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge Patients'' (February 2017). Improving quality assessment and in the sing area at the front 9, 10, 12 Improving quality and safety QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Improving quality Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Improving quality Improving quality Improving quality Improving quality							
such a manner as to have regard to the guidance issued by the Royal College of Emergency Medicine titled "Initial assessment of Emergency Department Patients" (February 2017). The trust must ensure that there is an effective escalation process in place for staff in the streaming area at the front door of the emergency department, and in the ambulance waiting areas of Plagrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anorronizate timeframe. The trust must ensure an effective process is operating to ensure there is a senior doctor assessment, arpid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and		12	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
guidance issued by the Royal College of Emergency Medicine titled "Initial assessment of Emergency Department Patients" (February 2017). The trust must ensure that there is an effective escalation process in place for staff in the streaming area at the front door of the emergency department, and in the ambulance waiting areas of Pligrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anorrovinate timeframe. The trust must ensure an effective process is operating to ensure there is a senior doctor assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and	-				-		
"Initial assessment of Emergency Department Patients" (February 2017). Improving quality (February 2017). QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge SRO: Mark Brassington Project Lead: Simon Dejonge Project Lead: Simon Dejonge door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anorooritate timeframe. 9, 10, 12, 18 Improving quality and safety QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge February Project Lead: Simon Dejonge The trust must ensure an effective process is operating to ensure there for patients brought in by ambulances, and 9, 10, 12, 18 Improving quality and safety QS04 Pilgrim Emergency Department SRO: Mark Brassington Project Lead: Simon Dejonge February Project Lead: Simon Dejonge	-						
Patients" (February 2017). Improving quality SRO: Mark Brassington The trust must ensure that there is an effective escalation process in place for staff in the streaming area at the front 9, 10, 12 Improving quality QS04 Pilgrim Emergency Brown and safety Project Lead: Simon Dejonge Froight Lead: Simon Dejonge<							
The trust must ensure that there is an effective escalation process in place for staff in the streaming area at the front place for staff in the streaming area at the front door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anoronriate timeframe. The trust must ensure an effective process is operating to ensure there assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and the stream of the bar and treatment or early senior assessment process in place for patients brought in by ambulances, and the bar and treatment or early senior assessment process in place for patients brought in by ambulances, and the brought in by ambulances and treatment or early senior assessment and treatment or early senior assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and treatment or early senior assessment process in place for patients brought in by ambulances, and treatment or early senior assessment process in place for patients brought in by ambulances, and treatment or early senior assessment and treatment or early senior assess							
place for staff in the streaming area at the front door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anorooritate timeframe.and safetyDepartment Project Lead: Simon DejongeImage: Clinical Simon Dejonge		9, 10, 12	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an anorcoriate timeframe.Improving quality and safetyQS04 Pilgrim Emergency DepartmentSRO: Mark Brassington Project Lead: Simon DejongeThe trust must ensure an effective process is operating to ensure there is a senior doctor assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and9, 10, 12, 18Improving quality and safetyQS04 Pilgrim Emergency DepartmentSRO: Mark Brassington Project Lead: Simon Dejonge	place for staff in the streaming area at the front				Project Lead: Simon Dejonge		
areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an appropriate timeframe. The trust must ensure an effective process is operating to ensure there is a senior doctor assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and	-						
clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an appropriate timeframe. The trust must ensure an effective process is operating to ensure there assessment, rapid assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and							
recognised early warning trigger scores through to the main department to receive clinical intervention within an appropriate timeframe. The trust must ensure an effective process is operating to ensure there is a senior doctor assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and							
the main department to receive clinical intervention within an appropriate timeframe. Receive clinical intervention appropriate time frame clinical intervention approprime clinical intervention approprime clinical intervention a							
appropriate timeframe.Improving qualityQS04 Pilgrim EmergencySRO: Mark BrassingtonImproving qualityThe trust must ensure an effective process is operating to ensure there9, 10, 12, 18and safetyDepartmentProject Lead: Simon DejongeImproving qualityis a senior doctor assessment, rapidand safetyDepartmentProject Lead: Simon DejongeImproving qualityfor patients brought in by ambulances, andGeneration assessment process in placeImproving qualityImproving qualityImproving quality							
The trust must ensure an effective process is operating to ensure there 9, 10, 12, 18 Improving quality QS04 Pilgrim Emergency SRO: Mark Brassington Project Lead: Simon Dejonge is a senior doctor assessment, rapid and safety Department Project Lead: Simon Dejonge For patients brought in by ambulances, and Emergency Mark Brassington Emergency For patients brought in by ambulances, and Emergency Project Lead: Simon Dejonge Emergency For patients Emergency Emergency <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
is a senior doctor assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and		9, 10, 12, 18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and	is a senior doctor assessment, rapid		and safety	Department	Project Lead: Simon Dejonge		
for patients brought in by ambulances, and							
It hose who are waiting in the corridors and in the ambulances	those who are waiting in the corridors and in the ambulances						

Must Do Actions	Regulation Number	Programme	QSIP Project	SRO/Project Lead	Report	Assurance
The trust must ensure that there is an effective system in place to	9, 10, 12	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
assess and monitor the ongoing care and treatment	5, 10, 12	and safety	Department	Project Lead: Simon Dejonge		
to patients whilst in the emergency department. This includes, but is						
not exclusive to, the monitoring of pain,						
administration of medicines, tissue viability assessments, nutrition and						
hydration and early warning scores with						
regular ongoing monitoring.						
The trust must ensure that there are sufficient numbers of suitably	18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
qualified staff competent to care for children on		and safety	Department	Project Lead: Simon Dejonge		
duty in the emergency department at all times. In accordance with the						
'Intercollegiate Committee for Standards for						
Children and Young People in Emergency Care Settings' document						
titled, "Standards for Children and Young People in						
Emergency Care Settings" (2012).						
The trust must ensure that there are a sufficient number of suitably	18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
qualified, skilled and experienced nurses and		and safety	Department	Project Lead: Simon Dejonge		
Healthcare Assistants (HCAs) deployed throughout the emergency						
department to support the care and treatment of						
patients.						
The trust must ensure that there is an effective system in place for	17, 18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
providing an induction to the department for		and safety	Department	Project Lead: Simon Dejonge		
locum, agency and bank staff, including nurses, allied health						
professionals and healthcare assistants.						
The trust must ensure all staff in the emergency department has	12, 18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
attended mandatory training in key skills in line with		and safety	Department	Project Lead: Simon Dejonge		
the trust target.						
The trust must ensure medical staff, in the emergency department, has	13	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
attended safeguarding training in line with the		and safety	Department	Project Lead: Simon Dejonge		
trust target.						
The trust must ensure the environment in the emergency department	15	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
accommodates the needs of children, young		and safety	Department	Project Lead: Simon Dejonge		
people and accompanying families in line with the Intercollegiate						
Committee for Standards for Children and Young						
People in Emergency Care Settings (2012).				CDO Mark Description		
The trust must ensure resuscitation equipment in the emergency	15	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
department is safe and ready for use in an		and safety	Department	Project Lead: Simon Dejonge		
emergency.	12	Improving quality		SDO: Mark Prossington		
The trust must ensure an appropriate early warning scoring system is	12	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
used during the initial assessment process of		and safety	Department	Project Lead: Simon Dejonge		
children admitted to the emergency department.	18	Improving quality	OS04 Bilgrim Emorgonov	SPO: Mark Practington		
The trust must ensure consultant presence in the emergency		Improving quality and safety	QS04 Pilgrim Emergency	SRO: Mark Brassington Project Lead: Simon Dejonge		
department (ED) meets the Royal College of Emergency Medicine (RCEM) recommendation of 16 hours per day.		and safety	Department	Project Lead. Simon Dejonge		
The trust must ensure medical staff, looking after children in the	18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
emergency department, are appropriately trained in		and safety	Department	Project Lead: Simon Dejonge		
		and safety		Froject Lead. Sinton Dejonge		
paediatric immediate life support (PILS) and advanced paediatric life support (APLS).						
The trust must ensure the learning from incidents is shared with all	12, 17	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		1
staff in the emergency department to make sure		and safety	Department	Project Lead: Simon Dejonge		
that action is taken to improve safety.						
The trust must ensure staff in the emergency department report all	17	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington	1	
clinical and non-clinical incidents appropriately in		and safety	Department	Project Lead: Simon Dejonge		
line with trust policy.						
The trust must ensure pain assessments for children are carried out in	9, 12	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
the emergency department in line with the	· /	and safety	Department	Project Lead: Simon Dejonge		
Royal College of Emergency Medicine guidelines.						
The trust must ensure patient audit outcomes are routinely shared	17	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
with all staff in the emergency department and		and safety	Department	Project Lead: Simon Dejonge		
appropriate actions taken where results do not meet national						
standards.						
	1	1	- 1			

Must Do Actions	Regulation Number	Programme	QSIP Project	SRO/Project Lead	Report	Assurance
The trust must ensure an individual and/or team within the emergency	12	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
department is responsible for antimicrobial		and safety	Department	Project Lead: Simon Dejonge		
stewardship and the said individual and/or team monitor data and						
provide feedback on prescribing practice at						
prescriber and/or team level.						
The trust must ensure all frontline clinical staff are trained in key skills	18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
such as, blood monitoring, fit testing of		and safety	Department	Project Lead: Simon Dejonge		
respiratory protective equipment face pieces, electronic blood tracking						
systems, basic life support and mentorship.						
The trust must ensure band seven sisters in the emergency	18	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
department work in line with the trust's values and		and safety	Department	Project Lead: Simon Dejonge		
behaviours at all times.						
The trust must ensure the level of risk in the emergency department is	17	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
identified, recorded and managed		and safety	Department	Project Lead: Simon Dejonge		
appropriately.						
The trust must ensure that patients receive person centred care and	9	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
treatment at all times.		and safety	Department	Project Lead: Simon Dejonge		
The trust must ensure that patients are treated with dignity and	10	Improving quality	QS04 Pilgrim Emergency	SRO: Mark Brassington		
respect at all times.		and safety	Department	Project Lead: Simon Dejonge		
Medical Care		· · · ·				
The trust must urgently address the ongoing failure of staff to always	12, 17	Improving quality	QS02 Clinical Governance	SRO: Neill Hepburn		
follow care pathways and national		and safety		Project Lead: Sally Sealy		
requirements, in relation to serious incidents.				-,,		
Children and young people						
The trust must ensure investigation of incidents happen in a timely	17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
manner.		and safety		Project Lead: Jo Wilson		
The trust must ensure there is a robust system for learning from	17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
incidents.		and safety		Project Lead: Jo Wilson		
	12, 17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
to ensure evidence-based care is applied.		and safety		Project Lead: Jo Wilson		
The trust must ensure care and treatment is delivered in line with	12	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
evidence based practice.		and safety		Project Lead: Jo Wilson		
The trust must ensure evidence based care and treatment tools are	12, 17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
consistently used.		and safety		Project Lead: Jo Wilson		
The trust must ensure there are defined governance structures in place	7, 12	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
to assure the board of the quality and delivery		and safety		Project Lead: Jo Wilson		
of surgical care to children.				.,		
The trust must ensure there is multi-disciplinary children's surgery	17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
committee which report to the board.		and safety		Project Lead: Jo Wilson		
	17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
paediatric morbidity and mortality reviews		and safety		Project Lead: Jo Wilson		
across children's services.				.,		
The trust must ensure there is ongoing clinical risk assessment	9, 12, 17	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		
undertaken to ensure that children waiting surgery are		and safety		Project Lead: Jo Wilson		
clinically triaged and prioritised.				.,		
The trust must ensure there is an effective process for clinically	9, 12	Improving quality	QS05 Paediatric Services	SRO: Michelle Rhodes		1
prioritising patients for admission.		and safety		Project Lead: Jo Wilson		
Outpatients						1
The trust must ensure patients have complete and recorded outcomes	9, 12	Productive services	Outpatient Improvement	SRO: Mark Brassington		1
to ensure there are documented decisions and			Programme	project lead Yaves Lalloo		
actions in relation to their treatment and care.						
The trust must ensure the percentage of staff completing mandatory	18	Developing the		SRO: Martin Rayson		1
training is in line with trust targets.		workforce to meet		Project Lead:		
		future needs				
The trust must ensure there is ongoing and sufficient oversight of the	17	Improving quality	QS02 Corporate Governance	SRO: Kevin Turner		1
risk register		and safety		Project Lead: Sally Sealy		
The trust must ensure data is used in a way that drives significant	9, 12	productive services	Outpatient Improvement	SRO: Mark Brassington		+
improvement of the services, including			Programme	project lead Yaves Lalloo		
constitutional standards and waiting list.						
	1	I		1	1	