

CQC QUALITY IMPROVEMENT ACTION PLAN: V6 (last updated 19th December 2014)

Hospital & Domain	Issue	Key action	Responsible Exec / Manager	Date for completion	Progress & Assurance	Date completed	RAG status
Governance							
Response to learn and act on Incidence reporting.							
CQC Domain: Safe Services							
St Marks Hospital Medicine & surgery	Number and type of incidents reported: <ul style="list-style-type: none"> IFU reported 17 incidents reported between February and March 2014. 'Surgery' reported a number of incidents (35 to NRR&LS) Four 'never events' in surgery Out-patients ?under reporting. Difficult to use when busy. 	<ul style="list-style-type: none"> Continue to promote and support an incident reporting culture / training & communication: Being Open. Continue to review individual incidents to ensure learning Review themes and trends reports for areas and cross trust themes to ensure actions taken to avoid harm. 	DGM's CN	Ongoing	Incident reporting summary for all services to support new divisional structures & LNWH NHS Trust report	Ongoing.	Delay: Improvement plans for new divisions and new policy Launch January 2015
Northwick Park Hospital A&E & ITU	<ul style="list-style-type: none"> 41 SI's (8 involved delays in handover care from AS) Incidents:- 5 SI's (ITU) 	<ul style="list-style-type: none"> Improvement plan for all areas identified. Compile new policy Launch new policy. 	CN	December 14	Improvement plans for new divisions	Ongoing	
Northwick Park Hospital Children Services	24 incidents on system investigation not started: drug errors etc. 4 unexpected deaths in the past year	Regular monitoring at: <ul style="list-style-type: none"> Divisional Governance meetings Divisional performance reviews 	CN	December 14	Draft Policy	December 14	
Northwick Park Hospital Maternity Services	High no of incidents open on system 4 maternal deaths in 2 years/ 4 infant deaths in 2014. 1 'never event' in 2013/14 (retained swab) 6 admissions to ITU. Senior obstetricians didn't take ownership of risks. Info not widely shared	<ul style="list-style-type: none"> Patient Safety & Quality Meetings Clinical Performance & Patient Experience Committee (TB subcommittee) 		January 14	Communication plan		
				Ongoing	Meeting agendas available.		

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Participation in National audits, benchmarking to improve practice							
CQC Domains: Safe & Effective Services							
St Marks Hospital Medicine & Surgery (Effective)	Poor performance on National Bowel Cancer Audit in 3 out of 5 indicators. <ul style="list-style-type: none"> Data completion & ascertainment rate (50% vs National rate 95%) No of cases having CT scan (8.8% vs National rate 83%) 	<ul style="list-style-type: none"> Improvement plan 	CD & MD	January 15	Improvement plan		On track
Central Middlesex Hospital Critical care (safe)	Large proportion of information gathered from audit work (outcomes of care/treatment) used local tool and not benchmarked against national data such as ICNARC. ? outcomes for patients and medical practice.	<ul style="list-style-type: none"> Implement ICNARC Use outcomes to benchmark and improve practice. 	CD & MD	June 14	ICNARC Implemented Reflected in speciality / divisional dashboards Improvement plan	July 14	Completed
All services	Compliance with national audits, benchmarking to improve care.	<ul style="list-style-type: none"> governance review 	CN & MD	December 14	Governance review report.		Delay: Report January 2015

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To ensure an effective system is in place to ensure all clinical polices and protocols are relevant and in date.							
CQC Domain: Effective Services							
St Marks Hospital Surgery	Out of date clinical protocols, e.g. emergency transfer, analgesia guidelines and fluid management. Concern new students/nurses are referred to these guidance documents.	<ul style="list-style-type: none"> Review all clinical protocols; identify those 'out of date'. Each speciality to compile list of required polices / protocols Devise work plan to ensure all required polices are in place and in date. Establish a Clinical Polices Approval Committee Re-launch corporate governance process for the management and flagging of out of date polices. 	CD & DHoN CN & MD	November 14	Speciality / Divisional work plans. Many polices have been updated.		
Central Middlesex Hospital Critical care:	Critical care: very few protocols for medical staff. No protocols on aspects of critical care, eg sedation/management of septic patients/renal replacement therapy			December 14			
Northwick Park Hospital Children's services	Did not see pain management protocol to monitor/treat pain in neonates (<i>staff used sucrose/breast milk to calm babies</i>)			February 15			
Northwick Park Hospital ITU & Surgical	lack of up-to-date protocols/ guidelines Very few protocols for medical staff (eg sedation/management of septic patients/renal replacement therapy)			January 15			
Northwick Park Hospital Medical	Not all guidelines up to date eg AIDS protocol in sexual health clinic (2011) Guidance on 'see and treat' not adopted as standard						
All Services	Ensure compliance with up to date evidence based polices and protocols						

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To ensure effective development and support of medical staffing CQC Domain: Safe & Effective Services							
St Marks Hospital Medicine	Junior doctors raised concerns as <ul style="list-style-type: none"> no formal teaching no appraisals no knowledge of clinical governance. 	Review teaching plan and publicise Monitor appraisal Organise a teaching session on clinical governance.	CD & MD	Review December 2014 December 2014	Teaching programme Appraisal compliance plan for junior Drs. Governance teaching session.		On track Review: January 2015
All Services	To ensure all junior Drs receive <ul style="list-style-type: none"> formal teaching appraisals knowledge of clinical governance. 	Review specialty teaching plans Review plans for junior staff appraisal Organise teaching sessions on the importance of clinical governance.	CD & MD	Review December 2014	Teaching programme Appraisal compliance plan for junior Drs. Governance teaching session.		On track Review: January 2015
To ensure exit interviews are undertaken to inform service improvement. CQC Domain: well-led Services							
Northwick Park Hospital Maternity services	Maternity: High turnover of consultant staff - no evidence of exit interviews	Ensure exit interviews offered. Complete maternity services consultant workforce plan.	CD & MD CD & DGM	Ongoing December 14	Exit interviews are offered. Thematic review of exit interviews. Consultant Workforce plan		On track Review: January 2015
All services	Ensure all staff are offered exit interviews	Raise profile of importance of exit interviews Ensure exit interviews offered. Quarterly thematic review of exit interviews.	DGM's DoHR	Ongoing...re minder December 2014 April 2015	Exit interviews offered. Quarterly thematic review of exit interviews.		On track Review: April 2015

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To review temporary staff access to computer system CQC Domain: Safe, Effective Services							
Central Middlesex Critical care	Medical locums used extensively throughout department. Not all had access to computer system – reliant on other medical staff being present for some duties	<ul style="list-style-type: none"> Review computer system access to temporary medical staff 	DoIT MD COO	December 2014	Temporary staffing proposal		On track Review: January 2015
Northwick Park Hospital Surgery	Medical locums at weekend problematic (not all have access to computer system)						
To ensure safe nurse staffing CQC Domain: Safe & Effective Services							
St Marks Hospital Medicine & Surgery	<p>FSW: nurse staffing met the national safe staffing guidance. However on the day visited nursing shortages due to staff sickness and a number of vacancies.</p> <p>A patient said they were 'quite scared' because it was approaching a bank holiday and they did not know how the ward would cope with fewer nurses. The nurses were busy not neglectful.</p> <p>Difficulty recruiting nursing staff on FSW – due to "workload and mixed medical/surgical needs" Nursing staff numbers low at times: one time 24 patients to 5 qualified staff - some still undergoing induction, no coordinator and only 2 HCAs.</p>	<ul style="list-style-type: none"> 4 beds closed in May 2014 - unsafe to keep open with current staffing in post / at work. Review of patient acuity & dependency (A&D) to inform staffing numbers and skill mix Ongoing recruitment Ongoing use of rota management and escalation policy's Review staffing plans to enable beds to be opened following a risk assessment agreed as safe by the Chief Nurse 	DHoN & CN	<p>May 2014</p> <p>May / June 2014</p> <p>Ongoing</p> <p>Ongoing</p> <p>November 2014</p>	<p>A&D review, staffing reviewed and beds re-opened, contest review.</p> <p>e-rostering management policy</p> <p>Escalation policy</p> <p>Re-opening beds risk assessment and staffing plan.</p>	<p>N/A</p> <p>November 2014</p> <p>On-going</p> <p>December 2014</p>	Delivered & ongoing review

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Northwick Park Hospital A&E	Reduce nurse vacancy rates and temporary staffing.	<ul style="list-style-type: none"> • Transfer of staff from CMH A&E • Ongoing recruitment • Monthly monitoring of vacancy rate. 	HoN CN	September 14 Ongoing Ongoing	48 vacancy's reduced following staff transfer Vacancy rate report.	September 2014	On track Review: January 2015
Northwick Park Hospital Children's services	Concerns re recruitment and retention of neonatal nurses (high proportion nearing retirement)	<ul style="list-style-type: none"> • Recruitment plan • Ongoing recruitment • Monthly monitoring of vacancy rate. 	HoN CN	December 2014	Recruitment plan Vacancy rate report.		On track Review: January 2015
To ensure effective development and support of nurse staffing							
CQC Domain: Safe & Effective Services							
St Marks Hospital Medicine	Nurses feedback that formal supervision of their practice did not occur, only when required.	<ul style="list-style-type: none"> • Review supervision arrangements. • Review and re-launch supervision policy. • Monitor • Evaluate supervision. 	DHoN CN	November 14 December 14. Ongoing March 15	Review paper Revised policy but launch in January 2015 Record of sessions held / staff attended. Evaluation.		Delay: policy launch January 2015
All Services	Ensure all nurse have the opportunity to receive formal supervision.	<ul style="list-style-type: none"> • Review supervision policy • Re-launch policy • Monitor policy: review quarterly 	DHoN CN	November 14 December 14. Ongoing	Supervision policy. Monitoring report.		Delay: policy launch January 2015

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To ensure effective integration of services CQC Domain: Effective & Well-Led Services							
St Marks Hospital Medicine	Lack of integration between NPH and St Marks , some staff felt there was a them and us	<ul style="list-style-type: none"> Multidisciplinary team to discuss gaps in integration to inform improvement plan. 	DOO CD's DGM's MD / CN	Review January 2014	Gap analysis and forward plan		On track Review: January 2015
To ensure staff receive mandatory training. CQC Domain: Safe							
St Marks Hospital Medicine & Surgery	Less than 70% staff up-to-date with <ul style="list-style-type: none"> Infection control (FSW 67.9%) Health and Safety (IFU 65.7%) Difficult to attend due to workload pressures.	<ul style="list-style-type: none"> Provide flexible training e.g. face to face, e-learning. Review mandatory training requirements Continue monthly compliance reports Speciality / Divisional Improvement plans 	DGM's DoHR	Review December 14 February 2015 for implementation from 1 April 2015	Mandatory training programme has been reviewed, wider access to training material in progress, moving to more focus on competency assessment. Attendance monitoring reports.		On track Review: January 2015
Northwick park Hospital Medical	poor medical staff training (41% attendance at mandatory training)						
Northwick park Hospital Children's Services	Mandatory training averages: <ul style="list-style-type: none"> 56% across children services (low in Neonatal) 83% Jack's Place (only 21% up to date on infection control) Only 26% of staff in Neonatal Unit had L3 safeguarding 						

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Central Middlesex Hospital Children's services	<ul style="list-style-type: none"> Safeguarding: only 20% outpatient paediatric staff attended L3 Mandatory: only 26.8% staff in outpatients up to date No disaggregated information available on training in day surgery unit 	As above					On track Review: January 2015
Northwick Park Hospital Maternity services	Safeguarding – only 16% student midwives attended L2/L3						
To improve compliance with annual staff appraisal. CQC Domain: Well-Led							
Central Middlesex Hospital Children Services	No record of number of appraisals undertaken	<ul style="list-style-type: none"> Ensure local as well as Trust records maintained for staff appraisal. Plan and monitor staff appraisals 	DGM's DoHR	Appraisal rates monitored monthly as part of performance Dashboard			On track Review: January 2015
	No disaggregated information available on appraisals in day surgery unit						
Northwick Park Hospital Maternity services	Low appraisal rates in maternity/gynaecology – 30%						
All Services	Ensure all staff receive an annual appraisal						

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Quality & safety							
To ensure bed capacity to manage patient demand.							
CQC Domain: Safe & Responsive							
St Marks Hospital Surgery	On some occasions lack of beds on the wards resulted in patients remaining in recovery, this sometimes delayed the morning surgical lists.	<ul style="list-style-type: none"> Implement bed expansion plan for 'winter 2014' Submit Full Business Case for additional modular wards 2015/16 On-going patient discharge PDD Implement bed management policy and escalation plan Reduce delayed transfers Monitor delayed patient transfer from recovery Actions above in conjunction with wider sector/ demand management etc.	COO DoO	Start: November 14	<ul style="list-style-type: none"> Bed plan: 'winter 2014 / 15' ✓ TB approval Business case ✓ Monitor patient discharge ✓ Bed management policy ✓ Data on delayed transfer of care. ✓ Data on delayed transfer from theatre ✓ 	November 2014	On track Review: January 2015
Northwick Park Hospital Medicine	Pressure for beds contribute to workload for on-call med team Pressure on CCU, particularly beds (patients discharged too soon then re-admitted)			December 14		November 2014	
Northwick Park Hospital Surgery	lack of beds on wards (patients spend night in recovery (delaying morning surgical lists))			Ongoing		November 2014	
Northwick Park Hospital Maternity Services	Maternity: 68.7% bed occupancy higher than England average 58.6	<ul style="list-style-type: none"> Continue to monitor bed occupancy. Pursue business case for additional / improved triage area. 	COO DoO DoE&F	Ongoing Review January 2015	Monthly bed occupancy data		Review: January 2015
St Marks Hospital Medicine & Surgery	HDU patients often transferred to FSW - not medically-fit to be received (result in returning to HDU). Nurses are perceived to have the skills to care for these patients; patients are transferred even though not accepted by medical staff).	Ensure patient receive care that meets their needs <ul style="list-style-type: none"> Request feedback from the wider multi-disciplinary team to inform correct actions 	MD DoO & DGM CN	November 14	HDU Criteria	Ongoing	Review of HDU criteria ongoing

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	FSW finds it difficult to transfer their patient to HDU.	<ul style="list-style-type: none"> Review HDU acceptance and discharge criteria, re-launch and monitor. See above.... Review Nursing staffing, capability and competency in line with patient acuity and dependency Review medical staffing in line with patient acuity and dependency. Review HDU capacity against demand. 		February 2015 November 14 November 14 December 14	Audit of compliance with HDU Criteria FSW nursing staffing review paper FSW medical staffing review paper HDU capacity analysis undertaken , summary paper being written .	November 2014 November 2014 Analysis December 2014	
St Marks Hospital Medicine	FSW: 4 beds closed - unsafe to keep open with current staffing levels	<ul style="list-style-type: none"> Beds closed until uplift of staff in post – recruitment. Risk assessment Re-open beds. 	DHoN Chief Nurse	May 14 onwards Review November 14 Open ? November 14	Risk assessment and staffing plan. Escalation policy Datix for unsafe staffing.	May 14 & November 2014 December 2014 Ongoing.	Delivered & ongoing review
To ensure appropriate emergency Theatre capacity available CQC Domain: Safe & Responsive							
Northwick Park Hospital Surgery	NCEPOD list during weekdays not forthcoming to date (on risk register)	<ul style="list-style-type: none"> To be implemented soon. Some specialty's 3 shifts 	COO DoEF	Review December 14	NCEPOD list		On track Review: January 2015

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To ensure timely and effective staff handover of patient care.							
CQC Domain: Safe & Responsive							
Northwick Park Hospital Maternity Services	Ensure effective, timely handover between staff. Handovers between midwives/obstetricians at different times	<ul style="list-style-type: none"> Review current handover arrangements Develop a good practice guideline. Launch guideline / expiated standards. Monitor handovers Maternity handover plan 	MD CN DGM's	December 14	Maternity handover plan Summary of current arrangements Handover: Good practice guideline. Evaluation of handovers.	September 2014	On track Review: February 2015
	Anaesthetists miss part of doctor handover (busy clinically)			December 14		October 2014	
	Midwives absent from doctors' handovers (re management plans for difficult patients)			January 15 February & ongoing		October 2014	
Northwick Park Hospital Medical services	Poor handover between med staff daytime/nights						
All services	Ensure effective, timely handover between staff.						
To effectively manage patients on the 18 week pathway.							
CQC Domain: Safe & Responsive							
St Marks Hospital Out-patients	Shortfall in 18 week patient RTT. Patient pathways incorrectly recorded in some cases (from diagnostic review June 2013). Three areas identified:	<ul style="list-style-type: none"> Action plan 	COO DoO DGM's	Review January 2015	Action plan & Performance shows recovery especially in Trauma and Orthopaedics and gynaecology. Backlog is being cleared with some assistance via out-sourcing.		On track Review: January 2015
Northwick Park Hospital Out-patients	<ul style="list-style-type: none"> systems and processes capacity and demand culture common pathway clear to all staff spoken to 						

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For all services / division to have a vision and strategy for their services							
CQC Domain: Well-led							
All services:	<p>St Marks No evidence of strategy / vision for service / department Critical care: Not clear how CMH ITU linked with the department as a whole. No clinical lead since Mar 2014. Maternity services: Medical staff described as “leadership vacuum” (lack of vision/strategy/ governance) Neonatal Unit impression consultants not united around vision (provide safe/high quality/ patient-centred services) lack of vision in promoting STARRS. All other services: to develop a vision and strategy with their staff.</p>	As part of new structure / integration of services: Develop and share <ul style="list-style-type: none"> • vision • strategy for all speciality's.	COO DoO DGM's	Review January 2015	St Marks vision and Strategy completed. Draft ENT Vision and Strategy. Strategy and visions are being progressed as part of the integration work stream; most have draft documents, some final versions.		On track Review: January 2015
For adolescent children to be assessed by psychiatric liaison team within the appropriate timescales 24 hours a day, seven days a week							
CQC Domain: Safe							
Northwick Park Hospital Children's services	Unsatisfactory CAMHS service: <ul style="list-style-type: none"> • Young people only seen on day of admission if referral made by 11am • No out-of-hours cover Medically-stable children supervised by agency MH nurses brought in for purpose (<i>blocked bed until seen by CAMHS</i>)	<ul style="list-style-type: none"> • CAMHS multi-agency task and finish group. 	DoO MD CN	Review January 2014	CAMHS multi-agency task and finish group in place. CAMHS additional nursing team in place for 'winter'		On track Review: January 2015

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Ensure all clinics / services attended by children are child friendly CQC Domain							
Children's services CMH & All services / sites	Ensure all clinics / services attended by children are child friendly e.g. environment risk assessment, toys / play area. Registered children nurse to be associated with clinic and relevant policy escalation in place.	<ul style="list-style-type: none"> Review arrangements in all clinics that children attend 	DGM's DoO CN	December 2014	Review Summary		On track Review: January 2015
Ensure effective medication management CQC Domain							
Northwick Park Hospital A&E	Medication management Patient medication left at bedside (awaiting patient's return)	<ul style="list-style-type: none"> Reiterate correct medication Management. Audit practice (large scale). 	HoN CN	July 14 Ongoing January 2015	Audit results.		Review: January 2015
Northwick Park Hospital OPD	written information re medication only available in English	<ul style="list-style-type: none"> Review all information in OPD- identify gaps Develop patient information Improvement plan. Implementation plan completed 	HoN's DCN CN	December 14 January 2015 Review February 2015	Patient information Improvement plan.		On track Review: January 2015
All Services	Ensure effective medicine management	<ul style="list-style-type: none"> Undertake actions above across all services. 	HoN's CN	Review progress January 2015	Audit results.		Review: February 2015
Ensure good communication on the future of services CQC Domain: Well -Led							
Central Middlesex Hospital Critical Care	Staff expressed concerns re future of hospital and continued functioning of department with reduced services	<ul style="list-style-type: none"> Continue to brief and update staff about any changes to the critical care service and wider hospital services. 	DoO DGM	Ongoing	Evidence of updates		On track Review: January 2015
All Services	Keep staff up to date with changes to services	<ul style="list-style-type: none"> Continue Open Forums / newsletter Continue staff meetings 	COO	Ongoing	Evidence of: Forums, staff meetings, newsletter		On track Review: January

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							2015
Ensure all patient records are kept safe / safely secured.							
CQC Domain: Responsive							
Northwick Park Hospital Out-patients & All Services	Patient records held in open trolley <ul style="list-style-type: none"> No lockable storage available in clinic reception areas On 3 occasions saw trolley of patient notes left unsupervised Patients seen without full set of notes available to consultant in charge	<ul style="list-style-type: none"> Reiterate policy on safe storage of patient records Review / audit patient record storage Address gaps / improvement plans 	DoO DoIT	November 14	Policy	November 2014 December 2014	On track Review: January 2015
				December 14	Audit results		
				January 15	Improvement plans / order		
Patient Experience							
Ensure all patients who require assistance at meals times receive assistance							
CQC Domain: Effective							
St Marks Hospital Medicine	Meal service CQC observed nurses assisting with meals but catering staff told CQC when the staff were too busy to assist meals would go cold before patients could consume it.	<ul style="list-style-type: none"> Undertake observational audit Raise staff awareness of the Protected Meal Times policy / expectation. Re-audit / monitor 	DHoN& Chief Nurse	December 14	Policy		On track
				December 14	Audit results		
All wards	Ensure all patients who require assistance at meals times receive assistance			January 15	Improvement plans		Review: January 2015
Ensure all patients receive a timely response when using a call buzzer to request assistance							
CQC Domain: Caring							
St Marks Hospital Medicine	FSW: observed patient assisting another patient after ringing buzzer several minutes	<ul style="list-style-type: none"> Undertake observational audit. Raise staff awareness 	DHoN& Chief Nurse	November 14	Audit results		On track Review: January 2015
				November 14	Awareness campaign		
Northwick Park Hospital Maternity	Maternity: Woman in pain following caesarean in room with bell that did not work.	<ul style="list-style-type: none"> Ensure routine of checking call bells at the beginning of each shift Review staffing levels FSW 		November 14	Checklist		
				November 14	FSW staffing		

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Services		<ul style="list-style-type: none"> • monitor 		Monthly	assessment Audit results		
All wards / services	Ensure all patients receive a timely response when using a call buzzer to request assistance						
Ensure all patients receive a timely response to request for assistance							
CQC Domain: Caring							
St Marks Hospital Medicine	FSW: Staff member ignore patient's request to assist - as not allocated to patient's bay	<ul style="list-style-type: none"> • Remind staff of their responsibilities. • Monitor staff behaviour • Monitor complaints on this issue. 	HoN & Chief Nurse	July 14 Ongoing Ongoing	Copy of the letter. Feedback / complaints that this situation has re-occurred.		Review: January 2015
Ensure compliance with F&F response rate and continually improve the NPS							
CQC Domain: Well-Led & Caring							
St Marks Hospital Medicine	Family & Friends Test FSW scored 53 (national average 73) in Feb 2014 inpatient FFT.	Improve the NPS, by <ul style="list-style-type: none"> • Increasing the response rate • Taking action to address negative comments. • Review monthly performance 	DHoN's & HoN CN	Ongoing Ongoing Ongoing	F&F performance report.		On track Review: January 2015
Northwick Park Hospital Maternity services	Low response re FFT			Review January 2015			
St Marks Hospital Medicine	Quality Board to display F&F test results and other should be in all area.	<ul style="list-style-type: none"> • Review Quality Boards available in all areas • Display information on quality Board • Audit standard 	DHoN HoN CN	November 14 December 14 January 14	Evidence of information displayed on Quality Boards. Board Audit.	December 2014 December 2014	On track Review: January 2015

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Increase patient feedback to evaluate and improve services.							
CQC Domain: Well-Led & Caring							
St Marks Hospital Surgery	Need to increase patient feedback	<ul style="list-style-type: none"> Feedback Strategy Use RTF when rolled out Undertake a 100 Voices Matrons ward rounds Share feedback and improvement plans to support learning. 	DHoN HoN CN	November 14	Feedback Strategy	December 2014	Review: January 2015
Central Middlesex Hospital Critical care	Critical care: Whilst people could make complaints/comments - no further efforts made to engage with members of public			December 14	Outcome of feedback		
				December 14	Improvement plan		
				On-going	Evidence of shared learning		
Central Middlesex Hospital Children's services	<ul style="list-style-type: none"> No surveys of children/family views No use of FFT (only received verbal feedback) on quality of service 	<ul style="list-style-type: none"> Introduce F&F Undertake '100 voices' Introduce local feedback survey National surveys (2014) recently undertaken, await results. 		December 14	Outcome of feedback / surveys	December 2014	Review: January 2015
				December 14	Improvement plan		
				January 15			
St Marks Hospital Medicine	National in-patient survey response Poorly performing response to National in- patient survey: Did nurses talk in front of you as if you were not there?	<ul style="list-style-type: none"> Raise staff awareness. Monitor performance via local survey 		Ongoing	Local survey results.		On track Review: January 2015
All services				January 2015	National survey results		

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Environment							
Ensure effective management of equipment CQC Domain: Responsive & Safe							
Northwick Park Hospital Children's services	Some equipment not on trust asset register – staff unclear whose responsibility it is	<ul style="list-style-type: none"> Ensure all Jacks place equipment on Trust Asset Register 	DGM DoE&F	May 2014	Up dated Asset register		Completed
Northwick Park Hospital A&E	Equipment Servicing Inconsistency of equipment servicing (some a year out of date from recommended service)	<ul style="list-style-type: none"> Check all equipment in A&E has been serviced. 	DGM DoE&F	10 th December 2014	Due to be completed as part of move into new department on 10 th December 2014.		Review: January 2015
Northwick Park Hospital Children's services	No PAT testing dates on some electrical equipment <ul style="list-style-type: none"> 24% of equipment passed due date 	<ul style="list-style-type: none"> Ensure all equipment has been PAT tested. 	DGM DoE&F	July 14	PPM programme in place to ensure all equipment is tested/ Serviced throughout the year.	July 14	Completed
All Services	Ensure all equipment on asset register, services and PAT tested	<ul style="list-style-type: none"> Review equipment log. Undertake PPM programme 	DGM's DoE&F	Ongoing..... ...(Programme in place).	PPM programme in place to ensure all equipment is tested/ Serviced throughout the year.	July 2014	Completed

Key:	 Delivered	 On Track	 Delay	 Not on track
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