

(Appendix B)

	PHASE 1 Actions	Escalation/Assurance	Completion date
Incident Management	1.1 Review SI processes and take action to improve processes	25 % complete. RPIW week 30.9.19.	30.10.19
	1.2. Develop and implement a process to share learning with teams and across the organisation	25% complete. On track for completion end of November 2019.	15.10.19
	1.3 Develop and embed training on incidents management in the End of Life care team	Phase 1 of the action delivered. End of Life Team are 100% compliant with training.	completed
Restrictive Interventions	2.1 Design and implement a clear process for reviewing, reporting and escalation of restrictive interventions, ensuring our in-patient staff are fully appraised of restrictive interventions.	90% completed. Awaiting evidence on completed action on seclusion training.	Revised date from 31.8.19 to 30.9.19
	2.2 Ensure that where blanket restrictions are in place, they are in line with the Mental Health Act Code of Practice and Trust policy	31% completed. On track to deliver	30.9.19
	2.3 Where individual restrictive interventions are in place these are implemented and reviewed in line with Trust policy.	75% complete One action on reviewing care planning training has exceeded the original deadline.	Revised dated from 31.8.19 to 1.11.19
Supervision	3.1 Work with ESR to ensure fit for purpose system of monitoring supervision.	New supervision system piloted. Further work required on system – this is led by ESR. SLT requested further amendments to the supervision policy.	Revised date from 30.9.19 to 30.10. 19
Clinical Risk	4.1 To review the current clinical risk assessment tools used in mental health services after which. The Trust will ensure staff have the appropriate knowledge and training to undertake risk assessments and implement suitable mitigation plans.	66% completed. On track to deliver	30.9.19
	4.2 Ensure that clinical risk assessment is carried out in line with Trust policy and national guidance.	Stand-alone action on track to deliver	30.9.19

	4.3 Ensure that the Trust has effective oversight of clinical risk management including all in-patient leave, and observations of patients	84% complete. RPIW on leave processes 30.9.19	Revised date from 30.9.19 to 30.10.19 due to RPIW
Medicines	5.1 Implement a fit for purpose system to monitor and manage clinic room areas.	75% completed. One action requested extension for. Compliance group has requested clarification on barriers and any additional support which can be leant to deliver of the action	Revised date from 30.7.19 to 30.9.19
	5.2 Ensure that rapid tranquilisation is administered and monitored in line with policy and national guidance.	66% completed. Work has been undertaken in response to the 29a and action expected to be completed, audits had indicated further improvement in compliance required.	Revised date from 30.6.19 to 18.10.19
	5.3 Ensure staff have the appropriate knowledge and training to manage, prescribe and administer medication in line with their role.	82% complete. On track to deliver.	31.10.19
	5.4 Implement a fit for purpose system to record the prescribing, administration and associated clinical discussions about medication.	66% completed. On track to deliver	30.9.19
Environment & Equipment	6.1 Implement a fit for purpose environmental risk management and estates maintenance process, specifically environmental and Fire Risk assessments.	45% complete. Initial actions all complete however on review additional actions noted including calibration of medical devices process (this was information requested by the CQC) and waiting for BORIS to go live.	Date revised from 30.7.19 to 30.11.19
	6.2 Implement a fit for purpose ligature risk assessment and management process across all inpatient areas.	69% complete. Revised date due to training compliance on ligature risk and introduction of Phase 2 of anti - ligature/ant barricade doors	Date revised from 30.7.19 to 31.10.19
	6.3 Source and implement a fit for purpose call alarm system for patients to seek assistance in an emergency	Completed – confirmation received	Completed
Person Centred care & Care Planning	7.1 Ensure that all care plans are developed in line with local policy and national guidance and reflect any reasonable adjustments	Audits have taken place in acute in-patient services. Yearly audit for community nursing. Revised date required due to the complexity of services in scope.	Revised from 30.9.19 to 30.11.19
	7.2 Ensure that care plans are reviewed and updated in line with local policy and national guidance.	Audits have taken place in acute in-patient services. Yearly audit for community nursing. Revised date required due to the complexity of services in scope.	Revised from 30.9.19 to 30.11.19

	7.3 Ensure that all service user clinical records are developed and maintained in line with the local records management policy.	Audits have taken place in acute in-patient services. Yearly audit for community nursing. Revised date required due to the complexity of services in scope.	Revised from 30.8.19 to 30.11.19
Mental Health Legislation	8.1 Ensure that all Trust policies are kept updated to reflect the Mental Health Act Code of Practice	On track to deliver	30.9.19
	8.2 Ensure that all staff have the appropriate level of knowledge, skills and access to information to enable them to implement mental health act legislation.	On track to deliver	30.11.19
	8.3 To ensure that effective governance systems relating to Mental Health Legislation and its implementation across the Trust are in place to assess, monitor and improve the quality and safety of services.	50% completed. Revised date to support development of escalation processes.	Revised date from 31.8.19 to 30.11.19
Service Accessibility	9.1 Review referral processes including admission and access to services, waiting times and, where required develop a quality improvement plans.	On track to deliver	30.11.19
	9.2 Review discharge processes	On track to deliver	31.10.19
Supporting Staff to do their job	10.1 Review compliance with mandatory and role specific training and adopt improvement plans where required.	66% Complete. Revised date due to ESR changes.	Revised from 30.8.19 to 1.11.19
	10.2 Develop and implement a new staffing model in line with the 0-19 service revised specifications.	Actions has been completed in full however, after scrutiny form the Compliance Group it was felt further work required on the implementation of the staffing model to ensure service is safe.	Revised from 1.8.19 to 31.10.19
	10.3 Ensure temporary staff have timely access to induction, training and information required to be able to deliver their roles safely.	Part of RPIW. Revised dates due to outcome of RPIW and work required	Revised from 30.9.19 to 31.10.19
Information Technology	11.1 The Trust will roll out improvements to the IT network to improve connectivity	Phase 1 - Initial actions completed – to progress testing the actions and monitoring the KPI	Completed
Dignity & Respect	12.1 To reinforce communications about dignity and respect	Phase 1 Actions completed – to progress with testing actions	Completed

Governance	13.1 Review approach to clinical audits to ensure they are used as a tool for monitoring and improvement.	Audit programme for in-patient services established	Completed
	13.2 Design and implement a standardised approach to governance across the Trust using an Integrated Governance Framework.	On track to deliver	30.10.19
	13.3 Train 10 leaders in the Care Trust Way improvement methodology and put in place a programme of improvement activity	On track to deliver	31.12.19
