

Summary Exception Report for: CQC Warning Notices and Must Do Actions October 2016

UIN	IMPROVEMENT PLAN ACTIONS	Target date	Status	Responsible	Current Status	Evidence
WN001 1.1	Central Quality Governance team to be restructured to deliver a Business Partner model (replicated from HR and Finance model) to strengthen the links and accountability lines between the central governance team and divisional quality structures.	31/08/2016	Not on Track	Helen Ludford Associate Director of Quality Governance	October 2016: Two of the three Quality Governance Business Partner roles have been recruited to; one will start in November and the other in December / January following due HR processes. The third post currently has been filled by an interim candidate whilst substantive recruitment continues; further interim arrangements to be in place by 31/10/16, whilst substantive positions to be filled.	IN FOLDER: 1.1 - Governance team Structure as of 1 August 2016 showing vacancies
WN001 1.6	Risk Management Policy to be reviewed (including Risk Appetite Statement)	31/08/2016	Not on Track	Helen Ludford Associate Director of Quality Governance	October 2016: The risk management strategy has been approved. The risk appetite framework was submitted to the Trust Board at the end of September and will be submitted to the Audit, Assurance and Risk Committee (AARC) in October.	IN FOLDER: Risk Management Strategy and Policy (DRAFT out for consultation)
WN 4.4	The Trust will commission an external review of the experiences of family members in the investigation process to provide recommendations on how this can be improved. Action will be taken based on review findings and recommendations	30/09/2016	Not on Track	External Reviewer Helen Ludford Associate Director of Quality Governance	May 2016: Review commissioned and investigator appointed. Work underway to contact families and set up interviews September 2016: Review completed and reported presented to senior managers. Results to be used to shape improvements to the process. Mark as Amber until copy of report and outcome of paper are received.	Awaiting a copy of report and action plan
WN 4.7	The Organisational learning strategy will be reviewed and updated	31/08/2016	Not on Track	Helen Ludford Associate Director of Quality Governance	June 2016: Quality Improvement Strategy was approved by Board at the end of June 2016. The Organisational Learning Strategy is now being reviewed by the workstream to align with this. October 2016: Strategy development in progress but delayed due to changing priorities (CQC inspection). To be completed and approved by end of October 2016.	June 2016: Quality Improvement Strategy was approved by Board at the end of June 2016. The Organisational Learning Strategy is now being reviewed by the workstream to align with this. 23/09/16 - strategy development in progress but delayed due to changing priorities (CQC inspection). To be completed and approved by end of October 2016.
WN 5.3	Undertake a review of the Trust's staff engagement strategy	30/09/2016	Not on Track	Amanda Smith Deputy Director of Workforce Emma McKinney Associate Director of communications	October 2016: The Staff Engagement Plan was presented at the last Quality and Safety Committee and it is due to be discussed at the next Trust Executive Group (TEG). The plan has been modified and an update is given regularly at the CQC Delivery Group.	Awaiting copy of staff engagement plan finalised by TEG
WN 6.2	Conduct a staff survey to include a question that evaluates whether staff feel that their appraisal and/or revalidation process has adequately addressed their training needs	30/09/16	Not on Track	Amanda Smith Deputy Director of Workforce	September 2016: Survey has been completed and results analysed. Paper to go to Strategic Workforce Committee in October 2016. Mark as Amber until copy of report and outcome of paper are received. October 2016: The survey has been completed and a paper will be submitted to the Strategic Workforce Committee in October. This will detail on the outcomes from the survey and any action to be taken to improve the process. This paper will then be presented to the CQC Delivery Group at the end of October to close off this action.	Awaiting copy of report from John Monahan
MD 9.3	Use results of audit to feed into Trust-wide review of junior medical on-call	31/08/2016	Not on track	Dr Mayura Deshpande, Clinical Service Director	August 2016: Audit results reviewed and non-compliance identified. Shows wider issue related to junior medical on-call which will not be addressed by end of August - action plan to address issued to be presented at CQC delivery group meeting on 30/08/16 October 2016: The audit is complete and one of the actions included undertaking a review of the junior medical on-call rota. Dr Lesley Stevens has asked for a review to be undertaken to put in place a long-term measure for the on-call rota. A short-term mitigation is in place to ensure all episodes of seclusion have an initial medical review within the first hour. Consultant cover is arranged where junior medical staff are unable to undertake this. An administrative post is also being recruited currently to ensure that there is a central point for logging all on-call rotas.	Awaiting record of decision/ copy of the Review