

Area for Improvement raised by CQC	Aim	Action	Measurement	Responsible	Completion date	Evidence of implementation
Outcome 1: Respecting and involving people who use services, patients were not always responded to quickly enough by staff	To ensure ward organisation is such that a timely response within 10 rings is made to a nurse call bell 80% of the time.	Implement nurse rounding on Health Services for Elderly people (HSEP) wards – to focus on whether the patient needs to use the toilet, whether the patient is positioned comfortably, whether the patient has pain and to ensure they have everything in reach including call bell and drink	Daily audit of rounding, 100% of patients reviewed hourly in the day, 2 hourly at night. Daily call bell audit of time to respond to call bells and number of patients who have call bells in reach Patient feedback	Pippa Street Divisional Director of Nursing, Urgent Care Call bell audits to be carried out by Jenny Kenward, Patient Experience Manager, Kevin Walsh, Deputy Director of Nursing.	30.06.11	Five consecutive audits showing nurse rounding carried out 85% of the time on HSEP wards, MAU, Stroke unit Five consecutive call bell audits showing 80% of call bells answered within 10 rings and call bell is within the patients reach on HSEP wards, MAU, Stroke unit Weekly audits to continue thereafter with increased expectations of compliance (targets of 90%) and reported to divisional boards and User Experience Committee
		Review of ward break times and allocation to ensure appropriate numbers of staff on ward at any one time Written protocol for management of breaks on HSEP wards which describe how break times will be staggered.	Audit of compliance with protocol	Jo James Lead Nurse	30.06.11	5 days of audit showing break time protocol adhered to on HSEP wards 80% of the time Audits to continue thereafter and reported to divisional boards and User Experience Committee
		Review role of discharge team to assist in completion of discharge planning documentation with consideration to releasing nursing time		Kate Slemeck Director of Operations	30.06.11	A review carried out and available plan for implementation

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		(i.e. ward sister/charge nurse)and development of ward based discharge co-ordinator					
Outcome 1:Respecting and involving people who use services, patients' privacy and dignity was not always respected	Ensure all measures are undertaken to protect patient privacy and confidentiality during ward rounds	Implement a consultant led protocol for privacy principles during ward rounds in the context of 4 bedded bays – to include: Patient centred communication, appropriate and sensitive communication, consideration of privacy when discussing any issues related to health and well being	Direct observation Patient feedback	Dr Khailee Cheah, Consultant, HSEP	30.06.11	3 ward round observations on each ward showing privacy principles maintained 95% of the time Weekly audits to continue thereafter and reported to divisional boards and User Experience Committee	
		Consider roll out of protocol trust wide		Steve Powis Medical Director			
	To ensure that phlebotomy staff uphold expected standards of privacy and dignity	All phlebotomy and cannulation staff to be made aware of expected standards of behaviour. Implement programme of customer care training	Observational audit of staff to include 3 elements: introducing themselves, explanation of procedure and staff drawing of curtains around patients Patient feedback	Lenny Byrne, Divisional Director of Nursing, Specialist Services	30.06.11	Results of audit over 2 weeks showing 3 elements are met 95% of the time Training records demonstrating 80% of staff have completed training. Weekly audits to continue thereafter and reported to divisional boards and User Experience Committee	
	To further develop staff self awareness of behaviour that may compromise patients privacy and dignity	Develop peer observational programme, based on appreciative inquiry, staff learn to observe and give feedback of staff practice, to include all members of	Essence of care Privacy and Dignity Benchmark carried out on wards		Rebecca Myers Director of ODL	30.06.11	Privacy and dignity benchmark completed 5 consecutive audits showing 90% compliance
			Observational audit of privacy and dignity		Benchmarking to be carried out by Naomi Walsh, Lead		Weekly audits to

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		ward MDT	Patient feedback	Nurse, Practice Development		continue thereafter and reported to divisional boards and User Experience Committee
	To ensure staff do not enter behind curtains during patient care episodes	Further raise staff awareness of trust policies and procedures – reissue policy to ward MDT staff Raise awareness via handover and ward round Consider alternative to current disposable curtains i.e. changing to curtains that have no-entry sign printed on them	Observational audit Patient feedback	Deborah Sanders, Director of Nursing	30.06.11	Signature sheet showing all staff have been reissued with policy, have read and understood policy 5 observational audits on each ward showing no member of staff entering behind curtain without verbally checking first. Weekly audits to continue thereafter and reported to divisional boards and User Experience Committee
Outcome 5: Patients were observed not being appropriately assisted with their meal.	To ensure that all patients receive the correct level of timely and sensitive assistance they require with eating and drinking	Refinement and implementation of protocol for identifying the level of assistance required for each patient with eating and drinking	Observational audit at meal times Patient feedback	Jo James Lead Nurse	30.06.11	5 consecutive audits demonstrating the correct level of assistance was provided to patients Weekly audits to continue thereafter and reported to divisional boards
	At the end of meal service trays are not removed before nursing review and recording of what the patient has eaten	Implementation of 'green card' system	Observational audit at meal times Patient feedback	Jo James Lead Nurse	30.06.11	Audit showing green card system used on 5 consecutive days on each ward Weekly audits to continue thereafter and reported to divisional boards
	Ensure food choice available to patient is specific to nutrition needs of patients in	Implement HSEP specific menu	OCS audit of patient satisfaction	Jeremy Sharp Director of Facilities	30.06.11	Written confirmation and evidence of menu implementation from

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	HSEP	Ensure patients have access to menus at their bedside	Observational audit			OCS Observational audit shows for 5 consecutive days patients have access to menus Weekly audits to continue thereafter and reported to divisional boards
	Patients will be able to clean their hands before and after meals	Ensure 2 hand wipes available on every meal tray instead of current 1 Explain to patients the purpose of the hand wipes Offer alternative to patients who may wish to use soap and water	Observational Audit Patient feedback	Jeremy Sharp Director of Facilities	30.06.11	Observational audit demonstrates that for 5 consecutive days there are 2 wipes on each tray and patients are helped to use them Weekly audits to continue thereafter and reported to divisional boards
	To ensure that patients are positioned comfortably prior to meal times	The daily work plan will ensure that the 11.00 and 17.00 round considers patient position in preparation for meals and ensures patient in correct position for mealtime Reposition of patient where necessary during meal times	Observational audit at meal times Patient feedback	Pippa Street Divisional Director of Nursing	30.06.11	Observational audit showing for 5 consecutive audits patients are positioned correctly for eating. Weekly audits to continue thereafter and reported to divisional boards
	Increase volunteer support at mealtimes to further support patients in eating	Liaise with voluntary services to increase the number of volunteers trained in assisting patients with eating	Record of number of volunteers trained Record of number of volunteer episodes of helping patients with eating Each ward has a timetable of when volunteers will be	Jenny Kenward, Patient Experience Manager	30.06.11	The number of volunteers trained has increased by 50% and the number of volunteer episodes has increased by 20%

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			available to assist with mealtime			
Outcome 5 Inadequate monitoring of patients food and fluid intake which was reflected in the patients' records	To ensure nursing assessments are both accurate and acted upon, with all patients' having up to date care plans	Training on risk assessment and nursing assessment documentation with emphasis on why assessment and documentation are important	Training records Learning from incidents	Naomi Walsh, Lead Nurse, Practice Development	30.06.11	Training records showing 80% of staff have been trained Documentation audits show 85% completion on each record reviewed over 5 consecutive days
		Monitoring, embedding and maintaining standards of documentation including fluid balance and food charts and patient weight	Daily documentation audit	Pippa Street, Divisional Director of Nursing	30.06.11	Documentation audits show 85% completion on each record reviewed over 5 consecutive days Monthly audits to continue thereafter with improvement aim of 95% compliance reported to divisional boards
	Patients receive accurate nutrition risk scoring which translates into action at the point of meals service	Training on risk assessment & revision of high risk category actions	Training records Observational audit of meal times Learning from incidents	Naomi Walsh, Lead Nurse, Practice Development	30.06.11	Training records showing 80% of staff have been trained Observational audits over 5 consecutive days show 90% compliance Weekly audits to continue thereafter and reported to divisional boards
	To maximise the effectiveness of the dietetic input into the MDT	Review current input and effectiveness of dietetic input with HSEP consultants, nursing staff and SLT	Completed review and recommendations	Shirena Counter Head of Dietetics'	30.06.11	Written report outlining recommendations with a timescale for implementation

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Patients' views	The views of patients will be sought in relation to their specific experience of privacy and dignity and food to demonstrate the action plan implementation is improving their experience	A survey questionnaire will be used on a one to one basis with patients by volunteers from outside the ward	Survey results	Jenny Kenward, Patient Experience Manager	ongoing	Weekly reports of patient feedback
Trust wide	Consider the implications of the report and action plan on the wider organisation	Implement areas of good practice and audit schedules identified through the action plan trust wide	Privacy and dignity audits Nutrition audits Documentation audits Patient survey results	Divisional leadership teams	ongoing	Written divisional action plans Audit Schedule with compliance results as above
	Ensure all staff are informed of the inspection outcome	To write to all staff informing them of the inspection and findings	Communication to all staff	David Sloman Chief executive	26.05.11	Evidence of communication and distribution
	To have assurance that staffing levels can be maintained at each shift through timeliness of bank cover in the event of last minute sickness	To review escalation pathway for wards that are 2 or more nurses less than planned for the shift due to last minute sickness or unanticipated patient acuity. To develop and implement Red Flag ward metric process	Review of incident trends Number of wards Red Flagged in month	Deborah Sanders Director of Nursing	30.06.11	Written escalation process in place Methodology for identifying and reporting red flag wards in place
	To provide patient bedside information booklet to each bed	Publication and delivery of revised bedside guide (currently in production)	Audit of wards	Deborah Sanders Director of Nursing	14.06.11	Log of signatures of ward sister/charge nurse of delivery of guides.
	To learn more as an organisation directly from patients about their experiences developing a programme of engagement and change	To commission and tender for bespoke Royal Free programme	Tender completed and appointment made	Deborah Sanders Director of Nursing	Ongoing	Implementation plan from April Consulting for engagement programme and improving the experience of patients

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