

## Action Plan in response to Enter and View Report 6<sup>th</sup> September 2011



### Status key:

Red	Action not started
Amber	Action in progress
Green	Action complete

Recommendation / Theme	No.	Action	Lead (s)	Completion Due Date	Current Status	Position Statement	Date Completed
A clearly "condemned" mattress should never have been put into use. This was reported at the end of the visit and was to be investigated.	1.1	The condemned mattress was removed from the clinical area immediately	Sister Calvert	Immediate	Complete		06/09/2011
	1.2	Staff were reminded at the time of the visit about the correct procedure to be followed when equipment is deemed to be not fit for purpose. This will be reinforced formally at a staff meeting.	Sister Calvert	November 2011	In Progress	Meeting planned for 14 November 2011	
There appears to be problems concerning timely discharge of out of area patients, (including Stone, Stafford, Cheshire and Shropshire). If patient discharge needs to be escalated then this must be a matter of concern for the UHNS although also the needs of the individual patient	2.1	Ward 19 is working closely with the Discharge Liaison Team to escalate the discharge plan of out of area patients in a timely manner.	Sister Calvert	Ongoing	Complete		Ongoing
	2.2	Ward Manager attends weekly Length of Stay meetings with Divisional Nurse to expedite discharges in a timely manner.	Sister Calvert	Ongoing	Complete		Ongoing

must be prioritized.						
Many of the patients appear to have been in for longer than nine and a half days. Is Ward 19 attaining the present length of stay to discharge target?	3.1	The target length of stay for Fractured Neck of Femur Patients is 7 days. The Trauma & Orthopaedic Management Team are working closely with community colleagues to ensure that sufficient bed based and home Intermediate Care services are in place to facilitate this target.	Michele Gibbs/ Debra Meehan	Ongoing	Complete	Ongoing
The central corridor is very cluttered and needs to be constantly reviewed as a possible source of danger for patients. Hopefully this situation will be remedied when the ward moves to the new build.	4.1	Staff were reminded at the time of the visit about the importance of adopting Productive Ward principles and ensuring that only essential items are kept in the central corridor. This will be reinforced formally at a staff meeting.	Sister Calvert	November 2011	In Progress	Meeting planned for 14 November 2011
Staff and patients describe the ward as busy with patients occasionally having to wait for attention. There should, however, be more flexibility, easier maintenance of the environment, and fewer beds when the ward moves in March, 2012. Will this also mean a decrease in staffing levels on an already overstretched ward?	5.1	Safe staffing levels have been agreed for the 26 bedded Ward by the Chief Nurse and Divisional Nurses following local and national bench-marking. Due to the vulnerability of this patient group, an extra Clinical Support Worker has been added to each shift to manage the increased risk of falls due to the high proportion of single rooms.	Mandy Wood/ Debra Meehan	March 2012	In progress	Plan in place- Pending Ward move in march 2012