

Board of Directors Item 2.3b

Subject: EECS and CQC Quality Assessments Medicine Division
Date of Meeting: Monday 28th November 2022
Presented by: Sue Pemberton, Director of Nursing, Quality & Safety

BAF Reference	Impact on BAF
Baf 1	To provide assurance on CQC and quality standards within the medicine division.

Level of assurance (please tick one)

To be used when the content of the report provides evidence of assurance

<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls
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1. Executive Summary

The Excellent, Efficient, Compassionate and Safe assessments (EECS) have been on-going in the Trust since 2015. This is an assessment tool to provide assurance of the quality standards across the clinical areas and departments. The assessments have evolved and changed over time; the content is aligned with CQC key lines of enquiry, with additional requirements set by the Trust. Due to overlap with both the EECS and our internal CQC mock inspections, a decision was made to integrate the EECS and the CQC mock inspections to prevent duplication and provide a thorough review of a ward/department/service from October 2021.

The EECS assessments detail a comprehensive review of clinical/non-clinical standards in wards and departments. The document is located within the Tendable app which is a tool to collate the evidence in relation to the standards. The assessments are completed by senior leaders within the organisation, independent of the area being assessed. The purpose of the EECS is to ensure that care delivery across our wards, departments and clinical services is monitored as a minimum annually, with the aim of providing assurance of the Trusts standards, to the Board of Directors. Following each assessment robust action plans are developed, which are progressed through divisional governance structures, until completed.

The Medicine division has been assessed in its entirety throughout quarter one 2022 and completed in July 2022. The assessments were conducted within ACU, Birch ward, Holly Suite, Cherry ward, CCU, Catheter Labs, KCVD, KCRS, Pulmonary Function, Cardiac Diagnostics. The overall outcomes were good with some outstanding features. Areas for improvement have been highlighted as per section 3.

2. Background

During the Covid pandemic and the introduction of the Tendable app at LHCH (Previously named Perfect ward) a review was conducted in April 2021 of the Trusts' EECS assessment process and together with our approach to CQC mock inspections. Tendable is an app-based smart inspection tool for use in a variety of clinical settings, which allows users to complete quality inspections digitally, and receive instantaneous reporting based on inspection results.

The aim of the EECS assessment is to achieve a green rating against all assessment criteria. When an area achieves three consecutive green assessments and 90% or over in the third assessment overall, they can then apply for Gold status. Many of our wards, clinical areas and departments have now progressed through x3 green assessments and achieved GOLD status.

The new focus of the EECS/CQC plan ensures we gain a divisional overview of care delivery and services. In addition, services such as end of life are asked to complete a self-assessment against the key lines of enquiry as set out by the CQC. The assessment also involves the triumvirate completing a self-assessment of well led, which is followed up with a short interview with the Director of Nursing.

3. Medicine Division outcomes of EECS and CQC mock inspection Quarter 1 2022

The areas within the Medicine division are listed below with the outcome of the EECS or service review.

Section	Area	Outcome	• Key Themes	• Improvements Required
1.	ACU	92% Outstanding	<ul style="list-style-type: none"> Overall good impression, area clean, staff appear dedicated to providing the best care HCA spoke about having great job satisfaction, she feels she is doing a good job, Good infection control standards evident Staff have good knowledge, there are regular ward meetings, they will speak about any patient concerns Patients had overwhelming praise for staff, they work very hard, show compassion, excellent care, patients said this is the best hospital in the northwest Relatives spoken to couldn't praise the ward and LHCH enough Positive student nurse feedback is received 	<ul style="list-style-type: none"> X1 RN didn't know how to print a business continuity plan. Some patients didn't know they could receive snacks 24/7 Some patients didn't know about HALT One patient felt confused by the different uniforms Some patients couldn't always understand the medical jargon Not all staff felt they would be comfortable calling a HALT Concerns raised by staff about not having access to SALT service out of hours Some staff didn't know safeguarding leads names, although poster was evident Some gaps in cleaning rotas evident Review of fridge monitoring processes is required Staff knowledge of the Trust and the ward financial

			<ul style="list-style-type: none"> • Good appraisal plan in place – in rotational groups • Good Band 6 development and nurse in charge role plans in place • Patients received help at mealtimes • Patients felt they had timely tests and results • Patient had confidence in the staff and their care 	position needs improving
2.	Birch Ward	93% Outstanding	<ul style="list-style-type: none"> • Needs planned refurbishment, having work done but didn't impact operations • Staff friendly, approachable • Busy but calm atmosphere • Staff working well as a team. • Staff could name incidents that had happened and learnings from incidents. • All aware of HALT and would feel comfortable calling a HALT • Excellent End of life and Tissue viability knowledge. • Patients very happy with care, staff are going out of their way to help • Cleanliness is excellent • Food is good • All staff could give examples of MDT Decision making. • New Ward Manager. Clearly supportive of all staff on ward. • Regular ward meetings and good communication to team. • Sickness levels improving and bank usage decreasing. • All staff aware of senior staff within division and felt 	<ul style="list-style-type: none"> • Bed spaces feel cramped. • Ward Monitor needs updating. • Some small gaps in safeguarding knowledge, in particular the safeguarding lead doctor. • Some alarms are noisy. • Need more TV remotes. • Some gaps in knowledge regarding Natsips and Locsips. • Some staff unaware of Trust financial position.

			<p>able to escalate any concerns</p> <ul style="list-style-type: none"> • Aware of FTSU. • Ward manager has competence files for all staff members. • Improved number of mentors and student link nurses • Improved mandatory training compliance at 95%. • All staff could give examples of in-house teaching and felt they receive the appropriate education to enable them to do their role. 	
	Holly Suite	98% Outstanding	<ul style="list-style-type: none"> • The department was very calm, quiet, and very relaxed atmosphere for the patients, prior /after their procedure. • The department was clean, and staff were all very approachable and friendly • All staff were professionally presented • Good teamwork was evident • Alcohol gel was accessible • 100% compliance in mandatory training was evident • Competencies kept up to date • Link nurses' roles are in place • Staff were aware of the Trust complaint procedure and how to escalate concerns • Staff were aware of how to escalate concerns about staffing levels • Staff are aware of how to evacuate the area in an emergency 	<ul style="list-style-type: none"> • Not formal complaint but common complaint is delay between admission and having procedure performed • Long waits for CT guided biopsy patients, division aware, staff keep patients aware of possible waits and manage expectations

			<ul style="list-style-type: none"> • Staff are aware of how to contact security • Sickness and absence is within trust target • There is an up-to-date risk register • HALT cards are given out • Monthly staff meetings in place with good communication evident • Patient feedback was excellent- they appreciate everything staff do for them, they go above and beyond • Staff felt they could speak out safely to Ward manager anytime • Lunch time was coordinated well, with the (hostess), a good selection and choices of food • Incidents reported are shared with staff 	
	Cherry Ward	96% Outstanding	<ul style="list-style-type: none"> • Area bright, clean, tidy, and organised. • Organised notice boards with ward minutes on. • Ward is well stocked and good uniform standards. • Good patient confidentiality e.g., patient family conflict patients' dignity and confidentially maintained whilst on the ward. • Examples of staff sitting with anxious patients during the night. • Good signage on doors. • Staff knowledgeable • Staff feel supported. • Intravenous/clinical room very clean. 	<ul style="list-style-type: none"> • Some gaps in control drug record book. • Falls data out of date on monitor • Standards of intravenous management differ amongst staff. • Budget management training for Ward Manager • During a follow up call patient noted there was noise at night on the ward. • Waste ground outside ward needs clearing • Attendance at tissue viability group and mattress training to be improved.

			<ul style="list-style-type: none"> • Good morale and staff retention. 	
	CCU	98% Outstanding	<ul style="list-style-type: none"> • Cleanliness was amazing, areas were clean, and everything was labelled. • Good notice boards in the side rooms and areas with lots of information including, picture of department manager, HALT, psychology information • Positive patient feedback. Patients spoke highly of staff; they feel they are kept up to date and experienced no real delays. • Staff introduced themselves to patients. • Huge improvements in risk management over the last 12 months. • Weekly drop-in sessions for staff. • Seven team members achieved progression from band 2-band 3. 	<ul style="list-style-type: none"> • Improvement required to staff knowledge of trust/ward finances. • Ward manager provides a newsletter which includes monthly team brief, new staff, leavers, education issues, weekly key information • Ward meetings are now weekly and new band 6 will be leading on ward meetings in the future. • Tissue Viability meetings 40% attendance, to be improved. • Discrepancies with control drug book and entries being reviewed.
	Cath Labs	92% Outstanding	<ul style="list-style-type: none"> • Staff were all professionally presented • Staff adhered to the uniform policy • Good infection prevention measures in place • All medications were stored away appropriately • Audit days give opportunity to hold in house teaching • Patients were very happy with the level of care they received in Cath labs • Staff knew how to speak out safely • Staff receive communication of Trust team brief • Staff knew where to find the 	<ul style="list-style-type: none"> • There are not enough mentors in the department to support new learners due to staff leaving. • Staff couldn't give examples of support they had received to achieve their objectives - appraisals in progress • Majority of staff happy, a few disgruntled staff members felt they were not part of the team -plans to improve the environment -Inclusion needs improving • Nurse bank/agency spend high due to difficulty recruiting in a specialist area

			<p>evacuation plan and how to access security</p> <ul style="list-style-type: none"> • Good evidence of a cost improvement programme - Reusable gowns saved £28,000 Vanguard repurchase 60% savings for the Trust. 	<ul style="list-style-type: none"> • Staff knowledge of Trust and department finances could be improved • Staff knew of the Trust complaint procedure but were unaware if they had any complaints or of any learning • Not all staff knew how to print a business continuity plan for EPR.
	Knowsley CVD	92% Outstanding	<ul style="list-style-type: none"> • Staff were all bare below the elbows and looked professional. • Gym area and equipment was clean. • Staff had a very good rapport with the patients. It felt a nice environment to be in. • All staff were professionally presented • Alcohol gel was present at venues • Staff were able to demonstrate their knowledge and skills. They all felt they were well supported with regards to their ongoing learning and future development. • Good teaching programme - based on taught sessions and also competency-based assessments. • 2 staff members have both recently been supported to undertake their non-medical prescribing. • Staff feel fully supported by team leader in achieving any appraisal objectives set. • Staff member stated feels very supported. Has undertaken the clinical exam course • All staff have a monthly 1:1 - 	<ul style="list-style-type: none"> • Patient group directives not locked away as in community venue - but stored safely out of sight. • Some staff couldn't recall how to access security • X1 staff member didn't know where the evacuation plan was • X1 staff member said they didn't receive feedback on incidents • X2 staff members couldn't name the Trust safeguarding doctor • Some staff were not aware of the Trust financial position

			<p>appraisal objectives are kept under review. Stroke team have regular clinical supervision.</p> <ul style="list-style-type: none"> Assessor attended cardiac rehabilitation class in Longview. Mini safety huddle being undertaken on my arrival. Class was extremely well organised, and patients were all happy and clearly enjoying their time there. It felt very safe, a well-staffed environment. Staff gave a good example of where team have learnt and changed practices as a result of a complaint. Patients felt their views and experiences were listened to. 	
	KCRS	96% Outstanding	<ul style="list-style-type: none"> Staff engaged and positive Good adherence to uniform policy. Areas clear. Appraisal compliance excellent Good feedback received from finance relating to budget holder engagement. No formal newsletters produced, verbal and email communication is good amongst the teams. Monthly MDT meeting is held and all staff on duty attend via Teams and agenda is sent out in advance and minutes forwarded via email. All staff were happy with their access to training and opportunities 	<ul style="list-style-type: none"> To ensure a member of the senior team attends team brief. Community staff not feeling part of LHCH due to working in the community and working from home. Accommodation review is currently being completed.

			<p>provided in appraisal for professional development</p> <ul style="list-style-type: none"> • Patients were aware of their plan of care and felt able to ask questions • Patients were given health promotion advice • Staff were knowledgeable about the Trust policies • Staff were knowledgeable about Trust information. • This was a reinspection to include pulmonary rehabilitation and rapid response. There was a clear change in practice since the first visit to pulmonary rehabilitation. The team were professional, well organised, well presented and adhering to Trust standards. The processes for cleaning were clear and concise, both staff and patients were clear on their processes for infection control. • Rapid response processes were very well understood by staff and patients. There was a clear plan for infection control. Staff were knowledgeable, efficient, very compassionate towards patients and family members. • The Patient group directive Standard of operating procedures is concise. The box is always locked away or with a staff member. 	
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			<ul style="list-style-type: none"> On the day of the visit, the Business continuity for IT information was in place due to technical difficulties, but this was well adhered to and well rationalised. Overall, the service, is well led, well executed, and well praised by patients and family. 	
	Pulmonary Function	97% Outstanding	<ul style="list-style-type: none"> Area bright, clean, tidy, and organised. Department runs smoothly All staff and receptionist are friendly and welcoming A calm atmosphere all staff are professional and working hard Post covid – excellent standards of infection prevention There are staff development plans in place, the department encourages progression in role and offer excellent educational opportunities Good morale and staff retention. Patients are treated well; staff give patients extra time if required Manager provides excellent leadership and is always striving to improve things for the patients, her leadership is visible throughout the department 	<ul style="list-style-type: none"> Manager spoke about the improvements to space in the department required, there is not enough space for storage and for treating patients, very cramped when busy, staff do not have lockers because there's no room, Manager would like to improve how they collect patient feedback within the dept –Divisional Nurse Director to discuss with colleagues within the Trust
	Cardiac Diagnostics	97% Outstanding	<ul style="list-style-type: none"> Excellent strong leadership and good all-round knowledge of Trust position. 	<ul style="list-style-type: none"> Staff have a good knowledge; not all staff knew about team brief communications

			<ul style="list-style-type: none"> • Excellent staff engagement. • Shared departmental objectives and the role staff play • Patients feel safe with any member of staff. • Tidy and clean area. • Patients feel that staff are very knowledgeable • Patient pleased with care and treatment received – dealt with quickly and technology looks good. 	<ul style="list-style-type: none"> • Patient feedback – patient reported that area required painting. • HALT – Junior member of staff reported that they feel they wouldn't question a consultant if they had a concern
3. Governance Review			Positive feedback regarding the governance meeting observed by the Risk Management lead	<ul style="list-style-type: none"> • Correlation of business cycle to the terms of reference can be evidenced • Agenda follows the business cycle – which includes timeframes for reporting • Emails show timely circulation of papers – some needed sending after agenda and original papers sent – late papers sent out day prior to meeting. • Presentations and papers were informative and prompted discussion – with challenge from colleagues where appropriate. • Minutes read well – professional and followed the agenda items. Some use of abbreviations. • Chairperson engaged and there was good interaction from members across the committee membership • Request from Chairperson to leave cameras on. Mostly complied with. Good progression through the agenda with time allowed for discussion. Good discussion regarding

			<p>incidents and investigations including learning and recommendations. Shared learning from an investigation that was completed at Warrington involving a patient of LHCH.</p> <ul style="list-style-type: none"> • Divisional Medical Director chaired meeting. Good time management while allowing plenty of time for presentations and discussion. • Good demonstration of closure of actions. No actions older than 2 months remained open (3 on action log) however due to absence the actions were rolled over at this meeting • The meeting ran to time – with plenty of time for interaction discussion and challenge • Good discussion on risks – good understanding of risks/scoring among presenting managers - Maple risk register on agenda for review – Maple now in Surgery Division. • Members engaged throughout the meeting which although a large agenda finished with 40 mins to spare.
<p>4. Medicine Staff Group Discussions</p> <p>23/6/22 – x7 staff attended- included Ward managers, RN's, HCA staff, x1 Matron.</p> <p>1/7/22 - x8 staff attended- mixture of Community services, Pulmonary function staff, Rehab staff,</p>		<p>CQC domains from a Patient's perspective</p> <p>Safe – Staff feel they keep patients safe to the best of their ability, they feel there could be a risk to safety at times with pressure and staff shortages, impact can be things like delays, people rushing, good mechanisms in place to keep patients safe such as safety huddles, learning, mitigation factors, staff take pride in providing good care, the groups thought patients are safe and are</p>	<p>CQC domains from Staff perspective</p> <p>Safe – Staff feel protected from harm and abuse, we have policies in place to aid this, Community workers sometimes don't feel safe, lone worker policies cannot help with the unknown, staff feel protected as much as they can be but there's always an element of risk in the community.</p> <p>Effective – Discussion around staff survey, staff expectation can be difficult to manage sometimes, it was felt it is important to go back to basics</p>

		<p>looked after and cared for really well.</p> <p>Effective – Staff felt like they provide good effective care, shared decision-making helps, patients agree to care/contracts, set smart goals with patients in the community, Pulmonary function staff feel patients know what tests they need for the best outcomes for their health, and having a diagnostic test can be very effective.</p> <p>Caring – Staff feel they are very caring and witness very caring interactions between patients and staff, it was thought to be one of the areas of strength in medicine, patients are very happy, patients recommend our care to others,</p> <p>Responsive-. We are meeting patient's needs; we go above and beyond. For example - In pulmonary function patients with Learning Disabilities/Autism or complex care needs- tests are individualised and planned to meet the need for patients and their families.</p> <p>The teams are responsive when there is a need to respond to equipment failures in the community, changes due to technology, change in environment, and when using technology to support people at home with their rehab.</p> <p>Well led- Patients main contact isn't with the manager/leader, this may not be their priority unless they need to raise a concern, some interaction observed with managers in areas, Be civil Be kind helps.</p>	<p>ensure staff get toilet breaks, take a break with food/drink and not to take their job home.</p> <p>Caring –very caring, all staff in agreement, good flexible working, good staff benefits in place.</p> <p>Responsive- Trust is responsive to meet staff needs, occupational health is supportive but don't always make decisions that support managers to manage staff. The Reiki the Trust offers is well received.</p> <p>Bereavement support is good Positive support received recently around stress and anxiety.</p> <p>Well led- Junior staff are more reluctant to raise an issue/HALT they don't always have the confidence to raise issues.</p> <p>Staff were able to recall the Trusts Vision values and behaviours and knew about FTSU.</p>
5. Well-Led Interview and CQC Self-Assessment		<p>A well led interview was conducted with the Triumvirate and the Director of Nursing and Quality.</p> <p>A self-assessment had been completed by the division prior to the interview.</p>	<p>The divisional team confirmed they meet weekly, and the meetings are in the diary.</p> <p>A discussion was held regarding the importance of visibility in their areas.</p> <p>Medicine have received positive feedback from EECS findings.</p> <p>Reporting of complications has improved within the</p>

		<p>division and there is evidence that the division is investigating and learning. Harms data is low, falls require some improvement and there is continuous learning from tissue viability.</p> <p>It is highlighted that leadership is good across all areas. It was discussed that Cath Labs momentum needs to be kept up, keeping staff invested and listening.</p> <p>Challenges regarding workforce, admin and processes, Single Cardiology Services, KCRS and virtual ward were highlighted.</p> <p>Birch ward and the need to improve the environment was raised as a key issue for the division Claire confirmed there have been improvements with ACU and MEWS errors. The following areas were highlighted as forthcoming challenges:</p> <ul style="list-style-type: none"> • Single service for cardiology • Improvements in some areas with the staff survey • Patient flow and pathways • Admin – timeliness of letters and backlog • Fasting • Early warning score • ACU • Covid
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4. Summary and Conclusion

The focus of the EECS/CQC plan ensures we gain a divisional overview of care delivery and services. The Medicine division has been assessed and has achieved good and outstanding ratings in most areas, with some areas identified as requires improvement. The Medicine division will formulate an action plan to address all areas for Improvement and this will be monitored through divisional governance.

5. Recommendations

To receive assurance of the standards within the Medicine Division.

Appendix 1

Evaluation – Key Actions

ACU							
Areas for review	Recommendation / action	Lead person	Target date for completion	Progress of actions	Date of review	Date of completion	Auditable actions identified
Completion of DATIX reports within 28-day period	WM to ensure that all DATIX's are investigated and closed within 28-day period. Matron to monitor Open incident report on a weekly basis.	Ward Manager	August 2022	Improved compliance seen in timely management of DATIX's.		Nov 2022	Weekly reports from Laura Doran. Open incidents discussed at monthly divisional board.
Patients not in their own clothes	Patients to be advised on admission to ward re: wearing of own clothes. Nursing staff to actively promote this.	Ward Manager	September 2022	WM to actively promote each morning when meeting with patients.		November 2022	
Team to be aware of the trusts targeted savings for the current year & financial position of both trust and ACU.	WM to disseminate information following team brief each month. WM to also include an update at each monthly ward meeting.	Ward Manager	September 2022	WM shares information in monthly ward meetings.		Nov 2022	Minutes of ward meeting.
Staffing levels when patients requiring 1:1 care due to confusion etc.	All efforts must be made to achieve correct staffing levels. The Ward manager is responsible for	Ward Manager	August 2022	Ward manager and band 6 nurses liaise with Matron when requiring additional staff.		Nov 2022	Document in health roster.

	effective rostering of bank shifts where appropriate, liaising with other ward managers and escalation to Matron if unable to cover.						
Working relationships between band 7 Ward manager and band 6's to ensure all are supported.		Ward manager	September 2022	Ward manager has held 1 st meeting with band 6's to discuss roles and responsibilities.		Review March 2023	
HALT awareness amongst patients	HALT posters to be placed in all patient areas.	Ward manager	August 2022			November 2022	
Patients unaware that they can have snacks / refreshments 24hrs a day.	Team to devise a sign, to be placed at patient's bedside advising of refreshment availability.	Ward manager	August 2022	To be added to Tendable audits – Meeting arranged with Claire Harvey & Angela Mckenna.		Review March 2023	Tendable audits
Staff not aware of who the safeguarding leads are	Highlight at all ward meetings and in newsletter	Ward manager	August 2022	Safeguarding posters are evident on ACU. Ward manager has discussed in monthly ward meeting.		November 2022	Newsletters
Birch							
Areas for review	Recommendation / action	Lead person	Target date for completion	Progress of actions	Date of review	Date of completion	Auditable actions identified
Cleaning schedules	Daily cleaning schedule to be completed in full once per day. Frequently touched surfaces schedule to be completed twice daily.	Ward manager	July 2022	Improvements seen in compliance. Ward manager nominates staff each shift to ensure completion.		November 2022	Monitored via Tendable Matrons monthly audit.
Ward monitor	To be updated at the start of each shift.	Ward manager	August 2022	To be added to Tendable audits – Meeting		Review March 2023	Tendable audits

				arranged with Claire Harvey & Angela Mckenna.			
Nameboards at patient's bedside	Nameboards to be completed at every bedside handover.	Ward Manager	July 2022	Ward manager ensures these are updated every shift. Improved compliance seen on monthly Matron's audit.		November 2022	Monitored via Tendable Matrons monthly audit.
Explanations of Medications to patients	Nursing staff must ensure that patients are aware of medications prior to administration.	Ward manager	Sept 2022			Review March 2023	
Patients not in their own clothes	Patients to be advised on admission to ward re: wearing of own clothes. Nursing staff to actively promote this.	Ward manager	Sept 2022	WM actively promotes this each day when meeting the patients.		November 2022	
Staff not aware of who the safeguarding leads are	Posters have been put up on Birch ward, highlighting the safeguarding leads within LHCH.	Ward manager	July 2022	Completed	July 2022	July 2022	
Staff not aware of trusts financial position	Ward manager to disseminate information following team brief each month.	Ward manager	Sept 2022	Ward manager shares information from team brief at each monthly ward meeting.		November 2022	Minutes of ward meetings.

	Ward manager to also include an update at each monthly ward meeting.						
Cherry							
Areas for review	Recommendation / action	Lead person	Target date for completion	Progress of actions	Date of review	Date of completion	Auditable actions identified
Fridge monitoring	Fridge should be checked each day and temperature recorded.	Ward manager	August 2022	To be added to Tendable audits – Meeting arranged with Claire Harvey & Angela Mckenna.		November 2022	Tendable
Attendance at Tissue Viability link meetings	Tissue Viability link nurse to attend all TV link meetings	Ward manager	September 2022			Review March 2023	Minutes of TV meetings.
Ward monitor	To be updated at the start of every early shift.	Ward manager	August 2022	To be added to Tendable audits – Meeting arranged with Claire Harvey & Angela Mckenna.		Review March 2023	Tendable
Nameboards at patient's bedside.	Nameboards to be completed at every bedside handover.	Ward manager	July 2022			November 2022	Monitored via Tendable Matrons monthly audit.
Resuscitation trolley – Daily checking	The resuscitation trolley must be checked daily.	Ward manager	July 2022	Request made to Tendable to have this added to Matrons monthly audit.		Review March 2023	
Controlled drugs register - 2 signatures for each entry	Each entry within the controlled drugs register must have 2 signatures present.	Ward manager	August 2022	Improvements seen on monthly matrons' audits.		November 2022	Monitored via Tendable Matrons monthly audit.

Coronary care unit							
Areas for review	Recommendation / action	Lead person	Target date for completion	Progress of actions	Date of review	Date of completion	Auditable actions identified
Completion of DATIX reports within 28-day period	Ward manager to ensure that all DATIX's are investigated and closed within 28-day period. Matron to monitor Open incident report on a weekly basis.	Ward manager	August 2022	Discussed at July Matron / Ward manager meeting	August 2022	November 2022	Weekly reports from Laura Doran. Open incidents discussed at monthly divisional board.
Fridge monitoring	Fridge should be checked each day and temperature recorded.	Ward manager	August 2022	To be added to Tendable audits – Meeting arranged with Claire Harvey & Angela Mckenna.	September 2022	November 2022	Add to Ward manager checklist via tenable
Nurse in Charge of each shift, to be aware of missed dose reports	Ward manager to show all Nurses who take charge how to print a missed medication dose report.	Ward manager	August 2022	Ward manager to show all staff who take charge of CCU, how to check missed dose reports.	September 2022	Review March 2023	Ward manager to hold local records
Team to be aware of the trusts targeted savings for the current year & financial position.	Ward manager to disseminate information from team brief each month.	Ward manager	September 2022	Ward manager to place on agenda for next ward meeting.	September 2022	November 2022	Minutes of meetings and monthly newsletter
Ward monitor	To be updated at the start of every early shift.	Ward manager	August 2022	WM to ensure updated each shift. Ward monitor to be added to tendable audits.	September 2022	November 2022	Tenable audits
HALT awareness amongst patients	Staff to highlight HALT to all patients on admission and all	Ward manager	August 2022			November 2022	See minutes of meetings and monthly newsletter

	patients to be given HALT cards						
Staff not aware of who the safeguarding leads	Highlight at all ward meetings and in newsletter	Ward manager	August 2022	Ward manager to ensure that staff are updated via monthly newsletter. Ward manager to ensure that posters are in place within CCU.		November 2022	See minutes of meetings and monthly newsletter
Mattress audit completion	Mattress audit to be completed each month.	Ward manager	August 2022	Ward manager to ensure that the link nurse for Tissue Viability completes this monthly audit.	September 2022	November 2022	Tissue viability records
Attendance at Tissue Viability link meetings	TV link nurse to ensure attendance at all TV link meetings	Ward manager	August 2022			November 2022	Tissue viability meeting minutes
Holly Suite							
Areas for review	Recommendation / action	Lead person	Target date for completion	Progress of actions	Date of review	Date of completion	Auditable actions identified
Fridge monitoring	Fridge to be checked at the start of every early shift.	Ward manager	August 2022	To be added to Tendable audits – Meeting arranged with Claire Harvey & Angela Mckenna.		Review March 2023	Tendable
Attendance at Tissue Viability link meetings	TV link nurse to ensure attendance at all TV link meetings	WM Julie Cartwright	August 2022			November 2022	Tissue viability meeting minutes.

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