

Objective	Agreed Action	Start Date	End Date	Accountable Person	Progress	Status	Actioned Required	Evidence Received
To explore further options with the view to appoint a GP for weekly surgery	Ged McCann to explore options with local CCG's.	12/08/15	31/12/15	Hospital Director	Ged agreed to liaise with CCG coordinator (Russell)	Amber		PHC plans being used via ward rounds. Spot checks ongoing. Weekly physical observations including weight monitoring are carried out where patients agree.
Make provision so that there is a robust safeguarding reporting system.	Provide all staff further training to ensure they understand the proper reporting process on 'safe guarding'. Training and supervision to include, professional attitudes and behaviour, training around role modelling and accurate documentation and record keeping.	21/08/15	30/09/15	DR	All wards have a safeguarding folder in the office. This supports and guides staff regarding safeguarding actions.	Green		on file
	Social Worker and HD to build further links with external Local Authority Safeguarding Team.	21/08/15		SW Department	Hospital Director commenced 1 September 2015 and will arrange meeting with safeguarding lead.	Amber	email x3 sent to Dilani (SG Lead)	Tracy to be invited to the fortnightly action planning meeting.
	Invite Local SG Lead to the Hospitals monthly Quality Governance meetings. Next meeting on the 21/09/2015.	21/08/15		SW Department	As above, HD will liaise with safeguarding lead re continuing attendance at QG meetings	Amber	Invited to Sept and Oct QGM	Met with Lucy Cockrem and plans for sharing of information and future meetings agreed. TW (Social worker) has taken the SG lead. Next meeting 18/11/15
	Safeguarding and Incident Review/Analysis meeting to commence weekly.	21/08/15	31/10/15	Hospital Director	First meeting to held on 04/09/15, with a follow up meeting in Oct, it as now been agreed that all IR and Safeguarding's will be reviewed from Monday 12th October daily during morning handover	Amber	Continue to monitor and feedback any issues	on file to be discussed monthly at Integrated Governance.
To improve the completion of paperwork / reporting at ward level	Provide training for all relevant staff to have a better understanding and documenting , reporting and recording.	21/08/15		Rachel Wakelin / RCs	Training sourced and letter informing staff of training to be sent, with a target of 80% of staff trained by 31/12/2015	Amber	Defensible documentation training being delivered to all staff.	Training sessions delivered 19/10/15 and 09/11/15. Further training 17 & 18/11/15
Addressing staff behaviours and attitudes.	Utilise values based recruitment screening and interview procedures to recruit new staff with appropriate values. Psychology to source compassion survey for staff, collate results and follow-up with appropriate training.	21/08/15	31/12/15	Psychology / Hospital Director	New Hospital Director commenced September 1 and has developed a screening tool supporting values-based recruitment processes. He has discussed compassion survey with psychology, who will source and implement. Compassion survey sent to all staff on 25/09/2015 evaluation to be complete by 31/12/2015. HD will meet with individual staff groups to raise awareness of attitude and culture and identifying steps to support positive, respectful relationships and language in everyday interactions with patients.	Amber	Values based screening tool in operation. Evaluation of compassion survey. Meeting with staff groups to be commenced 8th Oct.	Minutes of nurse meetings. Senior HCW meetings planned for 14 & 15 October 2015. HCW meetings .
Provide Ward Staff Training for Activities	Agree training programme as per individual patients care plan for ward staff to engage in activities with patients.	21/08/15	31/10/15	Francis Cornelius	New documentation implemented 5/10/2015 and will be reviewed by OT and in QGM on 16/10/2015, and will be part of the My Shared Pathway training delivered by NHSE	Amber	Review of documentation and any issues of recording data.	Attendance register with RW, Training delivered on 19th October and 9th November.
Night Shift Worker to work % of day shifts in a given time scale	Review the duty rota and agree programme to ensure there is effective rotation of staff between night and day shifts. This to include leadership provision on night shifts.	21/08/15		Helen Dickinson and Charge Nurses	Staffing teams have been reviewed, with night staff working 2 weeks per quarter on days this will commence on the 1st January with Charge Nurses overseeing. DR has discussed with AC the creation of senior staff nurse positions, with a view to supporting charge nurses and providing leadership support to night staff.	Amber	New rotas commence on 12/10/2015	on file. All night staff will have undertaken two weeks night duties within each quarter, with evidence documented on rotas and staff personal records.
Supervision and Appraisals	Supervision and appraisals to be maintained at 90% or higher.	21/08/15	31/12/15	Rachel Wakelin	Current supervision plan updated to enable this to be more sustainable,	Amber	Supervision will be maintained on a rolling three monthly programme. With HD supervising Charge Nurses monthly during which supervision figures for each ward are reviewed with responsible charge nurse	Rolling programme in place, to be monitored by HD.
Morning Meeting - Risks , Incidents and Complaints discussed daily and appropriate action / documentation update to reflect where needed.	Daily goals for patients to be discussed during 1:1 sessions with staff and implemented as appropriate - Psychologists to lead on this. Focus on risk posed when discussing incidents and the management of this.	21/08/15	31/12/15	MDT	Director of compliance to audit documentation regarding risk and links to careplans(12/10/15), HD and NHSE providing training on My Shared Pathway and risks commencing on 19/10/2015.	Amber		Audit completed. DR has circulated to teams to action. Charge nurses currently tasked with ensuring care plans are in place where risks are identified.
	Reflect on incidents	21/08/15		MDT	Incident checklist to be put in place, as an aide memoir for completion of IR. Weekly MDT will take place to review in entirety and ensure that learning points are identified and shared. First meeting to held on 04/09/15, with a follow up meeting in Oct, it as now been agreed that all IR and Safeguarding issues will be reviewed from Monday 12th October daily during morning handover	Amber		Plan to commence in morning meetings, due to start on the 12th, however, rescheduled for 14th. DR has e-mailed charge nurses requesting attendance by a member of staff at morning meeting, and to bring IR1 books.
	Complaints discussed from previous day.	21/08/15		MDT	Complaints officer now attends or provides feedback for Morning Meetings	Green		
Developing Charge Nurses	First Line Management Course to include effective leadership and management of staff and clinical areas. SNM to ensure effective supervision/support and guidance.	21/08/15		Rachel Wakelin	RW sourcing relevant information on management courses, with one Charge Nurse has a BA in Managing in Health Care Organisations	Amber	Essential skills for line managers - ACAS 18/01/16 - available. To d/w charge nurses during supervision.	Rachel will book 3 places.
To ensure Discharge Plans are in place for all patients	Clinical Team to build and establish networks and relationships with external stakeholders in order to create realistic and achievable discharge plans.	21/08/15		Hospital Director	External stakeholders are being invited to attend WMH and meet the "team" Charge Nurse and NIC have been given contact details of stakeholders and informed that they should be contacting them regularly to keep them up dated of progress, obs etc.... discharge plans are now documented in My Shared Pathway and reviewed during ward rounds and CPAs.	Amber		Weekly meeting with NHSE on Monday pm. Further meetings with CCG commissioners/case managers planned throughout November/December.

