

<b>OUTCOME 9: Management of medicines</b>
<b>CQC Judgement: Moderate Concern</b> - The trust did not protect service users against the risks associated with the unsafe storage of medicines.

Action ref.	Action Required & What Action Intends to Achieve	Measurable Outcome of Action/ Evidence of Action	Resp.	Due Date	Resource Implication/ Cost	Ongoing Assurance Processes	Update on Progress with Actions as at August 2013
9.1	All lockers to store patients own drugs (POD lockers) will be repaired and replaced if required. This is intended to ensure patients are protected against the risks associated with medicines because of drug storage arrangements.	<ul style="list-style-type: none"> <li>Audit of all wards identifying need for repair and replacement</li> <li>Repair and replacement undertaken</li> </ul>	DoFa	9 Aug	Within current plans	<ul style="list-style-type: none"> <li>Site audits undertaken by the Facilities Site Managers will be monitored by the trust executive.</li> </ul>	<ul style="list-style-type: none"> <li>Audit completed</li> <li>Where deficiencies identified have been rectified</li> <li>Further improvement action identified and completed by 19/8/13</li> </ul>
9.2	There will be an audit of all ward fridges to ensure they are lockable and have thermometers and obtain replacements in any instance where this is not the case. As part of this audit the system and process for monitoring temperatures will be reviewed and changes made where required. This is intended to ensure patients are protected against the risks associated with medicines because of drug storage arrangements.	<ul style="list-style-type: none"> <li>Audit of all wards identifying need for replacements</li> <li>Replacement undertaken</li> <li>System and process for monitoring will be included in the ward level governance compliance process described</li> </ul>	DoN	5 Aug	Within current plans	<ul style="list-style-type: none"> <li>Each Ward Matron (or nurse in charge in their absence) to undertake daily quality monitoring and record on ward quality return compliance with nursing care standards (taking remedial action to make improvements if required). This return will be monitored by the Compliance team lead by the newly appointed Associate Director of Clinical Compliance and Lead Nurses.</li> <li>The by the compliance team lead by</li> </ul>	<ul style="list-style-type: none"> <li>Audit of ward fridges completed – repairs and replacements made where necessary</li> <li>Additional stock ordered to enable swift replacement if needed</li> <li>Checked as part</li> </ul>

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		opposite				<p>the newly appointed Associate Director of Clinical Compliance will review ward matron returns and take action (with the lead nurses) to fix problematic areas that cannot or have not been remedied at ward level.</p> <ul style="list-style-type: none"> <li>The by the compliance team lead by the newly appointed Associate Director of Clinical Compliance will ensure that a 'peer review' audit of each ward area (independent to the ward, either led by the Associate Director or a lead nurse from a different clinical area) is undertaken to verify the matron returns and to provide further assurance of action/compliance. This will scrutinise ward compliance, highlight concerns and drive forward action as a result</li> <li>In addition to this, members of the Board and divisional senior management team will each, accompanied by a member of the senior nursing team, undertake a ward audit using the standard checklist each month with results being reported to the Associate Director of Clinical Compliance.</li> </ul>	of the ward matron quality check and quality walkabout
9.3	The Director of Nursing will write to all Matrons identifying and reinforcing	<ul style="list-style-type: none"> <li>Clear communication of</li> </ul>	DoN	26 July	N/A	<ul style="list-style-type: none"> <li>Treatment room safety, security and fitness for purpose will be monitored</li> </ul>	<ul style="list-style-type: none"> <li>Complete – reiterated at bed</li> </ul>

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	their responsibilities in relation to treatment room safety, security and fitness for purpose. This aims to ensure patients are protected against the risks associated with the unsafe storage of medicines.	expectations to all nurses.				via the ward level governance compliance process described at 9.2 above.	meetings on several occasions <ul style="list-style-type: none"> <li>Checked as part of the ward matrons daily quality check and the quality walkabouts</li> </ul>
9.4	The Director of Nursing will write to all Nurses identifying and reinforcing their responsibilities in relation to Medicines Management enclosing the NMC Standards for Medicines Management and the Trust Policy for Medicines Management (TPP 109). Nurses will be afforded the opportunity for remedial refresher training if required. This is intended to ensure people are given medicine they need when they need it and in a safe way.	<ul style="list-style-type: none"> <li>Clear communication of expectations to all nurses.</li> <li>Attendance at refresher training as required.</li> </ul>	DoN	26 July	N/A	<ul style="list-style-type: none"> <li>Medicines management standards will be monitored via the ward level governance compliance process described at 9.2 above.</li> </ul>	<ul style="list-style-type: none"> <li>Complete – message sent with the Trust policy, NMC standards and NMC Code of Conduct</li> <li>Adherence to Code of Conduct and other NMC Standards reiterated at bed meeting.</li> <li>Some areas have laminated and display the standards</li> </ul>
9.5	There will be a review of Standard Operating Procedures (SOPs) for medicines management and a task and finish group consisting of senior	<ul style="list-style-type: none"> <li>Revised operating procedures where required.</li> </ul>	DoN	30 Aug	N/A	<ul style="list-style-type: none"> <li>Medicines management standards will be monitored via the ward level governance compliance process described at 9.2 above.</li> </ul>	<ul style="list-style-type: none"> <li>In progress. Some SOPs written and others being</li> </ul>

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	nurses and pharmacists will identify gaps and develop and communicate clear SOPs as required. This is intended to ensure patients are protected against the risks associated with medicines because of drug storage arrangements.						developed <ul style="list-style-type: none"> <li>• Some SOPs covered by the medicines management policy. The remainder are out for comment and will be finalised</li> </ul>