Action Plan Subject	Review Date	Monitoring Body
Recommendations following WNCCG visit 2nd March 2018	Monthly	

Background

WNCCG undertook a quality visit to Leverington Ward on the 2nd March 2018 the following bullet points provide commentary from CCG

- The visit was mainly observational
- The visit lasted around 1 hour 40 minutes and although mainly observational, the team were able to speak briefly to some staff and patients
- Leverington Ward is currently used as the escalation ward. At present there are 33 patients
- The ward is staffed predominantly by agency staff and there are approximately 4-5 substantive staff in post. There is a band 7 Ward Manager in post on secondment who has come from the cardiology ward. There is a band 6 Junior sister in post who has come, on secondment, from Stanhoe Ward. As part of the core staff, there are junior doctors, but otherwise staff are not regular staff. Nurses, healthcare assistants and auxiliaries are often drafted in to the ward to work shifts from elsewhere in the Trust as well as agency staff being used. This risk has been identified and escalated through to the Trust Board.

Ref	Domain	Issue being addressed and cause of issue	Weighting (H/M/L)	Action to address risk	Responsibility	Progress Update	Date for completion	RAG	Further Planned activity / Recovery Plan
Staffing levels and skill mix									
1	SAFE	Agency nurses are unable to undertake discharges – lack of access to the IT network		The Head of Education and development is currently working with ICT to secure access for non-substantive staff.	Head of Education and Development Amanda Small		21/04/18		
2		Some substantive healthcare assistants cannot access the IT network.		Ward Manager to inform all staff of their responsibility to ensure access to IT/Email systems and facilitate any staff who do not have current access	Ward Manager		05/04/18		
3		The junior sister is unable to access the e-roster for the ward because she has moved across from another ward.		This has been actioned and all senior staff can access E –Roster	N/A	Complete	N/A		All other substantive Band 6 Nurses that have been moved have all got access to E - Roster
4		The morning shift starts at 7 o'clock. However, some staff do not arrive on the ward until after 8 o'clock as they have been moved from other wards. The CCG were not assured on the handover for each member of staff.		A safety board round is undertaken every morning followed by individual bay handovers. The bank staff commencing shift	MC	Complete	N/A		Continued communication with shift leaders to ensure any staff commencing mid shift have received handover

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				at 08.00 receive handover from the NIC and there is a further MDT board round at 10.00 Consider the introduction of Nightingale rounds that have been successfully implanted in the Surgical Division					
IP&C									
5	SAFE	There are no hand washing posters above the sinks in the corridor – recommend that hand washing posters are in place.		14/3/18 – IP&C team reported that posters now above every sink	IP&C Team	Complete			
6		The toilet brushes were the types that sit in a base - recommend changing to toilet brushes that suspend over a base to avoid multiplication of bacteria, as per best infection-control practices.		Toilet brushes have all been replaced with suspension brushes.	Matron/Domestic Services	Complete			This has been rolled out across the Trust
7		There was limited signage for the waste bins - recommend signage above the bins to highlight normal waste and clinical waste, particularly for agency staff who are not used to the area.		Signs to be replaced on all waste bins	IP&C/Waste Management		15/04/18		

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8		There was a very low emergency cord within all toilets. This could provide a ligature risk or fall's risk. In one toilet, the cord was wedged against the soap dispenser, but still accessible, which mitigated this risk.		The cords have been shortened but due to the nature of the emergency call bell system this does not negate the ligature risk. HSO to undertake a Risk Assessment	H&S Officer	15/04/18			An assessment is also being undertaken trust wide by the HSO
9		There was an oxygen warning sign on the treatment room door. This was a laminated sign which was easily removable - recommend a BOC oxygen warning sign to be securely fastened to the door.		Secure signage to be completed	Estates IH	15/04/18			
10		The resuscitation trolley had an up-to-date "I am clean" sign. However, the visiting team were unable to locate the daily resuscitation trolley checks to ensure that they were up-to-date because the trolley was locked.		This is normal practice across the Trust. The documented checks are kept in the Resus folder in the top drawer of the trolley to ensure the records are not lost. This is easily accessible by breaking the seal.		Complete	N/A		

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11	Effective	Stock is not appropriate for a medical escalation ward. Inadequate storage space/ staff have to borrow stock on a regular basis from elsewhere. There is a lack of basic, standard equipment that would be needed on a medical ward.		This action has been completed. There is a twice weekly top up in place and a Housekeeper working 5 days per week. The further 2 days have been requested as bank.	Matron	Complete	N/A		
				There is a PDA for the Ward, all staff have been shown where this is located.	Matron	Complete			
				An ECG Machine has been ordered awaiting delivery	Matron	Complete			Matron & ACNto oversee delivery

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12	Caring	**Patient 1** Arrived yesterday from Terrington Short Stay and haven't had half of my medications because they're not in stock.		There is a full supply of stock medications on the Ward and full pharmacy cover. All patient lockers have POD facilities. We can only apologise that these medications were not administered.	Ward Manager	Complete	N/A		This is discussed daily at the Staffing Huddle
		Concern raised as patient has sleep apnoea and has CPAP machine at home every night. Patient has been without CPAP since admission. Ward clerk is attempting to get the machine transported to the hospital. The patient questioned the option of having spare CPAP machines on site to prevent patients going without CPAP in the absence of their own machines.		No spare machines in the Trust as these are supplied by a Tertiary centres and set up with patient specific pressure requirements. It is normal practice that a patient coming into hospital would bring their own equipment.		Complete - This patient was subsequently spoken to by a Matron.	N/A		Patient reviewed by medical team and was deemed to have no ill effects. Patient was discharged later in the day.

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	Caring	**Patient 2** The patient was on oxygen therapy, and nebulisers four times a day. The patient was not getting his nebulisers regularly because he has been told there is only one nebuliser machine on the ward. The patient has been admitted with pneumonia and needs his nebulisers. He feels that the lack of nebulisers makes him feel worse and hampers his recovery.		This was checked by the Duty Matron and the patient had received all the nebulisers as prescribed.	Matron	Complete	N/A		
13	Responsive	Call bells - the call bells within bays two and three were ringing for 20 minutes prior to being answered. However, staff walked past these bays several times without going in to check on the patients who needed assistance.		Part of the safety handover now includes reminding all staff that it is everyone's responsibility to answer call bells and deal with patient requests regardless of the location of the patient	Matron	Complete	N/A		Ongoing daily monitoring by Matron
14		One patient with dementia was calling for assistance and a member of the visiting team spoke to a Nurse to advise and		Part of the safety handover now includes reminding all staff	Matron/Ward Manager	Complete	N/A		Ongoing daily monitoring by Matron

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		she suggested the patient needed to use the call bell if they required assistance. The Nurse said it was not her bay and walked past the bay to find the staff member who was covering that patient.		that it is everyone's responsibility to answer call bells and deal with patient requests regardless of the location of the patient					
15	Responsive	One doctor on the ward was seen sitting at the desk surfing the Internet on their mobile phone.		This has been passed to the Clinical Director, however all nursing staff have reminded about the inappropriate use of mobile phones in the clinical areas.	Matron/CD	15/04/18			There is limited access to many web sites though the Trust Internet.
16		Two of the toilets on the ward had a dementia friendly seat but not all toilets had this		This has been discussed with the Lead Nurse for Older People and will be taken forward corporately	Lead Nurse Older People	15/05/18			

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17	**Well Led**	Ward staff expressed concerns about the difficulty of working in an escalation area.		The senior nursing team are fully aware of the morale across the ward and are working hard to ensure the staff feel valued listened to and supported. This includes increasing the number of substantive staff to the Ward, and daily visible Matron presence.	Senior Nursing Team	On going			Feedback from some of the substantive Medical/Nursing teams have suggested that Morale has improved since a more substantive team has been formed. Trust Wide formal review of plan or winter escalation 2018/19
18	**General**	Due to the high level of medication errors during January, and the lack of knowledge of this by substantive staff that the team spoke to, there is a real concern around how incidents are managed, disseminated and learned from.		Quality matters board is now in place top risks, areas for improvement and learning. Trust wide work on dissemination methods of learning from incidents, complaints etc	ACN Quality Improvement Matron/Ward Manager				

KEY: RAG RATING

	Complete		**On track for delivery**		**Behind plan, action needed to bring back on target**

KEY: WEIGHTING

H	**High priority**	**M**	**Medium Priority**	**L**	**Low priority**

CQC Weighting

S	**Safe**	**E**	**Effective**	**C**	**Caring**
R	**Responsive**	**WL**	**Well Led**		