

**Draft CQC Stocktake - Should Do Actions - August 2018
V0.3**

Should Do Actions	Regulation Number	Programme	QSIP Project	SRO/Project Lead	Report	Assurance
Lincoln County Hospital						
<i>Urgent and Emergency Care</i>						
The trust should ensure the backlog of incidents are investigated and lessons learnt cascaded as a matter of urgency.	17	Improving quality and safety	QS02 Governance	SRO: Neill Hepburn Project Lead: Sally Sealy, Jayne		
The trust should ensure there is a positive incident reporting culture where staff get appropriate and timely feedback.	17	Improving quality and safety	QS02 Governance	SRO: Neill Hepburn Project Lead: Sally Sealy, Jayne Warner		
The trust should ensure consultant presence in the emergency department meets the Royal College of Emergency Medicine (RCEM) recommendation of 16 hours per day.	18	Urgent Care Improvement Programme		SRO Mark Brassington Project lead Trish Dunmore		
The trust should ensure all resuscitation equipment in the emergency department is safe and ready and ready for use in an emergency.	15	Improving quality and safety	QS03 The Deteriorating Patient	SRO: Michelle Rhodes Project Lead: Laura Strong, Jane Dulake		Ward Accreditation development
The trust should ensure plans to refurbish the quiet room to meet the Psychiatric Liaison Accreditation Network (PLAN) standards continues.	9, 10	Urgent Care Improvement Programme		SRO Mark Brassington Project lead Trish Dunmore		
The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.	?12, ?17	Improving quality and safety	QS02 Clinical Governance	SRO: Neill Hepburn Project Lead: Sally Sealy		
The trust should ensure action is taken to fully embed the accessible information standards.	17	Patient Experience		SRO: Martin Rayson Project Lead: Tim Couchman		Quality Governance Committee
The trust should ensure fluid balance charts are accurately completed to meet patients' daily fluid input and output can be monitored appropriately.	12, 14	Improving quality and safety	QS03 The Deteriorating Patient	SRO: Michelle Rhodes Project Lead: Laura Strong, Jane Dulake		
The trust should ensure all staff are appropriately trained in aseptic non-touch technique (ANTT) and provide equipment to support correct practice.	12	Infection Prevention		SRO: Michelle Rhodes Project Lead: Kevin Shaw		Quality Governance Committee
The trust should ensure measures are in place to meet the needs of patients with hearing difficulties.	9,10,12,17	Patient Experience		SRO: Martin Rayson Project Lead: Tim Couchman		
The trust should continue to identify ways in which the environment can be developed to meet the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2015).	9,10	Improving quality and safety	QS05 Paediatric Services	SRO: Michelle Rhodes Project Lead: Jo Wilson		
The trust should consider implementing a lead for mental health in the department.	9, 10	Urgent Care Improvement Programme		SRO Mark Brassington Project lead Trish Dunmore		
The trust should consider how they assure themselves that medicines stored at room temperature are stored appropriately.	12	Improving quality and safety	QS08 Medicines Management	SRO: Michelle Rhodes Project Leads: Colin Costello, Nabil Fahimi, Dana Sheanon		
The trust should consider implementing a mechanism in patient records to prompt staff to record patient's mental health needs.	17	Urgent Care Improvement Programme		SRO: Mark Brassington Project lead: Trish Dunmore		
The trust should consider maximising the use of the ambulatory care unit to enable better flow through the main emergency department.	9	Urgent Care Improvement Programme		SRO Mark Brassington Project lead; Trish Dunmore		
<i>Medical Care</i>						
The trust should ensure they implement clinical governance and quality and safety assurance services for the walk-in element of the chemotherapy service	12, 17	Improving quality and safety	QS02 Clinical Governance	SRO: Neill Hepburn Project Lead: Sally Sealy		

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The trust should ensure patients do not miss out on meals as a result of attending scans or other diagnostic tests.	14	Ward Accreditation		SRO: Michelle Rhodes Project lead:		
The trust should ensure induction processes for nurses include meaningful, demonstrable competency checks and assurance that agency nurses have the willingness to deliver care.	17	Improving quality and safety		SRO: Project Lead:		Workforce and OD Committee
The trust should review the processes used to manage the risk register to ensure risks are addressed in a timely manner with continual progress.	17	Improving quality and safety	QS02 Governance	SRO: Neill Hepburn Project Lead: Sally Sealy, Jayne Warner		
The trust should improve the use of ward social spaces for patients at risk of social isolation or boredom, such as day rooms.	9	Patient Experience		SRO: Martin Rayson Project lead: Jennie Negus		
The trust should improve the completion rates of documentation in relation to fluid balance.	14	Improving quality and safety	QS03 The Deteriorating Patient	SRO: Michelle Rhodes Project Lead: Laura Strong, Jane Dulake		
The trust should improve documentation in relation to evidence of mental capacity assessments.	12, 13, 17,	Improving quality and safety	QS07 Safeguarding	SRO: Michelle Rhodes Project Leads: Jenny Hinchliffe		
The trust should consider an action plan to address the significant shortfall of capacity in the speech and language therapy service.	12			SRO: Mark Brassington Project Lead: Anita Cooper		
Surgery						
The trust should ensure staff moving to different wards and areas have the required skills and competencies to ensure consistent patient safety.	18	Developing the workforce to meet future needs		SRO: Martin Rayson Project Lead: Jennie Negus		
The trust should ensure there is an increase in the number of housekeeping staff in order to reduce the risk of postoperative infection.	18, 12					
The trust should ensure adding screen lock software to the new IT clinical management system. To reduce the risk of unauthorised access to patient information.	17	Improving quality and safety	QS02 Governance	SRO: Kevin Turner Project Lead: Sally Sealy, Jayne Warner		
The trust should ensure complaints are managed in a timely manner against their own target.	16	Improving quality and safety	QS02 Governance	SRO: Neill Hepburn Project Lead: Sally Sealy, Jayne Warner		Quality Governance Committee
Outpatients						
The trust should ensure improvements made in waiting times are maintained and improved.	9, 12	Delivering Productive Services	Outpatient Improvement Programme	SRO: Mark Brassington Project lead Yves Laloo		
The trust should ensure improvements in medical records are maintained and lead to improvements in the quality of records.	12,17	Delivering Productive Services	Outpatient Improvement Programme	SRO: Mark Brassington Project lead Yves Laloo		
The trust should ensure outpatient services are delivered in line with national targets.	9, 12	Delivering Productive Services	Outpatient Improvement Programme	SRO: Mark Brassington Project lead Yves Laloo		
The trust should ensure senior managers are provided with sufficient administration support to allow them to adequately perform their duties.	18	Trust Operating Model		SRO: Mark Brassington Project lead:		
The trust should ensure the improvements made become 'business as usual' to enable managers to undertake a supervisory role.	18	Delivering Productive Services	Outpatient Improvement Programme	SRO: Mark Brassington Project lead Yves Laloo		
Pilgrim Hospital						
Urgent and Emergency Care						
The trust should ensure processes for the identification and management of children at risk of abuse are always followed.	13	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure appropriate actions are taken in the emergency department when departmental cleaning audit results are below the trust target.	12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure plans to refurbish the relative's room in line with Psychiatric Liaison Accreditation Network (PLAN) standards (2017) continue.	9, 10, 12, 13	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		

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The trust should ensure the emergency department risk assessment tool is updated appropriately and in a timely manner.	12, 17	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure all patients in the emergency department are appropriately screened for sepsis.	12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure all patients admitted through the front door of the emergency department have a triage time documented within their medical notes.	12,17	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure fluid balance charts are accurately completed in order that patients' daily fluid input and output can be monitored appropriately.	14	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust must ensure specified procedures are always completed appropriately for patients', in the emergency department, who have a urinary catheter or peripheral cannula.	12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure the emergency department participates in a wide range of clinical audits in order to be able to evidence that clinical practice is delivered in line with national recommendations and quality statements.	12,17	Improving quality and safety	QS02 Corporate Governance	SRO: Neill Hepburn Project Lead: Sally Sealy		
The trust should ensure locum staff are able to attend 'junior' or 'middle grade' teaching sessions in order to maintain an awareness of clinical guidelines necessary to inform their practice.	18	It was agreed at QSIB 09-08-18 that it is not part of their contractual agreement to deliver training. Therefore no action will be taken.				
The trust should ensure patients and/or relatives are aware of the procedure to raise a concern or complaint.	16	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure action is taken in the emergency department to address the accessible information standard.	12, 17			SRO: Martin Rayson Project Lead: Tim Couchman		
The trust should ensure action is taken to address the culture and morale in the emergency department and ensure staff are involved, where practicable, in any changes relevant to their practice.	18	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should ensure there are systems and processes in place in the emergency department to ensure consistency in working practices	12,17	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider a process for displaying national early warning scores (NEWS) or paediatric early warning scores (PEWS) for those patients placed in the central area of the department.	12,	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider implementing a formal process for staff as a debrief / other support after involvement in aggressive or violent incidents.	13, 18	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider a mechanism in the patient records to prompt staff to record patient's mental health needs.	12,17	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider referencing the psychological and emotional needs of patients, as well as their relatives / carers during team handover in the emergency department.	9,10,	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider assessing patients' nutrition and hydration needs (including those related to culture and religion) on admission to the emergency department.	14	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
Where patients have acute pain in the emergency department the trust should consider the use of an individualised analgesic plan appropriate to their clinical condition.	12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider auditing the length of time patients in the emergency department waited to see medical teams from different specialties.	12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider the use of communication aids in the emergency department.	9,19,12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
The trust should consider putting processes in place in the emergency department to aid the delivery of care to patients in need of additional support.	9,10,12	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		

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The trust should consider a process to ensure views and experiences are gathered from those patients with illnesses relating to their mental health or emotional wellbeing.	9, 12,	Improving quality and safety	QS04 Pilgrim Emergency Department	SRO: Mark Brassington Project Lead: Simon Dejonge		
<i>Medical Care</i>						
The trust should ensure induction processes for nurses include meaningful, demonstrable competency checks and assurance that agency nurses have the willingness to deliver care.	18	Improving quality and safety	QS02 Corporate Governance	SRO: Karen Brown Project Lead: Martin Rayson		
The trust should review the processes used to manage the risk register to ensure risks are addressed in a timely manner with continual progress.	17	Improving quality and safety	QS02 Governance	SRO: Neill Hepburn Project Lead: Sally Sealy, Jayne Warner		
The trust should improve complaint response and resolution times.	16	Improving quality and safety	QS02 Governance	SRO: Neill Hepburn Project Lead: Sally Sealy, Jayne Warner		
The trust should continue to improve safety and care standards in relation to sepsis screening, non-invasive ventilation and nasogastric feeding.	12, 13, 14	Improving quality and safety	QS03 The Deteriorating Patient	SRO: Michelle Rhodes Project Lead: Laura Strong, Jane Dulake		
The trust should improve the use of ward social spaces for patients at risk of social isolation or boredom, such as day rooms.	9	Delivering Productive Services		SRO: Mark Brassington Project lead:		
The trust should consider an action plan to address the significant shortfall of capacity in the speech and language therapy service.	12	Improving quality and safety	QS02b Corporate Governance	SRO: Karen Brown Project Lead: Martin Rayson		
The trust should carry out a review of all fire safety instructions, posters and signage.	15	Saving money and improving our environment		SRO: Paul Boocock Project Lead:Kieron Davey		FSID
The trust should implement a monitoring system to ensure fire doors are used correctly.	15	Saving money and improving our environment		SRO: Paul Boocock Project Lead:Kieron Davey		FSID
The trust should review compliance with National Institute of Health and Care Excellence standards on assessment for venous thromboembolism.	12	Improving quality and safety	QS02 Clinical Governance	SRO: Neill Hepburn Project Lead: Sally Sealy		
<i>Surgery</i>						
The trust should review staffing levels in order to reduce the number of staff moved during individual shifts	18	Patient Experience		SRO: Project lead: Jennie Negus		
The trust should continue to review its referral to treatment times in order to improve the patient waiting times.	12	Delivering Productive Services		SRO: Mark Brassington Project lead: Neill Ellis		
The trust should ensure staff are supported and informed about the direction and changes the service is currently experiencing.	18,17	Delivering Productive Services		SRO: Mark Brassington Project lead: David Donegan		
The trust should review the times consultants undertake ward rounds so there is a more effective and inclusive outcome.	12	Delivering Productive Services		SRO: Mark Brassington Project lead: David Donegan		
The trust should review its monitoring and performance processes to make them more streamlined and less repetitive.	17			SRO: Karen Brown Project lead: Kat Etoria	PRM	
<i>Outpatients</i>						
The trust should ensure all staff are supported and are not subject to any behaviour falling outside the trust code of conduct.	18	Developing the workforce to meet future needs		SRO: Martin Rayson Project Lead: Yaves Lalloo		
The trust should ensure improvements in medical records are maintained and lead to improvements in the quality of records.	12,17	Outpatient Improvement Programme		SRO: Mark Brassington Project lead: Yaves Lalloo		
The trust should ensure outpatient services are delivered in line with national targets.	9,12	Trust Operating Model	Outpatient Improvement Programme	SRO: Mark Brassington Project lead: Yaves Lalloo		
The trust should ensure senior managers are provided with sufficient administration support to allow them to adequately perform their duties.	18	Delivering Productive Services		SRO: Mark Brassington Project lead:		
Grantham and District Hospital						
<i>Medical Care</i>						

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The trust should ensure they increase compliance with mandatory training to meet trust targets	17,18	Developing the workforce to meet future needs		SRO: Martin Rayson Project Lead:		
The trust should ensure they review and improve systems for identifying and managing expired medicines.	12	Improving quality and safety	QS08 Medicines Management	SRO: Michelle Rhodes Project Leads: Colin Costello, Nabil Fahimi, Dana Sheanon		
<i>Surgery</i>						
The trust should ensure all equipment is serviced in a timely manner.	15	Improving quality and safety	New Project???	SRO: Project Lead: Chris Hacking		
The trust should ensure each page of a patient's medical records are signed and dated.	17			SRO: Neill Hepburn Project Lead:		Quality Governance Committee
The trust should ensure current infection control guidelines are accessible and up to date on the surgical ward.	12, 17	Infection Prevention		SRO: Michelle Rhodes Project lead: Kevin Shaw		
County Hospital Louth						
<i>Surgery</i>						
The trust should ensure all equipment is serviced in a timely manner.	15	Ward Accreditation	New Project???	SRO: Michelle Rhodes Project Leads:		
The trust should ensure medicine cupboards remain locked at all times.	12	Ward Accreditation		SRO: Michelle Rhodes Project Leads:		