

<u>Issue</u>	<u>Actions required or undertaken</u>	<u>Responsibility</u>	<u>Date</u>
<b><u>Outcome 1:- Respecting and involving people who use our services</u></b>			
(1) Untimely response to call bells	<p>Ward managers and all staff in each ward team need to ensure that every patient has access to their call bell whether in their bed, sitting out in a chair or in the toilet/ bathroom.</p> <p>Matrons need to include this within their Quality rounds and within senior nurse Quality rounds providing evidence of ongoing compliance</p>	Ward manager /sister	Ongoing Daily handover review and part of assurance visit
(2) Lack of adequate explanation about changes to care whether transfer to another clinical area or discharge or routine care interventions (medication or direct care)	<p>All patients need the support of consistent explanation and discussion about care interventions and plans for care, including any planned changes to care (moving to wards) and direct care interventions.</p> <ul style="list-style-type: none"> <li>• Ward managers to assure themselves on a daily basis that this is adequately addressed by talking to patients and recording feedback</li> <li>• Matrons include samples of patients to discuss communication with to check out effectiveness</li> <li>• Senior nurses to observe care through quality rounds and assure that this standard of communication is working effectively.</li> </ul>	Ward manager/ sister	Ongoing Daily handover Review as part of assurance visits

(3) Gaps in privacy curtains compromising privacy and Dignity	Systematic roll out of operational process for use of curtain pegs and privacy and dignity signs for all curtains	Lead Nurse to lead on roll out programme	Beginnning of July
	Ward managers to resource pegs and posters	Ward managers	End July '11
	Ward managers to audit compliance from 1 <sup>st</sup> August	Ward managers	1 <sup>st</sup> August
	Trust wide promotion of Dignity in care through conference organised on site	Head of Nursing	Achieved
(4)Administration of subcutaneous Injections without privacy curtains pulled around the patient	Ward managers to discuss with clinical teams to ensure that all staff are aware of the need to provide privacy for any intervention.	Matrons and ward managers	End June '11
	Observation of Care programme to commence in July to observe the management of any such intervention.	Senior/ lead nurses	End July '11
	Quality rounds by Matrons need to include discussion with patients and staff on this issue and include in their checklist for audit.	Matrons	July '11
(5)Patient in Bathroom area with door open and no clothes on	Ward managers to discuss with their care team and ensure that every intervention obtains the privacy expected and required for hygiene or toileting requirements	Ward managers	Immediate
	Observations of care programme commencing	Senior Nurses/	End July '11

	<p>in July to review the standard of support given to patients who have mobilised independently or with support to the bathroom and the privacy standard maintained.</p> <p>Quality rounds undertaken by Matrons and senior nurses to include discussion with patients and staff to ensure ongoing high standard achieved</p>	<p>lead nurses</p> <p>Matrons/ ward managers</p>	<p>June/ Ongoing</p>
(6) Older patients left without call bells being near to hand	<p>Ward managers along with care team to ensure that this is consistently provided and handover reinforcing this basic support for patients is provided.</p> <p>Ward managers and Matrons in their Quality rounds to discuss with a random selection of patients each week to ensure they have always had good access and response to their call bell</p>	<p>Ward managers</p> <p>Ward managers / Matrons</p>	<p>June '11</p> <p>June '11 and ongoing</p>
(7) Gaps in documented information on admission regarding information about choices and preferences about care.	<p>Ward managers to reinforce the importance of full completion of admission information required particularly about patient choice and preferences about care and to ensure that the care plan reflects these issues.</p> <p>Ward managers to review at least 10 sets of case notes each month to check on the standard of compliance and maintain discussion with clinical team until</p>	<p>Ward managers</p> <p>Ward managers</p>	<p>June '11</p> <p>End June and ongoing</p>

	<p>documentation standards are consistently achieved.</p> <p>Matrons and senior Nurse Quality checks to include 10 sets of case notes to clarify compliance and provide feedback to the ward managers</p> <p>Additional training to be provided for Ward managers and Matrons on documentation requirements</p>	<p>Matrons and senior nurses</p> <p>Lead Nurses</p>	<p>July '11</p> <p>September '11</p>
(8) DNAR decisions not being reviewed and updates needing to comply with national and Trust policy on involvement of patient and family	<p>Immediate action to be taken to rectify specific patient highlighted in review.</p> <p>Audit of compliance to DNAR policy to be feedback to clinicians and ward managers.</p> <p>Ward managers to ensure that DNAR decisions are reviewed regularly and reviewed on discharge for clarity on transfer to ongoing care provision.</p> <p>Legal training to be provided on the Mental capacity act (including DOLS) for Centre Chiefs and Executive team to enhance awareness and knowledge of application of legislation requirements.</p> <p>Additional training to be procured for Senior Nurses and Matrons on MCA/ DOLS over and</p>	<p>Ward manager</p> <p>Resuscitation team manager</p> <p>Ward managers</p> <p>Chief Nurse</p> <p>Head of Nursing</p>	<p>Immediate and completed</p> <p>Programme in place</p> <p>End June and ongoing</p> <p>Training booked and will take place on July 1<sup>st</sup></p> <p>May '11 and follow up</p>

	above Trust training programme.		session booked for June '11
(9) Lower % Training on mental capacity Act and DOLS than desired	<p>Additional training capacity to be secured in conjunction with PCT leads</p> <p>Monthly review of % training in MCA/DOLS/ Vulnerable adults across the Trust with additional internal capacity created to improve the % of clinical staff trained.</p> <p>Additional training booked to secure high level legal training for senior nurses and ward managers</p>	<p>Head of Nursing</p> <p>Adult safeguarding lead / Head of nursing</p> <p>Head of Nursing</p>	<p>June '11</p> <p>Monthly</p> <p>Booked by end June and secured before September '11</p>
(10) Assessment of each person's Mental capacity on admission (to be clear on ability to make decisions) was missing	<p>Above training and awareness to be provided to ensure that awareness of these assessments are clear and documentation standards achieved.</p> <p>Ward managers and Matrons to review standards of assessments prior to training through case note review of 20 sets of case notes.</p> <p>To then audit on an ongoing basis after training to ensure standards of assessments are consistently applied.</p>	<p>Head of Nursing</p> <p>Ward managers and Matrons</p> <p>Ward managers and Matrons</p>	<p>September '11</p> <p>End of July</p> <p>October '11</p>

(11) Policy framework for use of restraint in the context of the MCA and DOLS requirements not in place.	Safeguarding Committee to draft restraint policy for approval.	Head of Nursing	June '11
	Benchmark of the draft policy against legal and best practice examples.	Head of Nursing	August '11
	Approval and awareness within Centre Chiefs and clinical leaders of the policy requirements over and above training referenced earlier in the action plan.	Head of Nursing	September '11
(12) Lack of clarity and information for patients and visitors/ family to raise concerns through PALs or formal complaints	Each ward to ensure adequate provision / supply of leaflets which support visitors, patients and relatives to raise concerns through PALS leaflets or complaints leaflets.	PALS coordinators to undertake monthly review	From June '11
	Ward managers and Matrons to include within Quality rounds and reviews.	Ward managers/ Matrons	July '11 and ongoing
	Patient involvement and engagement Board members to undertake checks on supply through PEAT inspections and other Quality rounds.	Chief Nurse	September '11
	Provision of corporate Information Boards to be provided on each ward for consistent approach to public information about care provision and for evaluating care provision.	Head of Nursing	By September '11

	Programme for Real time feedback to be implemented consistently across the Trust.	Chief Nurse	Commenced by September '11
(13) Staffing concerns in delivering care	<p>Formal Staffing review undertaken along with benchmarks.</p> <p>Ward managers to proactively manage reduction in sickness levels to enhance use of clinical team resources and reduction in use of bank and agency</p> <p>Dependency and Acuity review to be undertaken using recognised national tool</p> <p>Ward balanced score cards are updated/ enhanced with staff resource information to ensure triangulation with care delivery outcomes.</p> <p>Quality rounds to include and ensure that staff are able to raise concerns and staff evaluation of care delivery is recorded through discussion with staff.</p>	<p>Lead Nurse</p> <p>Ward managers/ Matrons</p> <p>Senior Nurses</p> <p>Senior Nurses and Matrons</p> <p>Ward managers/ Matrons</p>	<p>Undertaken and placed within budgets</p> <p>Ongoing</p> <p>July '11 to commence first review</p> <p>August '11</p> <p>July '11</p>
(14) Noise volume on nights not conducive for sleep	Ward managers to discuss with teams and Quality rounds by ward managers and Matrons	Ward managers	June'11

	to ensure that patient evaluation is gained on this issue for ongoing review and support for patients.		
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