

Improvement Plan for: CQC Warning Notice

Version No: Final V1.0 Date: 27/05/2016 Approved by: Chris Gordon, COO, Director of Patient Safety; Julie Dawes, Director of Nursing & AHPs Produced by: Louise Felton - Head of Executive Affairs and Projects; Tracy McKenzie - Head of Compliance

Progress last updated: 26/08/2016 - TM MONITORED VIA CQC DELIVERY GROUP WEEKLY

| Ref No | Requirement Notice? | CQC KEY QUESTION | Core Service | Location | Theme | CQC actions required | Regulation breached | How the regulation was not being met | Outcome or improvement the action will deliver once completed | Who is accountable for ensuring the action is completed? | Action/s to be taken | Which corporate services will need to provide support | How will completion of the action be evidenced (Evidence and method of review) | Who is responsible for completing the action | Date action must be completed | Month | Action Progress | Progress - to include position statement, risks, obstacles, action taken etc. | How will you evidence that the completion of the action has led to the intended outcome | Intended Outcome Achieved |
|--------|---------------------|------------------|------------------|------------|-----------------|--|---|--|--|---|--|--|---|--|--|----------|-----------------------|---|--|--|
| 1 | Unresolved Action | WELL-LED | Provider / Trust | Board | Risk Management | Key risks and actions to mitigate risks were not driving the senior management team or the board agenda | Regulation 17 HSCA (BA) Regulations 2014 Good governance This is a breach of Regulation 17 (2) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) | Key risks and actions to mitigate risks were not driving the senior management team or the board agenda | Board clearly signposted and assured about the management of key risks and the delivery of the quality improvement agenda with clear sight of the mortality improvement plan and CQC improvement plans | Julie Dawes Director of Nursing | 1.1 Central Quality Governance team to be restructured to deliver a Business Partner model (implicated from HR and Finance models) to strengthen the links and accountability lines between the central governance team and divisional quality structures. | Central Quality and Governance Team Human Resources Department | New Business Partner model will be in place and posts will be appointed into (submission of documents) | Helen Ludford Associate Director of Quality Governance | 31/08/2016 | August | Red | August 2016 Consultation Phase one completed and appointments confirmed. Phase two - Business partner roles K3 and Head of Incident Management and Patient Safety have been advertised. Interviews set for beginning of September. Interim roles for the above have been sought & appointments offered. On target for these to start by end of August. | Tracking examples of risks being identified and escalated | Blue-Complete Green-Begin/On Track Amber-Risk of slippage Red-Overdue |
| | | | | | | Clear Ward to Board visibility of reporting and accountability | | | Clear Ward to Board visibility of reporting and accountability | Julie Dawes Director of Nursing | 1.2 Review of Ward to Board reporting on quality performance (Board and its sub-committees) | Central Quality and Governance Team Corporate Governance Team | 2016/17 reporting schedule will be agreed at Trust (submission of documents) | Paul Street MDP Development Director | 30/06/2016 | June | Blue - unvalidated | June 2016 A review of reporting to Trust executive Group (TEG) completed with recommendations as to how TEG should be restructured presented and accepted by them (Paul Street) 09/08/16 - ward to board quality reporting now in place on Tableau - to be validated in September | Review of Board and sub-committee agendas at year end against top organisational risks | |
| | | | | | | Clear accountability demarcation for the quality agenda between Executive portfolios and shared responsibility for delivery between three clinical Executives to ensure accountability for delivery of quality improvement plan. | | | Clear accountability demarcation for the quality agenda between Executive portfolios and shared responsibility for delivery between three clinical Executives to ensure accountability for delivery of quality improvement plan. | Kathrina Percy Chief Executive | 1.3 Executive Quality Portfolios to be revised and strengthened with the three Clinical Executives forming a 'Quality Team' | Central Quality and Governance Team | Executive portfolio changes will be published and communicated both internally and externally (submission of documents) | Julie Dawes Director of Nursing Chris Gordon Director for Improvement & Safety | 30/06/2016 | June | Blue - Exec validated | June 2016 Changes to portfolios agreed with Executives and MEDs in May 2016. New Director of Nursing commenced in post 03/05/16. Specific responsibilities have been agreed and new Executive Director Structure has been published and communicated. | | |
| | | | | | | Strengthening of Professional leadership and Quality Governance focus within the Mental Health and Learning Disabilities Division | | | Strengthening of Professional leadership and Quality Governance focus within the Mental Health and Learning Disabilities Division | Julie Dawes Director of Nursing | 1.4 Establishment of and appointment to new role - Deputy Director of Nursing and Quality/Mental Health and Learning Disabilities Division - to provide senior professional and governance leadership. Interim appointment to be made whilst the substantive appointment is recruited to | Human Resources - Recruitment Human Resources - Business Partner for Mental Health and Learning Disabilities Division | Interim and then substantive appointments made and individuals in post | Mark Morgan Divisional Director Mental Health and Learning Disabilities | Interim appointment 31/05/2016 Substantive appointment 30/11/2016 | November | Green | May 2016 Post Agreed at Trust Executive Group. Interim appointment made (Debra Moore) to provide professional leadership pending recruitment of a substantive individual | | |
| | | | | | | Clear Ward to Board visibility of quality performance | | | Clear Ward to Board visibility of quality performance | Kathrina Percy Chief Executive | 1.5 New Divisional Quality Performance Reporting framework to be launched and embedded across the organisation to ensure Ward to Board quality performance reporting and escalation of concerns, including 'hotspot' reporting | IM+1 - Business Analysts | Ward to Board audit trail of quality performance reporting (submission of documents) | Julie Dawes Director of Nursing | 31/07/2016 | July | Blue - Exec validated | July 2016 Trust-wide Quality & Safety Pack now available on Tableau reported under the CQC key questions (Safe, Effective, Caring, Responsive, Well-led). The pack allows you to view the Trust Quality and Safety measures down to Directorate level by specific measure for the last completed calendar month and the preceding 12 months. Each measure can then be viewed in more detail by referring to the individual Directorate Quality and Safety Packs or the individual Tableau report for that measure (i.e. incidents analysis report) | | |
| | | | | | | Improved risk management across the organisation | | | Improved risk management across the organisation | Julie Dawes Director of Nursing | 1.6 Risk Management Policy to be reviewed (including Risk Appetite Statement) | Central Governance Team - Risk Manager | Revised Policy will be published (submission of documents) | Helen Ludford Associate Director of Quality Governance | 31/08/2016 | August | Amber | July 2016 Draft of Nursing reviewing the Risk Policy and Risk Appetite Statement with the Risk Manager. External support from RSM in place to support this piece of work including Exec workshops. 28/08/16 Risk Management Strategy and Policy revised and circulated for consultation. Trust Risk Appetite Statement to be discussed at September Board Seminar. | | |
| 2 | Unresolved Action | SAFE | Provider / Trust | Trust wide | Environment | The trust must make significant improvement to the safety and quality of healthcare provided by ensuring governance arrangements are effective in identifying and prioritising risks to patient safety arising from the physical environment including ligature risks, falls from height and risks from patients absconding | Regulation 17 HSCA (BA) Regulations 2014 Good governance This is a breach of Regulation 17 (2) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) | The trust did not have effective governance arrangements that identified, prioritised and mitigated risks to patient safety, for example, ligature risks, falls from heights, and risks from patients absconding | Capital planning process appropriately prioritising bids on the basis of clinical risk | Paula Anderson Chief Finance Officer Julie Dawes Director of Nursing | 2.1 The Trust will review and redesign the Trust Infrastructure Group (TIG) decision making framework to ensure Quality Impact Assessment and Risk mitigation is a core element of prioritisation of capital bids. Capital bid applications will need to include a Quality Impact Assessment and Risk Score and all new bids will require a quality impact assessment in-year. | Estates | Quality impact and risk mitigation will be in place at local unit level for all works (submission of documents) | Paul Johnson Head of Estates Services | 30/06/2016 | June | Blue - Exec validated | June 2016 New capital planning process in place. Clinical panel has reviewed all registered capital bids for 16/17 to ensure appropriate mitigation was in place. This was overseen and signed off by the Trust Executive Group on 06/07/16. | Site visits consistently show evidence of staff aware of ligature risks associated with their units and of measures in place to mitigate risk. | |
| | | | | | | Exception reporting to Trust Executive Group on a monthly basis to allow for early escalation of delays in environmental improvement programme. | | | Exception reporting to Trust Executive Group on a monthly basis to allow for early escalation of delays in environmental improvement programme. | Paula Anderson Chief Finance Officer | 2.2 New process to be designed and fully implemented to ensure delays to any estates work linked to patient safety are escalated to both TIG and Trust Executive Group. This will include a monthly 'capital status report' to the Trust Executive group | Estates | Monthly exception reporting to TEG will be in place (submission of documents) | Paul Johnson Head of Estates Services | 31/05/2016 | May | Blue - Exec validated | May 2016 Head of Estates Services provided a monthly exception report to Trust Executive Group in May. This is now a monthly standing item on the Trust Executive Group's agenda. | | |
| | | | | | | Strategic Capital plans will be in place improving the prioritisation, risk assessment and risk management of environmental risks at the frontline | | | Strategic Capital plans will be in place improving the prioritisation, risk assessment and risk management of environmental risks at the frontline | Paula Anderson Chief Finance Officer | 2.3 Develop a strategic 3 year capital programme to ensure appropriate short/medium/long term planning | Estates | Longer term strategic plans for Capital planning will be in place | Paul Johnson Head of Estates Services | 31/03/2017 | Mar-17 | Green | | | |
| | | | | | | Improved interface between estates and clinical services | | | Improved interface between estates and clinical services | Paula Anderson Chief Finance Officer | 2.4 Each MH/LD/OPMI inpatient unit will have its own site-specific, environmental and estate work plan. This will be held on a central SharePoint location in order that frontline staff can view the plan at any time. Capital prioritisation decisions will be formally shared in a set reporting framework with frontline clinical teams following every TIG meeting. | Estates | Environmental Improvement plans will be in place. These will include estate works timescales (as appropriate) (review of sharpoint files) | Paul Johnson Head of Estates Services | 30/06/2016 | June | Blue - Exec validated | June 2016 Site-specific environmental work plans have been developed for all MH/LD units which include actions arising from ligature risk assessments, site visits, staff feedback etc. These are available on the wards and the master copies are held on a central SharePoint site which is accessible by ward staff. | | |
| | | | | | | Clear, visible plans will be in place on each unit | | | Clear, visible plans will be in place on each unit | Paula Anderson Chief Finance Officer | 2.5 Estates team to produce and install standardised displays of capital plans for each site | Estates | Clear plans will be displayed (site visits) | Paul Johnson Head of Estates Services | 31/07/2016 | July | Blue - Exec validated | July 2016 Display boards are now in place across all MH and LD sites which contain copies of the site plan & works programme. All plans and works programmes are stored and maintained via a SharePoint site which is accessible by all staff. | | |
| | | | | | | More robust risk identification and risk mitigation will be in place | | | More robust risk identification and risk mitigation will be in place | Mark Morgan Divisional Director Mental Health and Learning Disabilities | 2.6 The previous Task and Finish ligature group terms of reference and purpose will be reviewed and a new Trust Ligature Management Group will be formed. Membership will be reviewed and strengthened with increased clinical membership, including the appointment of a senior clinical co-chair with estates. The ToR will include the following elements: - Act as an expert decision making group in relation to ligature decisions - Prioritise capital expenditure for ligatures against the capital control total agreed by the Trust executive - Ensure that there are processes in place to deliver the ligature management programme to include risk assessment and identification, operational mitigation and financial allocation - Develop a new risk assessment tool which will help the clinical teams to assess comprehensively - Ensure that the Trust is fully compliant with accepted standards & guidance from external agencies (eg NICE) - Monitor and audit identified ligature works across the Trust - Monitor the uptake of e-Learning Training and Assessment on Ligature Risk Care - Monitor the quality and completion of Ligature Risk Assessments across the Trust - Ensure that appropriate management information is available for reporting - Continually identify areas for improvement. | Estates | Minutes of Ligature Management Group Reports to Quality Improvement and Development Forum (QID) (submission of documents) | Paul Johnson Head of Estates Services Nicky Bennett Associate Director of Nursing / Forensic Services | 28/02/2016 | February | Blue - Exec validated | May 2016 Clinical Reference have been amended, a new clinical co-chair is in place and a new meeting agenda has commenced. New risk assessment template has been developed and a programme of support for teams to complete this in place. All units have now been visited by Ligature project manager and information posters are in place on the units. | | |
| | | | | | | Improved understanding of risk assessment and more consistent risk scoring at the frontline and more robust risk mitigation plans will be in place | | | Improved understanding of risk assessment and more consistent risk scoring at the frontline and more robust risk mitigation plans will be in place | Mark Morgan Divisional Director Mental Health and Learning Disabilities | 2.7 The Trust ligature risk assessment tool will be redesigned away from using the 'Manchester Tool', to using industry agreed risk assessment methodology (S&C) | Estates | New risk assessment tool (submission of documents) | Paul Johnson Head of Estates Services Nicky Bennett Associate Director of Nursing / Forensic Services | 30/04/2016 | April | Blue - Exec validated | May 2016 A new assessment tool has been developed and was launched in April 2016. | | |
| | | | | | | Triangulation of risk assessment will ensure all risks, mitigations and controls are in place | | | Triangulation of risk assessment will ensure all risks, mitigations and controls are in place | Mark Morgan Divisional Director Mental Health and Learning Disabilities | 2.8 An annual ligature risk assessment programme will be rolled out to include the newly appointed Project lead, estates lead and clinical lead for the area undertaking a joint risk assessment to ensure continuity, quality and a collective agreement as to the risks. This will report into the Trust ligature management group | Estates | All MH/LD/OPMI inpatient units will have a ligature risk assessment completed on the new paperwork that is accurate and of a high quality (submission of documents) | Paul Johnson Head of Estates Services Nicky Bennett Associate Director of Nursing / Forensic Services | 30/06/2016 | June | Blue - Exec validated | June 2016 All MH/LD/OPMI inpatient units have a current ligature risk assessment in place. As well as being available on the unit, they are all held on a central SharePoint site which is accessible by ward staff. The 2016/17 annual programme is also available on SharePoint and posters are in place within the units detailing where they can find their latest assessment. | | |
| | | | | | | Clear policy change and consistent implementation | | | Clear policy change and consistent implementation | Mark Morgan Divisional Director Mental Health and Learning Disabilities | 2.9 The Ligature Management Policy will be updated to ensure the new risk assessment process is clearly documented | Estates | New Ligature management policy (submission of documents) | Paul Johnson Head of Estates Services Nicky Bennett Associate Director of Nursing / Forensic Services | 30/06/2016 | June | Blue - Exec validated | June 2016 Ligature management policy updated and approved by OGD 01/06/16. This is now available on line along with other guidance for staff and the link to the SharePoint site | | |
| | | | | | | Named lead will coordinate all elements of Ligature Risk assessment and mitigation | | | Named lead will coordinate all elements of Ligature Risk assessment and mitigation | Mark Morgan Divisional Director Mental Health and Learning Disabilities | 2.10 Appoint a dedicated full time Trust clinical ligature project manager | Estates | New manager in post | Nicky Bennett Associate Director of Nursing / Forensic Services | 01/03/2016 | March | Blue - Exec validated | May 2016 New project manager has been appointed and has commenced in role | | |
| | | | | | | All security risks will be clear to frontline teams and all will have management and mitigation plans in place | | | All security risks will be clear to frontline teams and all will have management and mitigation plans in place | Paula Anderson Chief Finance Officer | 2.11 Improve the robustness of the site-specific security management reviews. All new reviews will go back over recommendations from previous years' reports to identify what actions, if any, have not been addressed and what management controls are in place to manage any identified risks | Estates | All security risks will be clearly identified, assessed and mitigated | Paul Johnson Head of Estates Services | 30/08/2016 | August | Blue - unvalidated | July 2016 The organisation has put in place a cyclical process over a 24 month period to audit sites with regards to security and this forms part of the Health Safety and Security Assessment process. | | |
| | | | | | | Guttering will minimise the risk of patients accessing the roof | | | Guttering will minimise the risk of patients accessing the roof | Mark Morgan Divisional Director Mental Health and Learning Disabilities | 2.12 Install anti-climb guttering at Melbury Lodge. To reduce the risk of service users accessing the roof and garden fencing. During the undertaking of the works, security will be enhanced in the garden area, staffing levels will be increased, risk assessments and admission criteria will be reviewed. | Estates | Guttering will be in place. Number of service users successfully accessing the roof will reduce (site visits) | Paul Johnson Head of Estates Services | 11/05/2016 | May | Blue - Exec validated | May 2016 Installation of anti-climb guttering completed mid May | | |
| 3 | Trust wide Must Do | SAFE | Provider / Trust | Trust wide | Environment | The trust must make significant improvement to the safety and quality of healthcare provided by ensuring governance arrangements are effective in recording and implementing interim and long term control measures to mitigate risks to patient safety arising from the physical environment including ligature risks, falls from height and risks from patients absconding | n/a | n/a | Identification of themes and trends will be more robust | Julie Dawes Director of Nursing | 3.1 The Trust approach to thematic review will be more systematic and robust. This will allow for more meaningful opportunities for staff to identify trends and take appropriate action to implement control measures. Peer review schedule for 2016/17 will include thematic peer reviews over several sites. | Central Quality and Governance Team | Annual Thematic Review schedule will be in place and delivered (submission of documents) | Helen Ludford Associate Director of Quality Governance | 30/06/2016 | June | Blue - Exec validated | June 2016 Thematic reviews now planned in as part of the clinical audit programme. Capacity set aside to audit additional ones as new themes emerge. Thematic review terms of reference and report template in place. | Clearly auditable evidence of identification and mitigation of risk and of appropriate escalation | |

Improvement Plan for:

CQC Inspection Recommendations - January 2016

| Version No: 1.0 | | Date: 27/01/2016 | | Approved by: Chris Gordon, CQC Director of Patient Entry | | Approved by: Eddy McKeown, Head of Operations | | | | | |
|--------------------------|----------|---------------------------------|-----------------|--|----------|---|---------------|--------------------|------------|------------|-------|
| Project ID: 15062016_101 | | Project Name: CQC GROUP MEETING | | Project Manager: Chris Gordon | | Project Sponsor: Eddy McKeown | | | | | |
| Recommendation | Priority | Category | Sub-category | Regulation | Standard | Current Status | Target Status | Responsible Person | Start Date | End Date | Notes |
| 1 | High | Quality of care | Quality of care | 14 | 14.1 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 2 | High | Quality of care | Quality of care | 14 | 14.2 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 3 | High | Quality of care | Quality of care | 14 | 14.3 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 4 | High | Quality of care | Quality of care | 14 | 14.4 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 5 | High | Quality of care | Quality of care | 14 | 14.5 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 6 | High | Quality of care | Quality of care | 14 | 14.6 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 7 | High | Quality of care | Quality of care | 14 | 14.7 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 8 | High | Quality of care | Quality of care | 14 | 14.8 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 9 | High | Quality of care | Quality of care | 14 | 14.9 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 10 | High | Quality of care | Quality of care | 14 | 14.10 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 11 | High | Quality of care | Quality of care | 14 | 14.11 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 12 | High | Quality of care | Quality of care | 14 | 14.12 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 13 | High | Quality of care | Quality of care | 14 | 14.13 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 14 | High | Quality of care | Quality of care | 14 | 14.14 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 15 | High | Quality of care | Quality of care | 14 | 14.15 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 16 | High | Quality of care | Quality of care | 14 | 14.16 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 17 | High | Quality of care | Quality of care | 14 | 14.17 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 18 | High | Quality of care | Quality of care | 14 | 14.18 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 19 | High | Quality of care | Quality of care | 14 | 14.19 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 20 | High | Quality of care | Quality of care | 14 | 14.20 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 21 | High | Quality of care | Quality of care | 14 | 14.21 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 22 | High | Quality of care | Quality of care | 14 | 14.22 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 23 | High | Quality of care | Quality of care | 14 | 14.23 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 24 | High | Quality of care | Quality of care | 14 | 14.24 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 25 | High | Quality of care | Quality of care | 14 | 14.25 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 26 | High | Quality of care | Quality of care | 14 | 14.26 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 27 | High | Quality of care | Quality of care | 14 | 14.27 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 28 | High | Quality of care | Quality of care | 14 | 14.28 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 29 | High | Quality of care | Quality of care | 14 | 14.29 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |
| 30 | High | Quality of care | Quality of care | 14 | 14.30 | Not met | Not met | Chris Gordon | 27/01/2016 | 31/03/2016 | ... |

| Project ID | Project Name | Project Type | Project Status | Project Manager | Project Description | Project Start | Project End | Project Budget | Project Risk | Project Complexity | Project Impact | Project Location | Project Stakeholders | Project Deliverables | Project Milestones | Project Risks | Project Issues | Project Comments |
|------------|--------------|------------------------------|----------------|-----------------|---|---------------|-------------|----------------|--------------|--------------------|----------------|------------------|---------------------------------|--|--------------------------------|----------------------------------|---------------------------------|------------------|
| 0001 | Project A | Construction | Completed | John Doe | Construction of a new building for the company. | 2023-01-01 | 2023-03-31 | \$1,000,000 | Low | Medium | High | USA | Client, Contractor, Architect | Building completed and ready for occupancy. | On schedule and within budget. | Minor issues resolved. | Project completed successfully. | |
| 0002 | Project B | Software Development | In Progress | Jane Smith | Development of a new software application. | 2023-02-15 | 2023-06-30 | \$500,000 | Medium | High | Medium | USA | Product Manager, Developers, QA | Core features developed and testing in progress. | Minor delays in testing phase. | Scope creep managed. | Project on track. | |
| 0003 | Project C | Marketing Campaign | Completed | Mike Johnson | Launch of a new marketing campaign. | 2023-03-01 | 2023-04-30 | \$200,000 | Low | Low | Medium | USA | Marketing Team, Sales | Campaign launched and results positive. | Exceeded expectations. | Minor adjustments made. | Project completed successfully. | |
| 0004 | Project D | Hardware Upgrade | Completed | Sarah Lee | Upgrade of server hardware. | 2023-04-01 | 2023-04-30 | \$150,000 | Low | Low | Low | USA | IT Department | Hardware installed and system up and running. | Completed on time and budget. | No issues. | Project completed successfully. | |
| 0005 | Project E | Business Process Improvement | In Progress | David Kim | Streamlining of business processes. | 2023-05-01 | 2023-08-31 | \$300,000 | Medium | High | Medium | USA | Operations, HR, Finance | Process maps created and implementation in progress. | Some resistance from staff. | Change management plan in place. | Project on track. | |
| 0006 | Project F | Customer Service Initiative | Completed | Emily White | Improvement of customer service. | 2023-06-01 | 2023-07-31 | \$100,000 | Low | Low | Medium | USA | Customer Service, Training | Service standards improved and customer satisfaction up. | Exceeded expectations. | Minor issues resolved. | Project completed successfully. | |
| 0007 | Project G | IT Security Audit | Completed | Chris Brown | Annual IT security audit. | 2023-07-01 | 2023-07-31 | \$80,000 | Low | Low | Low | USA | IT Security, Compliance | Audit completed with no major findings. | Completed on time and budget. | No issues. | Project completed successfully. | |
| 0008 | Project H | Product Development | In Progress | Alex Green | Development of a new product line. | 2023-08-01 | 2023-11-30 | \$700,000 | High | High | High | USA | R&D, Marketing, Sales | Product design complete and prototyping in progress. | Market research ongoing. | Scope creep managed. | Project on track. | |
| 0009 | Project I | Facilities Management | Completed | Mia Black | Renovation of office facilities. | 2023-09-01 | 2023-10-31 | \$250,000 | Low | Low | Medium | USA | Facilities, Construction | Renovation completed and office ready. | Completed on time and budget. | Minor issues resolved. | Project completed successfully. | |
| 0010 | Project J | Human Resources Initiative | Completed | Noah Grey | Implementation of a new HR system. | 2023-10-01 | 2023-11-30 | \$120,000 | Medium | Low | Medium | USA | HR, IT, Training | System implemented and training completed. | Minor issues resolved. | Project completed successfully. | | |
| 0011 | Project K | Legal Compliance | Completed | Olivia Blue | Review of legal compliance. | 2023-11-01 | 2023-11-30 | \$50,000 | Low | Low | Low | USA | Legal, Compliance | Compliance review completed with no issues. | Completed on time and budget. | No issues. | Project completed successfully. | |
| 0012 | Project L | Public Relations | Completed | Peter Red | Management of public relations. | 2023-12-01 | 2023-12-31 | \$70,000 | Low | Low | Medium | USA | PR, Marketing | PR campaign launched and media coverage positive. | Exceeded expectations. | Minor issues resolved. | Project completed successfully. | |

Action Plan for: Ravenswood House & Southfield following CQC inspection on 5th & 6th August 2015

| Version No: 1 | | Date: 09/10/2015 | | Produced by: Nicki Brown (Associate Director Specialised Services - Mental Health) & Dr Amanda Taylor (Clinical Director - Specialised Services) | | | | | | |
|---------------|--|--|---|---|--|---|---|--|--|--|
| Issue No. | What is the issue to be addressed? | Current Risk/ Priority <small>Low, Med, High</small> | Action/s to be taken <small>Number each action</small> | Outcome or Improvement the action will deliver once completed | How will completion of the action be evidenced | Who is responsible for completing the action <small>Name & Job Title</small> | Who is accountable for ensuring the action is completed? <small>Name & Job Title</small> | Date action must be completed <small>dd/mm/yyyy</small> | Action Progress <small>Blue-Complete Green-Begin & On Track Amber- Risk of slippage Red-Overdue Not Begin</small> | Notes/ Further information |
| 1 | Care plans did not accurately reflect individual observation levels and associated environmental risks. There was no audit to show adherence to the nursing process and to ensure that this information and treatment plan was being care planned, reviewed regularly and kept up to date. | High | 1.1 Senior nursing team developed a safety care plan which encompasses environmental risk as well as observation care plans for those on observations above a general requirement. 1.2 Audit tool to audit all care plans to be developed to monitor compliance with care plan requirements. 1.3 Formal letter sent to all staff reminding them of their responsibility in relation to Observation and engagement Trust policy. | 1.1 Care plans will include observation management plans to evidence that observations are being reviewed and patient safety is being maintained. | 1.1 Audit of care plans will be conducted on a monthly basis using an audit tool developed for the service. | Clinical Service Manager, Matrons, Ward Managers | Matrons | 30.11.2015 | Red | Care plan in place, letter sent to all staff. Audit tool in development. Update 08.06.16: May 2016 audit complete. |
| 2 | The understanding of the differences between seclusion and de-escalation was not clear. In addition reviews whilst in seclusion were not always undertaken in accordance with policy. | High | 1.1 All registered staff to undertake seclusion training offered by the Trust. 1.2 Seclusion paperwork to be reviewed and updated for ease of use and to enable staff understanding. | 1.1 All staff will understand the difference between seclusion and de-escalation and act accordingly 1.2 Increased compliance with recording of reviews as specified in policy. | 1.1 95% attendance to be achieved. 1.2 Trust audit process for seclusion in place and CWM to check paperwork for each seclusion for 3 months. | CWM, Matrons and Trust MHA department. | Trust MHA department | 20.11.2015 | Red | Update 08.06.16: 1.1 Some Trust training offered - not available currently. 1.2 January seclusion audit data from MHA June 2016. Division undertaking audit. |
| 3 | Nursing staff were not aware whether Flumazenil medicine was stored on the premises at Southfield. At both Ravenswood and Southfield, there was limited knowledge for the use of Flumazenil by registered nurses and whether it was stored on the premises or not. | Low | 1.1 All staff to be aware of location of Flumazenil, although this is included in rapid tranquilisation training. 1.2 All staff to be up to date with training. 1.3 Pharmacy to review stock status and advise of where this should be maintained. | All registered staff to be aware of location and use of Flumazenil - this now stored in medicine cupboards and emergency bags. | 1.1 MMC to review rapid tranquilisation training and ensure that core question relating to Flumazenil is included which will result in a pass or fail. 1.2 Discussed in all staff meetings and medical meetings as well as relevant governance meetings evidenced by minutes. | Stephen Bleakley Trust Head Pharmacist, Team managers, lead pharmacist for Specialised | Clinical Director | 30.11.2015 | Blue | Emails sent by Pharmacist to all staff, raised in relevant meetings, all staff informed of location of flumazenil across the Trust. Training issue raised with Chief Pharmacist. Update 08.06.16: Complete. |
| 4 | Remaining Ligature risk identified | Medium | 1.1 safety improvements to the environment at Ravenswood have begun, are on schedule, and are due to finish in February 2016. 1.2 Ligature risk assessments to be completed as required and any residual risks to be managed operationally. | Improved environmental safety. | Ligature assessments will indicate areas that have improved and will be visible in future reviews. | Clinical Service Manager, Matron, CWM, Estates | Trust Estates Director, Clinical Director, Director of AMH, Associate Director Specialised | 01.02.2016 | Blue | Some residual risks will remain due to the physical layout of the building and are unable to be remediated. This will require ongoing operational management. All areas have one area which can be used to manage individuals who are at high risk of self harm. Update 08.06.16: Complete. |
| 5 | In relation to Southfield there is a requirement to protect the privacy and dignity of all patients whilst in the seclusion suite and provide access to facilities. | Low | 1.1 Same sex observation of individuals whilst in seclusion should be facilitated. 1.2 Access to facilities to be improved via a capital estates programme. | 1.1 Increased privacy and dignity for patients. 1.2 To undertake a review of the requirements for Southfield seclusion facility with estates services. | 1.1 All CWM managers and staff advised of requirements for same sex observation. 1.2 Refurbishment of existing seclusion facility. | Clinical Director/ Associate Director | Associate Director - Service Manager | 01.04.2016 | Red | Email sent to all CWM regarding use of same sex observation. Meeting date set for development of business case for Seclusion room review. Update 08.06.16: Building project meetings now underway. |
| 7 | All disciplines contribute to the treatment pathway of all patients, however, in one set of records the social work department had not entered relevant information onto the Trust RIO system. | High | 1.1 Social work team to ensure that the requirement to enter safeguarding information onto RIO as well as maintaining secondary file information is understood and actioned by all team members. | 1.1 Comprehensive electronic record of safeguarding concerns, actions and outcomes. | 1.1 Review of RIO record for safeguarding inclusion. | Social Work Team Manager, Quality Assurance and Compliance Lead | Clinical Director/Service Manager | 01.12.2015 | Red | All social workers made aware of requirement via internal discussion. Update 08.06.16: Business, Performance & Quality Manager to review records for compliance June 2016. |

Action Plan for: Ridgeway Centre following CQC inspection on 5th August 2015

Version No: 1

Date: 09/10/2015

Produced by: (Name & Job Title) Donna Schell, Head of Service, Oxfordshire and Buckinghamshire Learning Disability

| Issue No. | What is the issue to be addressed? | Current Risk/Priority Low, Med, High | Ref.No | Action/s to be taken | Outcome or Improvement the action will deliver once completed | How will completion of the action be evidenced | Who is responsible for completing the action Name & Job Title | Who is accountable for ensuring the action is completed? Name & Job Title | Date action must be completed dd/mm/yyyy | Action Progress Blue-Complete Green-Begin & On Track Yellow-Risk of Slippage Red-Overdue Not Begin | Notes/ Further information |
|-----------|---|---|--------|---|---|--|--|--|---|---|---|
| 1 | The environmental risks must be fully assessed and addressed. Until the necessary changes are made to make the environment as safe as possible, appropriate measures must be implemented immediately to mitigate effectively the risks to people using the service. | High | 1.1 | All estates adjustments will be completed as per specification | Patients safety is enhanced | Photographic evidence of completed works and inventory of all individual changes | Nicola Stykuo-Dean (Senior Clinical Nurse) and Designated Responsible Clinician | Paul Munday (Clinical Service Manager) | 30/11/2015 | Green | Works programme underway, only remaining actions relate to the replacement of anti-barricade doors |
| | | High | 1.2 | Patients will have a MDT risk assessment and MDT care plan stating where the environmental risks impact on their safety. | Patients are kept safe whilst awaiting full environmental adjustments | MDT Care plans, Risk summaries and risk management summaries to be audited | Nicola Stykuo-Dean (Senior Clinical Nurse) and Designated Responsible Clinician | Paul Munday (Clinical Service Manager) | 31/10/2015 | Blue | Risk assessments in place to mitigate against temporary environmental risk |
| | | High | 1.3 | Risk factors will be reflected in support plans | Patients are kept safe whilst awaiting full environmental adjustments | Review of Support Plans and evidence of risk factors and mitigations being documented | Nicola Stykuo-Dean (Senior Clinical Nurse) and Designated Responsible Clinician | Paul Munday (Clinical Service Manager) | 31/10/2015 | Green | |
| 2 | All front line staff should complete outstanding mandatory training to ensure they are up to date with current practice and best able to meet effectively the needs of people at the service. | Medium | 2.1 | Statutory and mandatory training will be undertaken and maintained by all staff within regulatory standards | All staff knowledgeable and up to date with current practices to keep their service users, themselves and others safe | Data Warehouse Lead reports identifying compliance with standard | Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 31/12/2015 | Green | Excludes staff on maternity leave, long term sick leave, new staff (2 Months) and on maternity leave. |
| | | Medium | 2.2 | Localised training refreshers and E Learning training will be booked to enable timely and easy access | All staff knowledgeable and up to date with current practices to keep their service users, themselves and others safe | Programme of local training events and inventory of E Learning on offer by Trust | Paul Munday (Clinical Service Manager) | Lead Professionals | 30/11/2015 | Green | To be discussed at Team meeting on Tuesday 13th October to determine feasibility and timescales |
| 3 | Use of physical restraint should be reviewed further, in order to clarify whether there are any patterns or trends in need of further analysis and subsequent response. | Medium | 3.1 | The Trusts Quality and Safety Group (QSM) will review a report on the analysis of all incidents of restraint that have occurred in the past year against national standards and identify any required actions for improvement | Assurance that the use of restraint is in line with national standards | Report presented to QSM and learning recorded and circulated | Raj Attwar (Clinical Services Director) in consultation with Governance team and Director of Quality | Donna Schell (Head of Service) | 28/02/2016 | Green | |
| 4 | The book for recording of controlled drugs should be maintained in a neat and precise manner, and replaced when worn and untidy so as to minimise risk of errors. | Medium | 4.1 | A new Controlled Drugs (CD) record book will be ordered through the Trust Pharmacy and the existing version archived | Risks of Controlled Drug use will be minimised | New CD record book in place and maintained to good standard | Kabila Karki (Charge Nurse) & Juliet Wells (Senior Pharmacist) | Paul Munday (Clinical Service Manager) | 30/09/2015 | Blue | |
| | | Medium | 4.2 | The operational process concerning medicines management will be reviewed and compliance with guidelines and policies ensured. | Risks of errors in medicines management minimised | Report provided by Pharmacist and Senior Nurse on outcome of review and corrective actions implemented by team. Routine practices monitored regularly by Charge Nurses | Juliet Well (Senior Pharmacist) and Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 31/01/2016 | Green | |
| | | Medium | 4.3 | T3 forms, used for people who are given medication without having given their consent, should be kept tidy and filed with the corresponding prescription cards. | Risks of errors in medicines management minimised. Procedures for administering medication without consent in line with regulatory and safe practices | Spot checks by Charge Nurses and Pharmacist. Incident reports where agreed procedures have not been followed. Notes in Governance meeting reporting upon compliance. | Juliet Well (Senior Pharmacist) and Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 30/11/2015 | Green | |
| 5 | Charts used for monitoring of physical observations should state clearly how frequently these recordings should be made so as to avoid unnecessary staff confusion. | Medium | 5.1 | Tick and Trigger, Weight and Fluid Balance charts will be merged into one folder | Safer streamlined communication amongst team resulting in minimising risks of continuity of care | Merged folder in use | Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 31/10/2015 | Green | |
| | | Medium | 5.2 | Charts routinely will be reviewed by all incoming registered nurses during handover and changes communicated verbally by outgoing nurses in charge at handover meeting | Safer streamlined communication amongst team resulting in minimising risks of continuity of care | Handover audit and spot checks. Nurse in charge supervision. | Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 31/11/2015 | Green | |
| | | Medium | 5.3 | Charts will be reviewed in MDT meetings. | Safer streamlined communication amongst team resulting in minimising risks of continuity of care | MDT standing agenda | Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 31/10/2015 | Green | |
| 6 | The provider should ensure there is a clear process for auditing emergency equipment. | Medium | 6.1 | Process for routine auditing equipment will be reviewed | Safely maintained equipment in use | Inventory of all medical equipment with clear indication of regular checks within agreed timeframes | Laura Hamer (Facilities & Estates Manager), Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 31/10/2015 | Green | |
| | | Medium | 6.2 | All medical equipment will be reviewed and an inventory maintained to show a maintenance record | Safely maintained equipment in use | All equipment checked and safe to use | Laura Hamer (Facilities & Estates Manager), Nicola Stykuo-Dean (Senior Clinical Nurse) | Paul Munday (Clinical Service Manager) | 30/11/2015 | Green | |
| 7 | Support plans should be clearly written in collaboration with patients and in formats which best suit each patient's individual communication needs. | Medium | 7.1 | The Support Plan (SP) Document, alongside clear operational Instructions for use will be reviewed in consultation with Service users and others and revised to ensure simplicity and ease of use | Service Users will better understand their needs and the care and support provided | Revised and agreed Support Plan template in use alongside clear operating instructions | Nicola Stykuo-Dean (Senior Clinical Nurse) and Beth Fuller (Speech and Language Therapist) | Paul Munday (Clinical Service Manager) | 31/01/2016 | Green | |

| Project ID | Project Name | Project Description | Start Date | End Date | Status | Phase | Priority | Owner | Responsible | Dependencies | Notes | Comments | Attachments |
|------------|--------------|--|------------|------------|-------------|---------|----------|----------------------|----------------|--------------|---|--|-----------------------------------|
| 001 | Project A | Development of new software module | 2023-01-15 | 2023-03-31 | Completed | Phase 1 | High | John Doe | Jane Smith | None | Project completed successfully. | Final report attached. | Report_A_Final.pdf |
| 002 | Project B | Infrastructure upgrade for server room | 2023-02-01 | 2023-04-15 | In Progress | Phase 2 | Medium | Mike Johnson | Sarah Lee | Project A | Waiting for hardware delivery. | Hardware list attached. | Hardware_List.xlsx |
| 003 | Project C | Marketing campaign for Q3 | 2023-03-01 | 2023-06-30 | On Hold | Phase 1 | Low | Emily White | David Brown | Project B | On hold due to budget constraints. | Budget review scheduled. | Budget_Review.docx |
| 004 | Project D | Customer service training | 2023-04-01 | 2023-05-31 | Completed | Phase 1 | Medium | Chris Green | Alice Black | None | Training sessions completed. | Feedback forms attached. | Feedback_Forms.pdf |
| 005 | Project E | Website redesign | 2023-05-01 | 2023-08-31 | In Progress | Phase 2 | High | Tom Black | Laura White | Project C | Design phase complete. | Design mockups attached. | Design_Mockups.pptx |
| 006 | Project F | Internal audit | 2023-06-01 | 2023-07-31 | Completed | Phase 1 | Medium | Patricia Green | Robert Blue | None | Audit report submitted. | Audit_Report.pdf | Audit_Report.pdf |
| 007 | Project G | Mobile app development | 2023-07-01 | 2023-10-31 | In Progress | Phase 3 | High | Kevin Red | Nancy Purple | Project E | Testing phase in progress. | Test results attached. | Test_Results.xlsx |
| 008 | Project H | Supply chain optimization | 2023-08-01 | 2023-11-30 | On Hold | Phase 1 | Medium | Michelle Yellow | James Cyan | Project G | On hold due to market volatility. | Market analysis attached. | Market_Analysis.pdf |
| 009 | Project I | Employee wellness program | 2023-09-01 | 2023-12-31 | On Hold | Phase 1 | Low | Stephanie Magenta | Benjamin Olive | None | Program design in progress. | Program Design.docx | Program_Design.docx |
| 010 | Project J | Legal review of contracts | 2023-10-01 | 2023-11-30 | In Progress | Phase 1 | Medium | Gregory Teal | Hannah Gold | Project H | Reviewing contracts for compliance. | Contract list attached. | Contract_List.xlsx |
| 011 | Project K | IT security audit | 2023-11-01 | 2024-01-31 | On Hold | Phase 1 | High | Victoria Silver | William Bronze | Project I | On hold due to resource availability. | Resource plan attached. | Resource_Plan.pdf |
| 012 | Project L | Product launch preparation | 2023-12-01 | 2024-02-28 | In Progress | Phase 2 | High | Christopher Platinum | Olivia Copper | Project J | Final preparations for launch. | Launch plan attached. | Launch_Plan.pptx |
| 013 | Project M | Annual report production | 2024-01-01 | 2024-03-31 | On Hold | Phase 1 | Medium | Matthew Nickel | Sophia Tin | Project K | On hold until Q1 2024. | Report outline attached. | Report_Outline.docx |
| 014 | Project N | Facilities maintenance | 2024-02-01 | 2024-04-30 | In Progress | Phase 1 | Low | Andrew Zinc | Isabella Lead | Project L | Scheduling maintenance work. | Maintenance schedule attached. | Maintenance_Schedule.xlsx |
| 015 | Project O | Compliance training | 2024-03-01 | 2024-05-31 | On Hold | Phase 1 | Medium | Jonathan Cadmium | Madison Silver | Project M | On hold due to content review. | Training content attached. | Training_Content.pdf |
| 016 | Project P | IT helpdesk optimization | 2024-04-01 | 2024-06-30 | In Progress | Phase 2 | Medium | Chloe Gold | Lucas Silver | Project N | Implementing new ticketing system. | System requirements attached. | System_Requirements.docx |
| 017 | Project Q | Partnership agreement review | 2024-05-01 | 2024-07-31 | On Hold | Phase 1 | High | Isaac Platinum | Grace Gold | Project O | On hold until legal review complete. | Agreement draft attached. | Agreement_Draft.pdf |
| 018 | Project R | Customer feedback analysis | 2024-06-01 | 2024-08-31 | In Progress | Phase 1 | Medium | Abigail Silver | Ethan Bronze | Project P | Analysing customer survey data. | Survey data attached. | Survey_Data.xlsx |
| 019 | Project S | IT disaster recovery plan | 2024-07-01 | 2024-09-30 | On Hold | Phase 1 | High | Henry Gold | Alexis Silver | Project Q | On hold due to scope creep. | DR plan draft attached. | DR_Plan_Draft.docx |
| 020 | Project T | Employee performance review | 2024-08-01 | 2024-10-31 | In Progress | Phase 1 | Medium | Charlotte Platinum | Leo Gold | Project R | Conducting performance reviews. | Review forms attached. | Review_Forms.pdf |
| 021 | Project U | Website analytics implementation | 2024-09-01 | 2024-11-30 | On Hold | Phase 1 | Low | Benjamin Silver | Mia Bronze | Project S | On hold until analytics tool selected. | Tool selection criteria attached. | Tool_Selection_Criteria.docx |
| 022 | Project V | Supply chain risk assessment | 2024-10-01 | 2024-12-31 | In Progress | Phase 1 | High | Victoria Gold | William Silver | Project T | Assessing supply chain vulnerabilities. | Risk assessment report attached. | Risk_Assessment_Report.pdf |
| 023 | Project W | Internal communication strategy | 2024-11-01 | 2025-01-31 | On Hold | Phase 1 | Medium | Christopher Silver | Olivia Bronze | Project U | On hold until strategy finalized. | Strategy draft attached. | Strategy_Draft.docx |
| 024 | Project X | IT hardware refresh | 2025-01-01 | 2025-03-31 | In Progress | Phase 1 | Low | Matthew Gold | Sophia Silver | Project V | Ordering new hardware for refresh. | Hardware list attached. | Hardware_List.xlsx |
| 025 | Project Y | Customer loyalty program | 2025-02-01 | 2025-05-31 | On Hold | Phase 1 | High | Jonathan Silver | Chloe Bronze | Project W | On hold until program design complete. | Program design attached. | Program_Design.pptx |
| 026 | Project Z | IT security patch management | 2025-03-01 | 2025-06-30 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project X | Implementing patch management process. | Process document attached. | Process_Document.docx |
| 027 | Project AA | Employee engagement survey | 2025-04-01 | 2025-06-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project Y | On hold until survey questions finalized. | Survey questions attached. | Survey_Questions.pdf |
| 028 | Project AB | IT cloud migration | 2025-05-01 | 2025-08-31 | In Progress | Phase 2 | High | Isaac Gold | Abigail Silver | Project Z | Migrating servers to cloud. | Migration plan attached. | Migration_Plan.pptx |
| 029 | Project AC | Partnership onboarding | 2025-06-01 | 2025-09-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AA | On hold until onboarding process defined. | Onboarding process attached. | Onboarding_Process.docx |
| 030 | Project AD | Customer service automation | 2025-07-01 | 2025-10-31 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project AB | Implementing chatbot for service. | Chatbot script attached. | Chatbot_Script.pdf |
| 031 | Project AE | IT infrastructure consolidation | 2025-08-01 | 2025-11-30 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project AC | On hold due to vendor selection. | Vendor selection criteria attached. | Vendor_Selection_Criteria.docx |
| 032 | Project AF | Employee training program | 2025-09-01 | 2026-01-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project AD | Designing training modules. | Training module outline attached. | Training_Module_Outline.pdf |
| 033 | Project AG | IT security awareness training | 2025-10-01 | 2025-12-31 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project AE | On hold until content developed. | Content development progress attached. | Content_Development_Progress.docx |
| 034 | Project AH | Customer feedback loop | 2026-01-01 | 2026-03-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project AF | Establishing feedback loop process. | Feedback loop process attached. | Feedback_Loop_Process.pdf |
| 035 | Project AI | IT disaster recovery testing | 2026-02-01 | 2026-04-30 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project AG | On hold until test scenarios defined. | Test scenarios attached. | Test_Scenarios.docx |
| 036 | Project AJ | Employee performance improvement | 2026-03-01 | 2026-06-30 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project AH | Implementing performance improvement plan. | Improvement plan attached. | Improvement_Plan.pptx |
| 037 | Project AK | IT hardware refresh | 2026-04-01 | 2026-06-30 | On Hold | Phase 1 | Low | Chloe Silver | Lucas Bronze | Project AI | On hold until hardware list finalized. | Hardware list attached. | Hardware_List.xlsx |
| 038 | Project AL | Customer service training | 2026-05-01 | 2026-07-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project AJ | Conducting service training sessions. | Training materials attached. | Training_Materials.pdf |
| 039 | Project AM | IT security audit | 2026-06-01 | 2026-08-31 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project AK | On hold until audit scope defined. | Audit scope attached. | Audit_Scope.docx |
| 040 | Project AN | Partnership agreement review | 2026-07-01 | 2026-09-30 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project AL | Reviewing partnership agreements. | Agreement review report attached. | Agreement_Review_Report.pdf |
| 041 | Project AO | Customer feedback analysis | 2026-08-01 | 2026-10-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AM | On hold until data collection complete. | Data collection progress attached. | Data_Collection_Progress.docx |
| 042 | Project AP | IT cloud migration | 2026-09-01 | 2026-11-30 | In Progress | Phase 2 | High | Isaac Gold | Abigail Silver | Project AN | Migrating additional services to cloud. | Migration progress report attached. | Migration_Progress_Report.pdf |
| 043 | Project AQ | Employee engagement survey | 2026-10-01 | 2027-01-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AO | On hold until survey distribution. | Survey distribution plan attached. | Survey_Distribution_Plan.docx |
| 044 | Project AR | IT infrastructure consolidation | 2026-11-01 | 2027-03-31 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project AP | Consolidating IT infrastructure. | Consolidation plan attached. | Consolidation_Plan.pptx |
| 045 | Project AS | Employee training program | 2027-01-01 | 2027-04-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AQ | On hold until program content ready. | Program content attached. | Program_Content.pdf |
| 046 | Project AT | IT security awareness training | 2027-02-01 | 2027-05-31 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project AR | Implementing security awareness training. | Training materials attached. | Training_Materials.pdf |
| 047 | Project AU | Customer feedback loop | 2027-03-01 | 2027-06-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AS | On hold until loop mechanism established. | Loop mechanism attached. | Loop_Mechanism.docx |
| 048 | Project AV | IT disaster recovery testing | 2027-04-01 | 2027-07-31 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project AT | Conducting disaster recovery tests. | Test results attached. | Test_Results.xlsx |
| 049 | Project AW | Employee performance improvement | 2027-05-01 | 2027-08-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AU | On hold until improvement plan finalized. | Improvement plan attached. | Improvement_Plan.pptx |
| 050 | Project AX | IT hardware refresh | 2027-06-01 | 2027-09-30 | In Progress | Phase 1 | Low | Isaac Gold | Abigail Silver | Project AV | Ordering hardware for refresh. | Hardware list attached. | Hardware_List.xlsx |
| 051 | Project AY | Customer service training | 2027-07-01 | 2027-10-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AW | On hold until training materials ready. | Training materials attached. | Training_Materials.pdf |
| 052 | Project AZ | IT security audit | 2027-08-01 | 2027-11-30 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project AY | Conducting security audit. | Audit report attached. | Audit_Report.pdf |
| 053 | Project BA | Partnership agreement review | 2027-09-01 | 2028-01-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project AZ | On hold until review complete. | Review progress attached. | Review_Progress.docx |
| 054 | Project BB | Customer feedback analysis | 2027-10-01 | 2028-03-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BA | Analysing customer feedback. | Analysis report attached. | Analysis_Report.pdf |
| 055 | Project BC | IT cloud migration | 2027-11-01 | 2028-04-30 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project BB | On hold until migration plan approved. | Migration plan attached. | Migration_Plan.pptx |
| 056 | Project BD | Employee engagement survey | 2028-01-01 | 2028-04-30 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BC | Conducting engagement survey. | Survey results attached. | Survey_Results.xlsx |
| 057 | Project BE | IT infrastructure consolidation | 2028-02-01 | 2028-05-31 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project BD | On hold until consolidation strategy defined. | Strategy attached. | Strategy.docx |
| 058 | Project BF | Employee training program | 2028-03-01 | 2028-06-30 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BE | Implementing training program. | Program materials attached. | Program_Materials.pdf |
| 059 | Project BG | IT security awareness training | 2028-04-01 | 2028-07-31 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project BF | On hold until awareness content ready. | Content attached. | Content.pdf |
| 060 | Project BH | Customer feedback loop | 2028-05-01 | 2028-08-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BG | Establishing feedback loop. | Loop process attached. | Loop_Process.docx |
| 061 | Project BI | IT disaster recovery testing | 2028-06-01 | 2028-09-30 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project BH | On hold until test scenarios finalized. | Scenarios attached. | Scenarios.docx |
| 062 | Project BJ | Employee performance improvement | 2028-07-01 | 2028-10-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BI | Implementing performance improvement. | Improvement plan attached. | Improvement_Plan.pptx |
| 063 | Project BK | IT hardware refresh | 2028-08-01 | 2028-11-30 | On Hold | Phase 1 | Low | Chloe Silver | Lucas Bronze | Project BJ | On hold until hardware procurement. | Procurement status attached. | Procurement_Status.docx |
| 064 | Project BL | Customer service training | 2028-09-01 | 2029-01-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BK | Conducting service training. | Training materials attached. | Training_Materials.pdf |
| 065 | Project BM | IT security audit | 2028-10-01 | 2029-03-31 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project BL | On hold until audit scope defined. | Audit scope attached. | Audit_Scope.docx |
| 066 | Project BN | Partnership agreement review | 2028-11-01 | 2029-04-30 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project BM | Reviewing partnership agreements. | Review progress attached. | Review_Progress.docx |
| 067 | Project BO | Customer feedback analysis | 2029-01-01 | 2029-04-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BN | On hold until data collection. | Data collection progress attached. | Data_Collection_Progress.docx |
| 068 | Project BP | IT cloud migration | 2029-02-01 | 2029-05-31 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project BO | Migrating cloud services. | Migration progress report attached. | Migration_Progress_Report.pdf |
| 069 | Project BQ | Employee engagement survey | 2029-03-01 | 2029-06-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BP | On hold until survey distribution. | Survey distribution plan attached. | Survey_Distribution_Plan.docx |
| 070 | Project BR | IT infrastructure consolidation | 2029-04-01 | 2029-07-31 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project BQ | Consolidating IT infrastructure. | Consolidation plan attached. | Consolidation_Plan.pptx |
| 071 | Project BS | Employee training program | 2029-05-01 | 2029-08-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BR | On hold until program content ready. | Program content attached. | Program_Content.pdf |
| 072 | Project BT | IT security awareness training | 2029-06-01 | 2029-09-30 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project BS | Implementing security awareness training. | Training materials attached. | Training_Materials.pdf |
| 073 | Project BU | Customer feedback loop | 2029-07-01 | 2029-10-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BT | On hold until loop mechanism established. | Loop mechanism attached. | Loop_Mechanism.docx |
| 074 | Project BV | IT disaster recovery testing | 2029-08-01 | 2029-11-30 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project BU | Conducting disaster recovery tests. | Test results attached. | Test_Results.xlsx |
| 075 | Project BW | Employee performance improvement | 2029-09-01 | 2030-01-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BV | On hold until improvement plan finalized. | Improvement plan attached. | Improvement_Plan.pptx |
| 076 | Project BX | IT hardware refresh | 2029-10-01 | 2030-03-31 | In Progress | Phase 1 | Low | Isaac Gold | Abigail Silver | Project BW | Ordering hardware for refresh. | Hardware list attached. | Hardware_List.xlsx |
| 077 | Project BY | Customer service training | 2029-11-01 | 2030-04-30 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BX | On hold until training materials ready. | Training materials attached. | Training_Materials.pdf |
| 078 | Project BZ | IT security audit | 2030-01-01 | 2030-04-30 | In Progress | Phase 1 | High | Isaac Gold | Abigail Silver | Project BY | Conducting security audit. | Audit report attached. | Audit_Report.pdf |
| 079 | Project CA | Partnership agreement review | 2030-02-01 | 2030-05-31 | On Hold | Phase 1 | Medium | Chloe Silver | Lucas Bronze | Project BZ | On hold until review complete. | Review progress attached. | Review_Progress.docx |
| 080 | Project CB | Customer feedback analysis | 2030-03-01 | 2030-06-30 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project CA | Analysing customer feedback. | Analysis report attached. | Analysis_Report.pdf |
| 081 | Project CC | IT cloud migration | 2030-04-01 | 2030-07-31 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project CB | On hold until migration plan approved. | Migration plan attached. | Migration_Plan.pptx |
| 082 | Project CD | Employee engagement survey | 2030-05-01 | 2030-08-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project CC | Conducting engagement survey. | Survey results attached. | Survey_Results.xlsx |
| 083 | Project CE | IT infrastructure consolidation | 2030-06-01 | 2030-09-30 | On Hold | Phase 1 | High | Chloe Silver | Lucas Bronze | Project CD | On hold until consolidation strategy defined. | Strategy attached. | Strategy.docx |
| 084 | Project CF | Employee training program | 2030-07-01 | 2030-10-31 | In Progress | Phase 1 | Medium | Isaac Gold | Abigail Silver | Project CE | Implementing training program. | | |

Action Plan for: CQC inspection Oct 14 - External Actions

Version No:
FINAL V1.0

Date:
25/03/15

Approved by:
Trust Board - Quality & Safety Committee - 23/03/15
Commissioners - Strategic Oversight Group - 24/03/15

Produced by:
Tracy McKenzie - Head of Compliance / CQC Programme Manager

Progress last updated: 01/07/15 - TM

| Ref No | Core Service | Issues within core services that action is relevant to | Theme | CQC actions required | Actions to be taken | Which external stakeholder will need to provide support | How will completion of the action be evidenced | Who is responsible for completing the action | Who is accountable for ensuring the action is completed? | Date action must be completed | Action Progress | Progress - to include position statement, risks, objectives, action plans etc. | Evidence of completion and assurance gained | |
|--------|--|--|------------------------|---|---|---|---|--|--|---|-----------------|--|--|--|
| | | | | | Number each action. | | | | | dd/mm/yyyy | | Key- Progress update outstanding | | |
| | Acute Ward/PCIC | Enrich | Staffing levels | More appropriate and safe staffing levels are consistently maintained | Safe Staffing requirements are an ongoing part of contract negotiations and not yet agreed. An update will be provided to CQC once the contract negotiation process is completed. | West Hampshire CCG | Staff establishment fully migrated to minimum use of NPSA Agency staff | Leahy Steven, Director of Mental Health and LD Roger Hudson, Director of Commissioning, Long term conditions & Community | Mark Brock, Chief Practice Director Heather Housfield, Chief Officer | 11/03/2015 | Done | Progress to date Negotiations with both CQC and NHS England commissioners achieved significant levels of investment in safe staffing as well as to meet the national tariff deflator. These two together provided a significant proportion of the additional cost associated with safe staffing. | Evidence is contained in Finance subtable of 15/16 contract. | |
| 24 | Community based Mental Health Services for Adults of Working Age | AM | Commissioning issue | Work with local commissioners of services to improve access to local acute psychiatric admission beds. | Internal action 29.2 will be more effective with engagement from commissioners and sign up to the action has been agreed with the CCG. (Underpins a broader review of bed provision into the medium to longer term to ensure sustainability and availability of beds within Hampshire.) | West Hampshire CCG | Approved access to local acute beds | Kate Brockler, Associate Director Mental Health Heather Housfield, Chief Officer Roger Hudson, Director of Commissioning, Long term conditions & Community | Leahy Steven, Director of Mental Health and LD Heather Housfield, Chief Officer | 30/06/2015 | Done | Progress to date Last month's meeting of releases from the contract monitoring meeting, highlight the action and CQC as evidence that is discussed with the commissioners regularly and that we are engaging with them around this. Positive social feedback shared with commissioners at the OIM meeting AMH bed modelling spreadsheet in place which shows how we are looking at longer term reducing our CQC acute and PCIC beds. This is what we talk about at each of the contract review meetings. Actions completed - now being monitored as part of quality processes | Copy of minutes of contract monitoring meetings, periodic week feedback and bed modelling document received | |
| | Older Services / 1318 Health Based Place of Safety | AM | Operational procedures | AMH Service must have operational procedures which inform staff how to provide services which include risk assessment, care planning and sharing information and protect people using the service and staff. | See internal action 31.2. This internal action will be aligned to the crisis concordat action plan to ensure a system wide approach to delivery. A copy of the crisis concordat action plan will be provided to CQC under separate cover when it is finalised later this month. | Crisis concordat multi-agency working group | Minutes of the Southampton AMH and evidence of progression to the Southampton Service Board and finally evidence that the new policy is available to staff on the intranet, under policies. | Dr Jackson General Manager Associate Director of Nursing Crisis concordat group | Leahy Steven, Director of Mental Health and LD Crisis concordat chair | 20 when fully aligned to crisis concordat action plan | Done | Progress to date 14/04/2015 On 14th this was brought to Southampton AMH in May for consideration. 18-8-2015 Approved at AMH in Southampton initially in April 2015, then approved at the AMH Service Board in May 2015. Internal actions all completed | Sign of approval and that document received | |
| 26 | Crisis Services / 1318 Health Based Place of Safety | AM | 1318 policy | Review 1318 policy and consider how those affected under 1318 are assessed more timely rather than a factor in the first instance. | See internal action 36.1. This will need to be supported by the Crisis Concordat working group. The action is reflected in the Crisis Concordat action plan which commissioners are signed up to. Copy of the crisis concordat action plan will be provided to CQC under separate cover when it is finalised later this month. | Crisis Concordat multi-agency working group | Multi-agency policy will be in place and signed off | Tim Couglard Associate Director of Nursing Crisis concordat group | Leahy Steven, Director of Mental Health and LD Crisis concordat chair | 20 when fully aligned to crisis concordat action plan | Done | Progress to date Internal actions all completed | | |
| 31 | Older Services / 1318 Health Based Place of Safety | AM | 1318 policy | Ensure that AMHs attend the 1318 table in a timely manner - Assessment by the doctor and AMSP should begin as soon as possible after the arrival of the individual at the place of safety. | See internal action 37.1. This will need to be supported by the Crisis Concordat working group. The action is reflected in the Crisis Concordat action plan which commissioners are signed up to. Copy of the crisis concordat action plan will be provided to CQC under separate cover when it is finalised later this month. | Crisis Concordat multi-agency working group | Monitor 1318 dashboard will be used to conduct monitoring meetings to assess improvements in practice and responsiveness | Tim Couglard Associate Director of Nursing Crisis concordat group | Leahy Steven, Director of Mental Health and LD Crisis concordat chair | 20 when fully aligned to crisis concordat action plan | Done | Progress to date Internal actions all completed | | |
| 36 | AMH Secure Forensic | AM | Signature risks | Appropriate measures must be taken to mitigate and manage environmental factors (risk on roads at Rosewood House and Southfield) | Commissioners to consider business case for re-provision of Rosewood and to support the Trust with activity surrounding in provision such as consultation. | NHS England | Agreed plan for the long term re-provision of Rosewood | Neil Brown - Head of Forensic Services Debbie Doughty, Head of Mental Health, Programme of Care Lead | Leahy Steven, Director of Mental Health and LD Mark Satchell | 30/06/2015 and beyond | Progress | Progress to date Business process has commenced. Outline business case to be presented to the Board on 20th July | | |
| 37 | AMH Secure Forensic | AM | Staffing levels | Staffing levels on some wards at Rosewood House and Southfield remain below what we need to take Section 17 escorted leave. | See action 1 above | | | | | | Done | Rosewood & Southfield Daily staff meetings in place across Rosewood and Southfield (provided below for evidence). We continue to use NPSA as request and utilize senior nurse support. In Modern Matrons, Clinical Ward Manager and the Clinical Service Manager completing shifts. Workforce Strategy in place (provided below) with an ongoing recruitment drive. There is one Band 5 community employment on permanent basis - Rosewood. A further 2 Band 5's have been offered a position at Rosewood. Specialised services are attending recruitment drive in Island on 28th and 29th June 2015. There are currently 7 HCW going through the employment process, all due to start in the next few weeks. This leaves the services with 4 HCW vacancies of which there are interviews this Friday 19th July 2015. | | |
| | Child and Adolescent Mental Health | High house | Staffing levels | During the night at Leigh House there were three staff in duty, which did not take into account the dependency needs of the young people, or the management of accidents during this time. | See action 1 above | | | | | | | Done | There are now four staff on night duty (as of April 2015) two qualified and two HCW. More staff will be brought in if required to meet dependency needs. | |
| 44 | AMH Community | AM | Social services input | Work with local authorities to ensure social services input is flexible, responsive and teams are facilitated to work closely to ensure best outcome for patients & relatives. | Working with Hampshire County Council to consider opportunities for integrated working - joint meetings have taken place to facilitate commencement of pilot | Hampshire County Council | ICT meetings. Also monitored through the ICT change project plan | Various as per internal action the | Debbi Warren, Chief Operating Officer Gill Duncan, Director of Adult Services | 30/04/2015 | Done | Progress to date Linked to joint working with Solent programme initiated to ICT ways of working ICT monthly Steering group chair provided by Michelle Edwards and HCC Update 24/4/15 Within Southampton every cluster meet monthly to further integration on a local level (provided includes DFT Adult services/Solent/CP) and then there is a core steering group which reviews the work 2 days/week with adult services present have taken place Within the West of Hampshire monthly/bimonthly ICT meetings take place locally to support integration. COURSE completed with support from adult services including rapid response COURSE. Actions completed and now being monitored | Minutes of meetings 2 - linked with criteria | |
| | Community adults | AM | Staffing levels | The trust must take action to ensure sufficient numbers of suitable qualified staff in community teams and ensure safe workload levels. | Trust to collate and provide data to CQC on specific teams which are at greatest risk of delivering unsafe care as a result of staffing issues. CQC input then required to agree short-medium term remedy. One of two solutions - does establishment need funding boost or well establishment remains as current but with revised spec. of services to be delivered. Additional pieces of work to be addressed via Oversight Group for longer term plans - strategic discussion around future workforce planning and development of beds to assist with this. | AM Hampshire CCG | Think and reduction in grievances, clinical incidents, sickness particularly stress related complaints, financial issues associated with agency provision and increases with recruitment and retention | Paula Hall, Associate Director of Nursing CQC Heads of commissioning | Debbi Warren, Director of Nursing and A&P CQC Chief Officers | 11/05/2015 | Done | All internal actions completed within timescales. | | |
| | Community adults | Therapy | waiting times | The trust must take action to ensure sufficient numbers of suitable qualified staff and reduce the waiting time for therapy assessment and treatment in these community teams where waiting times are excessive. | South East The CCG has identified recruitment and new recruitment (intended to support a maximum waiting time of 2 weeks for urgent and 4 weeks for Routine (this is for primary care therapy) South East and West A joint CCG and Trust review will be undertaken in 6 months to review the balance of activity to deliver the new waiting times in light of changes to the A&P model (primary care therapy) HCC The review of therapy waits will be undertaken as part of the wider review of community staffing (see 106 above) | AM Hampshire CCG West Hampshire CCG | Reduction in therapy waiting times, reduction in vacancies and improved morale | Paula Peckar - Clinical Director CQC Director of commissioning/ Head of commissioning | Debbi Warren, Director of Nursing and A&P CQC Chief Officers | 11/07/2015 | Done | Work underway with CQC as part of 2015/16 contract to review specification of Therapy and match resources to demand - due to be completed within 6 months. | | |
| 111 | Community adults | AM | Equipment | The trust should take action to ensure timely ordering and provision of specialised equipment. This is for patients who require items such as mattresses, cushions or other equipment which are not to be provided from such as pressure ulcers reduce the equipment in time to protect their health and wellbeing. | Equipment services is provided by Hampshire County Council. It is not currently clear what the level of the issues is and this action is being explored in the next plan. (Urgent actions taken to agree short-medium term remedy. One of two solutions - does establishment need funding boost or well establishment remains as current but with revised spec. of services to be delivered. Therapeutic review undertaken by SPT with support of HCC to understand demand and scale of any quality or contractual issues. This will be discussed with HCC at agreed meeting. Regular operational meeting to be attended by SPT with HCC to ensure contractual and operational issues are picked up in a timely manner and to offer pro-active rather than reactive resolution of issues) | Hampshire County Council | Final results (demonstrating and evidence within HCC 2) Ongoing monitoring Annual contract Legal claim made The demands of the changes in activity levels or contracted models of care. CQC will subsequently need to be involved in immediate plans. | Carla Whitebaites Head of Specialist Nursing Gill Duncan, Chief Officer Karen Ashton, Strategic Commissioning Director for Adult Commissioning | Debbi Warren, Director of Nursing and A&P Gill Duncan, Chief Officer | 30/04/2015 | Done | SPT staff now attending HCC group. Internal review completed and HCC chat | Review report Minutes of meeting | |
| 114 | ICA | AM | Staffing levels | The trust must improve the numbers of suitably qualified, skilled and experienced staff to provide end of life care. | Specialist Palliative Care Team The Trust and CCG have agreed recruitment funding for 2 additional nurse specialist posts. The CCG is conducting a white system review of all specialist palliative care provision. The baseline review of CQC provision has been undertaken and will be a piece of work for the next 6 months at least. Integrated care teams staffing (see 106 above) | AM Hampshire CCG | Increased staff recruited to specialist palliative care team | Paula Hall, Associate Director of Nursing Alex Berry, Chief Commissioning Officer (see 106) | Debbi Warren, Director of Integrated Services Richard Samuel, Chief Officer | 01/02/2015 30/09/2015 | Done | 1 SPC established (dependent on CQC commissioning model 2) | | |
| 116 | HLK | AM | Equipment | The trust should improve the timeliness of the provision of equipment to patients receiving end of life care at home. | See 111 above | | | | | | Done | | | |
| 121 | Urgent care (AMU) | AM | Operational procedures | The trust should ensure that up to date treatment protocols that reflect NICE and evidence based practice guidance are in place and used by staff. | South East Review of M&U model will be carried out as part of wider 'Urgent and Emergency Care Strategy'. This is due to go live for consultation in Sept with a month reviews for completion HCC A review of the EMF M&U commenced as part of the building on success review in 2013. There is an independent clinical review ongoing which concludes in April 2015. | AM Hampshire CCG | Completed review and implementation of new model of care applicable | Peter Hecky (Direct), Sara Courtney (D) | Debbi Warren, Director of Nursing and A&P CQC Chief Officers | 30/09/2015 30/04/2015 | Done | External review completed and report findings being considered | | |
| 126 | Urgent care (AMU) | AM | Service provision | The trust should consider how it may services and patient safety care become more available to patients attending Lynton and Polesfield M&Us. | See 122 above | | | | | | Done | | | |
| 128 | Urgent care (AMU) | AM | Service provision | The trust should work with staff, patients and partner organisations to develop a service strategy and vision for the M&Us based on assessment of needs of the local population and health economy. | See 122 above | | | | | | Done | | | |

Action Plan for: **COC MHA inspections from July 2014 to date**

Prepared by: **Dorothy McNamee - Head of Compliance**

| Ref | Area | Issue | Findings | Root Cause | Impact | Priority | Responsible | Start Date | End Date | Current Status | Next Review Date | Notes |
|-----|---------|-------|----------|------------|------------|--------------|----------------|------------------|--------------------|----------------------|------------------------|--------------------------|
| 1 | Quality | 1.1 | 1.1.1 | 1.1.1.1 | 1.1.1.1.1 | 1.1.1.1.1.1 | 1.1.1.1.1.1.1 | 1.1.1.1.1.1.1.1 | 1.1.1.1.1.1.1.1.1 | 1.1.1.1.1.1.1.1.1.1 | 1.1.1.1.1.1.1.1.1.1.1 | 1.1.1.1.1.1.1.1.1.1.1.1 |
| 2 | Quality | 1.2 | 1.2.1 | 1.2.1.1 | 1.2.1.1.1 | 1.2.1.1.1.1 | 1.2.1.1.1.1.1 | 1.2.1.1.1.1.1.1 | 1.2.1.1.1.1.1.1.1 | 1.2.1.1.1.1.1.1.1.1 | 1.2.1.1.1.1.1.1.1.1.1 | 1.2.1.1.1.1.1.1.1.1.1.1 |
| 3 | Quality | 1.3 | 1.3.1 | 1.3.1.1 | 1.3.1.1.1 | 1.3.1.1.1.1 | 1.3.1.1.1.1.1 | 1.3.1.1.1.1.1.1 | 1.3.1.1.1.1.1.1.1 | 1.3.1.1.1.1.1.1.1.1 | 1.3.1.1.1.1.1.1.1.1.1 | 1.3.1.1.1.1.1.1.1.1.1.1 |
| 4 | Quality | 1.4 | 1.4.1 | 1.4.1.1 | 1.4.1.1.1 | 1.4.1.1.1.1 | 1.4.1.1.1.1.1 | 1.4.1.1.1.1.1.1 | 1.4.1.1.1.1.1.1.1 | 1.4.1.1.1.1.1.1.1.1 | 1.4.1.1.1.1.1.1.1.1.1 | 1.4.1.1.1.1.1.1.1.1.1.1 |
| 5 | Quality | 1.5 | 1.5.1 | 1.5.1.1 | 1.5.1.1.1 | 1.5.1.1.1.1 | 1.5.1.1.1.1.1 | 1.5.1.1.1.1.1.1 | 1.5.1.1.1.1.1.1.1 | 1.5.1.1.1.1.1.1.1.1 | 1.5.1.1.1.1.1.1.1.1.1 | 1.5.1.1.1.1.1.1.1.1.1.1 |
| 6 | Quality | 1.6 | 1.6.1 | 1.6.1.1 | 1.6.1.1.1 | 1.6.1.1.1.1 | 1.6.1.1.1.1.1 | 1.6.1.1.1.1.1.1 | 1.6.1.1.1.1.1.1.1 | 1.6.1.1.1.1.1.1.1.1 | 1.6.1.1.1.1.1.1.1.1.1 | 1.6.1.1.1.1.1.1.1.1.1.1 |
| 7 | Quality | 1.7 | 1.7.1 | 1.7.1.1 | 1.7.1.1.1 | 1.7.1.1.1.1 | 1.7.1.1.1.1.1 | 1.7.1.1.1.1.1.1 | 1.7.1.1.1.1.1.1.1 | 1.7.1.1.1.1.1.1.1.1 | 1.7.1.1.1.1.1.1.1.1.1 | 1.7.1.1.1.1.1.1.1.1.1.1 |
| 8 | Quality | 1.8 | 1.8.1 | 1.8.1.1 | 1.8.1.1.1 | 1.8.1.1.1.1 | 1.8.1.1.1.1.1 | 1.8.1.1.1.1.1.1 | 1.8.1.1.1.1.1.1.1 | 1.8.1.1.1.1.1.1.1.1 | 1.8.1.1.1.1.1.1.1.1.1 | 1.8.1.1.1.1.1.1.1.1.1.1 |
| 9 | Quality | 1.9 | 1.9.1 | 1.9.1.1 | 1.9.1.1.1 | 1.9.1.1.1.1 | 1.9.1.1.1.1.1 | 1.9.1.1.1.1.1.1 | 1.9.1.1.1.1.1.1.1 | 1.9.1.1.1.1.1.1.1.1 | 1.9.1.1.1.1.1.1.1.1.1 | 1.9.1.1.1.1.1.1.1.1.1.1 |
| 10 | Quality | 1.10 | 1.10.1 | 1.10.1.1 | 1.10.1.1.1 | 1.10.1.1.1.1 | 1.10.1.1.1.1.1 | 1.10.1.1.1.1.1.1 | 1.10.1.1.1.1.1.1.1 | 1.10.1.1.1.1.1.1.1.1 | 1.10.1.1.1.1.1.1.1.1.1 | 1.10.1.1.1.1.1.1.1.1.1.1 |
| 11 | Quality | 1.11 | 1.11.1 | 1.11.1.1 | 1.11.1.1.1 | 1.11.1.1.1.1 | 1.11.1.1.1.1.1 | 1.11.1.1.1.1.1.1 | 1.11.1.1.1.1.1.1.1 | 1.11.1.1.1.1.1.1.1.1 | 1.11.1.1.1.1.1.1.1.1.1 | 1.11.1.1.1.1.1.1.1.1.1 |
| 12 | Quality | 1.12 | 1.12.1 | 1.12.1.1 | 1.12.1.1.1 | 1.12.1.1.1.1 | 1.12.1.1.1.1.1 | 1.12.1.1.1.1.1.1 | 1.12.1.1.1.1.1.1.1 | 1.12.1.1.1.1.1.1.1.1 | 1.12.1.1.1.1.1.1.1.1.1 | 1.12.1.1.1.1.1.1.1.1.1.1 |
| 13 | Quality | 1.13 | 1.13.1 | 1.13.1.1 | 1.13.1.1.1 | 1.13.1.1.1.1 | 1.13.1.1.1.1.1 | 1.13.1.1.1.1.1.1 | 1.13.1.1.1.1.1.1.1 | 1.13.1.1.1.1.1.1.1.1 | 1.13.1.1.1.1.1.1.1.1.1 | 1.13.1.1.1.1.1.1.1.1.1.1 |
| 14 | Quality | 1.14 | 1.14.1 | 1.14.1.1 | 1.14.1.1.1 | 1.14.1.1.1.1 | 1.14.1.1.1.1.1 | 1.14.1.1.1.1.1.1 | 1.14.1.1.1.1.1.1.1 | 1.14.1.1.1.1.1.1.1.1 | 1.14.1.1.1.1.1.1.1.1.1 | 1.14.1.1.1.1.1.1.1.1.1.1 |
| 15 | Quality | 1.15 | 1.15.1 | 1.15.1.1 | 1.15.1.1.1 | 1.15.1.1.1.1 | 1.15.1.1.1.1.1 | 1.15.1.1.1.1.1.1 | 1.15.1.1.1.1.1.1.1 | 1.15.1.1.1.1.1.1.1.1 | 1.15.1.1.1.1.1.1.1.1.1 | 1.15.1.1.1.1.1.1.1.1.1.1 |
| 16 | Quality | 1.16 | 1.16.1 | 1.16.1.1 | 1.16.1.1.1 | 1.16.1.1.1.1 | 1.16.1.1.1.1.1 | 1.16.1.1.1.1.1.1 | 1.16.1.1.1.1.1.1.1 | 1.16.1.1.1.1.1.1.1.1 | 1.16.1.1.1.1.1.1.1.1.1 | 1.16.1.1.1.1.1.1.1.1.1.1 |
| 17 | Quality | 1.17 | 1.17.1 | 1.17.1.1 | 1.17.1.1.1 | 1.17.1.1.1.1 | 1.17.1.1.1.1.1 | 1.17.1.1.1.1.1.1 | 1.17.1.1.1.1.1.1.1 | 1.17.1.1.1.1.1.1.1.1 | 1.17.1.1.1.1.1.1.1.1.1 | 1.17.1.1.1.1.1.1.1.1.1.1 |
| 18 | Quality | 1.18 | 1.18.1 | 1.18.1.1 | 1.18.1.1.1 | 1.18.1.1.1.1 | 1.18.1.1.1.1.1 | 1.18.1.1.1.1.1.1 | 1.18.1.1.1.1.1.1.1 | 1.18.1.1.1.1.1.1.1.1 | 1.18.1.1.1.1.1.1.1.1.1 | 1.18.1.1.1.1.1.1.1.1.1.1 |
| 19 | Quality | 1.19 | 1.19.1 | 1.19.1.1 | 1.19.1.1.1 | 1.19.1.1.1.1 | 1.19.1.1.1.1.1 | 1.19.1.1.1.1.1.1 | 1.19.1.1.1.1.1.1.1 | 1.19.1.1.1.1.1.1.1.1 | 1.19.1.1.1.1.1.1.1.1.1 | 1.19.1.1.1.1.1.1.1.1.1.1 |
| 20 | Quality | 1.20 | 1.20.1 | 1.20.1.1 | 1.20.1.1.1 | 1.20.1.1.1.1 | 1.20.1.1.1.1.1 | 1.20.1.1.1.1.1.1 | 1.20.1.1.1.1.1.1.1 | 1.20.1.1.1.1.1.1.1.1 | 1.20.1.1.1.1.1.1.1.1.1 | 1.20.1.1.1.1.1.1.1.1.1.1 |
| 21 | Quality | 1.21 | 1.21.1 | 1.21.1.1 | 1.21.1.1.1 | 1.21.1.1.1.1 | 1.21.1.1.1.1.1 | 1.21.1.1.1.1.1.1 | 1.21.1.1.1.1.1.1.1 | 1.21.1.1.1.1.1.1.1.1 | 1.21.1.1.1.1.1.1.1.1.1 | 1.21.1.1.1.1.1.1.1.1.1.1 |
| 22 | Quality | 1.22 | 1.22.1 | 1.22.1.1 | 1.22.1.1.1 | 1.22.1.1.1.1 | 1.22.1.1.1.1.1 | 1.22.1.1.1.1.1.1 | 1.22.1.1.1.1.1.1.1 | 1.22.1.1.1.1.1.1.1.1 | 1.22.1.1.1.1.1.1.1.1.1 | 1.22.1.1.1.1.1.1.1.1.1.1 |
| 23 | Quality | 1.23 | 1.23.1 | 1.23.1.1 | 1.23.1.1.1 | 1.23.1.1.1.1 | 1.23.1.1.1.1.1 | 1.23.1.1.1.1.1.1 | 1.23.1.1.1.1.1.1.1 | 1.23.1.1.1.1.1.1.1.1 | 1.23.1.1.1.1.1.1.1.1.1 | 1.23.1.1.1.1.1.1.1.1.1.1 |
| 24 | Quality | 1.24 | 1.24.1 | 1.24.1.1 | 1.24.1.1.1 | 1.24.1.1.1.1 | 1.24.1.1.1.1.1 | 1.24.1.1.1.1.1.1 | 1.24.1.1.1.1.1.1.1 | 1.24.1.1.1.1.1.1.1.1 | 1.24.1.1.1.1.1.1.1.1.1 | 1.24.1.1.1.1.1.1.1.1.1.1 |
| 25 | Quality | 1.25 | 1.25.1 | 1.25.1.1 | 1.25.1.1.1 | 1.25.1.1.1.1 | 1.25.1.1.1.1.1 | 1.25.1.1.1.1.1.1 | 1.25.1.1.1.1.1.1.1 | 1.25.1.1.1.1.1.1.1.1 | 1.25.1.1.1.1.1.1.1.1.1 | 1.25.1.1.1.1.1.1.1.1.1.1 |
| 26 | Quality | 1.26 | 1.26.1 | 1.26.1.1 | 1.26.1.1.1 | 1.26.1.1.1.1 | 1.26.1.1.1.1.1 | 1.26.1.1.1.1.1.1 | 1.26.1.1.1.1.1.1.1 | 1.26.1.1.1.1.1.1.1.1 | 1.26.1.1.1.1.1.1.1.1.1 | 1.26.1.1.1.1.1.1.1.1.1.1 |
| 27 | Quality | 1.27 | 1.27.1 | 1.27.1.1 | 1.27.1.1.1 | 1.27.1.1.1.1 | 1.27.1.1.1.1.1 | 1.27.1.1.1.1.1.1 | 1.27.1.1.1.1.1.1.1 | 1.27.1.1.1.1.1.1.1.1 | 1.27.1.1.1.1.1.1.1.1.1 | 1.27.1.1.1.1.1.1.1.1.1.1 |
| 28 | Quality | 1.28 | 1.28.1 | 1.28.1.1 | 1.28.1.1.1 | 1.28.1.1.1.1 | 1.28.1.1.1.1.1 | 1.28.1.1.1.1.1.1 | 1.28.1.1.1.1.1.1.1 | 1.28.1.1.1.1.1.1.1.1 | 1.28.1.1.1.1.1.1.1.1.1 | 1.28.1.1.1.1.1.1.1.1.1.1 |
| 29 | Quality | 1.29 | 1.29.1 | 1.29.1.1 | 1.29.1.1.1 | 1.29.1.1.1.1 | 1.29.1.1.1.1.1 | 1.29.1.1.1.1.1.1 | 1.29.1.1.1.1.1.1.1 | 1.29.1.1.1.1.1.1.1.1 | 1.29.1.1.1.1.1.1.1.1.1 | 1.29.1.1.1.1.1.1.1.1.1.1 |
| 30 | Quality | 1.30 | 1.30.1 | 1.30.1.1 | 1.30.1.1.1 | 1.30.1.1.1.1 | 1.30.1.1.1.1.1 | 1.30.1.1.1.1.1.1 | 1.30.1.1.1.1.1.1.1 | 1.30.1.1.1.1.1.1.1.1 | 1.30.1.1.1.1.1.1.1.1.1 | 1.30.1.1.1.1.1.1.1.1.1.1 |
| 31 | Quality | 1.31 | 1.31.1 | 1.31.1.1 | 1.31.1.1.1 | 1.31.1.1.1.1 | 1.31.1.1.1.1.1 | 1.31.1.1.1.1.1.1 | 1.31.1.1.1.1.1.1.1 | 1.31.1.1.1.1.1.1.1.1 | 1.31.1.1.1.1.1.1.1.1.1 | 1.31.1.1.1.1.1.1.1.1.1.1 |
| 32 | Quality | 1.32 | 1.32.1 | 1.32.1.1 | 1.32.1.1.1 | 1.32.1.1.1.1 | 1.32.1.1.1.1.1 | 1.32.1.1.1.1.1.1 | 1.32.1.1.1.1.1.1.1 | 1.32.1.1.1.1.1.1.1.1 | 1.32.1.1.1.1.1.1.1.1.1 | 1.32.1.1.1.1.1.1.1.1.1.1 |
| 33 | Quality | 1.33 | 1.33.1 | 1.33.1.1 | 1.33.1.1.1 | 1.33.1.1.1.1 | 1.33.1.1.1.1.1 | 1.33.1.1.1.1.1.1 | 1.33.1.1.1.1.1.1.1 | 1.33.1.1.1.1.1.1.1.1 | 1.33.1.1.1.1.1.1.1.1.1 | 1.33.1.1.1.1.1.1.1.1.1.1 |
| 34 | Quality | 1.34 | 1.34.1 | 1.34.1.1 | 1.34.1.1.1 | 1.34.1.1.1.1 | 1.34.1.1.1.1.1 | 1.34.1.1.1.1.1.1 | 1.34.1.1.1.1.1.1.1 | 1.34.1.1.1.1.1.1.1.1 | 1.34.1.1.1.1.1.1.1.1.1 | 1.34.1.1.1.1.1.1.1.1.1.1 |
| 35 | Quality | 1.35 | 1.35.1 | 1.35.1.1 | 1.35.1.1.1 | 1.35.1.1.1.1 | 1.35.1.1.1.1.1 | 1.35.1.1.1.1.1.1 | 1.35.1.1.1.1.1.1.1 | 1.35.1.1.1.1.1.1.1.1 | 1.35.1.1.1.1.1.1.1.1.1 | 1.35.1.1.1.1.1.1.1.1.1.1 |
| 36 | Quality | 1.36 | 1.36.1 | 1.36.1.1 | 1.36.1.1.1 | 1.36.1.1.1.1 | 1.36.1.1.1.1.1 | 1.36.1.1.1.1.1.1 | 1.36.1.1.1.1.1.1.1 | 1.36.1.1.1.1.1.1.1.1 | 1.36.1.1.1.1.1.1.1.1.1 | 1.36.1.1.1.1.1.1.1.1.1.1 |
| 37 | Quality | 1.37 | 1.37.1 | 1.37.1.1 | 1.37.1.1.1 | 1.37.1.1.1.1 | 1.37.1.1.1.1.1 | 1.37.1.1.1.1.1.1 | 1.37.1.1.1.1.1.1.1 | 1.37.1.1.1.1.1.1.1.1 | 1.37.1.1.1.1.1.1.1.1.1 | 1.37.1.1.1.1.1.1.1.1.1.1 |
| 38 | Quality | 1.38 | 1.38.1 | 1.38.1.1 | 1.38.1.1.1 | 1.38.1.1.1.1 | 1.38.1.1.1.1.1 | 1.38.1.1.1.1.1.1 | 1.38.1.1.1.1.1.1.1 | 1.38.1.1.1.1.1.1.1.1 | 1.38.1.1.1.1.1.1.1.1.1 | 1.38.1.1.1.1.1.1.1.1.1.1 |
| 39 | Quality | 1.39 | 1.39.1 | 1.39.1.1 | 1.39.1.1.1 | 1.39.1.1.1.1 | 1.39.1.1.1.1.1 | 1.39.1.1.1.1.1.1 | 1.39.1.1.1.1.1.1.1 | 1.39.1.1.1.1.1.1.1.1 | 1.39.1.1.1.1.1.1.1.1.1 | 1.39.1.1.1.1.1.1.1.1.1.1 |
| 40 | Quality | 1.40 | 1.40.1 | 1.40.1.1 | 1.40.1.1.1 | 1.40.1.1.1.1 | 1.40.1.1.1.1.1 | 1.40.1.1.1.1.1.1 | 1.40.1.1.1.1.1.1.1 | 1.40.1.1.1.1.1.1.1.1 | 1.40.1.1.1.1.1.1.1.1.1 | 1.40.1.1.1.1.1.1.1.1.1.1 |
| 41 | Quality | 1.41 | 1.41.1 | 1.41.1.1 | 1.41.1.1.1 | 1.41.1.1.1.1 | 1.41.1.1.1.1.1 | 1.41.1.1.1.1.1.1 | 1.41.1.1.1.1.1.1.1 | 1.41.1.1.1.1.1.1.1.1 | 1.41.1.1.1.1.1.1.1.1.1 | 1.41.1.1.1.1.1.1.1.1.1.1 |
| 42 | Quality | 1.42 | 1.42.1 | 1.42.1.1 | 1.42.1.1.1 | 1.42.1.1.1.1 | 1.42.1.1.1.1.1 | 1.42.1.1.1.1.1.1 | 1.42.1.1.1.1.1.1.1 | 1.42.1.1.1.1.1.1.1.1 | 1.42.1.1.1.1.1.1.1.1.1 | 1.42.1.1.1.1.1.1.1.1.1.1 |
| 43 | Quality | 1.43 | 1.43.1 | 1.43.1.1 | 1.43.1.1.1 | 1.43.1.1.1.1 | 1.43.1.1.1.1.1 | 1.43.1.1.1.1.1.1 | 1.43.1.1.1.1.1.1.1 | 1.43.1.1.1.1.1.1.1.1 | 1.43.1.1.1.1.1.1.1.1.1 | 1.43.1.1.1.1.1.1.1.1.1.1 |
| 44 | Quality | 1.44 | 1.44.1 | 1.44.1.1 | 1.44.1.1.1 | 1.44.1.1.1.1 | 1.44.1.1.1.1.1 | 1.44.1.1.1.1.1.1 | 1.44.1.1.1.1.1.1.1 | 1.44.1.1.1.1.1.1.1.1 | 1.44.1.1.1.1.1.1.1.1.1 | 1.44.1.1.1.1.1.1.1.1.1.1 |
| 45 | Quality | 1.45 | 1.45.1 | 1.45.1.1 | 1.45.1.1.1 | 1.45.1.1.1.1 | 1.45.1.1.1.1.1 | 1.45.1.1.1.1.1.1 | 1.45.1.1.1.1.1.1.1 | 1.45.1.1.1.1.1.1.1.1 | 1.45.1.1.1.1.1.1.1.1.1 | 1.45.1.1.1.1.1.1.1.1.1.1 |
| 46 | Quality | 1.46 | 1.46.1 | 1.46.1.1 | 1.46.1.1.1 | 1.46.1.1.1.1 | 1.46.1.1.1.1.1 | 1.46.1.1.1.1.1.1 | 1.46.1.1.1.1.1.1.1 | 1.46.1.1.1.1.1.1.1.1 | 1.46.1.1.1.1.1.1.1.1.1 | 1.46.1.1.1.1.1.1.1.1.1.1 |
| 47 | Quality | 1.47 | 1.47.1 | 1.47.1.1 | 1.47.1.1.1 | 1.47.1.1.1.1 | 1.47.1.1.1.1.1 | 1.47.1.1.1.1.1.1 | 1.47.1.1.1.1.1.1.1 | 1.47.1.1.1.1.1.1.1.1 | 1.47.1.1.1.1.1.1.1.1.1 | 1.47.1.1.1.1.1.1.1.1.1.1 |
| 48 | Quality | 1.48 | 1.48.1 | 1.48.1.1 | 1.48.1.1.1 | 1.48.1.1.1.1 | 1.48.1.1.1.1.1 | 1.48.1.1.1.1.1.1 | 1.48.1.1.1.1.1.1.1 | 1.48.1.1.1.1.1.1.1.1 | 1.48.1.1.1.1.1.1.1.1.1 | 1.48.1.1.1.1.1.1.1.1.1.1 |
| 49 | Quality | 1.49 | 1.49.1 | 1.49.1.1 | 1.49.1.1.1 | 1.49.1.1.1.1 | 1.49.1.1.1.1.1 | 1.49.1.1.1.1.1.1 | 1.49.1.1.1.1.1.1.1 | 1.49.1.1.1.1.1.1.1.1 | 1.49.1.1.1.1.1.1.1.1.1 | 1.49.1.1.1.1.1.1.1.1.1.1 |
| 50 | Quality | 1.50 | 1.50.1 | 1.50.1.1 | 1.50.1.1.1 | 1.50.1.1.1.1 | 1.50.1.1.1.1.1 | 1.50.1.1.1.1.1.1 | 1.50.1.1.1.1.1.1.1 | 1.50.1.1.1.1.1.1.1.1 | 1.50.1.1.1.1.1.1.1.1.1 | 1.50.1.1.1.1.1.1.1.1.1.1 |

| Project ID | Project Name | Project Description | Start Date | End Date | Phase | Responsible Party | Status | Notes |
|------------|--------------|--------------------------------------|------------|------------|--------------------|-------------------|-------------|---|
| 001 | Project A | Initial planning and setup | 2023-01-01 | 2023-01-31 | Planning | John Doe | Completed | Project A completed successfully. |
| 002 | Project B | Development phase | 2023-02-01 | 2023-02-28 | Development | Jane Smith | In Progress | Development phase is 75% complete. |
| 003 | Project C | Testing and deployment | 2023-03-01 | 2023-03-31 | Testing/Deployment | Mike Johnson | On Hold | Testing phase delayed due to resource issues. |
| 004 | Project D | Review and finalization | 2023-04-01 | 2023-04-30 | Review | Sarah Lee | Completed | Final review completed, project closed. |
| 005 | Project E | Client communication | 2023-05-01 | 2023-05-31 | Communication | David Kim | In Progress | Client meeting scheduled for next week. |
| 006 | Project F | Documentation update | 2023-06-01 | 2023-06-30 | Documentation | Emily White | On Hold | Documentation update on hold. |
| 007 | Project G | Infrastructure upgrade | 2023-07-01 | 2023-07-31 | Infrastructure | Chris Brown | Completed | Infrastructure upgrade completed. |
| 008 | Project H | Security audit | 2023-08-01 | 2023-08-31 | Security | Alex Green | In Progress | Security audit in progress. |
| 009 | Project I | Compliance check | 2023-09-01 | 2023-09-30 | Compliance | Mia Black | On Hold | Compliance check on hold. |
| 010 | Project J | Performance optimization | 2023-10-01 | 2023-10-31 | Performance | Noah Gray | Completed | Performance optimization completed. |
| 011 | Project K | Feature implementation | 2023-11-01 | 2023-11-30 | Feature Dev | Olivia Blue | In Progress | Feature implementation 50% done. |
| 012 | Project L | Bug fixes | 2023-12-01 | 2023-12-31 | Bug Fixes | Liam Red | On Hold | Bug fixes on hold. |
| 013 | Project M | System migration | 2024-01-01 | 2024-01-31 | Migration | Ava Yellow | Completed | System migration completed. |
| 014 | Project N | Hardware refresh | 2024-02-01 | 2024-02-28 | Hardware | Ethan Purple | In Progress | Hardware refresh in progress. |
| 015 | Project O | Software license audit | 2024-03-01 | 2024-03-31 | Audit | Sophia Orange | On Hold | Software license audit on hold. |
| 016 | Project P | Disaster recovery plan | 2024-04-01 | 2024-04-30 | DR Plan | Lucas Green | Completed | Disaster recovery plan finalized. |
| 017 | Project Q | Vendor management | 2024-05-01 | 2024-05-31 | Vendor Mgmt | Zoe Blue | In Progress | Vendor management review. |
| 018 | Project R | IT policy update | 2024-06-01 | 2024-06-30 | Policy | Ben Red | On Hold | IT policy update on hold. |
| 019 | Project S | Network security | 2024-07-01 | 2024-07-31 | Network | Chloe Yellow | Completed | Network security audit completed. |
| 020 | Project T | Cloud migration | 2024-08-01 | 2024-08-31 | Cloud | Harry Purple | In Progress | Cloud migration phase 2. |
| 021 | Project U | AI integration | 2024-09-01 | 2024-09-30 | AI | Ivy Orange | On Hold | AI integration on hold. |
| 022 | Project V | Blockchain pilot | 2024-10-01 | 2024-10-31 | Blockchain | Jack Green | Completed | Blockchain pilot project completed. |
| 023 | Project W | IoT implementation | 2024-11-01 | 2024-11-30 | IoT | Karen Blue | In Progress | IoT implementation progress. |
| 024 | Project X | AR/VR development | 2024-12-01 | 2024-12-31 | AR/VR | Leo Red | On Hold | AR/VR development on hold. |
| 025 | Project Y | Quantum computing research | 2025-01-01 | 2025-01-31 | Research | Mia Yellow | Completed | Quantum computing research report. |
| 026 | Project Z | Space exploration tech | 2025-02-01 | 2025-02-28 | Space Tech | Noah Purple | In Progress | Space exploration tech development. |
| 027 | Project AA | Autonomous vehicle software | 2025-03-01 | 2025-03-31 | Autonomous | Olivia Orange | On Hold | Autonomous vehicle software on hold. |
| 028 | Project AB | Biometric security | 2025-04-01 | 2025-04-30 | Biometric | Peter Green | Completed | Biometric security implementation. |
| 029 | Project AC | Edge computing | 2025-05-01 | 2025-05-31 | Edge | Quinn Blue | In Progress | Edge computing pilot project. |
| 030 | Project AD | 5G network rollout | 2025-06-01 | 2025-06-30 | 5G | Ryan Red | On Hold | 5G network rollout on hold. |
| 031 | Project AE | Quantum encryption | 2025-07-01 | 2025-07-31 | Quantum | Sarah Yellow | Completed | Quantum encryption research. |
| 032 | Project AF | AI ethics framework | 2025-08-01 | 2025-08-31 | AI Ethics | Tyler Purple | In Progress | AI ethics framework development. |
| 033 | Project AG | Space-based internet | 2025-09-01 | 2025-09-30 | Space Internet | Uma Orange | On Hold | Space-based internet on hold. |
| 034 | Project AH | Autonomous drones | 2025-10-01 | 2025-10-31 | Drones | Victor Green | Completed | Autonomous drone deployment. |
| 035 | Project AI | AI-powered customer service | 2025-11-01 | 2025-11-30 | AI Service | Wendy Blue | In Progress | AI-powered customer service pilot. |
| 036 | Project AJ | Blockchain-based supply chain | 2025-12-01 | 2025-12-31 | Blockchain Supply | Xavier Red | On Hold | Blockchain-based supply chain on hold. |
| 037 | Project AK | AI-driven drug discovery | 2026-01-01 | 2026-01-31 | AI Drug Disc | Yara Yellow | Completed | AI-driven drug discovery results. |
| 038 | Project AL | Space-based solar power | 2026-02-01 | 2026-02-28 | Space Power | Zoe Purple | In Progress | Space-based solar power research. |
| 039 | Project AM | AI ethics education | 2026-03-01 | 2026-03-31 | AI Ethics Ed | Adam Orange | On Hold | AI ethics education program on hold. |
| 040 | Project AN | Autonomous underwater vehicles | 2026-04-01 | 2026-04-30 | AUV | Alex Green | Completed | AUV deployment successful. |
| 041 | Project AO | AI-powered image recognition | 2026-05-01 | 2026-05-31 | AI Image Rec | Bella Blue | In Progress | AI-powered image recognition improvement. |
| 042 | Project AP | Space-based communication | 2026-06-01 | 2026-06-30 | Space Comm | Ben Red | On Hold | Space-based communication on hold. |
| 043 | Project AQ | AI-driven financial forecasting | 2026-07-01 | 2026-07-31 | AI Finance | Chloe Yellow | Completed | AI-driven financial forecasting model. |
| 044 | Project AR | Autonomous space exploration | 2026-08-01 | 2026-08-31 | Autonomous Space | Chris Purple | In Progress | Autonomous space exploration mission. |
| 045 | Project AS | AI-powered language translation | 2026-09-01 | 2026-09-30 | AI Translation | Diana Orange | On Hold | AI-powered language translation on hold. |
| 046 | Project AT | Space-based manufacturing | 2026-10-01 | 2026-10-31 | Space Mfg | Ethan Green | Completed | Space-based manufacturing experiment. |
| 047 | Project AU | AI-driven cybersecurity | 2026-11-01 | 2026-11-30 | AI Cybersec | Fiona Blue | In Progress | AI-driven cybersecurity solution. |
| 048 | Project AV | Autonomous space landings | 2026-12-01 | 2026-12-31 | Autonomous Land | Harry Red | On Hold | Autonomous space landings on hold. |
| 049 | Project AW | AI-powered supply chain optimization | 2027-01-01 | 2027-01-31 | AI Supply Opt | Ivy Yellow | Completed | AI-powered supply chain optimization. |
| 050 | Project AX | Space-based research | 2027-02-01 | 2027-02-28 | Space Res | Jack Purple | In Progress | Space-based research mission. |
| 051 | Project AY | AI-driven personalization | 2027-03-01 | 2027-03-31 | AI Personalization | Karen Orange | On Hold | AI-driven personalization on hold. |
| 052 | Project AZ | Autonomous space habitats | 2027-04-01 | 2027-04-30 | Autonomous Hab | Leo Green | Completed | Autonomous space habitat design. |
| 053 | Project BA | AI-powered recommendation systems | 2027-05-01 | 2027-05-31 | AI Rec Sys | Mia Blue | In Progress | AI-powered recommendation systems. |
| 054 | Project BB | Space-based agriculture | 2027-06-01 | 2027-06-30 | Space Ag | Noah Red | On Hold | Space-based agriculture on hold. |
| 055 | Project BC | AI-driven fraud detection | 2027-07-01 | 2027-07-31 | AI Fraud Det | Olivia Yellow | Completed | AI-driven fraud detection system. |
| 056 | Project BD | Autonomous space exploration | 2027-08-01 | 2027-08-31 | Autonomous Space | Peter Purple | In Progress | Autonomous space exploration mission. |
| 057 | Project BE | AI-powered sentiment analysis | 2027-09-01 | 2027-09-30 | AI Sentiment | Quinn Orange | On Hold | AI-powered sentiment analysis on hold. |
| 058 | Project BF | Space-based data storage | 2027-10-01 | 2027-10-31 | Space Data | Ryan Green | Completed | Space-based data storage experiment. |
| 059 | Project BG | AI-driven customer segmentation | 2027-11-01 | 2027-11-30 | AI Customer Seg | Sarah Blue | In Progress | AI-driven customer segmentation. |
| 060 | Project BH | Autonomous space exploration | 2027-12-01 | 2027-12-31 | Autonomous Space | Tyler Red | On Hold | Autonomous space exploration on hold. |
| 061 | Project BI | AI-powered anomaly detection | 2028-01-01 | 2028-01-31 | AI Anomaly Det | Uma Yellow | Completed | AI-powered anomaly detection system. |
| 062 | Project BJ | Space-based communication | 2028-02-01 | 2028-02-28 | Space Comm | Victor Purple | In Progress | Space-based communication mission. |
| 063 | Project BK | AI-driven predictive maintenance | 2028-03-01 | 2028-03-31 | AI Predictive | Wendy Orange | On Hold | AI-driven predictive maintenance on hold. |
| 064 | Project BL | Autonomous space exploration | 2028-04-01 | 2028-04-30 | Autonomous Space | Xavier Green | Completed | Autonomous space exploration mission. |
| 065 | Project BM | AI-powered image recognition | 2028-05-01 | 2028-05-31 | AI Image Rec | Yara Blue | In Progress | AI-powered image recognition improvement. |
| 066 | Project BN | Space-based manufacturing | 2028-06-01 | 2028-06-30 | Space Mfg | Zoe Red | On Hold | Space-based manufacturing on hold. |
| 067 | Project BO | AI-driven cybersecurity | 2028-07-01 | 2028-07-31 | AI Cybersec | Adam Yellow | Completed | AI-driven cybersecurity solution. |
| 068 | Project BP | Autonomous space exploration | 2028-08-01 | 2028-08-31 | Autonomous Space | Alex Purple | In Progress | Autonomous space exploration mission. |
| 069 | Project BQ | AI-powered language translation | 2028-09-01 | 2028-09-30 | AI Translation | Bella Orange | On Hold | AI-powered language translation on hold. |
| 070 | Project BR | Space-based research | 2028-10-01 | 2028-10-31 | Space Res | Ben Green | Completed | Space-based research mission. |
| 071 | Project BS | AI-driven personalization | 2028-11-01 | 2028-11-30 | AI Personalization | Chloe Blue | In Progress | AI-driven personalization improvement. |
| 072 | Project BT | Autonomous space exploration | 2028-12-01 | 2028-12-31 | Autonomous Space | Chris Red | On Hold | Autonomous space exploration on hold. |
| 073 | Project BU | AI-powered recommendation systems | 2029-01-01 | 2029-01-31 | AI Rec Sys | Diana Yellow | Completed | AI-powered recommendation systems. |
| 074 | Project BV | Space-based agriculture | 2029-02-01 | 2029-02-28 | Space Ag | Ethan Purple | In Progress | Space-based agriculture mission. |
| 075 | Project BW | AI-driven fraud detection | 2029-03-01 | 2029-03-31 | AI Fraud Det | Fiona Orange | On Hold | AI-driven fraud detection on hold. |
| 076 | Project BX | Autonomous space exploration | 2029-04-01 | 2029-04-30 | Autonomous Space | Harry Green | Completed | Autonomous space exploration mission. |
| 077 | Project BY | AI-powered image recognition | 2029-05-01 | 2029-05-31 | AI Image Rec | Ivy Blue | In Progress | AI-powered image recognition improvement. |
| 078 | Project BZ | Space-based manufacturing | 2029-06-01 | 2029-06-30 | Space Mfg | Jack Red | On Hold | Space-based manufacturing on hold. |
| 079 | Project CA | AI-driven cybersecurity | 2029-07-01 | 2029-07-31 | AI Cybersec | Karen Yellow | Completed | AI-driven cybersecurity solution. |
| 080 | Project CB | Autonomous space exploration | 2029-08-01 | 2029-08-31 | Autonomous Space | Leo Purple | In Progress | Autonomous space exploration mission. |
| 081 | Project CC | AI-powered language translation | 2029-09-01 | 2029-09-30 | AI Translation | Mia Orange | On Hold | AI-powered language translation on hold. |
| 082 | Project CD | Space-based research | 2029-10-01 | 2029-10-31 | Space Res | Noah Green | Completed | Space-based research mission. |
| 083 | Project CE | AI-driven personalization | 2029-11-01 | 2029-11-30 | AI Personalization | Olivia Blue | In Progress | AI-driven personalization improvement. |
| 084 | Project CF | Autonomous space exploration | 2029-12-01 | 2029-12-31 | Autonomous Space | Peter Red | On Hold | Autonomous space exploration on hold. |
| 085 | Project CG | AI-powered recommendation systems | 2030-01-01 | 2030-01-31 | AI Rec Sys | Quinn Yellow | Completed | AI-powered recommendation systems. |
| 086 | Project CH | Space-based agriculture | 2030-02-01 | 2030-02-28 | Space Ag | Ryan Purple | In Progress | Space-based agriculture mission. |
| 087 | Project CI | AI-driven fraud detection | 2030-03-01 | 2030-03-31 | AI Fraud Det | Sarah Orange | On Hold | AI-driven fraud detection on hold. |
| 088 | Project CJ | Autonomous space exploration | 2030-04-01 | 2030-04-30 | Autonomous Space | Tyler Green | Completed | Autonomous space exploration mission. |
| 089 | Project CK | AI-powered image recognition | 2030-05-01 | 2030-05-31 | AI Image Rec | Uma Blue | In Progress | AI-powered image recognition improvement. |
| 090 | Project CL | Space-based manufacturing | 2030-06-01 | 2030-06-30 | Space Mfg | Victor Red | On Hold | Space-based manufacturing on hold. |
| 091 | Project CM | AI-driven cybersecurity | 2030-07-01 | 2030-07-31 | AI Cybersec | Wendy Yellow | Completed | AI-driven cybersecurity solution. |
| 092 | Project CN | Autonomous space exploration | 2030-08-01 | 2030-08-31 | Autonomous Space | Xavier Purple | In Progress | Autonomous space exploration mission. |
| 093 | Project CO | AI-powered language translation | 2030-09-01 | 2030-09-30 | AI Translation | Yara Orange | On Hold | AI-powered language translation on hold. |
| 094 | Project CP | Space-based research | 2030-10-01 | 2030-10-31 | Space Res | Zoe Green | Completed | Space-based research mission. |
| 095 | Project CQ | AI-driven personalization | 2030-11-01 | 2030-11-30 | AI Personalization | Adam Blue | In Progress | AI-driven personalization improvement. |
| 096 | Project CR | Autonomous space exploration | 2030-12-01 | 2030-12-31 | Autonomous Space | Alex Red | On Hold | Autonomous space exploration on hold. |
| 097 | Project CS | AI-powered recommendation systems | 2031-01-01 | 2031-01-31 | AI Rec Sys | Bella Yellow | Completed | AI-powered recommendation systems. |
| 098 | Project CT | Space-based agriculture | 2031-02-01 | 2031-02-28 | Space Ag | Ben Purple | In Progress | Space-based agriculture mission. |
| 099 | Project CU | AI-driven fraud detection | 2031-03-01 | 2031-03-31 | AI Fraud Det | Chloe Orange | On Hold | AI-driven fraud detection on hold. |
| 100 | Project CV | Autonomous space exploration | 2031-04-01 | 2031-04-30 | Autonomous Space | Chris Green | Completed | Autonomous space exploration mission. |

| Activity | Location | Start | End | Frequency | Responsible Party | Duration | Priority | Status | Notes |
|---|-----------------|------------|------------|-----------|------------------------------|----------|----------|-------------|--|
| Review and update the business plan for the next year. | Headquarters | 2024-01-01 | 2024-01-31 | Annual | CEO | 1 month | High | Completed | Business plan for 2024 has been finalized and approved by the board. |
| Conduct a market analysis for the new product line. | Regional Office | 2024-02-01 | 2024-02-28 | Quarterly | Marketing Director | 1 month | Medium | In Progress | Market analysis for the new product line is currently underway. |
| Implement the new HR policy regarding remote work. | Headquarters | 2024-03-01 | 2024-03-31 | Quarterly | HR Director | 1 month | High | Completed | The new HR policy regarding remote work has been implemented successfully. |
| Review the financial performance of the Q1 2024. | Headquarters | 2024-03-31 | 2024-03-31 | Quarterly | Finance Director | 1 week | High | Completed | Q1 2024 financial performance review has been completed. |
| Develop a marketing strategy for the new product launch. | Regional Office | 2024-04-01 | 2024-04-30 | Quarterly | Marketing Director | 1 month | Medium | In Progress | Marketing strategy for the new product launch is being developed. |
| Conduct a risk assessment for the new project. | Headquarters | 2024-05-01 | 2024-05-31 | Quarterly | Risk Management Director | 1 month | High | Completed | Risk assessment for the new project has been completed. |
| Review the progress of the new product development. | Regional Office | 2024-06-01 | 2024-06-30 | Quarterly | Product Development Director | 1 month | Medium | In Progress | Progress of the new product development is being reviewed. |
| Implement the new IT system for customer relationship management. | Headquarters | 2024-07-01 | 2024-07-31 | Quarterly | IT Director | 1 month | High | Completed | The new IT system for customer relationship management has been implemented. |
| Conduct a training session for the new staff members. | Regional Office | 2024-08-01 | 2024-08-31 | Quarterly | HR Director | 1 month | Medium | In Progress | Training session for the new staff members is being conducted. |
| Review the financial performance of the Q2 2024. | Headquarters | 2024-06-30 | 2024-06-30 | Quarterly | Finance Director | 1 week | High | Completed | Q2 2024 financial performance review has been completed. |
| Develop a marketing strategy for the new product launch. | Regional Office | 2024-09-01 | 2024-09-30 | Quarterly | Marketing Director | 1 month | Medium | In Progress | Marketing strategy for the new product launch is being developed. |
| Conduct a risk assessment for the new project. | Headquarters | 2024-10-01 | 2024-10-31 | Quarterly | Risk Management Director | 1 month | High | Completed | Risk assessment for the new project has been completed. |
| Review the progress of the new product development. | Regional Office | 2024-11-01 | 2024-11-30 | Quarterly | Product Development Director | 1 month | Medium | In Progress | Progress of the new product development is being reviewed. |
| Implement the new IT system for customer relationship management. | Headquarters | 2024-12-01 | 2024-12-31 | Quarterly | IT Director | 1 month | High | Completed | The new IT system for customer relationship management has been implemented. |
| Conduct a training session for the new staff members. | Regional Office | 2024-12-01 | 2024-12-31 | Quarterly | HR Director | 1 month | Medium | In Progress | Training session for the new staff members is being conducted. |
| Review the financial performance of the Q3 2024. | Headquarters | 2024-09-30 | 2024-09-30 | Quarterly | Finance Director | 1 week | High | Completed | Q3 2024 financial performance review has been completed. |
| Develop a marketing strategy for the new product launch. | Regional Office | 2024-12-01 | 2024-12-31 | Quarterly | Marketing Director | 1 month | Medium | In Progress | Marketing strategy for the new product launch is being developed. |
| Conduct a risk assessment for the new project. | Headquarters | 2024-12-01 | 2024-12-31 | Quarterly | Risk Management Director | 1 month | High | Completed | Risk assessment for the new project has been completed. |
| Review the progress of the new product development. | Regional Office | 2024-12-01 | 2024-12-31 | Quarterly | Product Development Director | 1 month | Medium | In Progress | Progress of the new product development is being reviewed. |
| Implement the new IT system for customer relationship management. | Headquarters | 2024-12-01 | 2024-12-31 | Quarterly | IT Director | 1 month | High | Completed | The new IT system for customer relationship management has been implemented. |
| Conduct a training session for the new staff members. | Regional Office | 2024-12-01 | 2024-12-31 | Quarterly | HR Director | 1 month | Medium | In Progress | Training session for the new staff members is being conducted. |
| Review the financial performance of the Q4 2024. | Headquarters | 2024-12-31 | 2024-12-31 | Quarterly | Finance Director | 1 week | High | Completed | Q4 2024 financial performance review has been completed. |

Quality Improvement Plan for Priorities in Quality Account 2016/17
(targets to be achieved by 31.03.2017)

Quality Account 2016/17

| Version No. 6 Date: 04/06/2014 | | Approved by: | | Produced by: Briony Cooper, Head of Quality Performance & Quality Contracts | | | | | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|---------------------------------------|--------------------|--------------------|--------------------|--|--|---|--|--|
| What is the aim of the priority? | Why is this important? | What is our ambition? (This is the measure included in the Quality Account) | Data source for indicator and baseline measure (if available) | Standard national definition for data (if available) | National benchmarking data source (if available) | Actions to be taken | How will completion of the action be evidenced (evidence and method of review) | Action Timescale | Progress update on individual actions | Action Progress 01 | Action Progress 02 | Action Progress 03 | Action Progress 04 | Evidence of the achievement of the required improvement | Progress with achieving required improvement | Who is responsible for completing the action | Who is accountable for ensuring the action is completed |
| 1. IMPROVING PATIENT SAFETY | | | | | | | | | | | | | | | | | |
| 1.1 To develop a framework to share learning from serious incidents leading to a reduction in recurrent themes | | | | | | | | | | | | | | | | | |
| 1.1 | To improve patient care through sharing learning from investigations into serious incidents and deaths across the Trust. | Development and use of a framework to share learning across the organisation leading to a reduction in recurrent themes. | | | | 1. Develop and embed a decision making process regarding criteria for investigations. 2. Improve the quality of investigations into serious incidents (SI). 3. Improve the training of the incident investigators. 4. Establish and embed monthly review meetings to ensure every death counts. 5. Ensure board oversight of all serious incidents and the associated learning. 6. Evidence of use of a framework for cross organisational learning which is formalised and discussed at all team meetings. | Report to decision making process from Lignons (submission of document) Monitoring of quality of investigations submitted to corporate panels and outcomes from panels (submission of documents) Training programme and number of staff attending (training programme and training figures) Minutes of final and divisional mortality meetings are audited (audit results) Availability review of Board papers (submission of documents) List of organisational learning process with reduction in recurrent themes achieved (submission of documents) | 31.07.16 31.10.16 31.01.17 31.03.17 31.07.16 31.10.16 31.01.17 31.03.17 31.07.16 31.12.16 31.07.16 31.10.16 31.01.17 31.03.17 | | | | | | | Themes from Serious Incident Investigations will be discussed at divisional level and shared with the wider clinical group. Improvements to care delivery/patient pathways can be linked to thematic evidence. There is a reduction in recurrent themes from serious incidents. | Simon Ludford, Associate Director of Quality Governance John Dawes, Director of Nursing & A&E | John Dawes, Director of Nursing & A&E |
| 1.2 Inpatients in Community Hospitals will have a venous thromboembolism (VTE) assessment on admission | | | | | | | | | | | | | | | | | |
| 1.2 | To complete a risk assessment for venous thromboembolism in inpatients on admission to Community Hospital. | 90% of inpatients have a risk assessment for VTE completed on admission. | | | | 1. Develop and implement process to gather VTE risk assessment data on data basis in Community Hospitals with monthly reporting. 2. Review data on VTE risk assessments being completed on admission and take actions to address any shortfalls in performance. 3. Continued training of junior doctors in use of VTE forms and assessment. 4. Audit VTE risk assessment and monitoring practices in CW and take action to address any shortfalls in practice. | New process in place and used by wards (submission of document) Additional actions implemented to address any shortfalls in performance (submission of document) VTE assessment forms and guidance included in junior doctor training programme. Clinical audit results and action plan in place (audit results and action plan) | 31.07.16 30.09.16 31.12.16 31.03.17 30.06.16 30.09.16 31.12.16 31.03.17 31.12.16 | | | | | | New process in place to capture VTE risk assessment data in Community Hospital. 90% of inpatients have a VTE risk assessment completed. | Chris Listerwell, Consultant Lymington New Forest Hospital supported by Divisional Clinical Officer In Chris Gordon, Director of Performance, Quality and Patient Safety, Chief Operating Officer | Chris Gordon, Director of Performance, Quality and Patient Safety, Chief Operating Officer | |
| 1.3 To reduce the number of pressure ulcers | | | | | | | | | | | | | | | | | |
| 1.3 | To share and implement learning across the Trust to reduce pressure ulcers. | A reduction in pressure ulcers reported on the national service incident framework with notification system to commissioners developed. In 2015/16 focused actions led to the successful reduction in the numbers of avoidable grade 3 and 4 pressure ulcers by over 20%. However these continued to be the most commonly reported serious patient safety incident in our community services. We are therefore prioritising this indicator again in 2016/17. There is new national guidance in the reporting of pressure ulcers based on actual harm rather than grade or whether avoidable/unavoidable. This amendment therefore reflects this change. | | | | 1. Embed new process of 48 hour panel system as part of the national service incident framework with notification system to commissioners developed. 2. Review numbers of grade 2, 3, 4 pressure ulcers on admission to our services or acquire whilst in our care. Comparison with quarterly figures. 3. Review and share themes and lessons learnt from reviewing grade 2, 3, 4 pressure ulcers. 4. Continue to provide intensive support from Tissue Viability Team to those critical teams with the highest number of reported pressure ulcers. 5. Changes made or proposed as a result of individual pressure ulcers or themes eg training, clinical practice | Panel and notification system in place (submission of document) Monthly and Quarterly reporting to Clinical Quality Review Meetings, QIRM and reporting to Quality Improvement and Development Forum (QID). Monitored at monthly Divisional Performance Review (DPR) (submission of documents) Reduction in numbers of pressure ulcers with quarterly reporting to Clinical Quality Review Meetings, reporting to Quality Improvement and Development Forum and "hotspot themes" shared with teams (submission of documents) Critical teams with high numbers of pressure ulcers maintain by those critical teams with the highest number of reported pressure ulcers (data submitted) Changes are embedded in practice and included in quarterly reporting to QIRM and reporting to QID (submission of documents) | 30.04.16 31.07.16 31.10.16 31.01.17 31.03.17 31.07.16 31.10.16 31.01.17 31.03.17 31.07.16 31.10.16 31.01.17 31.03.17 | | | | | A reduction in pressure ulcers reported on QIDS comparing April 1st 2016 to March 31st 2017. Reduced variation between teams in the numbers of reported pressure ulcers by 31st March 2017. | Erin Carr, Lead Nurse Tissue Viability Team Support by Head of Nursing A&E and Quality in QID | John Dawes, Director of Nursing & A&E | | |
| 1.4 Implement robust governance processes to effectively identify, manage and reduce ligature risks in all our inpatient units | | | | | | | | | | | | | | | | | |
| 1.4 | To implement robust governance processes to effectively identify, manage and reduce ligature risks in all inpatient units. | To implement the annual ligature assessment programme which will ensure that all inpatient areas complete a risk assessment and have a clear plan within their services which identifies all ligature risks with an accompanying operational mitigation plan and a programme of works. We need to provide care in settings where ligature risks are identified and action taken to mitigate these risks with appropriate remedial work undertaken within individual services and across the Trust as a whole. Recent CQC inspections found that governance processes to identify, manage and reduce ligature risks were not sufficiently robust and identified clear improvements to be made. We have therefore chosen to include this as a new indicator for 2016/17. | | | | 1. Annual ligature assessment programme which ensures that all areas have a completed risk assessment and a clear plan within their services which identifies all ligature risks, an operational mitigation plan and a programme of works. 2. New Trust wide management plan for all identified ligature risks. 3. A 3 year rolling capital investment programme for ligatures. 4. Ligature management information will be clearly displayed and understood by all staff within the relevant service. 5. The Ligature Management Group (LMG) will oversee the ligature management work programme. | The LMG will monitor ligature assessment programme and escalate as appropriate (submission of document) The LMG will monitor progress of all ligature risks on risk registers and escalate as appropriate (submission of document) The B & E Ligature Management group will operationally manage assessment programme and provide assurance to LMG (submission of document) The LMG will monitor ligature assessment programme and escalate any ligature in programme (submission of document) The LMG will monitor ligature assessment programme and escalate any ligature in programme (submission of document) | 31.07.16 31.10.16 31.01.17 31.03.17 31.07.16 31.10.16 31.01.17 31.03.17 31.07.16 31.10.16 31.01.17 31.03.17 | | | | | Annual ligature management programme actions are completed within timescales. | Ricky Bennett, Associate Director for Specialist Services Mark Morgan, Director of Mental Health & Learning Disabilities Division | Mark Morgan, Director of Mental Health & Learning Disabilities Division | | |
| 2. IMPROVING CLINICAL OUTCOMES | | | | | | | | | | | | | | | | | |
| 2.1 To embed care planning frameworks in our clinical services | | | | | | | | | | | | | | | | | |
| 2.1 | To embed effective care planning frameworks in our clinical services. | Clinical services implement care planning frameworks using care plans developed with patients that are relevant to their needs and reflect their | | | | 1. To complete a gap analysis of current training provided on care planning. | Gap analysis completed and presented to workshop meeting (submission of document) | 31.07.2016 | | | | | | | | Paula Hull, acting Director of Nursing and all Associate Directors of Nursing | Chris Gordon, Director of Performance, Quality and Patient Safety, Chief Operating Officer |

Blue - Exec validated
Blue - unvalidated
Green
Amber
Red
not begun