



Internal Inspection December 2014 Improvement Plan

In December 2014 the Trust undertook its third Keogh Internal Inspection of services. A full report of the findings of the investigation was shared with the Inspection Team members in December 2014 and Quality and Safety Committee in January and February 2015, prior to Trust Board. This draft action plan was also reviewed by the Quality and Safety Committee in February 2015.

The inspection has identified 10 risk areas for the Trust that could directly affect outcomes and experience for patients and staff within the organisation. This improvement plan identifies proposed actions to reduce those '10 things to improve' identified by the inspection and highlighted on the front of the inspection report.

Progress to achieve the actions outlined in the improvement plan will be overseen and updated by the Governance and Assurance Team and will be monitored by the Quality and Safety Committee with escalation of further concerns to Trust Board as this work progresses.

| 1. | Action Required | Due By | Accountable Person | RAG | Responses and Evidence |
|---|--|---------------------------|---|-----|--|
| Relaxed hospital security at night – entrances open to various areas at Royal Albert Edward Infirmary. Identified areas Radiology and Christopher Home Building. Security Risk. | All access to the hospital must be secured or monitored at night. | 31 May 2015 | Head of Security. | | Checking process in place to secure areas at night. Electronic checks are carried out routinely. PPS partner controls used and monitored. |
| | Process for monitoring of hospital entrances at night to ensure secure site. | 31 May 2015 | Head of Security | | Electronic checks are carried out routinely. PPS partner controls used and monitored. It may have been that during inspection, Security staff had not reached those areas commented on. |
| | Hospital notes on all sites must be stored in secure areas. | 31 May 2015 | Head of Security | | This risk had been identified by the Trust prior to this inspection. A risk is on the Corporate Risk Register following the results of a confidentiality audit. |
| | Lone workers must always carry personal alarms. | 28 th Feb 2015 | Head of Security | | Personal alarms are available for staff. Lone Worker Policy in place. Line Managers to identify loan workers and personal alarms can be supplied. Note there is a financial/budget element to consider |
| 2. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Availability of Junior Doctors Assistant (JDA)/Critical Care outreach Team (CCOT) as an essential service at night. | Review of Junior Doctor Assistant workforce at night | 30 April 2015 | Head of Nursing for Unscheduled Medicine (initial discussions with) | | JDA's work across the divisions. On the night of inspection there was sickness in the team. One Assistant every night rostered. There has been long term sickness within team recently. |

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| | Review of CCOT workforce at night | 30 April 2015 | Clinical Lead CCOT | | On the night of inspection there was sickness in team. Attempts to cover were made. One practitioner generally on nights, but this can increase to two on occasion. Recruitment : - 1 x Band 6 training role, 1 x Band 7 |
| 3. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Effective discharge process - a large number of medically discharged patients still in hospital. | Please see action plan for June 2014 relating to improving discharge and work by Discharge Improvement Committee | | | | Discharge Improvement Committee. Discharge Policy. Part of the Trust's three year Quality Strategy and Sign up to Safety Improvement Plan |
| 4. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Antenatal setting in Leigh Infirmary not appropriate. | Review of current environment and resource and longer term objective to improve environment | 31 March 2015 | Head of Midwifery; Governance Lead for Maternity and Child Health | | This risk had been identified prior to the inspection. A Business Case has been submitted proposing move to Ward 1. Awaiting outcome. |
| | Establish works that could improve environment and have a reasonable impact soon. | 31 March 2015 | Head of Midwifery Governance Lead for Maternity and Child Health | | A risk assessment regarding the environment is in place. Windows and carpets have been upgraded. Ultimately move required to provide better facilities. |
| 5. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Duplication of paper work in maternity. | Review of discharge process | 30 April 2015 | Head of Midwifery Governance Lead for Maternity and Child Health | | Currently use Euroking. Meeting planned with HIS to outline IT requirements for Maternity. |
| | Review assessment documentation | 30 April 2015 | Head of Midwifery Governance Lead for Maternity and Child Health | | Due to the requirements of information sharing within Maternity it is not envisaged that the current duplication of paperwork can be changed or reduced at present. |

| 6. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
|--|---|---------------|---|------------|--|
| Slow computers in maternity, delivery suite and outpatients | IT to overhaul existing computers in these areas to ensure they are working to their full capacity. | 30 April 2015 | Associate Director of IM&T | | Survey of area to be undertaken. Possible machine refurbish or visual desktop infrastructure. |
| | Review the number of computers to ensure appropriate IT resource to meet the demands of the service | 30 April 2015 | Associate Director of IM&T | | Review the number of computers in maternity as part of HIS end user device evaluation. |
| 7. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Play in Paediatric Emergency Care Centre (PECC) | Explore role of Play in PECC | 30 April 2015 | Head of Nursing for Unscheduled Medicine | | Staff and students within PECC interact and play with children. Some further training maybe beneficial in distraction techniques. |
| | Review area in PECC to potentially provide better facilities for play. | 30 April 2015 | Head of Nursing for Unscheduled Medicine | | Waiting area recently refurbished with new chairs and storage. Toys and a play desk are available. The waiting area serves as a play area due to limited capacity within PECC. |
| 8. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Children returning from Theatre with intravenous fluids in situ was found to be distressing for the child. | Review of SOP for IV fluid administration and management in children. | 30 April 2015 | Associate Medical Director for Quality and Consultant Paediatrician | | Standard for fluid management in children requires an update |

| 9. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
|---|---|---------------|--|-----|--|
| Lack of ability to Staff escalated beds on Critical Care Unit (CCU). | Review of nurse staffing on CCU specific to escalating beds and acuity of patients in beds. | 30 April 2015 | Head of Nursing for Scheduled Medicine | | Business Case submitted in 2014 to increase nursing establishment to 11 beds. Currently the ward is staffed for 8 beds. 2 x new Registered Nurses (RN) starting; 2 x new RNs overseas (additional to establishment) starting shortly. |
| | Review of current process to staff escalated beds | 30 April 2015 | Head of Nursing for Scheduled Medicine | | Additional staffing requirements escalated to Matrons and Head of Nursing as necessary. NHS Professionals/Agency authorised. Movement of staff between units/wards if safe to do so and agreed by Head of Nursing and Matrons (Bed Manager/On Call Senior Manager out of hours). |
| 10. | Action Required | Due By | Accountable Person | RAG | Updates and Evidence |
| Outpatient clinics not starting on time/over-running, causing delays. | Review current process of how clinics operate: <ul style="list-style-type: none"> • Days of week • Times • Numbers of patients • Workforce availability and cover | 30 April 2015 | Outpatients Manager | | Database in place monitoring clinics, start times etc. Database information sent to divisions for information and any actions. Patients kept informed of delays at all times. Review of actions taken following delays to be requested. |
| | Process for ensuring clinics is not unduly delayed. | 30 April 2015 | Outpatients Manager | | Clinic bookings:- <ol style="list-style-type: none"> 1. Booking clerks 2. Secretaries 3. Consultants Clinic templates easily over booked with process. This remains a concern but unlikely a solution imminent. |