

**Trust action plan to address issues raised following a CQC unannounced inspection to Maidstone Hospital.**

Standards: “Care and Welfare of people who use services”, “Staffing” and “Assessing and monitoring the quality of service provision”.

No.	Issue / concern	Action(s) to be taken	Success criteria	Nominated leads	Start date	Estimated completion date	Progress and evidence to support completion	Current Status	Date of follow up audit or N/A	Monitoring committee	Regulatory outcome link
1	Staffing: paediatric RNs for Maidstone A&E Dept for 24/7	Review emergency care pathways for children. Consider 'in hours' supervision of service by strengthening links with Riverbank. Include Maidstone provision in the overall review of paediatric emergency care review	Provision will meet Royal College requirements	Chief Nurse	19-5-14	30-9-14	Emergency paediatric pathway review group established, with dates set for meeting and options review. Stage 1 is to separate emergency paediatric pathway from adult pathway. Business case being developed.	In Progress	Yes	Quality & Safety	4, 13
2	Staffing: Paediatrician availability out of hours	Review current provision to ensure compliance with national standards	Compliant with national standards	Chief Nurse	30-4-14	30-6-14	Being reviewed against national standards and Royal College guidance	In Progress	Yes	Quality & Safety	4, 13
3	Assessing & monitoring quality: Frequency of Quality & Safety Committee meetings	Review frequency, implement 'Deep Dive' or focus approach on alternate months	Focused/themed meeting take place on alternate months to review areas of specific concern	Chief Nurse	1-4-14	19-5-14	Terms of Reference have been reviewed, amended, agreed and approved. Deep Dive methodology established, 2 meetings held, with further dates set.	Completed	N/A	Quality & Safety	16

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4	Assessing & monitoring quality: Board members not undertaking data driven visits	Implement Board member 'pairing' arrangements; issue revised guidance to Board members undertaking visits; and increase the reporting of findings from visits at Trust Board meetings. These visits will be informed by data	Regular department / ward visits by all Directors with use of data as agreed by Trust Board	Chief Nurse / Trust Secretary	1-4-14	30-6-14	Board member, 'pairing' arrangements agreed by the Trust Board. Regular data driven visits reported to Trust Board	In Progress	Yes	Quality & Safety	16
5	Assessing & monitoring quality: Board level oversight of services for children at Maidstone.	Develop a reporting mechanism to the Board that provides assurance against nationally defined indicators for emergency paediatric care	Regular reporting at Quality & Safety Committee	Chief Nurse	17-3-14	30-9-14	Dashboard for emergency paediatrics to be discussed at Quality and Safety Committee	In progress	N/A	Quality & Safety	16
6	Care & welfare: transfusion; Provision of 24/7 transfusion lab service	Review staffing requirements and introduce a shift system for transfusion trained staff	At least one transfusion trained member of staff on duty, on site, 24/7	Clinical Director Diagnostic	3-2-14	30-4-14	Shift system in place. Business case and recruitment process in train for strengthening sustainability.	Complete	Yes	Quality & Safety	4
7	Care & Welfare: Blood Tracking System inadequate	Implement 'Intelligent Fridge' for blood products	Reliable accurate tracking of blood products	Clinical Director Diagnostic	3-2-14	31-7-14	System in place. Staff training in progress with full go live anticipated July 2014	In Progress	Yes	Quality & Safety	4
8	Staffing: Readmission rates following elective surgery	Report readmission data to Directorate Leadership Team monthly to identify trends in a timely manner	Directorate Leadership Teams receive monthly data on readmission rates	Medical Director	24-3-14	5-5-14	Monthly data provided and variance understood, with action taken as appropriate	Complete	Yes	Quality & Safety	4, 13

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9	Staffing: Pathology staffing levels	Review lab staffing and clerical staffing and ensure recruitment and induction processes in place	Staffing levels to meet agreed standards	Clinical Director Diagnostic	17-3-14	27-3-14	Vacancy rates and use of temporary staffing. At present 1WTE vacancy	Complete	N/A	Quality & Safety	13
10	Assessing & monitoring quality: validation issues with mortality data for individual surgeons.	Revised data capture system to be established for mortality and morbidity.	Validated data 'owned' by teams	Medical Director	24-3-14	30-9-14	Data collection methodology agreed, data base in development complete by June 2014, with full implementation planned for completion by September 2014.	In Progress	Yes	Quality & Safety	16
11	Assessing & monitoring quality: Path Labs, re-audit of slide labelling.	Implement programme of regular audit on slide labelling	Audit data, and action plans to address any issues identified as a result of audit.	Clinical Director Diagnostic	6-1-14	31-3-14	Plan in place and audits being undertaken	Complete	Yes	Quality & Safety	16
12	Admissions Lounge: space between trolleys does not provide sufficient space for privacy	Review of admissions lounge working practices, review of patient pathway and/or location of lounge.	Space between trolleys will be sufficient to provide a level of privacy and will be compliant with any building regulation or guidance in force at the time of implementation.	Associate Nurse Director Surgery	7-4-14	30-9-14	Pathway review group being established to agree and implement revised pathway.	In Progress	Yes	Quality & Safety	4
13	Care & Welfare: Observations: No guidelines for the frequency of post-operative observations	Develop guidance for post-operative observations, to be linked to Observation Policy	Guidelines in place, and post-operative observations undertaken and acted upon accordingly	Associate Nurse Director Surgery	7-4-14	16-6-14	Review of literature undertaken, examples of policies & guidance from other Trusts obtained. First draft completed and currently being peer reviewed.	In Progress	Yes	Quality & Safety	4

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14	Care & Welfare: Observations; PAR Score not detailed on neurological observation chart thus not compliant with current Observation Policy	Review Observation Policy, Review Neurological Chart, consider approach to ensuring safe recording of observations and subsequent actions	Clear consistent policy and procedure in place	Associate Nurse Director Surgery	7-4-14	31-7-14	Policies and procedures in place and evidence of compliance against policy	Not Started	Yes	Quality & Safety	4
15	Staffing: Surgical Job Planning; all Consultant Surgeons to have up to date appropriate job plans	Review job plans as part of the current year appraisal cycle.	All Consultant Surgeons will have a current agreed job plan.	Clinical Director Surgery	3-2-14	31-7-14	Job plans have been reviewed for Upper GI. Ophthalmology in progress and due for completion May/June. Urology, gynae, general, breast, ENT due end July	In Progress	Yes	Workforce	13
16	Staffing: staff grade surgeons employed to cover consultant work	Appoint two consultant surgeons with expertise in emergency surgery	Posts filled.	Simon Bailey	1-10-13	31-1-14	Staff in post.	Complete	N/A	Workforce	13
17	Care & Welfare: Privacy & dignity of patients in the Admissions Lounge	Need for a couch for physical examination in consultation room	provision of couch	Associate Nurse Director Surgery	7-4-14	30-6-14	Provision of couch in both consulting rooms.	In Progress	N/A	Quality & Safety	4
18	Admissions Lounge: Designated private area for consent and other private conversations	Identify area, inform staff and enforce practice	All patients requiring privacy for private conversations in including consent will be provided with an appropriate space/area/room	Associate Nurse Director Surgery	7-4-14	30-9-14	Pathway review group being established to agree and implement revised pathway.	In Progress	Yes	Quality & Safety	2, 4

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19	Assessing & monitoring quality: Acute NHS Trust should be collecting outcome data by 'Named Consultant' for specific indicators	Present and discuss Consultant Level data at Quality and Safety Committee	Data to be available by named Consultant and discussed at Quality and Safety Committee	Medical Director	1-5-14	30-8-14	Consultant level data is already available for some outcome measures	In progress	N/A	Quality and Safety	16
20	Assessing & monitoring quality: Learning from incidents and investigations not robust	To review learning from incidents and investigations at clinical governance committee and directorate governance meetings.	Clear evidence of learning from incidents and investigations and evidence that same issues are not reoccurring	Chief Nurse	1-4.14	30-06-14	Minutes from Clinical Governance Committee and directorate level governance meetings. Minutes from Quality and Safety Committee. Audit of Serious Incident report action plans	In progress	Yes	Quality and Safety	16