


Action Plan

Reference:	Patient Safety Alert	Record number:	NHS/PSA/RE/2016/006
Action Plan Lead:	Suzanne O'Sullivan / Jonathan Nolan / Fiona Allsop		

No:	Recommendation / Issue to be addressed:	Action(s) to be taken:		Action owner: (job title)	Deadline for Action:	Expected Improvement/ Success Measures:	Evidence of Progress and Completion:	
		Action Category (drop-downs)	Action (SMART)					
1.	Policy review and update	Preventative	<p>1.1 Review of current overarching Trust Policy and development into a single combined Enteral Policy</p> <p>1.2 Neonatal team to review and update their 2 policies and add them as an appendix to the revised combined Enteral Policy</p> <p>1.3 Inclusion of paediatric policy as an appendix into the revised combined Enteral Policy</p>	<p>Nutrition Nurse Specialist</p> <p>Neonatal Matron / Nutrition Nurse Specialist</p> <p>Paediatric Matron / Nutrition Nurse Specialist</p>	<p>10/05/2017</p> <p>31/03/2017 Completed</p> <p>31/03/2017 Completed</p>	<p>Standardised process and best practice across the Trust.</p> <p>Clarity for all staff in the placement and on-going management of all enteral tubes and their safe use in accordance with best practice</p>		
2.	Amendment of SI investigation report template to include reference to Patient Safety Alerts as appropriate		Corrective	<p>2.1 The SI report template has a section entitled 'Information and Evidence Gathered' it requires amendment to include specific reference to alerts as appropriate to the incident being investigated</p>	<p>Patient Safety & Risk Facilitator</p>	<p>09/01/2017 Completed</p>	<p>Raised awareness and compliance with actions from safety alerts and shared learning</p>	<p>SI investigation report template revised</p> <p> RCA template (08-12-16).docx</p> <p>The RCA investigation training covers the importance of gathering all sources of information and analysing these as part of the investigation process including any safety alerts relevant to</p>

							the type of incident.
3.	Ensure use of safe equipment recommended by NHS Improvement and NHS England	Corrective	<p>3.1 Continued use and procurement of CE marked PH testing strips</p> <p>3.2 Supportive paper being developed for a change in the procurement and Trust wide use of current NG tubes to Corflo NG tubes</p>	<p>Nutrition Nurse Specialist / Paediatric Matron / Neonatal Matron / Head of Procurement</p> <p>Nutrition Nurse Specialist / Gastroenterologist / Head of Procurement</p>	<p>31/01/2017 Completed</p> <p>30/06/2017</p>	<p>Standardised use of the recommended PH testing equipment</p> <p>Standardised use of tube that is fully radio-opaque and regular cm markings as recommended by NHS Improvement and NHS England.</p> <p>New NG tubes have additional safety advantages including; unique distal tip to enable more success in gaining aspirate to confirm safe positioning; dual proximal port to ensure closed system is maintained; internal and external water activated lubricant to allow easy removal of guide wire and avoidance of use of aqueous gels that can occlude distal tip.</p> <p>Soft and more comfortable for patients and therefore reduces likelihood of patient pulling the tube out.</p>	

						Company support clinicians with education and training both 'classroom' and online / e-learning	
4.	Roll out of NG tube competency based training; including placement; PH testing and x-ray check interpretation	Directive	<p>4.1 Development of new trust wide nurse training NG tube placement and checking with PH paper competencies covering both practical and theoretical teaching with on-going assessment at ward level.</p> <p>4.1.1 Roll out of nursing competency based training to all wards / departments as appropriate</p> <p>4.1.2 Records of all trained nursing staff will be identified on Health Roster.</p> <p>4.1.3 Yearly competencies updates will be set up</p> <p>4.2 NG tube x-ray position check training will be included in the junior doctor training sessions</p> <p>4.3 Set up and roll out of training and education package available if business case for switch over to CORFLO NG tube procurement agreed. The company provides;</p>	<p>Nutrition Nurse Specialist / Paediatric Matron / Neonatal Matron</p> <p>Nutrition Nurse Specialist / Paediatric Matron / Neonatal Matron</p> <p>Nutrition Nurse Specialist / Health Roster Manager</p> <p>Nutrition Nurse Specialist / Paediatric Matron / Neonatal Matron</p> <p>Clinical Lead Radiology / Gastroenterologist</p> <p>Nutrition Nurse Specialist / Clinical Lead Radiology / Gastroenterologist</p>	<p>31/01/2017 Completed</p> <p>31/03/2018 On-going roll out of training over the year</p> <p>31/03/2018 On-going in line with roll out of training</p> <p>31/03/2018 On-going in line with roll out of training</p> <p>30/06/2017</p> <p>TBA if change in NG tube supplier agreed</p>		

			<p>-one hour 'classroom' rolling training programme on placement and confirmation (certificate of attendance)</p> <p>-on-line CORPAK U placement and confirmation with gap analysis for learning improvement (user electronic certificate of completion and pdf sent for printing and own records)</p> <p>-auditable practice</p> <p>-on-line x-ray e-learning course (RCR accredited with certificate of completion)</p> <p>-analytics provided to the trust (learning improvement and training record for auditable practice)</p>				
5.	Clinical Documentation formats and checklists	Corrective	<p>5.1 New end of bed documentation with clear pathways has been developed and is being implemented in all wards / departments as appropriate. Checklists in place with care plans</p>	Nutrition Nurse Specialist / Matrons / Ward or Department Managers	31/03/2017 Completed		
6.	Ongoing Audit of Compliance	Detective	<p>6.1 Audits to demonstrate compliance will be added to the divisional audit programmes and be on-going from 2017/18</p> <p>6.2 Established audit tool will be used and audits will be facilitated and overseen on a rolling programme for all wards / departments as appropriate</p>	<p>Divisional Chiefs / Divisional Audit Facilitators</p> <p>Nutrition Nurse Specialist / Divisional Audit Facilitators</p>	31/05/2017 31/03/2018 On-going in line with divisional audit programmes		