

ENVIRONMENT		Trust	RSCH	PRH	Must/should
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

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

	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

	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