

1) The Registered Provider must ensure that clinical governance and audit systems, to assess and monitor the quality of services provided, are in place across all services by 30 June 2010

REASON: The registered provider is in breach of regs 9 (care & welfare of people who use services) and 10 (assessing and monitoring the quality of service provision) ...systems to monitor training and outcomes of audit and reporting to the Board are not well established. Improving these systems will enable the service provider to determine the quality of services and outcomes for patients

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
<ul style="list-style-type: none"> ▪ Statutory and mandatory training requirements to be reviewed 	HR Director	31.05.10	<p>Essential training review in hand, new statement of requirements to be published 01/05/10</p> <p><u>19/04/10:-</u> Review complete with the exception of safeguarding children & adults who have a deadline of the 20th April. Marketing / Publication plan will be put into place following completion of electronic TNA. Whole day training available for those who require it. IT team asked to re-prioritise work to support the completion of access to an electronic TNA which can be interrogated by directorate / department / job title. They have a deadline of 23rd April to launch.</p> <p><u>26/4/10:-</u> Marketing/Publication plan in place – ready to communicate to managers and staff. IT team have re-prioritise work to support the completion of access to an electronic TNA. Due to the requirement to ensure user friendly by job titles, this will be reworked to test with managers and launch 3/5/10.</p>

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
<ul style="list-style-type: none"> ▪ Training uptake monitoring arrangements to be reviewed and improved 	HR Director	31.05.10	Central booking system to be introduced 01/05/10 to improve monitoring arrangements Central booking system to be introduced 01/05/10 to improve monitoring arrangements <u>19/04/10:-</u> Central booking team will be in place by 26 th April. This means 1 place to book and hold central training data. Helpdesk provision, to support getting onto the e-learning system. The team will also be responsible for daily monitoring, dealing with DNAs, cancellations and non-compliance and uptake problems. <u>26/4/10:-</u> Core Essential Training booking team in place from 26/4/10 & communications plan underway.
<ul style="list-style-type: none"> ▪ Audit plan to be reviewed to ensure that the timeframe for re-audit is in keeping with the timescale set by the CQC 	Medical Director	13.04.10	On IAC agenda 13/04/10 – paper written <u>19/04/10:-</u> We are required to initially submit some data initiation rates via a special collection form in relation to four of the National Priorities of which one is Engagement in clinical audits The deadline for submission of this is 06/05/10 and our data will be scrutinised by the Executive team on 04/05/10 prior to submission.
<ul style="list-style-type: none"> ▪ An update on the audit plan to be provided to the IAC on the 13/04/10 	Medical Director	13.04.10	On IAC agenda 13/04/10 – paper written <u>19/04/10:-</u> The paper was agreed and accepted by the IAC
<ul style="list-style-type: none"> ▪ Actions to be monitored weekly at the Exec team meetings 	Execs		

2) The Registered provider must have an effective system for reporting, investigating and disseminating learning from incidents in place before 01 July 2010

REASON: The provider is in breach of regulations 9 (care & welfare of people who use services) and 10 (assessing and monitoring the quality of service provision) as follows:

- There are 1,300 incidents which require risk rating
- Monthly reporting to the directorates about incidents has not happened since July 2009
- Monthly reporting to the board about incidents has not happened since March 2009
- The process for disseminating lessons learned from SUIs was not implemented until February 2010
- None of the re-audits scheduled to take place in respect of already audited services have been conducted yet

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
▪ Ensure that all outstanding incident forms are loaded onto DATIX	Medical Director	31.03.10	Backlog of forms cleared
▪ There will be monthly reporting of trends and dissemination of learning from incidents to the directorates and the patient safety committee from 1 st May 2010 and bi-monthly to the Quality & Safety Committee	Medical Director	30.04.10	Report coming to April Board
There will be quarterly reporting of trends and dissemination of learning from incidents to the Board from April 2010	Medical Director	31.04.10	This is on the Board work programme
▪ Update on the audit plan to IAC 13/04/10	Medical Director	13.04.10	On agenda, paper written <u>19/04/10:-</u> The paper was agreed and accepted by the IAC
▪ Actions to be monitored weekly at the Exec team meetings	Medical Director		

3) The Registered provider must have a system for assessing the capacity of patients to consent to treatment , and have trained staff to use this effectively by 01 June 2010

REASON: The provider is in breach of reg 18 (consent to care and treatment) as follows:

- Only 6.9% of eligible staff have undertaken Mental Capacity Act (MCA) training
- There is no data on uptake of Deprivation of Liberty (DoL) training
- There have been 2 Sudden Untowards Incidents (SUI) concerning patients with reduced mental capacity

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
<ul style="list-style-type: none"> ▪ Ensure that all eligible staff receive MCA training before 1st June 2010 	Medical Director	31.05.10	<p><u>30/03/10</u>:- A training plan is already in place. A meeting is planned for 31/03/10 to strengthen the plan to ensure that the trust is compliant before the 1st June 2010</p> <p><u>09/04/10</u>: - meeting took place, all relevant staff have been sent a letter signed by Medical Director & Director of Nursing requiring training to be completed and setting out dates of available sessions. HR Director investigating provision of additional sessions</p> <p><u>19/04/10</u>:- Letters now sent to all relevant employees eligible to undertake MCA training. Training Needs Analysis amended to reflect MCA eligibility requirements.</p> <p>Employees encouraged to undertake the training online, but additional face to face training have also been scheduled.</p> <p>Director of HR has not investigated the availability of additional trainers due to the availability of online learning</p> <p><u>26/4/10</u>:- Pro-active approach by GM's and Business Partners to address individuals in non-compliant areas. Human Resources Director has asked all General Managers for their degree of confidence in meeting the target.</p>

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
<ul style="list-style-type: none"> ▪ Data on uptake of D of L training to be produced 	Director of Nursing	16.04.10	<p><u>19/04/10:-</u> Data on DoL training now available. 189 eligible employees, now undertaking a cross reference of which individuals have already undertaken the training (to be complete by Wed 22nd April). Training is available via e-learning.</p> <p><u>26/4/10:-</u> Number of eligible staff increased to reflect the fact that non-clinical managers on on-call rota should also be trained. Data re: numbers trained not certain as of today's date because of poor quality data from external training provider – issue being pursued as a matter of urgency.</p>
<ul style="list-style-type: none"> ▪ Uptake of D of L training to be reviewed for adequacy – action plan to increase uptake to be produced if required 	Director of Nursing	21.04.10	<p><u>19/04/10:-</u> Data will be collated on a daily basis & circulated to Execs / GMs / CDs. Data provided to exec meetings will be for the proceeding week (48 hour gap).</p> <p><u>26/4/10:-</u> Pro-active approach by GM's and Business Partners to address individuals in non-compliant areas.</p>
<ul style="list-style-type: none"> ▪ Actions to be monitored weekly at the Exec team meetings 			

4) The registered provider must ensure that staff who have contact with children or vulnerable adults in the course of their duties have received training in adult safeguarding and child protection before 01 May 2010.

REASON: The provider is in breach of reg 11 (safeguarding people who use services from abuse) as follows:

- Not all eligible staff have received vulnerable adults safeguarding training
- Not all eligible staff have received child protection training
- Not all eligible staff have received Mental Capacity Act training

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES						
Ensure that all eligible staff that have contact with children have training in child protection before 1 st May 2010	Medical Director	30.04.10	<p><u>19/04/10:-</u> All data on safeguarding children, adults, MCA and DOLS will be circulated on a daily basis to execs / GMs / CDs and a summary provided to execs on a Tuesday night, for the proceeding week.</p> <p>Line managers & staff have all been communicated with. It is clear who needs the training in each area. Some employees are querying the appropriateness of training, system in place to review these queries within 24hours & amend TNA if necessary.</p> <p><u>26/4/10:-</u> process for advising GM's of current non-compliance in place. Pro-active approach by GM's and Business Partners to address non-compliant areas.</p> <p>26/04/10 data: Safeguarding children</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Incomplete</td> <td style="text-align: right;">81</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">1043</td> </tr> <tr> <td>%compliance</td> <td style="text-align: right;">92.23%</td> </tr> </table>	Incomplete	81	Total	1043	%compliance	92.23%
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ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
Ensure that all eligible staff have training in adult protection before 1 st May 2010	Director of Nursing	30.04.10	<p><u>09.04.10 data</u> Safeguarding Adults Incomplete 1266 Total 2334 %compliance 45.76%</p> <p><u>19/04/10 data</u> Safeguarding Adults Incomplete 1185 Total 2334 %compliance 49.23%</p> <p><u>23/04/10 data</u> Safeguarding Adults Incomplete 657 Total 2334 %compliance 71.55%</p> <p><u>23/04/10:-</u> 10 extra training sessions on next week, GM on call to check all are doing / have done the training when she goes round at weekend.</p>
Ensure that all staff have training on Mental Capacity Act	Director of Nursing	31.05.10	<p><u>09.04.10 data</u> MCA Incomplete 1373 Total 1763 %compliance 22.12%</p> <p><u>16.04.10 data</u> MCA Incomplete 1271 Total 1763 %compliance 27.91%</p>

			<u>23.04.10 data</u> MCA Incomplete 672 Total 1763 %compliance 61.40%
Actions to be monitored weekly at the Exec team meetings			

ADDITIONAL CONCERNS (NO CONDITIONS IMPOSED)

<p>5) The registered provider must ensure that service users and others who work in or visit the premises can be confident that in relation to design and layout, the premises meet the appropriate requirements of the Disability Discrimination Act 1995</p>			
<p>REASON: The trust declared non-compliance against regulation 15 because there was insufficient evidence to demonstrate that the Medway Maritime Hospital location had been following up on risk assessments associated with the needs of people with disabilities.</p>			
ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
<ul style="list-style-type: none"> ▪ Ensure that Disability related risk assessments are followed up and monitored on a routine basis. 	Director of Operations	30/04/10	<u>19/04/10:-</u> Risk assessments carried out within each directorate. Subsequent progress on action plans monitored through directorate governance and risk meetings.
<ul style="list-style-type: none"> ▪ A system needs to be put in place which will provide evidence of this. 	Director of Operations	30/04/10	<u>19/04/10:-</u> Risk assessments available in directorates and on the intranet. Minutes of directorate governance and risk meetings and risk registers where appropriate. <u>21/04/10:-</u> The Trust Health & Safety Committee monitors the work of the directorate governance and risk meetings in relation to this, to provide assurance to the board via the Quality & Safety Committee
<ul style="list-style-type: none"> ▪ Actions to be monitored weekly at the Exec team meetings 			

6) The registered provider must ensure that service users and others who work in or visit the premises can be confident that in relation to design and layout, the premises protect people’s rights to privacy, dignity, choice, autonomy and safety.

REASON:

The trust action plan demonstrates that the areas of non compliance will be addressed, and therefore whilst no conditions were issued, the CQC has stated that it will monitor progress.

ACTION REQUIRED	BY WHOM	BY WHEN	UPDATES
<ul style="list-style-type: none"> ▪ Ensure action plan is implemented, monitored and deadlines met. 	Director of Nursing & Strategic Planning	In line with action plan	<u>15/04/10:-</u> Action plan and supporting paper presented to the Board 23/03/10 <u>19/04/10:-</u> Monthly progress reports to P&I committee
<ul style="list-style-type: none"> ▪ Actions to be monitored weekly at the Exec team meetings 			