Agenda Item No. 13 .

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	**REPORT FOR:**		**IMPACT:**		
Gwyneth Wilson, Director of Nursing	**Decision**		**High**	**Med**	**Low**
CONSULTATION:	**Information**	✓	✓		
Deputy Director of Nursing Divisional Chief Nurses Practice Development Nurses Matrons	**REPORT TYPE:**		**RELATED WORK:**		
	Strategic				
	Operational	✓			
	Governance	✓			

BAF ref:	
Monitor Compliance Framework:	Maintaining CQC registration and addressing issues associated with registration
CQC Essential Standard Reference:	4, 9, 21
NHSLA Standard Reference:	n/a
Media / Communications:	Final inspection report will be posted on the CQC website

Meeting Date: **26 March 2012**
Report Title: **Care Quality Commission Inspection Action Plan**

Purpose:
To present to the Board the CQC Report and the new action plan developed, following their recent visit.

Summary:

Following the CQC visit in January 2011, the report has been published on the CQC website and an action plan developed.

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓	✓	✓	✓	✓

Recommendations:
The Board is invited to:

- Note the contents of the attached action plan and identify any further information required.

Author **Gwyneth Wilson, Director of Nursing**
Date **14 March 2012**

CQC ACTION PLAN FOLLOWING AUGUST 2011 VISIT

Following the unannounced visit to the Trust in August, a comprehensive action plan was developed and the progress of each action has been monitored by the Board of Governors on a monthly basis.

The only outstanding action relates to the development of patient centred care plans, which was due to be completed by the end of March.

A significant amount of work has taken place to develop a set of multi-disciplinary care records from scratch. These documents will replace existing medical and nursing documentation. Over the remainder of March, a number of medical and nursing staff will be asked to undertake an exercise whereby they complete a set of records and report back of:

- the ease of completion
- the appropriateness of information etc.

Following any changes, if required, the documentation will be rolled out across all adult wards with appropriate training.

The review of records has also included the review of other charts/proformas etc. developed by different wards and specialties over time, with an aim to reduce significantly the amount of paperwork required for completion. This, in turn, will not only potentially save money, but be part of the 'Red Tape Challenge' as mentioned by the Prime Minister and which is planned to be run within the organisation. The premise being that by reducing bureaucracy, time can be freed up to spend with the patient.

In light of this one outstanding action, the Board is asked to agree the completion of the existing action plan and to take on the monitoring of the new plan derived from the January 2012 visit, which includes the transfer over of the outstanding action related to record keeping.

The Board should be assured that there is ongoing monitoring of the CQC standards via a number of methods. These include:

- Mock CQC visits undertaken by the Governors
- Weekly audits reported in the Heat Map which is presented to the Board monthly
- Patient Safety walkabouts
- Complaints/PAL's monitoring
- Visible 'clinical Fridays'
- Internal/external Service Reviews
- Clinical Governance Specialty Reviews
- Patient Surveys
- Patient Safety Express Reducing Harm

All of the CQC standards are currently being reviewed in preparation for the Trust's Annual Declaration and are being agreed and signed off by the appropriate Committees prior to final sign off by the Board in May.

CQC VISIT MARCH 2012

The final report from the unannounced visit is attached, as is the associated action plan. The Board should note that following the visit, the Trust is now compliant with:

- Outcome 1 – Respecting and involving people
- Outcome 4 – Care and welfare
- Outcome 5 – Meeting nutritional needs
- Outcome 7 – Safeguarding
- Outcome 9 – Medicines Management

Outcome 21 (records) has been assessed as having moderate concerns. An action plan has been developed and the Board is asked to ratify this, prior to submission to the CQC.
The action plan will be presented at each Board of Directors meeting for monitoring.

Action Plan Subject:		Review Date:	Monitoring Body:
Care Quality Commission – Review of Compliance 2012 Outcomes 4, 9 and 21		Monthly	Board of Governors
Related Performance Indicator	and Target:	Performance against KPI as at date of Review:	BAF/Risk Register Reference:
CQC Registration	No conditions		
Conditions / Triggers for Escalation/Exception reporting to Board / Senior Committee (determined by Monitoring Body):			

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
Outcome 4 - Care and welfare of people who use services								
4	Care plans were not individualised & did not provide information about specific needs of each person	H	New care plan design to accommodate patient's individual circumstances, preferences and needs. Training on its use?	Deputy Director of Nursing		31.3.12	A	Audit of documentation Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
4	Hospital passport not fully implemented	H	All registered nurses to be required to identify whether their patients meet the criteria for benefitting from using a Hospital Passport to highlight key personal information	Matrons / Ward Sisters / Charge Nurses	To be discussed and memo to all ward sisters / charge nurses. Clinical Leadership Friday on 9.3.12.	9.3.12	G	Daily monitoring by matrons/ ward sisters Audit of implementation in April 2012
		H	All registered nurses to be instructed to update care plans three times a day?	Matrons / Ward Sisters / Charge Nurses	To be discussed at this week's CLF & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
		H	Rolling training programme on dementia care and use of Hospital Passport	Dementia Liaison Nurse	• Commenced and dates available throughout the next two months. • Communication email to all staff to advertise the sessions • Visit by D. Hennerly on the 14.3.12 to	Monthly and ongoing throughout 2012	A	Training figures

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
					launch 'Practical Guide to Fundamental Care for people with dementia			
		H	Audit of use of Hospital Passport during second week of April 2012	Dementia Liaison Nurse		13.4.12	A	Audit report
Outcome 5 – Meeting Nutritional Needs								
5	Medicines rounds carried out during meal times	H	To ensure that drug rounds are paused during meal times and not restarted until all patients who required support with their meals have been attended to	All clinical nursing staff / matrons	All staff informed of requirement to follow agreed process to pause drug rounds during meal times	9.3.12	G	Audits of drug rounds indicate that standard being met
	Supplements left unopened on patient's tray and reason for taking them not explained to patient	H	All staff to ensure that patients with allocated supplements are assisted to open them and are provided with an explanation for the reason for prescription.	All nursing staff / Divisional Chief Nurses / Dietetics staff	All nursing staff to be reminded of need to ensure patients can open supplement cartons or to be given assistance if unable to do this independently. To explain the reasons for the prescription to patients Memo to be sent to all ward sisters and charge nurses and dietician assistants	9.3.12	G	All patient are aware of reasons for supplements and can access cartons as required- ask patients during nutrition audit / observation

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
	No record of assistance required by patients to eat and drink in care plan	H	Revision of care plans to have clear documentation of patients nutritional requirements and support required with eating	Ward sisters / Charge Nurses	Care plans to be revised by the end of March to have clear record of assistance needs. Implementation of Patient triangles above beds.	31.3.12	A	Audit of documentation indicates patients support needs in relation to nutrition are being met
	Incomplete record of how often to administer fluids to maintain good hydration and prevent dry mouth	H	Staff to ensure that care plans have a clear record of how often to administer fluids and to be reviewed and signed three times a day	Ward sisters / Charge nurses / Matrons	Care plans to have clear plans of action Memo to be sent to all wards to remind staff of requirements to document fluid requirements clearly in nursing record	9.3.12	Green	Audit of care plans and review of fluid charts as part of CQC audit plan
	Reduced oral intake did not trigger review of risk assessment in relation to nutrition requirements	H	All nutritional assessments to be undertaken on admission, weekly and on review of patients food chart when patients oral intake is reduced for 48 hours	Ward sisters / charge nurses / Matrons	All patients nutritional needs to be assessed individually and action put into place Memo to be sent to all ward sisters and ward managers – to ensure this happens in practice	9.3.12	Green	Audit of nutritional CQC standard indicates compliance
	Record of patients specific nutritional needs not recorded in the nursing record	H	All nursing teams instructed to record all nutritional needs within nursing assessment and care plan	Ward sisters / Charge nurses	New assessment document and care plan to include assessment of nutritional needs – staff to be updated once new documentation in place	31.3.12	A	Audit of CQC standard for documentation and nutrition indicates full compliance

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
	Contradictory records of patient dietary intake - no record of patient's receipt of required food supplements	H	All staff to make a clear record of all oral supplements given	Ward sisters / Charge nurses / Matrons	Memo to be sent to all ward areas to remind staff of requirement to record all dietary supplements given to patients	9.3.12	G	Audit of nutrition and documentation indicates compliance with CQC standards
	Records of nutritional intake inaccurate – food charts not always completed after meal times	H	All food charts to be updated following completion of meal service.	Ward sisters / Charge nurses	All staff reminded to complete food charts – memo sent to all ward sisters and charge nurses	9.3.12	G	Audit of food charts during CQC nutrition audit indicated compliance
	Assessment of patient preference food choices not recorded on admission	H	All food choices and preferences to be assessed and documented on admission and if choices change	Ward sisters / Charge nurses / Matrons	All clinical staff to be reminded of this requirement on admission and as choice changes Memo to ward sisters and charge nurses	9.3.12	G	Review of CQC standard of nutrition indicates this element of standard meet via audit
	Inaccurate record of fluid intake	H	All staff to maintain accurate fluid balance of patients who require fluid monitoring	Ward sisters / Charge nurses / Matrons / PDN / Consultant Nurse Critical Care Outreach	Consultant nurse – critical care outreach to heighten awareness of importance of accurate fluid balance – matrons to do spot check of at least 5 fluid charts each day when visiting the ward	31.3.12	A	Audit of nutrition and fluids indicates compliance

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
Outcome 9 - Management of Medicines								
9	Confusion regarding RN's role in delegation of ingestion of medicines as Patients not observed swallowing medication by RN administering	H	Clarify and communicate responsibility for staff around requirement to ensure patients who are vulnerable, confused or with short term memory problems have swallowed medicines	Divisional Chief Nurses	Policy states responsibilities, further communication via ward managers at team meetings	12.3.12	G	Ward meeting minutes, matrons meeting minutes Audit as part of medicines audit
	Lack of evidence on rationale for changing prescriptions /medicines in medical notes	H	Improve documentation of rationale by medical staff or other MDT members	Clinical Directors and Non-medical prescribers		End March 2012	A	Checked as part of documentation audit of medical notes (clinical audit complete this)
	Lack of rationale for omission of medicines on chart	H	Nursing staff reminded of the importance of ensuring correct code is used	Pharmacy forum and ward Sisters / Charge Nurses		End March 2012	A	Audit of drug charts by pharmacy forum
	Concern that not all meal times are protected in regard medicines administration	H	Clarity to ward teams that a 'pause' must occur until all patient are assisted with meals and competent patients can have medicines left and only ID needs checking while eating.	Ward Sisters / Charge Nurses / PDN's		Confirmed on Clinical Friday 2.3.12	G	Minutes of clinical Friday notes Checked as nutrition audits Add to medicines audit tool
	Need to ensure full ongoing compliance	H	Update audit template for medicines management audit	Divisional Chief Nurse, Elective Care		23.3.12	A	

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
Outcome 21 - Records								
21	Some patient records were not completed correctly & did not describe how patient's needs were being met	H	Introduction of new patient documentation	Deputy Director of Nursing		31.3.12	A	Verification of implementation date
			Provide all nursing staff with updated guidelines on completing nurse documentation	Deputy Director of Nursing		31.3.12	A	Guidelines in place on due date
			Dos and Don'ts for every ward outlining key responsibilities in relation to record keeping	Deputy Director of Nursing	Completed and to be laminated and distributed to all ward areas on the 9th March	9.3.12	G	Dos and Don'ts on wards Minutes of ward meetings
			Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
21	Some assessments had not been kept up to date and did not accurately reflect individual patients' needs	H	Ensure new documentation contains clear guidance on when assessments require review	Deputy Director of Nursing		31.3.12	A	Documentation and guidance in place
			Matrons to review at least 2 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday and memo to all ward sisters	Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
21	Important information was recorded in various places and not transferred to care plans	H	Re-instate the importance of the care plan in directing care provision	Deputy Director of Nursing		31.3.12	A	Documentation and guidelines in place
			Review handover system to ensure that staff are directed towards care plan	Deputy Director of Nursing / Matrons	To be reviewed in line with new NHSLA guidance on clinical handover	1.5.12	A	Clinical handover policy in place & changes made to practice Minutes of ward meetings demonstrating discussion with ward team
			Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday and memo to all ward sisters	Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
21	Care plans contained limited information & did not provide comprehensive guidance on how & when interventions should occur	M	New care plan design to incorporate individual care instructions	Deputy Director of Nursing		31.3.12	A	Documentation and guidance in place
			Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
21	Care plans were found to contain incomplete or inaccurate records	H	Nursing staff to be instructed to update care plans each shift and whenever the patient's needs change	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
			Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing	A	Daily monitoring by matrons/ ward sisters until compliance > 95% Results of daily audits submitted as part of CQC audit programme
21	Patients' individual circumstances, wishes and preferences were not recorded	H	New care plan design to accommodate patient's individual circumstances and preferences	Deputy Director of Nursing		31.3.12	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
			Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
	Identified risks had been identified but actions to address them had not necessarily been included in plans of care and treatment	H	Re-instate the importance of the care plan in directing care provision	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
			Nursing staff to be instructed to update care plans each shift and whenever the patient's needs change	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
21	Hospital passport had not been implemented for a patient that met the criteria for its use	H	All registered nurses to be required to identify whether their patients meet the criteria for benefitting from using a Hospital Passport to highlight key personal information	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Audit of implementation in April 2012
			All registered nurses to be instructed to update care plans each shift	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
			Rolling training programme on dementia care and use of Hospital Passport	Dementia Liaison Nurse	• Commenced and dates available throughout the next two months. • Communication email to all staff to advertise the sessions • Visit by D. Hennerly on the 14.3.12 to launch 'Practical Guide to Fundamental Care for people with dementia	Monthly and ongoing throughout 2012	A	Training figures

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
			Audit of use of Hospital Passport during second week of April 2012	Dementia Liaison Nurse		13.4.12	A	Audit report
21	Patient's moving and handling assessments and care plans were not always completed	H	Provide all nursing staff with updated guidelines on completing nurse documentation	Deputy Director of Nursing		31.3.12	A	Documentation and guidance in place
			Dos and Don'ts for every ward outlining key responsibilities in relation to record keeping	Deputy Director of Nursing	Completed and to be laminated and distributed to all ward areas on the 9th March	9.3.12	G	Dos and Don'ts on wards Minutes of ward meetings
			Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Audit of implementation in April 2012
21	Records of patients did not show evidence that use of bed rails was in accordance with Trust guidance	H	Re-launch Falls Prevention policy including guidelines on the use of bedrails	Deputy Director of Nursing / Patient Safety Lead	Policy and guidelines to be updated to comply with new NHSLA guidance and in line with Falls Prevention Plan	End of May 2012	A	Audit compliance with guidelines in June 2012
		H	Incorporate bed rail decision chart and fall prevention care plans in new nursing documentation	Deputy Director of Nursing / Patient Safety Lead		31.3.12	A	Documentation and guidelines in place

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
21		H	All registered nurses to be instructed to update care plans each shift	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Minutes of ward meetings
		H	Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
21	Lack of consistency and presence of inaccuracies in record keeping in relation to nutritional assessment, nutritional care planning and monitoring of dietary intake	H	Provide all nursing staff with updated guidelines on completing nurse documentation	Deputy Director of Nursing		31.3.12	A	Documentation and guidelines in place
		H	Dos and Don'ts for every ward outlining key responsibilities in relation to record keeping	Deputy Director of Nursing	Completed and to be laminated and distributed to all ward areas on the 9th March	9.3.12	G	Dos and Don'ts on wards Minutes of ward meetings
		H	All registered nurses to be instructed to update care plans each shift	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's CLF & memo to all ward sisters	9.3.12	G	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
		H	Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
21n	DNAR documentation not completed and recorded in line with Trust policy and did not include evidence of discussion with patient's relatives	H	Spot one day audit of all DNAR forms to check compliance with guidelines and review at 3 monthly intervals	Consultant Nurse Critical Care Outreach Team and Resuscitation Officer		1.4.12	A	Audit report
			Re-issue guidance to nursing and medical staff on DNAR as a decision flow chart to be kept on all wards with the DNAR forms.	Consultant Nurse, Critical Care Outreach Team and Resuscitation Officer		1.4.12	A	Decision flow chart available on wards
21o	In some records it was not certain that they were completed contemporaneously – one patient's care round chart had been completed ahead of time	H	Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme
			Illegal entries to be addressed via the Disciplinary process	Matrons / Ward Sisters / Charge nurses		Ongoing	G	Number of staff members identified as making illegal record entries
21	Incomplete and possibly inaccurate fluid monitoring chart	H	Matrons to review at least 5 sets of nursing records on each of their designated wards every working day – results to be fed back immediately and to be submitted as part of weekly CQC audit programme	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Daily monitoring by matrons/ ward sisters Results of daily audits submitted as part of CQC audit programme

Ref. No.	Issue being addressed and cause of issue	Weighting H,M,L	Action (to address the cause of underperformance / risk)	Responsibility	Progress update	Date for completion	RAG	Outcomes
		H	To be monitored as part of nursing metrics. Wards that are red for more two weeks or more to be placed on additional measures – daily monitoring	Matrons / Ward Sisters / Charge nurses		Ongoing until compliance > 95%	A	Nursing metric reports
21	A pathology request with a patient's name and symptoms was left in a basket on a desk marked "samples for collection" where it was clearly visible and accessible to anyone visiting the ward	M	Ward staff to be reminded to be vigilant about meeting IG requirements and to continually monitor the ward environment to ensure compliance	Matrons / Ward Sisters / Charge nurses	To be discussed at this week's Clinical Leadership Friday & memo to all ward sisters	9.3.12	G	IG audits on wards Monitoring by matrons / ward sisters

KEY: RAG Rating					
	Complete		On track for delivery		Behind plan and action needed to bring back on target (see Recovery Plan column)
KEY: WEIGHTING					
H	High Priority	**M**	Medium Priority	**L**	Low priority