

EPUT Response

CQC Letter of Intent

CQC Inspection

You must submit your action plan by Friday 6th February 2026 at 12pm by email to [I/S] and [I/S]

Action Plan to address CQC concerns.

Ref	Area to Address		Actions	Action Status	Action Lead	Timescale	Metrics
1	Responding to incidents You must provide a detailed action plan (with supporting evidence) which details how concerns raised about responding to incidents will be addressed.	1.1.	Enhanced MDT senior leadership review of safer staffing numbers to ensure appropriate levels and skills for the weekend.(To ensure staff available to respond to incidents)	Immediate – Normal establishment of 3/3. Acuity assessed daily and establishment adjusted to reflect need	DDQS and AD	Complete	Staffing oversight template Sitrep Dashboard Safer Staffing Rotas
		1.2.	On call manager and weekend on-site matron will do a safety walk around (to provide additional senior support), including wellbeing check with	Immediate	On call Manager/Weekend On-site matron	08/02/2026	Recorded feedback

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			staff and patients over the weekend.				
		1.3.	With immediate effect, the HBPoS at the Lakes will be closed to create additional staffing for the ward whilst embedding recruitment. Other HBPoS will be utilized to mitigate this closure.	Immediate	Director of Operations	06/02/2026	Sitrep Report
		1.4.	Ardleigh ward will close to new admissions and sitrep reviewed weekly with system partners.	Immediate	Director of Operations	06/02/2026	Sitrep Report
		1.5.	Escalating to system partners to support complex discharges.	Complete	Director of Operations	30/01/2026	County hall meeting and Delayed discharge meeting
		1.6.	Immediate actions will feed into existing Trust governance. Senior/Executive safer staffing oversight. Twice daily sitrep supported by the safer staffing dashboard with Matron actions and daily staffing oversight call Determined escalation processes where safer staffing levels are not appropriate and actions agreed to mitigate the risk	Ongoing	Director of Operations		Sitrep
		1.7.	Compliance Team to provide clinical support for new ward manager	Planned	Director of Risk and Compliance	20/02/2026	Feedback report

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			and gain assurance of improvement progress.				
		1.8.	PNE to be based on Ardleigh to provide coaching and role modelling for nursing team	Immediate	DDQS	Ongoing	Feedback report
		1.9.	To review effectiveness and expand the dedicated unit rapid response team with members allocated to undertake role from the Ardleigh and Gosfield wards. At the beginning of each shift, the NIC allocates appropriately trained and skilled staff.	In Progress – Planned meeting for 6/2/26 DMD/DDQS/DoO/Service Manager/Matron	Director of Ops	06/02/2026	Allocation sheet
		1.10.	To build in unplanned incident response drills into assurance process. To commence 6/2/26	In progress	DDQS	Immediate 6/6/2026 Review 20/2/26	Outcome of response drill to feed into leadership meeting
		1.11.	Learning to be shared from Specialist Service and other inpatient areas re supporting responding to alarms	In Progress – Planned meeting for 6/2/26 DMD/DDQS/DoO/Service Manager/Matron	DDQS	06/02/2026	Outcome of meeting
		1.12.	Review of local protocol for Emergency Response	In Progress	DDQS	13/02/2026	Revised protocol
		1.13.	As part of the Trust PSIRF response, SWARM Huddles are held on the ward for moderate harm and	Complete and embedded in practice. Reduction in self-harm incidents by 57% and Reduction in restraints by 26%	Ward Manager Matron/Service Manager		Weekly incident review group Weekly Chief Nurse emerging

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			above, with all involved in the incident. SWARM template completed and learning shared with the team. All other incident review determined via the weekly review meeting and recorded via Datix	September 2025 - January 2026			incident review group
2	Enhanced observations You must provide a detailed action plan (with supporting evidence) which shows how you will support staff and ensure that observations are not in excess of two hours consecutively.	2.1.	Therapeutic Engagement and Supportive Observations policy was reviewed and aligned to national guidance. continue to work with regional ETOC program	Complete - Regional DoN planning to visit the ward in February	DDQS		Policy
		2.2.	New leadership team (ward manager and matron) to ensure that therapeutic engagement and Supportive observations are allocated in line with the policy supported by MDT.	In Progress	Ward manager/Matron	For review 06/02/2026	Shift planner/Obs allocation charts
		2.3.	To review and strengthen escalation processes to ensure mitigation where practice is not in line with policy	Immediate – Matron escalation through daily safer staffing and daily sitrep meetings	Matron	06/02/2026	eObs
		2.4.	New leadership team to support staff wellbeing whilst on shift ensuring staff breaks and refreshments.	Immediate	Ward Manager/Matron	08/02/2026	Shift planner

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		2.5.	PNE to support training and coaching for the NIC role and responsibilities re allocation and management of shift	Immediate	DDQS	Ongoing Review 13/02/2026	Feedback report Training pack
		2.6.	PNE to support the 4 new starters including 3 new registrants that are due to start	Immediate	DDQS	Ongoing Review 13/02/2026	Induction pack/
3	Environmental concerns Environmental concerns You must provide a detailed action plan (with supporting evidence) which details the concerns raised have been addressed and what is being put in place to prevent further risks occurring again.	3.1.	Immediate safety huddle led by Senior leadership team to be undertaken with staff with focus on identified environmental concerns	Immediate	DDQS	06/02/2026	Outcome of huddle –sfaety huddle templ
		3.2.	GEMBA walkabout with the Matron over the next 7 days with environmental safety focus supported by senior leadership	In progress	AD	13/02/26	GEMBA report
		3.3.	Follow up with staff on the recent safety alert re plastic bags that was shared with all staff via Datix	Immediate	Service Manager	08/02/2026	Safety Alert Recorded discussion
		3.4.	Senior leadership to support new ward manager and Matron to role model Q&S and environmental management	In progress – work to include supporting the delivery of the Matron's charter	DDQS	Ongoing	Induction Monthly mentoring support
		3.5.	Seeking immediate feedback from staff (via safety huddle) and patients (via daily	Immediate	Service Manager	08/02/2026	Community/mutual help minutes

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			community/mutual help meetings)				
		3.6.	Ligature coordinator to attend ward to support environmental safety coaching	In progress	Director of Risk and Compliance	13/02/2026	Feedback Report
4.	Recording of incidents We require you to provide us with what actions, systems and policies you have put in place (with supporting evidence) to ensure the robust and timely recording of all incidents, including how appropriate action will be taken with applicable timescales.	4.1.	The incident team manager to work with PNE to follow up and support staff learning re reporting processes and navigating the reporting system	In progress	Senior Datix Manager/PNE	13/02/2026	Training Matrix for staff
		4.2.	Enhancing discussions at safety huddles to explore incident reporting culture	Immediate – with staff this weekend. Then ongoing discussions to embed culture	Matron/Service Manager	Review 20/02/2026	Incident reporting data
		4.3.	Senior clinical team to step up increased scrutiny of ward reporting culture. This will include triangulation of handover, safety huddles, EPR and Datix reporting. Where gaps are identified, these will	In progress	DDQS	13/02/26	

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			be actioned and learning shared with staff via business meeting.				
		4.4.	All Incidents are reviewed at a ward level. All Datix incidents are reviewed weekly at the care unit incident review group. Where gaps are identified, these are addressed with the local team.	Complete – Ardleigh has consistently been the highest reporter over the last 6 months. Reduction in self-harm incidents by 57% September 2025-January 2026 Reduction in restraints by 26% September 2025-January 2026	DDQS and Patient Safety Lead		See data uploaded as part of data reqs.
5.	Staff handovers How you will ensure there are effective systems in place to ensure all handovers are thorough and comprehensive including systems and governance around this.	5.1.	Senior leadership to attend handover over the next 7 days to observe, enhance and support the process to gain assurance that effective systems are in place	Immediate	Director of Operations /DDQS/PNE	13/02/26	Feedback report
		5.2.	Clinical handover guidelines for new electronic system shared with staff, including handover charter. This supports triangulation of up to date data from the EPR and reduces likelihood of information being missed during handover.	Complete	Matron/Service Manager		Screen shots of new system

