Inspection Dates: 28th - 31st October, 5th November 2013

Area visited: LAMU, Woodpecker, Neptune, Day Surgery Unit (DSU), Theatres, Ample, Jupiter, Saturn

Desk top reviews by CQC: Outcome 16 Governance and 13 Staffing

Executive Lead: Hilary Walker

Co-ordinating Lead: Ruth Lockwood

Date plan agreed and approved by Executive Committee: 23rd December 2013

Approved document file name, version and date: CQC Action Plan following the responsive visit Oct 2013 V15 Post Exec

Document version control reference (following approval only):

OUTCOME 8: Cleanliness and infection control

Compliance Actions:

The areas below patient beds in a number of wards were not clean. Some storage areas in the wards were hard to clean and maintain. Some clinical waste was disposed of inappropriately. Some equipment on wards had not been cleaned as well as it should have been.

Action ref.	Action Required	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
1	Consistently deliver cleaning to the national specifications for Cleanliness. Review cleaning schedules and outcome measures to achieve this	Infection Control Committee		LH	May-14	MM
2	Enhance the assurance framework for monitoring and delivering effective standards of cleanliness incorporating independent external review			LH	Feb-14	MM
3	To Implement a Trust wide program of targeted Housekeeping (Carillion) cleaning based on audit results and focus on areas where gaps in cleaning are apparent			LH	Jan-14	MM
4	Implement a Trust wide program of targeted Clinical equipment cleaning based on audit results and focus on areas where gaps in cleaning are apparent			LH	Mar-14	HW
5	Life Cycle program to be agreed, covering light touch life cycle and full life cycle replacement			LH	Mar-14	MM
6	Implementation of previously published Waste Management policy (Dec13)			RR	Mar-14	MM
7	Enhance the process for the monitoring and reporting of compliance rates of Clinical Staff attending Waste Training			RR	Feb-14	MM
8	Ensure alcohol hand gel is full and placed at the end of every bed as per policy, and include the monitoring of this within the infection control audit			LH	Jan-14	AT
9	To undertake an audit to ensure that patients personal clothing is stored safely especially when contaminated. Implement recommendations as appropriate			LH	Mar-14	HW

OUTCOME 13: Staffing

Compliance Actions:

Some of the wards caring for frail older people and the Day Surgery Unit did not always have enough experienced and skilled nursing staff to deliver a safe and effective service.

Action ref.	Action Required	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
10	Progress with the implementation of appropriate and safe Ward by Ward Staffing - long term plan (to include periods of escalation) (Funded as of April 2013 and approved by Trust Board)	Governance Committee		Heads of Nursing	Dec-13	OF
11	Consider appointment of practice development nurses to support the development of new/temporary staff			Heads of Nursing	Jan-14	OF
12	To enhance the recruitment plan ward by ward, and where gaps have been identified due to slippage on the current programme an interim plan will be put in place to cover these gaps whilst the substantive plan is put in place			Heads of Nursing	Mar-14	OF
13	To enhance the process whereby ward/inpatient area staffing levels can be monitored on a shift by shift basis, managed and reported upon to Trust Board			MR	Mar-14	OF
14	To monitor complaints incidents and claims relating to staff levels, inform the Executive Committee and Trust Board			KS	Mar-14	OF
15	Implement daily monitoring and management of the DSU escalation guidelines to provide continued assurances of compliance including staffing levels			TC	Nov-13	AT

OUTCOME 16: Governance (assessing and monitoring the quality of service provision)						
Compliance Actions:						
Some of the work of the hospital trust in terms of audit, supervision and oversight was not effective in protecting some patients from risks to their health and wellbeing.						
Action ref.	Action Required	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
16	To scrutinise incident data, internal and external and determine areas where we might be under reporting	Governance Committee		RJ	Dec-13	AT
17	To review Clinical Governance arrangements within Directorates and how information is cascaded from Board to Ward and Ward to Board. Consider reliable methods of testing the effectiveness/reliable of this			HW	Mar-14	HW
18	Review the number of Trust Committee structure and the reporting arrangements through to Trust Board thus ensuring and evidencing effective Governance arrangements			CN	Mar-14	AT
19	The Trust will consider how to further support and encourage Staff to report their concerns internally			KS	Jan-14	OF
20	To assure Trust Board that robust patient falls assessments are completed and that management of patients who are at risk of falling are monitored			RN	Jan-14	HW
21	To consider, what additional information on patient falls/incidents and harm should inform Trust Board			RN	Jan-14	HW
22	The Trust to review and analyse its medicines audit methodology and medicine governance reporting to Trust Board. Specifically how these audits capture practices associated with the administration of medicines			JC	Feb-14	AT
23	To undertake a deep dive of medicines incidents, themes/specific concerns and focus improvements actions as appropriate			JC	Feb-14	AT
24	Review the Medicines Policy and ensure it accurately reflects appropriate safe administration of medicines			JC	Feb-14	AT

Additional Local Improvements Actions						
Action ref.	Action	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
25	To review the feasibility of temporary staff having IT access to patient records. Proposal to be presented to Information Governance Committee	Governance Committee		GS	Mar-14	MM
26	A trust wide review of the security of Patient records in ward areas and implement improvement actions as required			Heads of Nursing	Feb-14	HW
27	The Trust to review and ensure appropriate positioning of "white boards" in clinical areas			Heads of Nursing	Feb-14	HW
28	A trust wide review to be undertaken regarding the nursing documentation of patient care. Actions to be determined by the review			Heads of Nursing	Mar-14	HW
29	To re-evaluate call bell response times at performance meetings once staffing establishment actions are completed			Heads of Nursing	Mar-14	HW
30	To ensure the Daily Resus trolley checks are completed in relevant areas			Heads of Nursing	Jan-14	HW

Responsible Key lead codes:

Heads of Nursing (Tania Currie, Toni Lynch, Alison Koster, Teresa Harding (forward to lead), Wendy Ainsworth, Caroline Wylie)

ML - Mike Lewis

JC - Jane Coleborn

RN - Rob Nicholls

JM - Julie Marshman

KM - Kevin McNamara

TC - Tania Currie

RJ - Rachel Jefferies

CN - Carole Nicholl

RL - Ruth Lockwood

RT - Roger Thomas

LH - Lisa Hocking

RR - Rachel Rablen

HW - Hilary Walker

AT - Alf Troughton

MR - Mark Rodgerson

KS - Kim Sumbler

HS - Hilary Shand

JM - John McGinty

WJ - Wendy Johnson

GS - Graham Shaw

GM - Graham McClelend