

Action Plan Tracker

Monitoring Board Committee	Action Index	MUST DO action	Executive Lead	Month											Target Date	Evidence presented	Evidence yet to be presented
				Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	mm/yy			
1. Integrated Governance Committee	1.01/	Ensure that risks are managed appropriately and in a timely manner in all services including Dental	CN			3	3	3	3					Dec-16	New Governance report identifies all risks of >15 presented to IGC. Risk register updated with new policy guidance.		
	1.02/	Duty of candour Notifications in person and in writing have not been provided to the relevant person for some incidents triggering the duty or recorded: referenced in warning notice	CN	3	3	3	3	3	3					Sep-16	1. Learning sessions arranged for Nov & Dec 2016 (across the trust) 2. Monthly audit of compliance of DATIX reports by Governance dept.	Nov 2016 Re-audit of compliance by CCG's (TBA Likely Feb 2017)	
	1.03/	Improve consultant cover on eHDU to include out of hours and weekend working. (WARNING NOTICE)	COO	4	4	4	4	4	4					Jan-16			
	1.04/	Implement WHO patient safety checklists in all surgery settings	CMO				1	1	1					Sep-16		Nov 2016 Update pending from leads	
	1.05/	Ensure medical care on eHDU follows Faculty of Intensive Care Medicine guidelines. Warning Notice	CMO	4	4	4	4	4	4					Jan-16			
	1.06/	Ensure appropriate medical staffing and competency of staff in the Elective High Dependency Unit (eHDU) (WARNING NOTICE)	CMO	4	4	4	4	4	4					Jan-16			
	1.07/	Ensure incidents in OPD are reported, escalated, investigated with learning derived and shared.	CN	3	3	3	1	1	1					Sep-16	Audit of OPD Datix reports (2015/2016) shows low reporting in OPD	Nov 2016 Targetted teaching in OPD areas of low reporting TBA with Governance team	
	1.08	Review IPC and improve cleanliness of equipment and fixtures on Ealing medical wards.	CN			3	3	3	3					Apr-18	Nov 2016 Request by CN with focus for Dec 2016 with ICT reviewing the medical wards with the HoN and Matron/Ward sister - report to be presented at TICC Jan 2017 meeting	Nov 2016 TICC Meeting Minutes to be included once available	
	1.09	Improve hand hygiene to show audits resulting in above 90% compliance and leading to 100%.	CN			3	2	2	2					Dec-16	Nov 2016 Hand Hygiene report (Oct 16) presented at TICC Meeting (Nov 16)		
	1.1	Review drug round timings to minimise medicines errors	CN	3	3	3	3	3	3					Jun-16		Nov 2016 Monitoring trend of DATIX reports related to Medication at night (Report due for Jan 17 IGC)	
	1.11	Review infection prevention and control (IPC) practice and ensure correct IPC dress protocols are observed for all staff.	CN	3	3	3	3	3	3					Dec-16	Revised Dress Code Policy (Sept 2016)	Nov 2016 Spot check of staff compliance planned for Dec 2016 - Report to be provided Jan 2017 TICC)	
	1.12	In maternity and gynecology address safety concerns in relation to midwife shortages	CN	3	3	3	3	3	3					Aug-16	Nov 2016 Maternity dashboard. Vacancy rate of 10.3% with a midwife to birth ratio 1:31.	Nov 2016 Recruitment into vacant posts (17 in total) pending	
	1.13	In Maternity lack of safety thermometers displayed	CN	4	4	4	4	4	4					Jan-16	EAT Assessment demonstrates compliance	Nov 2016 Spot checks of ward display of safety thermometers planned for Dec 16 & reported to be provided	
	1.14	Due to this being highlighted the Trust will Ensure Safety thermometer is displayed in every area	CN	3	3	3	3	3	3					Sept-16 Ongoing		Nov 2016 Spot checks of ward display of safety thermometers planned for Dec 16 & report to be provided	
	1.15	Monitor required checks and cleaning of equipment including epidural trolleys.	CN		3	3	3	3	3					Aug-16 Ongoing	TICC Report (spot check of facilities & equipment) presented at TICC Nov 2016	Nov 2016 Update pending from Matron/ward sister to provide Epidural Trolley Checklist	
	1.16	Ensure reportable incidents are reported in Surgical services Warning Notice Ensure all medical and nursing staff are reporting all reportable incidents on Datix.	CN/CMO	3	3	3	3	3	3					Jan-17	Nov 2016 Governance dashboard shows significant improvement in reporting in surgical division		

2. Finance and Performance

1.17	Ensure robust protocols are in place for the transfer of necessary communication between midwifery and health visiting services	COO					3	3				Mar-17	Nov 2016 Handover document in use between midwives & healthvisitors	Nov 2016 New lead Nurse for Quality in community to undertake audit in Q4
1.18	Review service level agreements related to the provision of surgical instruments.	COO					2	2				Mar-17		Nov 2016 Update pending from divisional leads
1.19	Ensure adequate emergency evacuation procedures in outpatients and diagnostic imaging (OPD)	COO	3	3	3	3	3	3	0			Sep-16	Nov 2016 Minutes of emergency management steering committee (Sept 2016), October cover sheet & TOR for the group. Fire evacuation plan available for staff on intranet with Annual Fire safety report & Annual Fire Audit attached.	
1.2	Harmonise adult's community health services and systems used across various locations to ensure continuity and allow for shared learning from complaints and incidents across the organisation	COO	3	3	3	3	3	3				Oct-16 Ongoing	Learning sessions arranged for Nov & Dec 2016 (across the trust)	
1.21	Review the maternity risk register to include missing issues such as lack of soundproofing in the bereavement room.	COO	3	3	3	3	3	3				Jun-16		Nov 2016 Estates have been instructed to undertake a feasibility exercise re: sound proofing a room on delivery suite - Review of Risk registry pending.
1.22	Address items on the OPD risk register including lack of capacity, lack of complete medical records, overbooking of clinics.	COO	3	3	3	2	2	2				Mar-17		Nov 2016 Update pending from divisional leads
1.23	Ensure the secure storage of all patient records at all service locations.	Director of Strategy	3	3	3	3	3	3				Oct-16 Ongoing	Nov 2016 Currently reviewing all storage (1) Recruitment to vacant Health Records Programme Manager post: recruited by end December 2016, person in post Q1 2017. (2) Restructure of Health Records department in November/December 2016 resulting in a centralisation of prepping services bringing most Health Records activities under single management	Nov 2016 Evidence pending (1) Advert posted on NHS Jobs (2) Minutes of Outpatient Improvement Steering Group and Restructure Consultation Paper.
1.24	Set up a system to ensure that nitrous oxide and oxygen cylinders are taken out of use once they have passed their expiry date	Director of Estates and Facilities	3	3								Oct-16 Ongoing	Nov 2016 Medical Gas policy (2016)	Nov 2016 AP Audit remains outstanding
1.25	Ensure COSHH assessments and arrangements are up to date and maintained. In all wards and departments	Director of Estates and Facilities	3									Oct-16	Nov 2016 Lack of divisional staff attending training, lack of risk assessments in place. Generic COSHH templates provided by H&S.	Nov 2016 Audit of selected areas by H&S team
2.01	Improve provision of equipment for surgery.	COO	1	1	1	1	1	1				June-16 Ongoing		Nov 2016 Update pending from leads
2.02	1. Instigate and continue an improvement plan in the emergency department to achieve mandatory targets including the 4 hour treatment target. 2. Improve access to services and patients flow through the ED at Northwick Park to wards on the hospital	COO	3	3	2	2	2	2				01/04/2017		Nov 2016 Monthly meeting TBA with DGM's & COO to review progress
2.03	Take action to reduce caseloads paediatrics therapy services.	COO	3	3	3	2	2	1				Dec-16		Nov 2016 Update pending from leads
2.04	Improve referral to treatment times in surgery.	Director of Improvement	3	3	3	2	2	1				Oct-16		Nov 2016 Update pending from leads
2.05	Improve theatre utilisation and efficiencies related to start and finish times.	Director of Improvement/COO	3	3	2	1	1	1				Oct-16		Nov 2016 Update pending from leads

Committee	2.06	Engage staff in the community adult's health services development and reconfiguration so they can influence changes within the organisation.	COO	3	3	3	2	2	2					Dec-16		Nov 2016 Update pending from leads
	2.07	Address items on the OPD risk register including overbooking of clinics.	Director of Improvement/COO	3	3	2	1	1	1					Oct-16		Nov 2016 Update pending from leads
	2.08	Ensure prompt access to adult's community health services including tissue viability service, speech and language therapy and continence services among others.	COO					3	3					Sep-17		Nov 2016 Update pending from leads
3. Clinical Excellence	3.01	Ensure all eHDU handovers are consultant led.	COO	4	4	4	4	4	4					Mar-16		
	3.02	Set an action plan to address poor performance against College of Emergency Medicine audit measures on pain relief, renal colic, fractured neck of femur and consultant sign off.	CMO	3	3	3	3	3	3					Mar-17		Nov 2016 Emergency Medicine are currently re-auditing within the areas detailed and will formulate a new action plan when completed.
	3.03	Ensure improvement in data completeness for patients having major bowel cancer surgery in line with the England average of 87% and up from the hospital performance of 30%.	CMO	3	3	3	2	2	1					Dec-16	National Bowel Cancer Audit Report (2015)	Nov 2016 Infoflex implementation (go-live 28 November) which will support data capture. However a permanent solution to complete data entry has not been identified yet.
	3.04	Formally define care pathways in surgery. Inadequate	CMO/COO	3	3	3	2	2	1					Dec-16		Nov 2016 Update pending from leads
	3.05	Ensure MRSA screening and medicines management checked at handover	CN		3	3	3	3	3					Dec-16	Matron's Documentation Group launched (Oct 2016)	Nov 2016 Evidence pending of revised Handover document and then a plan for audit of compliance (Q4)
	3.06	Develop care plans which enable individualised information to be reflected and acted upon by staff.	CN/CMO						3					Mar-17	Matron's Documentation Group launched (Oct 2016)	
	3.07	Develop a single vision and set of operating Procedures across the three community hospitals.	COO	3	3	3	2	2	2					Dec-2016		Nov 2016 Update pending from leads
	3.08	Set up a formal escalation process for deteriorating patients on eHDU.	COO	4	4	4	4	4	4					Jan-16		
	3.09	Ensure improvements in handovers between ED and the wards at Northwick Park	COO		3	3	3	3	3					Dec-16		Nov 2016 Handover document to be reviewed at Matron's & Sisters meeting (launch handover document Dec 2016)
	4.01	Implement a hospital wide training programme to ensure ward staff understanding of end of life care and the Last Days of Life Care Agreement (LDLCA).	CMO?CN		3	3	3	3	3					Jul-17	Nov 2016 EoL leading on CQUIN	Nov 2016 Plan and Trajectory in place and monitored
	4.02	Ensure patients with memory need are identified and they receive personalized care according to their needs.	CN			3	3	3	3					Aug-17	Nov 2016 Confusion Care Pathways (CCP) Identifiers have been implemented trust wide with the use of bedside magnets and stickers for medical notes. In addition, patients on the confusion pathway are monitored via the Daily Safety Brief (see evidence) on every acute ward (trust wide) and within the community bedded units.	

4. Patient and Staff Committee

4.03	Ensure patients' nutrition and hydration is monitored with fully completed records on wards across the organisation	CN			3	3	3	3					Dec-16	Nov 2016 Full EAT assessments pending this month. Nutrition Matron's group launched with first meeting planned for Nov 2016 with a key focus on MUST tool and hydration audit	Nov 2016 Nutrition Group Meeting Minutes Enter & View Vist by HealthWatch Brent (Nov 16) pending (likely Jan 17)
4.04	Ensure that the Denham Unit has sufficient nursing staff to keep patients safe at all times.	CN	3	3	4	4	4	4					Jul-16		Nov 2016 Safer Staffing Report to be included (Aug 2016)
4.05	Take action to reduce caseloads of staff in health visiting	CN	3	3	3	3	3	3					Dec-16		Nov 2016 Safer Staffing report each month includes reference to HV caseload and as published benchmarked against it. Monitoring of Datix incidents related to staffing by the Division
4.06	Review and improve consultant cover in hematology.	COO	3	3	3	3	2	2					Dec-16		Nov 2016 Another round of substantive recruitment is planned with interviews in February 2017 to recruit to 2 vacant post plus to replace a consultant who tendered her resignation in October 2016 (leaving in January 2017).
4.07	Improve signage for patients in outpatient clinics.	Director of Estates and Facilities					3	3					Oct-18	Nov 2016 Meeting with key stakeholders around scope delayed, but some funding provided for Outpatient areas in charitable fund Sept 16	Nov 2016 Capital project bid pending
4.08	Improve the environment of the stroke wards at Northwick Park Hospital.	Director of Estates and Facilities		3	3	3	3	3					Jun-17	Nov 2016 External Survey highlighted only minor issues around decor. Work to be prioritised in capital allocati	
4.09	Develop a workforce strategy and business development plans to ensure adults community health and acute services are not reliant on use on bank and agency staff and actual employed	Director of HR/OD	3	3	3	3	3	3						Nov 2016 The People Strategy document	Nov 2016 Continuously monitored with Safer Staffing Report
4.1	Review and improve facilities for patients living with dementia Review the surgical environment with respect to the needs of individuals living with dementia.	CN			3	3	3	3					Mar-18	Nov 2016 Hardy Ward (NPH) updated to be dementia friendly	Nov 2016 Plan to reassessment updated wards against the Kinds Fund Ward Environmental Assessment Tool.
4.11	Develop an end of life link nurse or champion role within each community team and ward area to raise awareness of end of life issues and act as a resource for the team.	CN	3	3	3	3	3	3					Jun-17	Nov 2016 Lead Nurse for EoL is working within the Senior Nurses End of Life Group	
4.12	Provide mandatory EOLC training for all nurses across all three borough and the Divisions to promote equity of knowledge, not only in syringe drivers and symptom control, but also in the understanding of the Gold Standards	CN				3	3	3					Sep-17	Nov 2016 Sage & Thyme Training in progress already	Nov 2016 Training review & progress report pending
4.13	Ensure appropriate staffing competency out of hours in radiology (WARNING NOTICE)	CMO	4	4	4	4	4	4					Jan-16		
4.14	Review therapy visits on wards to prevent and minimise patients missing therapy	CN	0	0	3	3	3	3					Apr-17	Nov 2016 AHP included in Safer Staffing and monthly workforce report	Nov 2016 Workforce report (Dec 2016) pending
4.15	Improve record keeping with respect to fluid balance charts.	CN	3	3	3	3	3	3					Mar-17	Nov 2016 Revised Fluid balance policy for in-patients and fluid chart (Nov 16)	Nov 2016 Audit & EAT Compliance

	4.16	Ensure staffs receive training and have their knowledge assessed in Mental Capacity and Deprivation of Liberty safeguards.	CN			3	3	3	3				Mar-17	Nov 2016 Lessons Learnt sessions (drop in) arrange weekly for month of October 2016	Nov 2016 DOLS Training Compliance 57%, MCA L2 78% & MCA L3 66% Compliance with trajectory pending
	4.17	Ensure all staff working within the community health and acute services receives adequate training.	COO	3	3	3	3	2	2				Mar-17	Nov 2016 MAST Trainign report (Aug/Sept 16)	
	4.18	Improve facilities in the hematology day care clinic.	Director of Estates and Facilities	3	3	3	3	4	4				Oct-16		
	4.19	Remove inconsistencies of care in Dementia	CN			3	3	3	3				Apr-17	Nov 2016 56% of eligible staff trained in October 2016	
	4.2	In Maternity and Gynae pressures on single staff covering more than one area, for example triage and observations simultaneously	COO	3	3	3	3	2	2				Dec-2016	Nov 2016 Redesign of the triage pathway. Observation bay to be closed and a new post (front of house midwife)	Nov 2016 Quality Impact Assessment & Outcome measures pending
	4.22	Improve mandatory training levels and support for all staff to reach trust targets of 95%.	Director of HR/OD	3	3	3	3	2	2				Apr-17	Nov 2016 Workforce Report (sept 16) embedded	
	4.23	Review and improve facilities for patients living with dementia and remove inconsistencies of care.	CN			3	3	3	3				Mar-18	Nov 2016 Dementia Strategy launched attached	
	4.24	Take action to ensure community staff are integrated and feel part of the organisation	Director of HR/OD	3	3	3	3	2	2				Nov-16		Nov 2016 Update pending from divisional leads
	4.25	Review and improve the post-operative environment in which children recover following surgery	COO										Jul-17		Nov 2016 Update pending from divisional leads
5. Strategy Committee	5.1	Ensure consistent availability and use of computers and software across all service locations	DoS/Deputy CEO										Mar-17		Nov 2016 Update pending from divisional leads
	5.2	Improve ventilation in the endoscopy department	Director of Estates and Facilities	3	3	3	3	3	3				Mar-18	Nov 2016 Business case pending. Floorplans & Quotations available	
6. Board	6.01	Review all arrangements and processes for the care and treatment of children at Ealing ED.	CN/CMO	4	4	4	4	4	4				Jun-16		
	6.02	Ensure improvements in handovers between ED and the wards at Northwick Park	COO	3	3	2	2	2	2				Dec-16		Nov 2016 Board paper to be included from Oct 2016
	6.03	Review and raise checks and practices to the necessary standard under Fit and Proper Persons (FPPR) requirements for existing and future senior staff.	Dir. of HR & OD	4	4	4	4	4	4				Feb-16		

1. Off track

2. Off Track but expected to be delivered on time

3. On track

4. Completed