

| ENVIRONMENT | | Trust | RSCH | PRH | Must/should |
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| 1. | Ensure there is a robust cleaning schedule and procedure with regular audits for the mortuary as per national specifications for cleanliness and environmental standards. | | X | | SHOULD |
| 2. | Review and improve major incident storage facilities and replenish stock | | | X | SHOULD |
| 3. | Review the results of the most recent infection control audit undertaken in outpatients and produce action plans to monitor the improvements required. | X | X | | MUST |
| 4. | Consider improving the environment for children in the Outpatients department as it is not consistently child-friendly. | | X | | SHOULD |
| 5. | Ensure that there are clear procedures, followed in practice, monitored and reviewed to ensure that all areas where patients receive care and treatment are safe, well-maintained and suitable for the activity being carried out. In particular the risks of caring for patients in the Barry and Jubilee buildings should be closely monitored to ensure patient, staff and visitor safety. | X | X | | MUST |
| EXPERIENCE | | Trust | RSCH | PRH | Must/should |
| 6. | Ensure that patients' dignity, respect and confidentiality are maintained at all times in all areas and wards. | X | X | | MUST |
| 7. | The trust should implement a formal feedback process to capture bereaved relatives' views of delivery of care. | | X | | SHOULD |
| FIRE SAFETY | | Trust | RSCH | PRH | Must/should |
| 8. | Review fire plans and risk assessments ensuring that patients, staff and visitors to the hospital can be evacuated safely in the event of a fire. This plan should include the robust management of safety equipment and access such as fire doors, patient evacuation equipment and provide clear escape routes for people with limited mobility. | | X | | MUST |
| SAFER STAFFING | | Trust | RSCH | PRH | Must/should |
| 9. | Ensure that there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of patients using the service at all times. | X | X | X | MUST |
| 10. | Must undertake an urgent review of staff skill mix in the mixed/neuro ICU unit and this must include an analysis of competencies against patient acuity. | X | X | X | MUST |
| 11. | Review and improve medical and nursing cover to meet relevant CEM and RCPCH standards and reflect/review activity rates relating to paediatric for the unit. | | | X | MUST |
| 12. | Review the workload of the nurse practice educators and assess the impact on their availability for bedside learning and teaching. | | | X | SHOULD |
| 13. | Ensure that all staff have attended mandatory training (including conflict resolution training and appropriate levels of safeguarding training) | X | X | X | MUST |

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| 14. | Review clinical training records for medical and nursing staff and rectify gaps in role specific resuscitation training such as ALS and PILS. | | | X | MUST |
| 15. | Provide mandatory training for portering staff for the transfer of the deceased to the mortuary as per national guidelines. | | X | | SHOULD |
| 16. | The provider should ensure there is documentary evidence available to support recording that staff mandatory training is in line with trust targets. | | | X | SHOULD |
| 17. | Ensure that newly appointed overseas staff have the support and training to ensure their basic competencies before they care for and treat patients. | X | X | X | MUST |
| 18. | Implement an action plan to reduce further nurse sickness absence and attrition through a transparent, sustainable programme of engagement that must include a significant and urgent improvement in staff training | | | X | MUST |
| 19. | Adhere to RCN guidelines that the nurse coordinator remains supernumerary at all times. | | | X | MUST |
| 20. | Review the nurse staffing levels to ensure all areas are adequately staffed. | | | X | SHOULD |
| 21. | Review consultant cover in the ED at PRH, -per Royal College of Emergency Medicine guidance | | | X | WARNING NOTICE |
| 22. | Review staffing and skills mix on ICU and cardiac ICU | | X | | WARNING NOTICE |
| GOVERNANCE | | Trust | RSCH | PRH | Must/should |
| 23. | The provider should review the HR policies and ensure they are fit for purpose. | | | X | SHOULD |
| 24. | The provider should ensure that effective HR resources are available that support staff. In particular the provider should continue to address the culture of bullying and intimidation found in some areas of the service. | | | X | SHOULD |
| 25. | Undertake a review of the HR functions in the organisations, including but not exclusively recruitment processes and grievance management. | X | X | | MUST |
| 26. | Ensure its governance systems are embedded in practice to provide a robust and systematic approach to improving the quality of services across all directorates. This includes learning from incidents, safeguarding and complaints across the directorates | X | X | | MUST |
| 27. | Urgently facilitate and establish a line of communication between the clinical leadership team and the trust executive board. | X | X | X | MUST |
| 28. | Continue to ensure lessons learnt and actions taken from never events, incidents are shared across all staff groups | | | X | MUST |
| 29. | Ensure that there are systems in place to ensure learning from incidents, safeguarding and complaints across the directorates. | | X | | SHOULD |
| 30. | Ensure all staff are included in communications relating to the outcomes of incident investigations. | | X | X | SHOULD |
| 31. | Review aspects of end of life care including, having a non-executive director for the service, a defined regular audit programme, providing a seven day service from the palliative care team as per national guidelines and recording | | X | X | SHOULD |

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| | evidence of discussion of patient's spiritual needs. | | | | |
| 32. | Improve risk management and reporting from ward to board | X | X | X | WARNING NOTICE |
| 33. | Improve processes and systems for ensuring that the Board seeks adequate assurance concerning the quality of care given to patients | X | | | WARNING NOTICE |
| 34. | Ensure safe and secure storage of medical records. | | | X | MUST |
| 35. | Make adjustments to the rehabilitation pathway to ensure it is fully compliant with NICE CG83. | | | X | SHOULD |
| 36. | Ensure all staff have an annual appraisal. | X | X | X | MUST |
| 37. | Develop and implement a people strategy that leads to cultural change. This must address the current persistence of bullying and harassment, inequality of opportunity afforded all staff, but notably those who have protected characteristics, and the acceptance of poor behaviour whilst also providing the board clear oversight of delivery. | X | X | | MUST |
| 38. | Review funding for multidisciplinary specialties and ensure business cases submitted by specialists are considered appropriately. This specifically refers to pharmacy, occupational therapy and dietetics. | | | X | MUST |
| 39. | The provider should ensure there is a cohesive vision and strategic plan for the directorates which engages staff and provides an effective guide in the development of services. | | | X | SHOULD |
| PATIENT SAFETY | | Trust | RSCH | PRH | Must/should |
| 40. | Establish clear working guidelines and protocols, fully risk assessed, that identify why it is appropriate and safe for general ICU nurses to care for neurosurgery ICU patients. This should include input from neurosurgery specialists. | X | X | | MUST |
| 41. | Implement urgent plans to stop patients, other than by exception being cared for in the cohort area in ED. | X | | | MUST |
| 42. | Adhere to the 4 hour standard for decision to admit patients from ED, ie patients should not wait longer than 4 hours for a bed. | X | X | | MUST |
| 43. | Stop the transfer of patients into the recovery area from ED/HDU to ensure patients are managed in a safe and effective manner and ensure senior leaders take the responsibility for supporting junior staff in making decisions about admissions, and address the bullying tactics of some senior staff. | X | X | | MUST |
| 44. | Ensure that resuscitation/emergency equipment is always checked according to the trust policy. | | | X | MUST |
| 45. | Implement a sepsis audit programme. | | X | X | SHOULD |
| 46. | The trust must monitor the turnaround time for biopsies for suspected cancer of all tumour sites. | X | | | MUST |
| 47. | Review the provision of the pain service in order to provide a seven day service including the provision of the management of chronic pain services. | | X | X | SHOULD |
| 48. | The provider should ensure that there are sufficient staff available to offer a full seven-day service across all directorates and support services. | | | X | SHOULD |
| 49. | Meet cancer waiting and treatment time targets | X | X | | WARNING NOTICE |
| 50. | Reduce the number of cancelled operations, particularly those for patients whose operations is cancelled without completion of | X | X | X | WARNING |

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| | their treatment within 28 days | | | | NOTICE |
| 51. | Must take steps to ensure the 18 week Referral to Treatment Time is addressed so patients are treated in a timely manner and their outcomes are improved. | X | X | X | MUST |
| 52. | Review the consent policy and process to ensure confirmation of consent is sought and clearly documented. | | X | X | SHOULD |
| 53. | The trust should ensure all DNACPR, ceilings of care and Mental Capacity assessments are completed and documented appropriately as per guidelines. | | X | X | SHOULD |
| 54. | Review the actual risk of the Alert computer system. | | | X | MUST |
| 55. | Harmonize computerised patient information and management software between trust sites. | | | X | SHOULD |
| 56. | The provider should continue to prioritise patient flow through the hospital as this impacted on length of stay, timely discharge and capacity. | | | X | SHOULD |
| 57. | Improve the safety and welfare of patients in the cohort / corridor area of ED | | X | | WARNING NOTICE |
| MEDICINES MANAGEMENT | | Trust | RSCH | PRH | Must/should |
| 58. | Must ensure that medicines are always supplied, stored and disposed of securely and appropriately. This includes ensuring that medicine cabinets and trollies are kept locked and only used for the purpose of storing medicines and intravenous fluids. | X | X | | MUST |
| 59. | Ensure staff are working under appropriately approved Patient Group Directions (PGDs). Ensure PGDs are reviewed regularly and up to date | X | X | X | MUST |
| 60. | Ensure security of hospital prescription forms is in line with NHS Protect guidance | | X | | SHOULD |
| 61. | Review analgesia authorisation for Band 5 nursing staff (PGD). | | | X | SHOULD |
| 62. | Ensure equipment and medicines required in an emergency are stored in tamper evident containers. | | | X | SHOULD |
| 63. | Review the provision of pharmacy services across the seven day week and improve pharmacy support. | | | X | SHOULD |