

Appendix 4 - UHCW SCR Action Plan Mrs E – 05/11/2015

Ref	Recommendation	Action required	Target Date	Lead officer	Update on Progress	Outcome	RAG rating
		<i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed</i>			<i>Please provide evidence of progress</i>	<i>What improvements do you expect to achieve from the actions you have identified?</i>	<i>Blue, Red, Amber, Green (see below)</i>
1	To improve the neurosurgical ward care plan to include communication section.	1a) Revise the care plan to include a specific multi professional communication section.	1a) Aug 2014	Modern Matron , Neuro surgery	1a) Task completed	Personalised care plans, which demonstrate, via the audit process that multi professional communications with patients and carers has improved patient experience.	Blue
		1b) Pilot Revised care plan,	1a) Aug 2014		1b) Task Completed		
		1c) Audit revised care plan in use from 5 sets retrospective records with the Ward sister	1c) Aug 2014		1c) Task completed		
		1d) Amend care plan as indicated from audit findings, Implement final version	1d)Sept 2014		1d) Task Completed		
2.	To develop a Back Brace Information leaflet for patients, family and other service users on discharge	2a)Develop and Implement an information leaflet for use by the carers of, and patients fitted with a Back Brace-	2a) Oct 2014	Therapy Lead, Neuro sciences, UHCW	2a) Task Completed	2a) Printed leaflet has been designed and is in current use. 2b)Leaflet is in use but a pilot stage, will be approved for uploading to intranet shortly. 2c)Assurance that the Quality improvement has been made and shared with professional within this specialty	Green
		2b)Upload the verified leaflet onto the intranet homepage	2b)Oct 2014		2b) Task partially completed		
		2c)Present at Neurosurgical QIPS meeting, present at neurosurgical ward meeting	2b)Oct 2014		2c) Task Completed		
3	To verify that the discharged plans for patients reflect their individual care needs ie Back Brace care and their possible responsibilities as a carer pre their admission to hospital	3a) Audit 5 sets of notes , screening for assessment needs including home circumstances for discharge planning for patients who were discharged with back brace during July and August 2014.	3a) Aug 2014	Therapy Lead, Neuro sciences, UHCW	3a) Task Completed	Discharge plans include all the relevant information to meet the personal needs of the individual patient and their home circumstances. The UHCW discharge summary is now via e discharge and it provides	Blue
			3b)Oct 2014		3b) Task Completed		

Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale

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		3b) Present findings at Ward and Therapy team meeting in September / October 2014	3c) Nov 2014		3c) Completed	prompts to the GP when action is needed.	
		3c) Implement any remedial actions as part of audit findings					
4	To verify Back Brace training for patients/carers is delivered as standard as part of the discharge care planning process for this cohort of patients and their carers	4a) Audit 5 sets of notes of patients who were discharged with back brace during July and August 2014.	4a) Aug 2014	Modern Matron , Neurosurgery, UHCW	4a) Task Completed	Delivery of Back brace training pre discharge a standard inclusion in the care and discharge planning documentation for this cohort of patient	Blue
		4b) Present findings at Ward meeting in October 2014	4b) OCT 2014		4b) Task Completed		
		4c) Implement any remedial actions as part of audit findings	4c) Nov 2014		4c) Task completed	Back brace training now included in manual handling training.	
5	To ensure the coroner is notified when a patient is in safeguarding when they die.	5a) Commission a task and finish group to compare UHCW death notification document with other examples with a view to improving the visibility of this notification point on the document	5a) March 2015	Deputy Dir Nursing	5a. Documentation is under review to ensure notification to coroner of death while safeguarded.	This process will clarify which patients are required to be referred to the Coroner while under a Safeguarding.	Amber
		5b) Amend and draft UHCW paperwork to the agreed improvement standard	5b) May 2015		5b. Review in progress.		
		5c) Ratify amended version via patient QSC	5b) May 2015		5c. To be carried out.		
		5d) Implement across the Trust	5d) June 2015		5d To be implemented.		
7	To ensure all staff are aware of sepsis 6 and the serious implications for patients.	UHCW has implemented sepsis awareness training with sepsis 6, information boards displayed in clinical areas to increase sepsis awareness.	Sept 15	Deputy director of nursing	Completed		Blue

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