

Date : 14th January 2013

Account number	RHM
Our reference	INS1-479995140
Location name	Southampton General Hospital
Provider name	University Hospital Southampton NHS Foundation Trust
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The delivery of this action plan will be via a Task & Finish Group chaired by Judy Gillow, Executive Director of Nursing and Organisational Development, reporting to the Quality Governance Steering Group and upwards to Trust Board.

Action	Review Date	Exec Lead	Operational Leads	Current progress
General Compliance Actions				
Organisational Culture <ul style="list-style-type: none"> To set up senior clinical leadership group to develop professional behaviours for all staff that demonstrate delivery of the Trust values and encourage multi-professional staff engagement. 	March 2013	Michael Marsh/Judy Gillow/Gail Byrne	Divisional Head of Nursing (DHN)/ Divisional Clinical Director (DCD)	<ul style="list-style-type: none"> First meeting of Clinical Advisory Group has taken place. Group will meet and report into Trust Executive Committee monthly.

Regulation 9 (Outcome 4) – Care and Welfare of people who use services				
Ward Leadership/Staff Engagement <ul style="list-style-type: none"> To ensure that each Ward has a medical clinical lead to work with the Band 7 Ward Leader to have a joint accountability model for quality delivery and ward quality and patient experience assurance. 	March 2013	Michael Marsh/ Judy Gillow	DHNs/DCDs	<ul style="list-style-type: none"> Already in place in some areas – role to be strengthened. Audit currently taking place to identify and address the hot spot areas (analysis underway).
Teamwork to deliver Quality <ul style="list-style-type: none"> To set up leadership/teamwork development days for Ward Leaders, Clinical Leads, AHP Leads and Ward Pharmacists and for the Care Group Leadership team. 	End of April 2013	Michael Marsh / Judy Gillow	DCDs/DHNs with David Young / Rosemary Chable	<ul style="list-style-type: none"> Trust Leadership team – development programme.
Staff Engagement <ul style="list-style-type: none"> To set up a Nursing Forum for nursing staff at any level to attend to discuss issues of concern, to share good practice and to be kept up to date with local and national information and feedback. 	To commence January 2013	Judy Gillow / Rosemary Chable	DHNs	<ul style="list-style-type: none"> First meeting taken place, very good attendance.

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<p>Care Planning/Clinical Documentation</p> <ul style="list-style-type: none"> To ensure there is a consistent, documented approach on all wards in formal care planning for patients including those who have been risk assessed. 	March 2013	Julia Barton	Matrons/Ward Leaders	<ul style="list-style-type: none"> Standard principles and supporting policy in development (nursing) Care planning training to be introduced Record keeping standards audit recently completed – outcomes and actions required to be disseminated by Derek Waller and picked up by divisional action plans. Folder development to be taken forward.
<ul style="list-style-type: none"> To review the process for undertaking risk assessments (e.g. VTE, SIRFIT, Braden) including professional judgement to improve compliance, documentation and adherence to the resulting plan of care, including the provision of appropriate equipment where required. 	February 2013	Julia Barton/ Gail Byrne	DHNs/Matrons	
<ul style="list-style-type: none"> To ensure all Divisions have the pain assessment tool incorporated in the patient observation charts. 	March 2013	Judy Gillow	Div A DHN/Lead Pain Nurse – J Trim	
<p>Patient Nutrition</p> <ul style="list-style-type: none"> Ensure the red tray system is working by undertaking unannounced weekly audits to enable immediate focus on any identified hot spot areas. Ensure all nutritional and fluid balance charts are completed by undertaking unannounced weekly audits to enable immediate focus on any identified hot spot areas. 	Progress report by February 2013	Judy Gillow/ Julia Barton	DHNs/Matrons/ Ward Leaders	<ul style="list-style-type: none"> Weekly checks by matrons with feedback to ward leaders to be undertaken Piloting of new corporate fluid chart underway

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<p>Clinical Assurance</p> <ul style="list-style-type: none"> Review current peer review model and identify if any changes are required as an outcome from the CQC review. Review ward quality monitoring processes including the framework for observations for care. Review Divisional and Care Group Quality Assurance. Develop Trust-wide policy To take forward external Peer Quality Review initiatives with Barts Healthcare Trust. 	<p>February 2013</p> <p>Process Feb 2013</p> <p>March 2013</p>	<p>Judy Gillow</p> <p>Judy Gillow / Michael Marsh</p> <p>Judy Gillow</p>	<p>Julia Barton/Gail Byrne and DHNs</p> <p>Julia Barton / Gail Byrne</p> <p>Julia Barton / Gail Byrne</p> <p>Gail Byrne</p>	<p>Barts DoN has agreed to this joint initiative to meet to agree approach.</p>
<p>Regulation 13 (Outcome 9) – Management of Medicines</p>				
<p>Drugs Administration</p> <ul style="list-style-type: none"> To ensure all staff are aware of the importance of following the Trust Medicines Management Policy with a robust monitoring process in place, to include each Division having an audit plan. Divisions to set up a local audit programme to ensure all aspects of the Medicines Management policy are being followed. To undertake a review in the wards and Discharge Lounge where the CQC identified issues to ensure all learning has been identified and is built into the improvement actions to achieve consistent practice. To undertake a full review of the prescribing and dispensing of TTOs in partnership with the service improvement team as part of the wider ‘No delays’ project. This also needs to be reviewed in the Trust’s Patient Flow Committee 	<p>January 2013</p> <p>March 2013</p> <p>February 2013</p> <p>April 2013</p>	<p>Martin Stephens/ Judy Gillow</p> <p>Sue Ladds/ Judy Gillow</p> <p>Rosemary Chable/ Sue Ladds</p> <p>Michael Marsh/ Sue Ladds</p>	<p>Sue Ladds, Chief Pharmacist with DHNs</p> <p>DHNs/Matrons</p> <p>DHNs with Ward Pharmacists</p> <p>Sue Ladds</p>	<p>Develop pocket sized reminder for staff (CH/AF)</p> <p>TTO workshop held</p>

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Regulation 22 (Outcome 13) – Staffing				
<p>Ward Leadership</p> <ul style="list-style-type: none"> To enable all Ward Leaders to become supernumerary to more effectively run the Ward and oversee in more detail the delivery of quality and patient experience standards. This will be a 2/3 year initiative as it will require investment. Proposals currently being drawn up to go to TEC in February 2013. 	1 st year implementation plan to be reviewed end of February 2013	Judy Gillow	Rosemary Chable with DHNs	This will be part of the detailed annual Ward Staffing review.
<p>Staffing Resource</p> <ul style="list-style-type: none"> To ensure the Trust wide action plan already developed for nurses and midwives continues to be implemented to reduce vacancies and the use of agency staff. To review the actions being taken to address staffing shortages in other clinical groups such as ward clerks, therapists, pharmacists and doctors. Review the Matrons' job description and identify more overtly what they should achieve in their 50% clinical time within their span of responsibility for their defined number of wards and departments. 	<p>Review progress against plan monthly at TEC</p> <p>February 2013</p> <p>February 2013</p>	<p>Judy Gillow</p> <p>Steve Harris</p> <p>Judy Gillow</p>	<p>Rosemary Chable with DHNs</p> <p>DHNs/DCDs/ Margaret Fahey</p> <p>Rosemary Chable/Gail Byrne with DHNs</p>	<p>Detailed local plans to be reviewed (nursing)</p> <p>Reflect in Divisional/local plans</p> <p>Letter gone out to Divisions to confirm the Matrons' job description and the importance of their clinical time in practice.</p>
<p>Staffing</p> <ul style="list-style-type: none"> To ensure the annual Capacity Plan is aligned to an annual Staffing Plan. This will take account of planned additional beds being opened over the year and an associated Staffing Plan with clear guidance that beds will only open once the Staffing Plan is in place. 	April 2013	Judy Gillow / Mike Murphy / Alison Thorne-Henderson	DHNs/DCDs/HR Business Partners/ Planning	

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Phlebotomy <ul style="list-style-type: none"> Review the identified issues in the Phlebotomy service and draw up an action plan to address. 	March 2013	Judy Gillow / Michael Marsh	Kamal Sandhu/Nick Hurlock with DCDs and DHNs	Scoping review to be implemented
Regulation 20 (Outcome 21) – Records				
<ul style="list-style-type: none"> To review the management of clinical records particularly in respect of loose filing. Identify any challenges to resolution and recommend how they should be addressed. 	March 2013	Judy Gillow	Paul McMahon	
Please note Issues relating to record keeping standards will be covered under the Regulation 9 actions.		Derek Waller/Judy Gillow		