No.	Priority	Source	Comment	Report	Domain	Area	Objective(s)	Agreed Actions	Owners (Operational)	Owners (Executive)	Timescales	Progress (Status)	Progress (Comments)	Reporting Committee	Outcomes	Date Completed	Evidence provided
Corporate Actions																	
Urgent Care Improvement Programme																	
1	High	CQC	Implement the new pathways relating to non elective activity	Whole Report	All	All	Implement all ECIST recommendations (Trust accepted actions)	Majors and minor streaming and see and treat in ED	SUM (Urgent Care)	COO	03/11/2014	In Progress	On track to be delivered within timescale.	Urgent Care Governance Group Service Unit Performance Quality Committee	1) Achieve recovery plan trajectory plan - ED 4 hour waits (95% compliant from December 2014 and maintained) 2) Reduction in bed occupancy by a minimum of 10% 3) LOS to be at national average as a minimum 4) Reduction in avoidable harm and at 'front door'. 5) Reduction in ED/Acute admission in relation SIRIs 6) Increase in incident report with an associated reduction in harm profile of incidents		
								CAU - expand numbers, lower admissions/acceptance threshold. Accept GP referred patients for admission, overnight staffing arrangements clarified, SOP, adjusted accordingly.	SUM (Urgent Care)	COO	01/12/2014	In Progress	CAU open but need to increase the throughput				
								EPOD roll out	SUM (Urgent Care)	COO	01/12/2014	In Progress	Pilot is underway. SOP for the role are under development.				
								Discharge ward round improvement at weekends - either consultant or middle grade driven	SUD/SUM (Urgent Care)	COO	31/03/2015	In Progress					
								Discharge bundle implementation	AD (Patient Flow)	COO	30/11/2014	In Progress	11/11/2014 - Undertaking a system wide of patients over a 7 day stay.				
								Escalation policy review, including protocols for resolution of DIPC issues etc.	SUM (Urgent Care)	COO	01/12/2014	In Progress					
								Develop business case and secure investment in additional bed capacity at Hereford County Hospital	Head of Estates	COO	01/04/2015	In Progress	Steering group has been set up. The programme and project owners have been identified and the clinical model is being developed. Additional 32 beds agreed - logistics to be decided. Outlying specification to be drawn up.				
2	High	CQC	Need to improve emergency flow	Whole Report	All	All	Become the most capable provider for the Urgent Care pathway	Engage in and successfully respond to CCG outcomes board commissioning contract for all Herefordshire urgent care.	Head of Programme Management	COO	31/10/2015	In Progress		Trust Executive Management Quality Committee Trust Board	1)Amalgamation of services currently sub contracted to ensure greater coordination and improved patient care. 2)Sustainable delivery of 4 hour wait		
3	High	CQC	Shortfall of medical staffing impacts on admissions/discharges	Whole Report	All	All	To quantify the true nature of WVT medical staff shortage to enable improvements to be planned appropriately.	To undertake a review of medical staffing part of annual business plans against capacity , demand and royal collage guidance for all grades medical staff	SUD's	MD	31/03/2015	In Progress	Ahead of the planned medical staffing review, two new physicians have been recruited. Due to start at the Trust February 2015.	Trust Executive Management Quality Committee Trust Board	1) Allow Trust to identify shortfalls across all grades of medical staff. 2) Ensure funding secured as part of business planning process to reduce shortfalls. 3) Improved patient care ensuring patient seen, treated and discharged in a timely manner. 4) Quarterly reporting in medical staffing against required establishment		
							Ensure Wye Valley NHS Trust has correct number of trainee medical staff	Associate Director of Medical Education and Development to liaise with deanery	AD (Clinical Effectiveness)	MD	31/01/2015	In Progress			1) Quarterly reporting in medical staffing against required establishment		
								Ensure appropriate training in place for junior doctors with mechanisms for evaluation and feedback.	AD (Clinical Effectiveness)	MD	31/03/2015	In Progress					
								Ensure Wye Valley NHS Trust participates in interviews for junior medical staff to increase and improve profile of Wye Valley NHS Trust	AD (Clinical Effectiveness)	MD	31/03/2015	In Progress					
							To Increase the number of senior physicians to improve patient care and medical staff supervision	Seek to establish/appoint 4 additional senior clinical decision making grades covering medicine for 6 months (deployed across 7 days to CAU, medical wards out of hours and overnight)	SUD (Urgent Care)	COO	03/01/2015	In Progress	Winter funding agreed. Job descriptions in place. Recruitment commenced.		1) Quarterly reporting in medical staffing against required establishment		
								Two new consultant physician recruited start Feb 2015	SUD (Urgent Care)	DONQ	31/01/2015	In Progress	One consultant in place. One acute physician post to recruit to. This position is out to advert and the Trust is actively recruiting.				
4	High	CQC	Trust should review hospital at night arrangements	Whole Report	All	All	Ensure appropriate clinical cover 24/7	Hospital at night arrangements under review.	SUD	MD	30/06/2015	In Progress	First meeting with the Hospital At Night Committee has been held. A clear plan is being drawn up to make sure this is sustainable.		1) Ensuring appropriate clinical cover across the Trust 24/7 2) Patients seen in a timely manner and treatment pathways initiated.		
5	High	CQC	Need to improve uptake of Consultant job planning	Whole Report	All	All	Ensure medical staff have clear lines of accountability in relation to their roles	Ensure all consultants have up to date and relevant job plans.	SUD	MD	31/03/2015	In Progress	Team job planning approach used. Urgent care plans: of 17 consultants, 11 agreed and are compliant with 3 Ward round/ 2 Board Round. Remainder in process with no problems anticipated since there is broad agreement with exception of 1 consultant (job plan in dispute).		1) Consultant staff fully aware of their roles, responsibilities and lines of accountability. 2) Greater engagement of consultant staff in governance processes. 3) Improved communication and feedback to consultants.		
6	High	CQC	Need to improve Emergency Flow	Whole Report	All	All	Improve Discharge Planning across the Trust	Implement a system whereby discharge should occur within 4 hours of decision being taken	SUDS	COO	30/11/2014	In Progress	EDS performed on or immediately after consultant ward rounds; 1) League table to report/monitor 2) Consultants requested to support prioritisation of EDS promptly 3) Launch of direct patient flow bundle	Urgent Care Governance Group Service Unit Performance Quality Committee	1) Timely and appropriate discharge. 2) 30% of discharges occur before midday. 3) 65% of discharges occur before 4pm. 4) 30% admission avoidance (following 6 months) with a trajectory to increase to 50% (once all ECIST recommendations in place and imbedded over a 2 year period).		
								Implement Ambulatory emergency care system & EPOD	CAU Clinical Lead	COO	31/05/2015	In Progress					
								Develop and implement a discharge lounge tracker	AD (Patient Flow)	COO	31/10/2014	Completed	In place. Daily reports received.			31/10/2014	
								Set targets and monitor decision to discharge with an aim of each team being set a target of ensuring one discharge 10am and two discharges by 2pm.	Service Delivery Manager	COO	01/12/2014	In Progress					
								Real time patient tracker system implemented	Head of Information	COO	31/12/2014	In Progress					
								Clear systems in place to ensure that all patients within A&E are seen in order of medical priority	Lead Nurse for A&E	COO	31/01/2015	In Progress					
								Ensure robust systems in place to refer adults and children to speciality doctors in a timely manner	SUD	COO	01/12/2014	In Progress					
								To undertake a review of the use of Day Surgery Unit and Theatre recovery area for holding patients when beds are not available	SUD	COO	30/11/2014	In Progress					
							Clear and realistic plans for the implementation of changes across urgent care and develop acute medicine in own right	Implement Frailty Unit	SUM (Urgent Care)	COO	31/12/2014	In Progress	This will go live on 3/11/2014.		1) All patients over 85 years are directly admitted to assessment beds. 2) Expectation that the average length of stay will be reduced by 1 day. 3) 10% admission avoidance.		
								Re run 'perfect week'	SUM/SUD (Urgent Care)	COO	14/01/2015	In Progress	Agreed a whole system resilience group. Group attending ECIST conference on the 12/12/2014 on running a perfect week. Plan to run in second week of January 2015.				
7	High	CQC	Report identified there was a lack of leadership, both medical and nursing, within the A&E department.	Whole Report	All	All	Improve leadership in A&E	SUD appointed (Urgent Care) October 2014	SUD and Lead Nurse	COO	01/10/2014	Completed		Urgent Care Governance Group Service Unit Performance Quality Committee	1) Strengthen leadership in A&E and urgent care 2) Support and develop team work 3) All staff have Professional Development Plans (PDPs) 4) All Band 7 and above staff attended a leadership programme 5) Positive Staff Friends and Family Test responses. 6) Positive Team culture survey. 7) Zero minor breaches. 8) Adherence to SOP and monitoring through incident reporting.	01/10/2014	
								SUD & CD – on Warwick University Medical Leadership Programme	SUD	COO	31/10/2014	Completed				31/10/2014	
								New senior A&E consultant (Sept 2014)	SUD	COO	01/09/2014	Completed				01/09/2014	
								7 WTE nursing staff – recruited to A&E	HON	COO	30/10/2014	Completed				30/10/2014	
								To undertake a review of new ways of working (Physicians assistant, ACAP's and evaluate the effectiveness	SUM	COO	31/03/2015	In Progress					
								Team (MDT) development sessions	HR	DHR	31/01/2015	In Progress					
								Recruit lead nurse for A&E	HON	COO	31/10/2014	Completed	Internal acting into position and permanent appointment to take place in January 2014.			31/10/2014	
								Recruit to vacant consultant post	SUD	COO	31/03/2015	In Progress	Out to advert for two positions.				
								Recruit to vacant middle grade posts	SUD	COO	31/07/2015	In Progress	Out to advert but interim solutions being sought.				

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Corporate Actions																	
8	High	CQC	Access to mental health services for adults and children provided through SLA does not provide sufficient cover for the A&E/department	A&E	All	All	To ensure provision of mental health and learning disability services are accessible and appropriate for WVT patients 24/7.	To undertake a review of the SLA in relation to the provision of mental health services with provider Trust	SUM/Lead Nurse for Children's	COO	31/05/2015	In Progress	SLA with a mental health Trust but will be working with commissioners during this years commissioning round to strengthen response times.	Adult and Child Safeguarding Group Quality Committee	1) Ensure appropriate and timely treatment and care of patients who require mental health and learning disabilities services.		
9	High	CQC	Patients did not have printed name bands in A&E	A&E	All	All	To ensure that IT within the department meets NPSA name band requirements.	Initiate a review by IT regarding the wrist band printers to ensure that they are in full working order.	Lead Nurse for ED	COO	30/10/2014	Completed	Datix being completed, wrist band printers have been reviewed. Patient flow facilitators will become trained super users for Symphony so will be able to trouble shoot any issues. Review of equipment to deliver this is now aligned with printing project, a departmental wide review planned	Health & Safety Committee Quality Committee	1) All patients have printed name bands.	30/10/2014	
								To report incidents via Datix where the wrist band printers fail.	Lead Nurse for ED	COO	30/11/2014	In Progress					
								Super users for Symphony to be developed to enable the department to trouble shoot any issues.	Lead Nurse for ED	COO	30/11/2014	In Progress					
								Spot check audit to be undertaken on a quarterly basis	Lead Nurse for ED	COO	31/12/2014	In Progress					
								Ensure equipment to deliver this is now aligned with printing project, a departmental wide review planned	Lead Nurse for ED	COO	30/11/2014	In Progress					
10	High	CQC	Symphony does not automatically highlight specific safeguarding alerts	A&E	All	All	To ensure systems are in place within A&E to ensure staff have access to alerts for safeguarding children.	Action plan regarding alert system was already commenced prior to inspection, in addition this is audited fortnightly to ensure the alert system is working appropriately.	Children's Safeguarding Lead	DOF	30/11/2014	In Progress		IT Programme Board Trust Executive Management Trust Board	1) System in place to ensure safeguarding alerts are identified and acted upon by A&E staff. 2) 100% compliance against fortnightly audits and any failure to achieve this results in an action plan to address the deficiencies		
11	High	CQC	Within A&E, during times of maximum capacity patients basic care needs were not met	A&E	All	All	Ensure at all times patients basic needs are attended to and privacy and dignity is maintained.	SOP for escalation to ensure at times of greatest pressure that basic care needs are met. This includes ensuring: - observations are carried out as needed - patients have access to buzzers - patients have access to fluids and nutrition - appropriate emotional and physical support provided at all times - how to access additional support for A&E	HON (Urgent Care)	COO	30/11/2014	In Progress		Urgent Care Governance Group Service Unit Performance Quality Committee	1) Adherence to SOP 2) Improved Friends and Family Test score 3) Reduction in complaints		
								Development of 2 Support Worker posts who will be mobile workers trained to assist with basic care needs.	HON (Urgent Care)	COO	31/12/2014	In Progress					
								Monitoring spot checks and random spot checks during a level3/4 to be undertaken by Quality & Safety Department within A&E, Frome Ward and outlier areas.	HoQS	DONQ	31/01/2015	In Progress					
Stroke Care																	
12	High	CQC	WVT stroke services requires additional work to ensure it is fit for purpose	Whole Report	All	All	Provision of optimal stroke services for the people of Herefordshire	Multi-agency stroke board in place to monitor the implementation and improvement of stroke services across Herefordshire	SUM	COO	30/06/2014	Completed		Urgent Care Governance Group Service Unit Performance Quality Committee	1) National stroke and the best practice indicators met. 2) Achievement of TIA and stroke targets 3) Reduce length of stay	30/06/2014	
								Business case developed, submitted and agreed with to the CCG & Powys (contains: development of single site stroke unit with hyper acute, acute and rehabilitation areas, early supported discharge team, additional consultant, therapy and nursing staff to support this, partnership arrangements with another Trust/s to provide 24/7 senior level clinical decision making supported by telemedicine) (agreed September 2014)	SUM	COO	31/12/2014	In Progress	Still in negotiation with Powys on how this service can be provided.				
								Implementation plan in place pending approval from the CCG (including identification of strategic partner)	SUM	COO	30/09/2014	Completed	Strategic partner has now been agreed at Trust Board.			30/09/2014	
								New Stroke pathway defined (meets Midlands and East Service Specification and RCSP requirements)	SUM	COO	30/09/2014	Completed				30/09/2014	
								A&E – specific thrombolysis training	SUM	COO	31/12/2014	In Progress	Service Unit currently exploring outsourcing of training with the manufacturer of Alteplase. This will be supplemented by training from stroke physician in local policies, procedures and protocols.				
								Activity profiled against new pathway (based on national profiles)	SUM	COO	30/09/2014	Completed				30/09/2014	
								Risk log in place	SUM	COO	30/09/2014	Completed				30/09/2014	
								Management of change paper prepared	SUM	COO	30/11/2014	In Progress					
								Staff briefing undertaken	SUM	COO	30/09/2014	Completed				30/09/2014	
								Staff partnership board briefed	SUM	COO	30/09/2014	Completed				30/09/2014	
								Job descriptions are being prepared and clinical protocols under development	SUM	COO	30/11/2014	In Progress	Job descriptions complete. Protocols under development.				
								Ensure clinical leadership of stroke pathway	SUM	COO	28/02/2015	In Progress					
								Recruit to consultant post	SUD	COO	28/02/2015	In Progress					
								Recruit to therapy post	AHP	COO	28/02/2015	In Progress					
								Recruit to nursing posts	HON	COO	28/02/2015	In Progress					
								Assurance process to be undertaken by NHS England	NHS England	NHS England	31/12/2015	In Progress					
								Commence early supported discharge for stroke patients	SUM (Urgent Care)	COO	31/03/2015	In Progress					
Mortality																	
13	High	CQC	WVT has a high mortality rate	Whole Report	All	All	To reduce WVT mortality figure to be in line with or below national comparators	Clearly define terms of reference for the Wye Valley NHS Trust Mortality Committee. This will include clearly articulating how progress will be monitored and reported to the Trust Board. Membership and reporting arrangements to be reviewed in light of recommendations from TDA. Work programme, outcomes, and action log to be to be managed in line with recommendations from TDA.	Trust Lead for Mortality	MD	31/12/2014	In Progress	4.11.14 Terms of reference of WVT clinical mortality group have been amended in line with recommendations from TDA, and timings of meetings altered to enable greater clinical input in line with recommendations from TDA. Internal mortality group to provide clear action log, outcomes, and to report monthly to HMOG in line with recommendations from TDA.	Mortality Review Group Service Unit Performance Quality Committee Trust Board	1) Reduction in HSMR and SHMI. 2) Increased use of care bundles to support patient care. 3) Quarterly report by Associate Medical Director for Clinical Effectiveness to highlight; - Implementation of measures to reduce mortality - Evidence of effectiveness of measures to reduce mortality - HSMR/SHMI 4) MD to share key issues with consultants at monthly HMC and clinical senate meetings.		
								Clarify Terms of Reference for Joint Mortality Group with CCG /TDA/AT. This will include clearly articulating how progress will be monitored and reported to the Trust Board.	Trust Lead for Mortality	MD	31/10/2014	Completed	Report by TDA on observation of HMOG to be an agenda item on next HMOG meeting. Work programme for 2015 to be agreed at next HMOG. CCG to report regularly to HMOG, including update on work of group reviewing 'management of deteriorating patient in the community'.			31/10/2014	

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Corporate Actions																	
								New mortality tracker system to be implemented with individual consultant responsibilities for review of all deaths under their care.	Trust Lead for Mortality	MD	31/01/2015	In Progress	4.11.14 Mortality tracker system is due to be implemented 5.01.15 This will enable consultants to verify coding with coding department; and ensure multidisciplinary review of all inpatient deaths with process for escalation where any substandard care is identified.				
								Working groups to be developed based upon care bundles	Trust Lead for Mortality	MD	31/10/2014	Completed				31/10/2014	
								Regular live audit of care bundle adherence rate.	Trust Lead for Mortality	MD	28/02/2015	In Progress	4.11.14 Discussed at clinical leads meeting on 30.10.14. Agreed to update all care bundles, ensure adequate training, and re-launch care bundles by January 2015. Live audit to be facilitated by Clinical audit team.				
								Additional care bundles to be developed; Amber care bundle and end of life care bundle	Trust Lead for Mortality	MD	31/03/2015	In Progress	4.11.14 In progress				
								New Policy on review of inpatient deaths (service unit /consultant owned) to be implemented	Trust Lead for Mortality	MD	31/01/2015	In Progress	4.11.14 Policy on review of internal deaths has been circulated widely and all consultant are aware of individual responsibility to review inpatient deaths in line with recommendations from TDA. Policy includes link to appraisal in line with recommendations from TDA.				
								Training - developing more specific training packages for care bundles and how to use	Trust Lead for Mortality	MD	31/01/2015	In Progress	4.11.14 Discussed at clinical leads meeting on 30.10.14. Agreed to update all care bundles, ensure adequate training, and re-launch care bundles by January 2015.				
								New Mortality and Care Bundle Audit Lead to be appointed.	Clinical Effectiveness and Audit Manager	MD	28/02/2015	In Progress					
								The results of audit will be used to drive clinical effectiveness and improve patient outcomes across the Trust.	MD	MD	31/03/2015	In Progress	4.11.14 the JD for the Associate Medical Director for mortality governance is being reviewed. The AMD will take on a lead role in Clinical Effectiveness and have responsibility for mortality governance and clinical effectiveness across the Trust. A work programme will be agreed with the post holder.				
Governance																	
14	High	CQC	WVT needs to improve its complaint responses to ensure they are; 1) Open and honest 2) Address issues identified 3) Comply with statutory duty of candour	Whole Report	All	All	The complaints process should be open, honest, transparent and truthful	To develop and implement a complaints training plan for all staff groups across the Trust (Band 7 or equivalent and above)	HoQS	DONQ	31/07/2015	In Progress		Service Unit Performance Trust Executive Management Quality Committee	1) Improvement in complaint response rate with an associated decrease in reopened complaints rate 2) Improved response to complaint survey and actions in place to implement recommendations that have been made		
								Develop and implement post complaint survey to gain feedback on the complaints process	HoQS	DONQ	31/01/2015	In Progress					
								Audit of reopened complaints to establish reason for returned complaint and share lessons with Service Unit	HoQS	DONQ	30/11/2014	In Progress					
								Establishment of Service Unit Governance Coordinators	SUM	COO	30/11/2014	In Progress	Positions recruited to. Due to commence in November 2014.				
								Bi annual report in relation to Learning from Incidents, Complaints and Claims to be presented to Quality Committee	HoQS	DONQ	30/04/2014	Completed				30/04/2014	
								Learning from complaints to be addressed at appraisals for all staff.	Head of Education & Development/ Appraisers	DHR	31/01/2015	In Progress					
								Mandatory customer care training	Head of Education & Development	DHR	31/01/2015	In Progress					
15	High	CQC	**Risk Management** Poor correlation between risks discussed by staff and the Trust Risk Register. Lack of knowledge on how to get concerns escalated and added to risk register. Lack of awareness of content on risks registers with some staff. Lack of risk management at ward level.	Whole Report	All	All	To ensure that the risks that staff discuss throughout the Trust are captured on the risk register	Attend monthly ward meetings and other local meetings where governance issues are discussed to remind staff of the importance of getting risks added to the risk register and advise them of the process for doing so.	CS	CEO	31/12/2014	In Progress		Trust Executive Management Quality Committee	1) Risk register reflective of risks raised by staff. 2) Staff knowledgeable about risks in their areas of operation and how to get risks added to the register. 3) Ward level/local risk registers in place.		
								Add a question to the walk rounds in relation to getting risks onto the risk register.	CS	CEO	31/12/2014	In Progress					
								Regularly advise staff and raise awareness of risk management processes through already established means - monthly training session, Trust Talk, Team Brief and screen savers.	CS	CEO	31/12/2014	In Progress					
								Implement ward level risk registers in areas where there are no registers in place.	CS	CEO	31/12/2014	In Progress					
16	High	CQC	**Governance Systems** Trust wide governance systems not strongly established and little commitment to governance processes in Service Units.	Whole Report	All	All	To ensure that Trust wide governance systems are strongly established and there is clarity throughout the Trust on those systems	Ensure effectiveness of meetings which take place below Board and Committee level	CS	CEO	31/12/2014	In Progress		Service Unit Governance Groups Service Unit Performance Trust Executive Management	1) Staff awareness of governance and reporting structures throughout the Trust. 2) Effective meetings taking place each with terms of reference, appropriate reporting upwards, good attendance.		
								Advise Service Unit Governance Meetings of the Governance Structures in place.	CS	CEO	31/12/2014	In Progress					
								Regularly advise staff of the structures through established means of communication such as Trust Talk & Team Brief	CS	CEO	31/12/2014	In Progress					
								Attend medical meetings to discuss governance structures	CS	CEO	31/03/2015	In Progress					
								Attend meeting of physicians and surgeons to discuss governance processes	CS	CEO	31/03/2015	In Progress					
17	High	CQC	**Policies and procedures** Lack of knowledge and adherence to policies & procedures	Whole Report	All	All	Ensure staff understand the policies and procedures applicable to their areas of operation	Attend monthly ward meetings and other local meetings where governance issues are discussed to remind staff of the policies and procedures applicable to them.	CS	CEO	31/12/2014	In Progress		Policy Group Trust Executive Management	1) Staff knowledgeable about policies and procedures in their areas of operation and how to access them.		
								Add a question to the walk rounds in relation to awareness of policies and procedures.	CS	CEO	31/12/2014	In Progress					
								Regularly advise staff of the policies and procedures through established means of communication such as Trust Talk & Team Brief	CS	CEO	31/12/2014	In Progress					
								Provide brief guides to relevant policies e.g. DNACPR	Policy Authors	CS	30/06/2015	In Progress					
								Briefing sessions for new policies	Policy Authors	CS	31/12/2014	In Progress					
18	High	CQC	Poor culture of reporting incidents and lack of feedback from incidents.	Whole Report	All	All	To improve the culture in relation to incident reporting within WVT	Review SIRI reporting process to ensure greater Executive leadership: - On call Executive for the week to lead round table on any SIRIs reported within their on call week. - On call Executive responsible for quality assuring final SIRI and signing off.	HoQS	DONQ	31/12/2014	In Progress	Discussion at Quality Committee on 23/10/2014 and agreement to implement revised process from 01/12/2014.	Quality Committee Trust Board	1) Improved leadership and quality in relation to the management of SIRIs 2) Greater learning from SIRIs 3) Improved Executive awareness		
								Develop a screen saver on importance of incident reporting for all staff and use quarterly (Oct, Jan, Apr and Jul)	Communications Department	DONQ	31/10/2014	Completed	Screen saver in place.	Service Unit Performance Quality Committee	1) Increased incident reporting culture taking Wye Valley NHS Trust into the top quartile in NRLS reporting. 2) Increased understanding of learning lessons evidenced by staff survey in 2015.	08/10/2014	

Corporate Actions

No.	Priority	Source	Comment	Report	Domain	Area	Objective(s)	Agreed Actions	Owners (Operational)	Owners (Executive)	Timescales	Progress (Status)	Progress (Comments)	Reporting Committee	Outcomes	Date Completed	Evidence provided
								Additional Datix training sessions to be run	HoQS	DONQ	31/07/2014	Completed	Seven additional sessions run including evening sessions (July 2014). Individual or group training already offered as required.		3) Improvement on Safety Culture Survey results. 4) Culture of tolerance of mistakes without tolerance of routinely poor or mediocre performance.	31/07/2014	
								Datix reporting to be added as annual refresher training for all staff	Head of Education & Development	DHR	31/03/2015	In Progress	To discuss Datix becoming a fixed refresher on all mandatory training from new financial year				
								Develop Datix how to guides for staff (pocket size) and distribute to staff at induction for all new starters.	HoQS	DONQ	30/11/2014	In Progress	Small pocket size guides to be developed. These will be held within each area within their communication folder				
								Memo sent out to all staff reminding them of the importance of reporting incidents and raise awareness of fair blame culture.	HoQS	DONQ	30/11/2014	In Progress	Memo to be sent out once CQC report published				
								Add the percentage of staff groups reporting incidents to the Service Unit dashboards	HoQS	DONQ	30/11/2014	In Progress					
								Targeted incident reporting training to be implemented for; Medical Staff - During November 2014 Community Staff - During December 2014 AHP's - During January 2015	HoQS	DONQ	31/01/2015	In Progress	Training programmes under development				
								Datix training to be included on mandatory training database.	HoQS	DHR	30/11/2014	In Progress					
								Additional training to be provided to managers (in all staff groups) in relation to signing off incidents and reporting actions taken to staff.	HoQS	DONQ	31/12/2014	In Progress					
								Develop programme for Human Factor Training and Patient Experience Training	Head of Education & Development	DHR	30/06/2015	In Progress					
								Repeat Safety Culture Survey with staff	HR Department	DHR	31/01/2015	In Progress					
							To Improve feedback for staff in relation to incidents to ensure they feel they are aware of any lessons learnt across the Trust	Make feedback from incidents a standing agenda item at Service Unit Performance Meeting	HoQS	DONQ	18/10/2014	Completed	Added to Service Unit Governance Meeting	Service Unit Performance Quality Committee	1) Improved staff awareness of feedback and lessons learnt in relation to incidents, complaints and claims. 2) Improved Safety Culture Survey Results 3) Reduction in reoccurring themes in incidents as a result of lessons learnt 4) Increase in incidents (due to increased awareness) with an associate reduction in the harm profile of incident reported.	18/10/2014	
								Medical Director to feedback lessons learnt and any key issues monthly at Hospital Medical Committee.	Patient Safety Lead	MD	30/11/2014	In Progress	Case scenarios to be discussed in relation to learning at the Hospital Medical Committee.				
								X5 key service specific lessons will be fedback to each SU governance meeting monthly as hand-outs to be disseminated to all staff	HoQS	DONQ	31/12/2014	In Progress					
								Continue to report lesson learnt in Team Brief from incidents, complaints, claims and audit.	Communications Team	DONQ	18/10/2014	Completed				18/10/2014	
								Ensure Team Brief is disseminated to all staff and becomes a vehicle for key messages to be sent to Trust staff and develop process of spot audit to test out dissemination of team brief.	Communications Team	CEO	31/01/2015	In Progress	Ensure medical staff representation at monthly CEO team brief meeting				
								Amend Patient Experience Walkround template to incorporate reporting and learning from incidents and feedback from CQC inspection report.	HoQS	DONQ	31/12/2014	In Progress	Review content of Patient Experience Walkrounds to incorporate learning from incidents				
								Change DATIX feedback as currently links to actions taken by person reporting the incident – in future, actions taken by manager should be automatically sent to the reporter.	HoQS	DONQ	30/11/2014	In Progress					
								External RCA training to be commissioned by Trust approx. 50 key staff mandatory to attend training (SUD, SUM,CD,HOM,8A or above).	HoQS	DONQ	31/03/2015	In Progress	DON reviewed external providers of RCA training and will commission their services once funding secured. £20k approx. cost.				
								SDU Governance Manager to compile and produce monthly SDU newsletter to spotlight leaning and changes linked to incidents.	SUM	DONQ	31/01/2015	In Progress					
								SDU newsletter to be a standing agenda item at ward and departmental meetings.	SUM	DONQ	31/01/2015	In Progress					
								Learning from incident to be included in Quality Improvement section during medical appraisals.	Appraisers	MD	31/01/2015	In Progress					
								Add a learning from incidents, complaints and claims on Trust intranet site.	HoQS	DONQ	30/11/2014	In Progress					
							Areas of best practice/expertise are shared and available to anyone who requires it	Identify areas of best practice	SUMS/SUDS/HoQS	DONQ/MD	30/06/2015	In Progress		Service Unit Performance Trust Executive Management Quality Committee	1) Reduction of silo working 2) Intranet is populated with best practice/case studies 3) Increase staff awareness of best practice occurring across the Trust, ensuring this is shared with all staff.		
								Develop systems to capture and share staff Facebook facility and professional social networking facility	Communication Lead/IT	DONQ/MD	30/06/2015	In Progress					
19	High	CQC	Need to develop systems and processes to gain greater feedback from patients to help improve the care the Trust provides	Whole	All	All	To gain vital intelligence from feedback from the public and other stakeholders to improve the care that WVT provides.	Inpatients, A&E, Community Hospitals and Maternity To improve scores and response rates for FFT and ensure monthly feedback is provided to service units including narrative from FFT forms.	HoQS	DONQ	31/10/2014	Complete		Service Unit Performance Trust Executive Management Quality Committee	1) To achieve a 30% response rate to patient FFT with a score of 70 or above for inpatients, community hospitals and maternity. 2) To achieve a 20% response rate to patient FFT with a score of 70 or above for inpatients, community hospitals and maternity.	31/10/2014	
								Quarterly meetings with Healthwatch to discuss any issues at WVT.	HoQS	DONQ	31/10/2014	Complete		Service Unit Performance Trust Executive Management Quality Committee	1) Increased engagement with stakeholders 2) To gain additional patient feedback on their hospital experiences 3) To take appropriate actions to remedy any issues identified and improve patient care.	31/10/2014	
								Agreed 3 Enter and View visits to be conducted by Healthwatch (with Trust representation) to gain feedback from patients about the care and treatment received at WVT. 3 areas identified: - Leominster Community Hospital - Ross Community Hospital - Frome ward (AAU County Hospital)	HoQS	DONQ	31/01/2015	In Progress	Dates currently being agreed.	Service Unit Performance Trust Executive Management Quality Committee	1) Increased engagement with stakeholders 2) To gain additional patient feedback on their hospital experiences 3) To take appropriate actions to remedy any issues identified and improve patient care.		
								To continue with quarterly patient forums.	HoQS	DONQ	31/01/2015	In Progress	Patient forums have been held quarterly since September 2013.	Service Unit Performance Trust Executive Management Quality Committee	1) Increased engagement with stakeholders 2) To gain additional patient feedback on their hospital experiences 3) To take appropriate actions to remedy any issues identified and improve patient care.		
								Voluntary services undertake patient reviews on a monthly basis. There is a set template which includes asking questions in relation to: - Food - Environment - Communication - Cleanliness - Safety	HoQS	DONQ	31/10/2014	Complete	Voluntary services have been undertaking these for the past 12 months.	Service Unit Performance Trust Executive Management Quality Committee	1) Increased engagement with stakeholders 2) To gain additional patient feedback on their hospital experiences 3) To take appropriate actions to remedy any issues identified and improve patient care.		

Medicines Management

No.	Priority	Source	Comment	Report	Domain	Area	Objective(s)	Agreed Actions	Owners (Operational)	Owners (Executive)	Timescales	Progress (Status)	Progress (Comments)	Reporting Committee	Outcomes	Date Completed	Evidence provided
20	High	CQC	Poor systems for Medications Management	Whole Report	All	All	To improve medicines management practices throughout WVT	Set targets for improvements against administration errors and prescription errors	Clinical Director for Pharmacy	MD	30/11/2014	In Progress		Medicines Safety Committee Quality Committee	1) Reduction in the harm profile of medication error incidents reported (including administration, prescription). Reduction by 10% by March 2015 followed by a further 10% reduction in 2015/16. 2) Compliance against medicines safety NPSA alert. 3) Targeted actions to decrease medication administration, prescription		
								Undertake quarterly audits within ward areas including A&E to identify appropriateness of obtaining, recording, handling, using, safe keeping, dispensing and safe administration and disposal of medicines.	Clinical Director for Pharmacy	MD	30/09/2014	Completed				30/09/2014	
								Undertake 24 hours CD check	Clinical Director for Pharmacy	MD	30/09/2014	Completed				30/09/2014	
								Undertake a review of current audit tools and process to ensure fit for purpose	Clinical Director for Pharmacy	MD	31/01/2015	In Progress					
								Develop mini RCA for administration and prescription errors (1 A4 sheet)	Clinical Director for Pharmacy	MD	31/03/2015	In Progress					

No.	Priority	Source	Comment	Report	Domain	Area	Objective(s)	Agreed Actions	Owners (Operational)	Owners (Executive)	Timescales	Progress (Status)	Progress (Comments)	Reporting Committee	Outcomes	Date Completed	Evidence provided
Corporate Actions																	
								Lessons learnt to be added to Team Brief and Trust Talk and to be monitored through quarterly report to Medicines Safety Committee and Service Unit Performance	Clinical Director for Pharmacy	MD	30/11/2014	In Progress					
								Comply with NPSA alert in relation to medicines management	Clinical Director for Pharmacy	MD	19/12/2014	In Progress					
								Named medicines safety officer for Wye Valley NHS Trust to be appointed	Clinical Director for Pharmacy	MD	19/12/2014	In Progress					
								Working party (medical, nursing, pharmacy and quality and safety representation) to be established to review prescription and administration errors fortnightly across the Trust	Clinical Director for Pharmacy	MD	04/11/2014	In Progress					
Organisational Development																	
21	High	CQC	Organisational development	Whole Report	All	All	To develop, implement and monitor a number of interventions to deliver organisational improvement based on the priorities identified in the CQC report.	Revisit Vision, values strategy and objectives	Director of HR	Chair/CEO	31/12/2014	In Progress	Away day planned for 24/25 November	Trust Executive Team Quality Committee	1) Increase in percentage of WVT related media stories which are neutral/positive 2) Set of Trust values with behaviours identified and known by staff 3) Recruitment, appraisal and reward systems in place linked to values. 4) Learning outcomes from development/training processes are and shared. 5) Improved Staff survey responses. 6) Staff are engaged in issues affecting workplace. 7) Improved responses in Staff Friends and Family Tests. 8) Number of staff nominated for leadership awards 9) Staff recognition scheme linked to values		
								Roles of NEDs/Execs	Chair	Chair	30/11/2014	In Progress	Away day planned for 24/25 November				
								Gap analysis of board capability and skills	Chair	Chair	31/01/2015	In Progress	Away day planned for 24/25 November				
								Leadership programme at all levels	Head of Education & Development	DHR	31/01/2015	In Progress	Programmes in place for all levels in organisation Priority will be magic tier – line management development				
								Undertake a review of organisational structure/ management capacity/reporting lines/accountability arrangements	CS and DHR	CEO	31/01/2015	In Progress					
								Cultural change	DHR	CEO	31/01/2015	In Progress	Widen understanding of organisational position, and purpose (planned following board session) Flexible adaptable and responsive – open to change Communication – internal and external Reward/recognition scheme for "living the values" implement health and well-being initiatives including resilience training				
								Staff engagement and involvement	DHR	CEO	30/11/2015	In Progress	In progress clinical staff – Implement Medical Engagement Scale, strategic change to be led by clinicians. SUDs to be in driving seat at TEM other staff – responsive to listening events and surveys,(listening into action) developing of bottom up values, - plan in place needs updating and monitoring Information in relation to staff engagement and involvement to be included in: - Team Brief - Trust Blog - Twitter				
								Reputation management	Communication Lead	CEO	31/01/2015	In Progress	A positive message needs to be portrayed, sustained and believed by TDA/CCG/public etc. Similar message internally to current staff and potential new staff				
								Launch of the Nursing, Midwifery and Clinical Professional strategy	HON/HOM/Clinical Professionals Lead	DONQ	12/11/2014	In Progress					
								Implementation of the Nursing, Midwifery and Clinical Professional strategy. Progress against the strategy will be monitored through the Nursing and Midwifery Committee and Clinical Professionals Committee.	HON/HOM/Clinical Professionals Lead	DONQ	01/07/2015	In Progress					
22	High	CQC		Whole Report	All	All	Improve communication between senior management and staff through leadership/management	Develop programme of engagement with CEO to roll out with staff	Head of Education & Development	DHR	31/01/2015	In Progress		Trust Executive Team Quality Committee	1) Increased visibility and interaction between staff and senior management/executives/Board. 2) Increased staff attendance at leadership programmes. 3) Improved staff survey response in relation to leadership and management.		
								Ensure communications skills are included in management development programme	Head of Education & Development	DHR	30/09/2014	Completed				30/09/2014	
								Coaching programme to be implemented for line managers	Head of Education & Development	DHR	30/04/2015	In Progress					
23	High	CQC		Whole Report	All	All	Benefits of MDT meetings to improve communication / collaboration between	SUDs/ SUMs to increase number of Multi-Disciplinary Team (MDT) meeting and opportunities for improved team working	SUDS/SUMS	COO	31/12/2014	In Progress		Trust Executive Team Quality Committee	1) Increased staff knowledge in relation to MDT working. 2) Improved staff satisfaction through Safety Culture Survey and Staff Friends and Family Test.		
								Use Aston Team Performance Toolkit to improve team working	HR	DHR	30/03/2015	In Progress					
24	High	CQC		Whole Report	All	All	Medical leadership	Formal induction for all new consultants into governance processes within Trust	Medical Staff Manager	MD	31/01/2015	In Progress		Trust Executive Team Quality Committee	1) Improvement in medical staff engagement 2) Increased awareness of governance arrangements amongst medical staff 3) Improved feedback and incident reporting from medical staff. 4) Improvement in involvement in complaints/RCA processes.		
								Use Medical Engagement Scale to identify strengths and weaknesses across the Trust and use this as a basis of a programme to improve medical engagement.	MD	DHR	28/02/2015	In Progress	MES to be undertaken by end of February 2015 and repeated in December 2016.				
								Provide annual Medical Leadership training for staff	Head of Education and Development	DHR	31/07/2015	In Progress					
								Use Medical Leadership Competency Framework for appraisal and development of senior medical staff training	AMD	MD	31/03/2015	In Progress					
25	High	CQC		Whole Report	All	All	Improvement of 'organisational health'	Undertake diagnostic exercise to identify hotspots in organisation where triangulated data suggests leadership concerns	HR	DHR	31/03/2015	In Progress		Joint Negotiating Committee Trust Executive Management	1) Improved staff morale. 2) Reduced sickness 3) Improved training and appraisal figures 4) Positive Staff Friends and Family Test 5) Reduction in complaints.		
								Develop and agree a number of department initiatives. Prioritise according to resource.	HR	DHR	31/03/2015	In Progress					
26	High	CQC		Whole Report	All	All	Develop a learning organisation	Develop 'buddy' system/peer review between wards and departments	HR	DONQ/DHR	30/06/2015	In Progress		Joint Negotiating Committee Trust Executive Management	1) Improved joint working between wards/departments 2) Positive Staff Friends and Family Test 3) Reduction in complaints		
								Evaluate effectiveness	HR	DONQ/DHR	30/06/2015	In Progress					
								Results of pilot shared	HR	DONQ/DHR	30/06/2015	In Progress					
27	High	CQC		Whole Report	All	All	NHS Constitution is embedded into Trust literature and owned by staff	Promotion of NHS constitution and Trust objectives and values	HR	CEO	31/03/2015	In Progress		Joint Negotiating Committee Trust Executive Management	1) Improved joint working between wards/departments 2) Positive Staff Friends and Family Test 3) Reduction in complaints 4) Improved staff survey results		
Professional Development																	
28	High	CQC	Appropriate supervision for all health professional staff	Whole Report	All	All	Improve support for staff and ensure appropriate and on-going supervision of practice to improve care and reduce errors	Undertake review of where supervision is currently happening	Head of Education and Development	DONQ	01/02/2015	In Progress		Trust Executive Team Quality Committee	1) Supervision embedded across all healthcare professional groups. 2) Improvement in staff feeling supported, confident and capable to undertake their roles.		
								Undertake a review of the existing Clinical Supervision Policy and amend if needed.	Head of Education and Development	DONQ	30/11/2014	In Progress					
								Address the gaps and monitor implementation through quarterly reporting at Nursing and Midwifery Committee and Clinical Professionals Group	Head of Education and Development	DONQ	15/01/2015	In Progress					
29	High	CQC	Ensuring staff are fully engaged and competent and capable to undertake their work	Whole Report	All	All	All staff have a well structured appraisal and a personal development plan.	Cascade training plan to all levels of staff.	Head of Education and Development	DHR	31/12/2014	In Progress	A central system has been developed to record staff appraisals and training. Appraisal policy has been revised. Engagement is a key strand of the OD plan.	Service Unit Performance Trust Executive Management Quality Committee	1) Improved appraisal rates and PDPs. 2) 90% of staff have PDPs 3) All staff understand where they contribute to the organisations objectives. 4) Improved staff satisfaction through the staff survey.		

No.	Priority	Source	Comment	Report	Domain	Area	Objective(s)	Agreed Actions	Owners (Operational)	Owners (Executive)	Timescales	Progress (Status)	Progress (Comments)	Reporting Committee	Outcomes	Date Completed	Evidence provided
Corporate Actions																	
			their work.					Provide appropriate training to enable staff to undertake appraisals.	Head of Education and Development	DHR	30/04/2015	In Progress	A central system has been developed to record staff appraisals and training. Appraisal policy has been revised. Engagement is a key strand of the OD plan.				
								Provide development to managers on improving team engagement.	Head of Education and Development	DHR	30/11/2014	In Progress	A central system has been developed to record staff appraisals and training. Appraisal policy has been revised. Engagement is a key strand of the OD plan.				
								Pay progression policy implemented that links pay progression to achievement of appraisals.	Head of Education and Development	DHR	31/12/2014	In Progress	A central system has been developed to record staff appraisals and training. Appraisal policy has been revised. Engagement is a key strand of the OD plan.				
Education/Training																	
30	High	CQC	Lack of coordination of annual mandatory training across the Trust.	Whole	All	All	All staff to complete annual mandatory training.	Cascade training needs analysis plan to all levels of staff.	Head of Education and Development	DHR	31/12/2014	In Progress	A central system has been developed to record staff training. Completion of training is now linked to pay progression.	Service Unit Performance Trust Executive Management Quality Committee	1) 80% compliance for mandatory training by 31/03/2015 2) 90% compliance for mandatory training by 31/12/2015 3) 95% compliance for mandatory training by 31/03/2016		
								Provide monthly reports to service units in relation to compliance with training.	Head of Education and Development	DHR	30/11/2014	In Progress	A central system has been developed to record staff training. Completion of training is now linked to pay progression.				
31	High	CQC	Specific mandatory Training (not annual) for key staff was not in place for a number of topics e.g.; MCA DOLS Safeguarding (children & Adults)	Whole Report	All	All	An overarching, accurate and robust training database which is able to produce reliable and accurate data for all mandatory training.	ESR - now loaded with accurate data and reports will be produced for Service Unit Governance meetings monthly	Head of Education and Development	DHR	30/11/2014	In Progress	A central system has been developed to record staff training. Completion of training is now linked to pay progression.	Safeguarding Groups Quality Committee	1) 80% compliance for mandatory training by 31/03/2015 2) 90% compliance for mandatory training by 31/12/2015 3) 95% compliance for mandatory training by 31/03/2016		
								Compliance with mandatory training to be aligned with the pay progression policy. Therefore, incremental pay rises will only be paid to staff who can demonstrate they have completed mandatory training.	Head of Education and Development	DHR	30/11/2014	In Progress	A central system has been developed to record staff training. Completion of training is now linked to pay progression.				
								Compliance rates for mandatory training to be monitored through Service Unit Performance meetings	Head of Education and Development	DHR	30/03/2015	In Progress	A central system has been developed to record staff training. Completion of training is now linked to pay progression.				
								Project lead to be establish 'self service' online learning management within ESR.	Head of Education and Development	DHR	30/03/2015	In Progress	A central system has been developed to record staff training. Completion of training is now linked to pay progression.				
32	High	CQC	Lack of understanding and training in relation to MCA and DOLS	Whole Report	All	All	Enhance the experience of patients with reduced mental capacity and ensure appropriate treatment whilst in the care of WVT	Annual Plan of MCA & DOLS Training	Head of Education and Development	DHR	31/01/2015	In Progress		Safeguarding Groups Quality Committee	1) Achievement of training target set: - 80% compliance for mandatory training by 31/03/2015 - 90% compliance for mandatory training by 31/12/2015 - 95% compliance for mandatory training by 31/03/2016 2) Increase in number DOLS referrals 3) audited improvement in MCA assessment documentation. 4) Named clinical champions in place. 5) Improvement in mandatory training rates in MCA,DOLS and Safeguarding.		
								Specific MCA Training for Medical Staff	Head of Education and Development	DHR	31/01/2015	In Progress					
								Consider purchasing online package	Head of Education and Development	DHR	31/01/2015	In Progress					
								Training targets to be set as part of 2015/16 CQUINS	Head of Education and Development	DHR	31/03/2015	In Progress					
								Clinical champion to be identified in each Service Unit for MCA/DOLS, Adult Safeguarding and Child Safeguarding	SUD	MD	31/01/2015	In Progress					
33	High	CQC	DNACPRCPR - Processes not being followed by Trust staff	Whole Report	All	All	To ensure all patients who should have DNACPR in place have one that is in line with Trust Policy	Provide training breaking bad news - medical staff	SUD and HONs	MD and DONQ	31/03/2015	In Progress		Resuscitation Committee Trust Board	1)Appropriate and timely use of DNACPR 2) Increased staff awareness of DNACPR policy 3) Improved family involvement in decision making process 4) Improved results from audits undertaken.		
								Improve system for identifying DNACPR patients	HONs	DONQ	30/11/2014	In Progress					
								Regular live audit of DNACPR forms	HoQS	DONQ	31/12/2014	In Progress	To be undertaken by CQUIN Support Worker				
								Bi monthly audit to Quality Committee	Resuscitation Officer	DONQ	31/01/2015	In Progress					
								To go on the SU dashboard	HoQS	DONQ	31/01/2015	In Progress					
								Monitor SUP	HoQS	DONQ	31/01/2015	In Progress					
								Monitor by Resuscitation Committee and report to Mortality Group.	HoQS	MD	31/01/2015	In Progress					
Workforce																		
34	High	CQC	NIV care not provided in accordance to national guidance.	Medical care	Medical care	All	To ensure competent staff and nursing establishment to meet the needs of delivering the safe high quality service to patients requiring NIV	Business case developed and approved to provide substantive nursing care for NIV patients 1:2.	SUM/HON	CEO	31/08/2014	Completed	Out to advert for additional RGN's - nil recruited yet	Trust Executive Management Trust Board	1) To provide NIV treatment in accordance with national guidance	31/08/2014	
								Advertise nursing posts	SUM/HON	CEO	31/01/2015	In Progress					
								All staff to report incidents when nurse staff shortfalls are identified in relation to caring for NIV.	SUM/HON	CEO	31/01/2015	In Progress	Incident reporting commenced in October 2014.				
35	High	CQC	The Trust did not have sufficient numbers of staff within District Nursing services	Community	Community Health services for adults	All	To ensure sufficient and competent numbers of staff within District Nursing to meet patient care needs.	Review of District Nursing workforce with Director of Nursing & Quality and Head of Nursing for District Nursing.	HON	DONQ	30/11/2014	In Progress	Review undertaken in February 2014. Meeting arranged for 28th November 2014.	Trust Board	1) to provide safe nursing care.		
Estates																		
36	High	CQC	Lack of medical gas signage and systems in place to ensure equipment is serviced and calibrated	Whole Report	All	All	Ensure appropriate medical gas signage and storage	Estates to request assurance from PFI partner that all medical gases are appropriately stored and signposted	Head of Estates	COO	31/12/2014	In Progress	Agreement on the type of holder to be used for the gas cylinders. (Completed - July 2014) Established the precise locations for these and Head of Estates has written to each area to confirm this. (Completed - September 2014) Temporary labels issued to mitigate the risk in the short term due to procurement time and installation. These labels have been issued to each area.	Medical Gas Group Health & Safety Committee Quality Committee	1) Ensuring safe storage and signage of medical gases.		
							All equipment to be appropriately PAT tested and subject to PPM programme	Estates to request assurance from PFI partner in relation to PAT testing	Head of Estates	COO	31/05/2015	In Progress	Negotiations on-going with PFI partner in relation to how assurance will be provided to the Trust.		1) All equipment requiring PAT testing and PPM to be completed annually and subject to on-going monitoring.		
								Establish on-going monitoring and reporting to the Trust on progress against annual programme of PAT testing and PPM	Head of Estates	COO	31/05/2015	In Progress	To be incorporated as a Trust Board KPI.				
								Bi monthly reporting to medical devices committee	Head of Estates	COO	31/12/2014	In Progress					
37	High	CQC	Lack of space and inadequate design within A&E department to enable patients to be seen within a timely manner	A&E	All	All	To redevelop the A&E department to ensure adequate space and the design is fit for purpose	Business case to be agreed for expansion of A&E	Head of Estates	COO	30/09/2014	Completed	Increase majors capacity by one addition room. This is due to be implemented in April 2015.	Urgent Care Governance Meeting Service Unit Performance Quality Committee	1) Achieve appropriate expansion of A&E to meet the needs of Herefordshire population. 2) Increased flow within A&E Department and reduction in breach of national targets.	30/09/2014	
								A&E redesign plan to be undertaken	Head of Estates	COO	30/11/2014	In Progress					
								Implement and build the redesign for A&E	Head of Estates	COO	30/06/2015	In Progress					
								Develop a suitable children's area within the A&E department in line with national recommendations	Head of Estates	COO	30/06/2015	In Progress	Reviewing to see if this can be brought forward.				

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Corporate Actions																	
38	High	CQC	No allocated security staff for the A&E department. Staff reliant of local constabulary for support services.	A&E	All	All	To protect staff and patients within the A&E department	Provide 24/7 security services for WVT, to include A&E.	Security Officer	COO	30/06/2015	In Progress	Understand the security issues i.e. review of incidents etc. to quantify the risk. Development of business case to follow this review. Review of the current systems to identify element of risk to our patients and staff.	Urgent Care Governance Meeting Service Unit Performance Quality Committee	1) Decrease in security incidents in Emergency Department year on year. 2) Reduction in harm profile of incidents. 3) Improved staff and patient Friends and Family Test response.		
39	High	CQC	The Trust has high caesarean section and induction rates for its patients and does not have a midwifery led unit to promote normalised birth	Maternity	All	All	To promote normalised birth	Funding to be secured for MLU	SUM	DOF	31/12/2014	In Progress	Charitable funds approached for funding of a new MLU. To be agreed in December 2014.	Integrated Family Health Service Unit Governance Meeting Service Unit Performance Quality Committee	1) Decrease in C-section rate to below national average 2) Appropriate promotion of normalised birth.		
								MLU design plan to be undertaken	SUM	DOF	28/02/2015	In Progress					
								Implementation plan for MLU	Head of Estates	DOF	31/05/2015	In Progress					
40	High	CQC	Potential ligature point in A&E quiet room	Accident and Emergency	All	All	To ensure that the quiet room meets national recommendations as a psychiatric interview room.	All staff are aware of the required use of the room and no patients who are potentially at risk of further harm are not left unsupervised in the room.	Lead Nurse for ED	CEO	01/09/2014	Completed	Ligature point removed	Urgent Care Governance Meeting Service Unit Performance Quality Committee	1) Provision of a suitable and safe environment for patients with mental health needs.	01/09/2014	Datix.
41	Med	CQC	There was not an effective second theatre. Lack of staff was causing a delayed response. There appeared to be a plan for addressing some of this, but staff told us they didn't think it was the right location, and had no opportunity to influence decision the making	Maternity	All	Maternity & Gynae/Family Planning	To ensure access to a second obstetric theatre is available 24/7.	Anaesthetic room is now able to be converted into a second obstetric theatre	SUM	COO	30/09/2014	Completed	There is a second theatre available with standing operating procedures including staffing processes.	Integrated Family Health Service Unit Governance Meeting Service Unit Performance Quality Committee	1) Ensure the ability to run 2 obstetric theatres simultaneously providing safe and effective care for ladies requiring emergency caesarean sections or other interventional procedures.	30/09/2014	
								SOP developed to direct staff on the conversion of the anaesthetic room into a second obstetric theatre.	SUM	COO	30/09/2014	Completed	SOP in place.			30/09/2014	
								Skills and drills implemented to familiarise staff on weekly basis	SUM	COO	30/09/2014	Completed	Skill and drills training in place.			30/09/2014	
42	High	CQC	Unlocked clinical waste bin found during the inspection at one of the Community Hospitals. This was also noted to be unclean.	Community	All	All	All clinical waste bins should be locked and appropriately cleaned.	New PPM agreed with external provider at community hospital. Maintenance for broken or faulty equipment is now replaced within 24 hours.	Head of Estates	COO	31/10/2014	Completed	New PPM in place which includes 24 hour replacement and agreed cleaning programme.	Health & Safety Committee Quality Committee	1) All clinical waste bins appropriately locked and cleaned across the Trust and appropriate systems to monitor this to be in place.	31/10/2014	
43	High	CQC	The Trust did not have suitable arrangements in place to protect staff engaged in lone worker activity, particularly at night and supply mobile phones that were fit for purpose.	Community	Community Health Services for Adults	All	Appropriate systems in place to ensure the safety of lone workers.	Review of safe and well checks	HON	DONQ	31/12/2014	In Progress		Health & Safety Committee Quality Committee	1) A safe working environment for lone workers		
								Monitoring of incident forms	HON	DONQ	31/01/2015	In Progress					
								Review of phone providers (looking to trial roaming network sim card devices and phone tracker system with identified company)	HON	DONQ	31/12/2014	In Progress	Risk assessment undertaken and is currently on the Trust risk register. Head of Nursing for District Nursing services is in negotiation with the company who have agreed to allow us to trial roaming network sim cards to alleviate phone issues. LSMS also looking at other solutions such as amending network provider or provision of "reliance lone worker devices" which monitor location of staff and contact them directly with a call centre to provide assistance as required.				
Infection Prevention and Control																	
44	High	CQC	Cleanliness across the hospital was not always of an acceptable standard in all areas.	Whole Report	All	All	Improve the standards of cleanliness across WVT	Roll out more robust monitoring process for hygiene and cleanliness (credit for cleanliness audit tool)	Head of Estates	DONQ	31/12/2014	In Progress	Please note there is a more comprehensive IPC action plan underpinning the actions identified	Infection Prevention and Control Committee Quality Committee Trust Executive Management	1) Delivery of contractual cleanliness standards. 2) Cleaning for credits consistently at 100% across all areas.		
								Meeting DON and IPC with Sodexo to clarify their monitoring of hygiene and cleanliness and to agree a feedback mechanism to the Trust to provide assurance these are being completed to an acceptable standard.	IPC Lead Nurse	DONQ	30/11/2014	In Progress	See above				
								Increase training in relation to bioquell cleaning and train additional staff to undertake this duty	Head of Estates	DONQ	31/12/2014	In Progress	See above				
								Renegotiation of terms of SSA cleaning contract with PFI	Head of Estates	DOF	31/12/2014	In Progress	See above				
								Increase awareness of the SSA reactionary team to ensure staff are aware they have access to emergency cleaning teams 24/7.	IPC Lead Nurse	DONQ	30/11/2014	In Progress	See above				
								Cleanliness charter in screensaver schedule	IPC Lead Nurse	DONQ	30/12/2014	In Progress	See above				
								Introduce Sodexho communication books to wards and departments	IPC Lead Nurse	DONQ	14/11/2014	In Progress	See above				
								Introduce Sodexho communication cleaning boards that include cleaning schedule, cleanliness charter and contact details for staff , patients, visitors to report cleanliness issues.	IPC Lead Nurse	DONQ	30/11/2014	In Progress	See above				
								Review of complaints and Datix incidents at cleanliness committee on an on-going basis/agenda item	IPC Lead Nurse	DONQ	30/12/2014	In Progress	See above				
								Wipe packs for mobile pieces of clinical equipment	IPC Lead Nurse	DONQ	30/11/2014	In Progress	See above				
								Regular joint DIPC and Lead IPN nurse ward visits	IPC Lead Nurse	DONQ	31/12/2014	In Progress	Walkabouts have commenced.				
Outpatients Department																	
45	High	CQC	Outpatient appointments were overbooked and there	Outpatient	All	All	To improve outpatient response times and improve patient	Capacity planning process linked to consultant job planning. Subsequently, business cases for substantive additional clinical capacity will be commenced.	Lead for Outpatients and SUDS	COO/Clinical Directors	11/11/2014	In Progress	Undertaking a demand and capacity review. Outsourcing/Insourcing will be carried to reduce	Elective Care Service Unit Governance Meeting Service Unit Performance	1) RTT improvement, overbooking reduction 2) Decrease in complaints relating to Outpatient Patients Department 3) Outpatient wait times reduced to optimum wait times.		

No.	Priority	Source	Comment	Report	Domain	Area	Objective(s)	Agreed Actions	Owners (Operational)	Owners (Executive)	Timescales	Progress (Status)	Progress (Comments)	Reporting Committee	Outcomes	Date Completed	Evidence provided
Corporate Actions																	
			was no system for monitoring the impact of this.				experience	Demand and capacity review to be undertaken	COO	COO/Clinical Directors	11/11/2014	In Progress		Quality Committee	4) Non admitted RTT over 95%. 5) Improvement at speciality level by April 2015 where all specialities are 95% for admitted. 6) Improved Friends and Family Test score.		
								Strengthen patient target list and waiting list management. Identify a validations team and information process that supports waiting list management.	Head of Information	DOF	30/11/2014	In Progress					
								Expand outpatients to accommodate more clinics.	Head of Estates	DOF	31/10/2015	In Progress	2 stage plan already agreed by TEM - Fred Bulmer Unit.				
								Consider utilising clinics at community/other sites	Lead for Outpatients	COO/Clinical Directors	11/11/2014	In Progress					
								Ensure adequate drinks facilities are available in all outpatient areas	Lead for Outpatients	COO/Clinical Directors	31/01/2015	In Progress					
								Review of medical capacity part of annual job planning process	SUDS	MD	30/06/2015	In Progress					
								Implementation of patient Friends and Family test.	Lead for Outpatients	DONQ	31/10/2014	Complete	Early implementer of FFT within outpatients and community.		1) Baseline scores for FFT 2) Month on month improvement on FFT response rates and scores	31/10/2014	
46	Medium	CQC	The Arkwright Suite - Soundproofing found to be an issue if standing outside close to the Unit and report from CQC was a single incident whereby the clinician did not close the door when dictating. The Arkwright Suite is a temporary solution.	Outpatients	All	All	To ensure the Arkwright Suite is an environment which is suitable for patient consultations.	Estates to confirm that consultation dignity can be maintained through appropriate sound proofing inside and outside unit.	Lead for Outpatients/Head of Estates	COO	31/12/2014	In Progress	The Arkwright Suite surrounding area is roadway and it is not for pedestrian access therefore no persons should be legitimately stand close to the unit which mitigates the risk. There should be no-one directly outside the Arkwright suite where one can hear. At Trust Executive Meeting (9th September) agreed proposed plans for exit strategy to re-configure the existing Fred Bulmer Building to accommodate the capacity within the Arkwright Suite.	Elective Care Service Unit Governance Meeting Service Unit Performance Quality Committee	1) Ensure, when in use, the temporary outpatient facility maintains privacy, dignity and confidentiality for patients. 2) Removal of temporary outpatient facility and replaced with permanent facilities within the hospital current facilities.		
								To ensure maintaining data protection and securing notes at all times.	Lead for Outpatients	COO	31/12/2014	In Progress	Lockable notes trolley in place. Spot checks to be undertaken by Quality & Safety				
End of Life Care																	
47	Medium	CQC	No apparent End of Life pathway	End of life care	End of life care	All	To improve patient experience at end of life	Implementation (including training and education) of the new Multidisciplinary Care Record for the last days of life for adults.	Consultant in Palliative Care/ Lead Specialist Palliative Care Nurse	DHR	15/09/2014	Completed	Education sessions delivered July 2014. Multi Disciplinary Care record in place September 2014.	Health Records Committee Trust Executive Management	1) To ensure patients receive appropriate end of life care in accordance with the Trust end of life care pathway.	15/09/2014	
								Audit implementation of Multidisciplinary Care Record through annual Health Records audit.	HoQS	DONQ	30/06/2015	In Progress					
Elective Care																	
48	High	CQC	Inappropriate use of Day Surgery	Surgery	Surgery	All	To ensure appropriate use of day surgery unit according to standardised operating procedure	Continue to use current SOP in place to prevent DSU to be used as an escalation area with Director on Call authorisation required for a SOP breach.	SUM & HON	DONQ	01/10/2014	Completed	Day surgery pod business case completed (booked at risk)-monitoring of breaches being reported monthly via EC risk register and through Q&P meetings	Elective Care Service Unit Governance Meeting Service Unit Performance Quality Committee	1) Reduced reliance on the use Day Case Unit for inpatient, therefore improving patient experience. 2) Reduce length of stay for inpatients on Day Case Unit. 3) Improved patient Friends and Family Test response. 4) Improved staff Friends and Family Test response.	01/10/2014	
								Continuous monitoring and reporting of breaches; escalation onto the Risk register.	SUM & HON	DONQ	01/10/2014	Completed				01/10/2014	
							To ensure timely review of patients on surgical wards, day surgery unit and outlying patients; and associated workloads.	Nurse in charge tasked with identification of patients not having been reviewed by 11am.	SUD / HON	DONQ	30/11/2014	In Progress	Escalation SOP for site team to be contacted if any senior decision making review has not been completed before 11am. Pilot on-going with metrics monitored by Pharmacy for EDS. Planned debate and discussion at medical business meetings to explore ward based doctors instead of individual consultant designated junior doctors.				
								Escalation to site team to chase the medical teams.	SUD / HON	DONQ	30/11/2014	In Progress					
								Immediate updating rota's and bleep numbers and ensure that this available in every ward area and at switchboard.	SUD / HON	DONQ	30/11/2014	In Progress					
								Current pilot: junior doctors post ward round debrief to streamline workload (e.g. EDS, bloods, diagnostics) to improve effectiveness and efficiency.	SUD / HON	DONQ	30/11/2014	In Progress					
Other																	
49	High	CQC	The Trust needs to ensure responsibilities for implementing the high level corporate actions from the PCIP are clear and that there is ownership across the Trust.	Whole Report	All	N/A	To ensure high level corporate actions from the PCIP are fully implemented.	The Executive Team to develop a corporate PCIP and processes to monitor its implementation along side the Service Unit PCIP's.	HoQS	DONQ/MD	31/10/2014	Completed	Corporate PCIP developed. This will be monitored monthly commencing October 2014. Final version to CQC and TDA by 05/11/2014. Draft to Quality Committee in October 2014. Second draft to Board by 29/10/2014 and TDA by 31/10/2014.	Trust Executive Management Trust Board	1) Delivery of all outcomes, with appropriate associated monitoring and sustainability of the action points and outcomes identified within this PCIP.	31/10/2014	
50	High	CQC	The Trust needs a robust system to monitor the implementation of the Service Unit PCIP's (Patient Care Improvement Programme) to ensure actions are taken by each Service Unit in a timely manner and that there is ownership across the organisation.	Whole Report	All	All	To ensure there is local ownership within the Service Units.	Each Service Unit has developed a local action plan to address concerns within the CQC. This contains actions they are taking with agreed timeframes and expected outcomes.	Service Unit	All Executive Leads.	30/11/2014	In Progress	Service Unit PCIP's under development. These will be monitored monthly commencing November 2014. Executive Leads appointed 30/09/14. Service Unit Leads to be identified by 31/10/14 Roles responsibilities to be defined and agreed with Service Unit leads	Trust Executive Management	1) Board assurance that the PCIP is being delivered and monitored appropriately.		
								Spot check audit by the Quality & Safety Team of evidence provided.	HoQS	DONQ	30/12/2014	In Progress					
								PCIP to be standing agenda item at monthly Service Unit Governance meetings.	SUMS	CS	30/11/2014	In Progress					
								Each Service Unit will have an Executive sponsor who will work with each Service Unit to ensure the PCIP action plans are implemented and are ultimately accountable for the failure to deliver any action point. Each Service Unit will nominate a lead for the PCIP from a member of the Medical Staff Nursing Staff AHP Staff Ancillary Staff . These individuals will be responsible for local dissemination and implementation of the PCIP. Roles and responsibilities will be clearly defined to ensure continuity across all Service Units.	Service Unit Leads	All Executive Leads	30/11/2014	In Progress					

COO	Chief Operating Officer
SUD	Service Unit Director
SUM	Service Unit Manager
MD	Medical Director
DONQ	Director of Nursing and Quality
HON	Head of Nursing
DHR	Director of Human Resources
HoQS	Head of Quality & Safety
CS	Company Secretary
DOF	Director of Finance
CEO	Chief Executive Officer