Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	6 September 2023		

Title of Report:	CQC Update: Letter and Trust Action Plan
Status:	For discussion
Board Sponsor:	Antonia Lynch, Chief Nurse
Author:	Rob Eliot, Head of Quality Assurance
Appendices	Appendix A: CQC feedback letter Appendix B: CQC Improvement Plan

1. Executive Summary of the Report

The purpose of this report is to update the Board of Directors on the Care Quality Commission (CQC) unannounced inspection of Medicine in July 2023.

Following the visit, the CQC issued the Trust with a feedback letter (Appendix A) to provide the Trust with an overview of the initial inspection findings based on the observations, interviews and data reviewed so far. This has been provided to enable the Trust to share the initial positive findings and to start to address any issues raised by the CQC.

The letter identified a number of areas of good practice including the commitment and dedication of nursing staff who were providing care despite unrelenting operational pressures and a positive culture described by doctors. The letter also identified a number of areas for improvement.

These included:

- Staffing shortages
- The skill mix of staff not always being sufficient to meet the needs of patients (including from newly recruited international and domestic staff)
- Incomplete documentation including for pain and fluid charts
- Limited space and a lack of storage on wards
- Instances where Controlled Drugs were not always totalled every 24 hours
- Some patient records not always stored securely.

An initial improvement plan has been developed (Appendix B) detailing the actions that will be taken to address the known findings from the CQC feedback letter. The improvement plan will be updated with further actions and detail on receipt of the full CQC inspection report and any further recommendations made by the CQC.

It is anticipated that a draft inspection report will be provided by the CQC in the first two weeks of September 2023. The Trust will have an opportunity to comment on the factual accuracies of the report before the final inspection report is published. It is likely that the Trust will not receive the final version until October 2023. At this stage, it remains unknown if the inspection will be rated. If the inspection is rated, the rating will be aggregated with the existing position in areas that were not rated (caring, effective and responsive).

2.	Recommendations (Note, Approve, Discuss)
The Board of Directors is requested to discuss the initial CQC inspection findings highlighted in the letter from the CQC and the initial actions being put in place to address the identified areas for improvement.	

3.	Legal / Regulatory Implications
It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
A failure to demonstrate systematic quality improvement in the delivery of patient care could risk the Trust's registration with the Care Quality Commission.	

5.	Resources Implications (Financial / staffing)
The costs of compliance with the CQC fundamental standards are embedded within operational delivery costs.	

6.	Equality and Diversity
Areas for improvement are identified within the CQC improvement plan.	

7.	References to previous reports/Next steps
None	

8.	Freedom of Information
Public.	

9.	Sustainability
None identified.	

10.	Digital
The transition to Paperless Inpatients will impact on compliance for completion of nursing documentation.	

CQC Update: Letter and Trust Action Plan

1 Introduction

1.1 The Care Quality Commission (CQC) undertook a focused unannounced inspection of the Medicine core service on 27 July 2023.

1.2 The inspection was of the Safe and Well-led Key Lines of Enquiry (KLOE).

1.3 At the request of the CQC, a message was also sent to staff in Medicine informing them of the inspection and inviting them to provide feedback to the CQC about their experience of the leadership, culture and governance in Medicine Division and any patient safety issues.

1.4 Formal interviews were undertaken by the CQC during and after the inspection with the following staff:

- Chief Nurse as Executive Lead for Safeguarding
- Medical Care Division Leadership Team
- Trust Freedom to Speak Up Guardian
- International Nurse Induction Lead / Pastoral Support for International Nurses
- Tissue Viability Lead for Medicine
- Falls lead for Medicine
- Discharge lead for Medicine
- Infection, Prevention and Control lead for Medicine
- Safeguarding lead

1.5 The CQC have also requested a meeting with Medicine to understand how the Risk Register is reviewed and actions from risks updated.

1.6 The CQC issued the Trust with an information request on announcement of the inspection detailing required evidence under the Safe and Well-led KLOE to support the inspection process. This included audits undertaken for falls, Venous Thromboembolism (VTE), National Early Warning Score2 (NEWS2), medical records, Malnutrition Universal Screening Tool (MUST), pharmacy and Infection Prevention and Control, staffing data, training compliance, policies and governance structures and minutes of meetings.

1.7 Following the visit, the CQC issued a letter to the Trust (Appendix A) providing an overview of the initial inspection findings based on the observations, interviews and data reviewed thus far. This has been provided to enable the Trust to share the initial positive findings and to start to address the areas for improvement raised by the CQC.

1.8 The CQC are aiming to send the Trust a draft inspection report within the first two weeks of September. At this point the Trust will have an opportunity to check the report for factual accuracy before the final inspection report is published. This is currently expected in early October 2023.

1.9 It remains unknown if the inspection will be rated. Should the inspection be rated, the rating will be aggregated with the existing position in areas that were not rated (that is caring, effective and responsive). The CQC feedback letter highlighted a

number of areas of good practice. The CQC recognised the commitment and dedication of nursing staff who were providing care despite unrelenting operational pressures. Staff were resilient and talked passionately of being proud to work with their colleagues. Leaders were proud of their teams on wards.

1.10 Doctors who spoke to the CQC described a positive culture and they told the CQC how they felt valued and engaged.

1.11 Some wards were noted to have a welcoming and engaging environment which was patient-focused. Combe Ward was noted to have a bright and airy day room with arts and crafts activities being used by patients during the inspection and displays of patients' artwork on the walls.

1.12 The letter highlighted a number of areas for improvement. These included staffing shortages, the skill mix of staff not always being sufficient to meet the needs of patients (including from newly recruited international and domestic staff), incomplete documentation including for pain and fluid charts, limited space and a lack of storage, instances where Controlled Drugs were not always totalled every 24 hours and some patient records not always stored securely.

2 CQC Improvement Plan

2.1 An initial improvement plan has been developed (Appendix B) detailing the actions that will be taken to address the initial findings from the CQC feedback letter. Six areas for improvement have been identified and these are detailed within the improvement plan under CQC comments. Additional comments from the RUH have also been added under the CQC comments to highlight actions that were already in place at the time of the inspection to address the areas of concern identified by the CQC.

2.2 The improvement plan will be updated with further actions and detail on receipt of the full CQC inspection report and any further recommendations made by the CQC.

2.3 Each action on the improvement plan has been RAGB (red, amber, green, blue) rated to indicate whether the actions are progressing according to the timescales identified in the improvement plan. The comments / action status column has been updated to reflect progress towards implementing the actions.

3 Monitoring the implementation and effectiveness of the improvement plan

3.1 Delivery of the improvement plan will be monitored through the Divisional Governance Meeting, the CQC Assurance and Improvement Group, and Quality Governance Committee on a quarterly basis.

3.2 The CQC findings and improvement plan will inform and be included in the developing Foundations Matter Programme (associated updated provided through separate paper to the September 2023 Trust Board).

4 Recommendations

4.1 The Board of Directors is requested to discuss the initial CQC inspection findings highlighted in the letter from the CQC and the initial actions being put in place to address the identified areas for improvement.

Appendix A

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Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

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www.cqc.org.uk

Our reference: INS2-16496946371
Cara Charles-Barks
Royal United Hospital Bath
Directors Offices, Royal United Hospital
Combe Park
Bath
Avon
BA1 3NG

Date: 9 August 2023

CQC Reference Number: INS2-16496946371

Dear Ms Charles-Barks

Re: CQC inspection of (Royal United Hospital Bath)

Further to the feedback meeting with Andrew Hollowood and Toni Lynch on 27 July 2023, I wanted to provide you with written feedback to enable you and your team to begin thinking about the issues raised and to be able to celebrate the positive findings we shared. The inspection is still underway as we still have people to speak with and data to review.

This letter does not replace the draft report we will send to you. We are aiming to have published this report around the start of October. However, we will keep you updated in relation to timeframes.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report, this correspondence should be used to inform discussions with the board.

The inspection of Medical Care was in response to concerns raised with us. We inspected two domains of our core service framework – safe and well led.

Please pass our thanks to your team who made sure we had everything we needed during the inspection. It is not possible to underestimate the difference it makes to be so well supported during an inspection.

As you would expect, there are a mix of findings.

Appendix A

An overview of our feedback

- We saw a number of committed and dedicated nursing staff who were providing care after what has been – and continues to be – unrelenting operational pressures. Staff were resilient and talked passionately of being proud to work with their colleagues. Leaders were proud of their teams on wards.
- We spoke with doctors who described a positive culture, and they told us they felt valued and engaged.
- As you would expect, staffing shortages were felt across teams. The majority of wards we visited were short of planned numbers. We understand there are currently 50 vacant health care assistant positions and the nurses in charge of wards cited this as one of their main areas of concern.
- There were a lot of newly recruited staff both international and some domestic staff. This meant the skill mix of the wards was not always sufficient to meet the needs of patients. The training provisions did not always match the number of staff that required training which led to delays in some staff receiving the necessary training.
- We saw documentation was not always completed across some wards. This was mainly centred on the lack of recorded pain scores and incomplete fluid charts. One of the incomplete fluid charts reviewed related to a patient with acute kidney disease.
- Some wards had a welcoming and engaging environment which was patient-focused. For example, Combe Ward had a bright and airy day room with arts and craft activities being used by patients during our inspection and there were displays of patients' artwork on the walls. However, there were some wards where limited space, lack of storage and ageing estate made them difficult to work in and was not good for patient experience. For example, Cheselden Ward did not have a day room, limited space for patients to have rehabilitation and one of the shower rooms was being used as storage for equipment.
- We saw that controlled drugs were not always being totalled once in 24 hours as per the trusts policy. We saw instances of this in Coombe Ward and the OPU.
- Patient records on some wards were not always stored securely.

Next Steps

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report.

Could I take this opportunity to thank you once again for the arrangements that you made to help facilitate the inspection, and for the cooperation that we experienced from you and your staff.

Appendix A

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Roger James

Deputy Director Secondary Care

Appendix B: CQC Inspection of Medicine (July 2023): Improvement Plan

Ref No	1
CQC Comments	Staffing shortages were felt across teams. The majority of wards we visited were short of planned numbers. We understand there are currently fifty vacant Health Care Support Worker (HCSW) positions and the nurses in charge of wards cited this as one of their main areas of concern.
RUH Comments	The two areas with the highest number of HCSW vacancies are Ward B41 (opened in April 2023) and the Medical Assessment Unit (MAU). The MAU has recently recruited to all its vacancies, staff will commence in post of the next two to three months. A mitigation plan exists for Ward B41, temporary staffing (bank and three pool nurses) are prioritised to this clinical area. One stop recruitment events had been scheduled, which were planned prior to the Care Quality Commission (CQC) inspection, for Registered Nurses (RN) and Healthcare Support Workers. The next event is being run on 16 September 2023. The Trust has a dedicated team who manages the HCSW recruitment and advertising. The HCSW recruitment programme has been enhanced over the last 12 months to reduce turnover. All HCSWs start on the same day every month, they have an intensive and comprehensive induction package which includes training, education and simulation based learning to prepare them for their clinical role. Active promotion of nursing and HCSW roles on the Trust social media platforms including weekly Facebook and Instagram posts, daily posts on RUH Careers X (Twitter) and Workplace (internal social media platform). The Career Zone is updated with the latest new job opportunities. This is a dedicated area in the main entrance of the RUH, visible to all visitors, staff and patients and has a number of job board for displaying opportunities. New recruitment web pages have been created to direct social media adverts to ensure people can easily find the roles being promoted. Recruitment opportunities are included within the Nursing and Midwifery newsletter for colleagues to see what the latest opportunities are and share recruitment news. The new nursing establishments, agreed by the Board of Directors in 2022 are being realised through recruitment, this moves the skills mix to a 65:35% ratio (65% RN, 35% HCSW), and as such the requirement for HCSW will reduce.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*	**Expected Outcome from implementing action**
1	Undertake Safer Staffing Bi-annual Staffing Review for all wards across the Trust.	31/10/2023	Associate Chief Nurse Workforce and Education & Divisional Director of Nursing (DDON) for Medicine.	Green	B41 is an additional medical ward which opened in April 2023 with a focussed recruitment plan. The Associate Chief Nurse for Workforce and Education & Divisional Director of Nursing for Medicine is undertaking the Bi-annual Safe Staffing review w/c 11 September 2023.	

Author: Rob Eliot, Head of Quality Assurance
Date: 26/08/2023 (Version 4)

Action no	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Status	Comments/action status *(Provide examples of action in progress, changes in practices etc.)*	Expected Outcome from implementing action
					The Bi-annual Safer Nursing Care Tool (SNCT) Audit is scheduled for September 2023.	
2	Undertake one stop recruitment events.	30/09/2023	Trust Recruitment Leads.	Green	The Trust has a dedicated team who manages the HCSW recruitment and advertising. A recruitment open day will be held at the RUH on 16 September, 1000-1400 hours. As at 23 August, 28 people have registered an interest in HCSW roles.	Recruitment HCSW and reduce the vacancy rate.

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
New RN and HCSW establishment numbers to be reviewed for month 7 (M7) in October 2023 for all wards (post Bi-annual review) to ensure they fully reflect the changes following the changes agreed by the Board of Directors in 2022.	Full funded establishment across all medicine inpatient ward areas.	Review of staffing data for vacancies and fill rate. Demonstrate increase in HCSW recruitment.

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	2
CQC Comments	There were a lot of newly recruited staff both international and some domestic staff. This meant the skill mix of the wards was not always sufficient to meet the needs of patients. The training provisions did not always match the number of staff that required training which led to delays in some staff receiving the necessary training.
RUH Comments	There is a comprehensive induction, training and education programme for internationally educated colleagues who join the Trust. The programme enables them to be supernummary for 6 months with a blended learning programme divided between classroom, high and low fidelity simulation and ward/department based learning, supported by Practice Educators. This enables colleagues to pass the Objective, Structured, Clinical Examination (OSCE) required to become registered with the Nursing and Midwifery Council (NMC). The Trust has an Induction Process Flowchart for Internationally Educated colleagues which details the training received and support provided. The Trust runs a multi-disciplinary preceptorship programme which has been developed internally, this is noted to be exemplar and being rolled out across the Acute Hospital Alliance. This aims to provide staff with wider skills and confidence to work in the Trust. The Trust has recently reviewed the induction programme for all staff, this has been innovated, moved to face to face delivery and is being well evaluated. The Trust does not have a centralised Clinical Skills Team, an issue which was identified prior to the CQC inspection. The Associate Director for Workforce and Education is working with the Associate Director for Learning and Culture to undertake a case for change. Since August, the Trust has piloted weekly drop in sessions for staff to discuss clinical skills and be supported to develop these. The Trust identified, prior to the CQC inspection, a need to undertake a training needs analysis for all ward based areas to ensure all nursing staff have the right knowledge, skills and confidence to meet the changing needs to the patient population. This programme is being developed with clinical and education staff. The wards and departments have a number of learners: Student Nurses, Trainee Nursing Associates, and colleagues on the Registered Nurse Degree Apprenticeship, new to care HCSW, newly registered and new staff joining the Trust. As such, the Trust commenced a review of the provision of Practice Educators which aims to share resource equitably across wards and departments to meet the needs of the learning community.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*	**Expected Outcome from implementing action**
The actions detailed below were commenced prior to the CQC inspection. Further actions may be required, dependent on the contents of the finalised CQC report.						
1	Implementation of a Clinical Skills Team.	30/11/2023	Associate Director for Learning and Culture, Associate Chief Nurse Workforce and	Green	There is a requirement to have a Clinical Skills team to provide training for all staff.	High performing clinical team with the right knowledge and skills.

Action no	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Status	Comments/action status *(Provide examples of action in progress, changes in practices etc.)*	Expected Outcome from implementing action
The actions detailed below were commenced prior to the CQC inspection. Further actions may be required, dependent on the contents of the finalised CQC report.						
			Education & Deputy Chief Nurse.			
2	Development of the Foundations Matter programme, a ward by ward training and education programme. This will include standardised and bespoke clinical training relevant to each clinical speciality.	31/10/2023	Interim Quality Programme Director, Deputy Chief Nurse(s) & Deputy Chief Medical Officer(s).	Green	See Foundations Matter paper.	High performing clinical team with the right knowledge and skills.
3	Conclude the review of provision of Practice Educators to ensure equitable access and implement changes.	30/11/2023	Associate Chief Nurse Workforce and Education & Deputy Chief Nurse.	Green		Equitable access to Practice Educators across wards.

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Allocation of Practice Educators and staff satisfaction surveys.	TBC	
Pre and post surveys following the implementation of the Foundations Matter programme. Outcome metrics under development.	TBC	
Evaluation of training requirement and provision by the Clinical Skills Team.	TBC	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	3
CQC Comments	We saw documentation was not always completed across some wards. This was mainly centred on the lack of recorded pain scores and incomplete fluid charts. One of the incomplete fluid charts reviewed related to a patient with acute kidney disease.
RUH Comments	Nursing documentation is not yet digitalised; therefore oversight relies on a manual inspection of paper records. Documentation is audited as part of the Nursing and Midwifery Audit Programme and the digital programme to support the recording and visibility of results is outdated. The Trust is reviewing audit systems to improve oversight to underpin improvements in practice. The Nursing documentation is being digitalised in 2024, all documentation has been reviewed in preparation for the change. This will ensure oversight of documentation to reduce unwarranted variation.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*	**Expected Outcome from implementing action**
1	Implement digitalised Nursing documentation.	03/24	Chief Nursing Information Officer & Divisional Directors of Nursing.		This has been a live project for the last 24 months.	Visible oversight of documentation standards to reduce unwarranted variation.
2	Add documentation checks including fluid balance charts to the Daily Safety briefs / Senior Sister and Matron audits.	30/09/2023	Divisional Directors of Nursing / Matrons.	Green		Reduction in unwarranted variation.
3	Complete the review of audit systems to enhance oversight and completion of actions and sustained improvements at ward level.	31/10/2023	Head of Quality Assurance / Divisional Directors of Nursing.	Green	Options appraisal to be finalised. Companies are currently demonstrating systems to the nursing community.	Visible oversight of audit results, actions and sustain improvements.

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Results from audits on completion of pain scores.	90%	
Results from audits on completion of fluid balance charts.	90%	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	4
CQC Comments	There were some wards where limited space, lack of storage and ageing estate made them difficult to work in and was not good for patient experience. For example, Cheselden Ward did not have a day room, limited space for patients to have rehabilitation and one of the shower rooms was being used as storage for equipment.
RUH Comments	The Trust has an aging estate and had previously been expected to get funding from the New Hospitals Programme, however the Trust was removed from this programme in 2021. The Trust continues to review its priorities given the continuing competing demands for capital funding. The Trust is also reviewing new ways of working and agile working which may provide opportunities to increase clinical space and improve space utilisation. Any ward refurbishment will take into consideration increasing storage as well as improving the environment, although this is limited in the current footprint. A meeting to review the ward refurbishment is planned for September 2023. The Trust prioritises the construction and refurbishment through the Construction and Refurbishment Group.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*	**Expected Outcome from implementing action**
1	Schedule for ward by ward refurbishment as part of the Capital Plan.	TBC	Director of Estates and Facilities & Clinical Lead for Capital Projects.		The meeting is planned for September 2023 which will inform action dates.	

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
To be determined.	TBC	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	5
CQC Comments	We saw that controlled drugs were not always being totalled once in 24 hours as per Trust policy. We saw instances of this in Combe Ward and the Older Persons Unit (OPU).
RUH Comments	The Controlled Drug audit includes assessment of compliance with daily CD checking. The Nursing Quality Assurance Framework was launched in September 2022 which includes daily oversight of CD checking.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*	**Expected Outcome from implementing action**
1	Review of Nursing Quality Assurance Framework, results and actions at ward level.	30/09/2023	Divisional Directors of Nursing/Deputy Chief Nurse.	Green	Enhance oversight and action in response to results.	Reduce unwarranted variation.

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Results of checks from Matron monthly oversight audits.	100%	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	6
CQC Comments	Patient records on some wards were not always stored securely.
RUH Comments	This had been identified prior to the CQC inspection through the Nursing Audit and has an associated action plan. The actions required are temporary, pending the introduction of digitalised records.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*	**Expected Outcome from implementing action**
1	The Specialty Governance leads and Matrons to ensure record storage is secure.	30/09/2023	Interim Divisional Director of Nursing, Medicine and Divisional Director of the Medicine Division.	Green	Enhanced oversight of the results of the Nursing Quality Assurance Framework.	Compliance with records storage.
2	Add to the Daily Safety briefings to review notes storage.	30/09/2023	Matrons.	Green		Compliance with records storage.
3	Confirm if the current notes trolleys can be made lockable.	31/10/2023	Estates.	Green	Review of notes trolleys completed in June by the Quality Improvement Team. Discussion with Estates on next steps and feasibility of adding locks to the notes trolleys (taking into account the move to Paperless Inpatients by March 2024).	Enable secure storage of patient notes.

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Compliance with records storage audit.	100%	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete