



TRUST QUALITY IMPROVEMENT PLAN (CQC ACTION PLAN)
CHRONOLOGICAL METRICS
V11.0 5 JANUARY 2015

Working DRAFT

April 2014 – Dec 2015

Overall Chronological Trust Improvement metrics										
RAG Rating Legend: N = 140	Aug		Sept		Oct		Nov		Dec	
Completed – with evidence and assurance	63	45%	67	48%	73	51.7%	95	67%	101	72%
Evidence and assurance in the planning stages	73	52%	69	49%	64	45.4%	43	30.7%	37	26%
No evidence submitted or delays in planning	4	3%	4	3%	4	2.8%	2	1.4%	2	1.4%

Lewisham and Greenwich NHS Trust									
#	Metric	Definition	Workgroup/Lead	Threshold	Action plan target date	Current	Ideal Current Position	Est. date completion	RAG
1	Security	Ambulance bay door secure QE ED Sites Secure	John Ferguson	100%	April 2014	Complete	Complete	April 2014	●
2	Measured pathway improvement	ED board rounds to support flow	A & EM	3 x daily	Apr 2014	100%	100%	Apr 2014	●
3	Increased establishment	Review and improvement plan has increased establishment to 1:4 in Children's department	C & YP	100%	April 2014	Completed	Completed	April 2014	●
4	Measured pathway improvement, reduced LOS	Capacity reviewed three times daily, monitored through manager on call and escalated in times of increased acuity and activity	WASH	3 x per day	In planning	Complete	Complete and on-going	May 2014	●
5	Reduced LOS	Discharge planning to begin antenatally	WASH	100%	May 2014	100%	Complete and on-going	May 2014	●
6	C&YP	Observation of QEH child inpatients improved by increased staffing	Angie Jones C&YP	100%	May 2014	Complete	Complete	May 2014	●
7	Enhanced support for staff	Newly qualified staff to be mentored	Claire Champion	100%	June 2014	Completed	Completed	May 2014	●
8	Enhanced support for staff	Band 5 competencies reviewed and implemented with new preceptorship programme	Nursing Development Team	100%	May 2014	Completed	Completed	May 2014	●
9	100% hand rub availability	Hand rub will be available either in dispensers or in personal bottles at all times	Matron/Facilities	100%	Immediate	100%	100%	May 2014	●
10	100% hand rub	Hand rub will be available either in locked	A & EM	100%	Immediate	100%	100%	May 2014	●

	<i>availability</i>	<i>dispensers outside clinical areas at all times</i>	<i>Facilities</i>						
11	<i>Improved staffing establishment</i>	<i>Development of "Safer Staffing " review for nursing and midwifery in line with NICE guidance</i>	<i>Claire Champion</i>	<i>100%</i>	<i>June 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>June 2014</i>	
12	<i>Caring and effective nursing is assured</i>	<i>Nurse staffing escalation policy</i>	<i>Claire Champion</i>	<i>100%</i>	<i>July 2014</i>	<i>Complete</i>	<i>Approved and updated policy</i>	<i>June 2014</i>	
13	<i>Specific establishment review</i>	<i>Birth Rate Plus calculations for midwifery staffing levels</i>	<i>WASH</i>	<i>100%</i>	<i>June 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>June 2014</i>	
14	<i>Increased establishment</i>	<i>Review and improvement plan has increased establishment to 1:29</i>	<i>WASH</i>	<i>100%</i>	<i>June 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>June 2014</i>	
15	<i>Measured pathway improvement</i>	<i>Shortfalls to be covered by re-deployment before use of bank or agency staff</i>	<i>WASH</i>	<i>100%</i>	<i>June 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>June 2014</i>	
16	<i>Measurable improved safety</i>	<i>Safer nursing tool to identify acuity and dependence</i>	<i>Claire Champion</i>	<i>100%</i>	<i>June 2014</i>	<i>And Dependency Tool in place as pilot</i>	<i>Adult acuity and dependency tool in place</i>	<i>June 2014</i>	
17	<i>Enhanced support for staff</i>	<i>Newly qualified midwife preceptorship programme – midwives cannot progress until competencies tested</i>	<i>WASH</i>	<i>100%</i>	<i>June 2014</i>	<i>100%</i>	<i>Completed</i>	<i>June 2014</i>	
18	<i>Enhanced support for staff</i>	<i>Temporary staff have a local induction and must self-declare competencies</i>	<i>WASH</i>	<i>100%</i>	<i>June 2014</i>	<i>100%</i>	<i>Completed</i>	<i>June 2014</i>	
19	<i>Training</i>	<i>Improvement in the recruitment service</i>	<i>Janet Lynch</i>	<i>Sessions complete</i>	<i>June 2014</i>	<i>100%</i>	<i>Completed</i>	<i>June 2014</i>	
20	<i>Enhanced assurance</i>	<i>Complete review of all waste storage areas</i>	<i>Estates</i>	<i>100%</i>	<i>Aug 2014</i>	<i>Complete</i>	<i>100%</i>	<i>June 2014</i>	
21	<i>Training compliance and comprehension</i>	<i>All appropriate staff are aware of the need for PPE when appropriate</i>	<i>Estates, IGC, & IPC</i>	<i>100%</i>	<i>Dec 2014</i>	<i>100%</i>	<i>100%</i>	<i>June 2014</i>	
22	<i>Enhanced compliance</i>	<i>Creation of a robust ledger of the equipment the Trust possesses</i>	<i>Estates and Facilities</i>	<i>100%</i>	<i>Completed</i>	<i>Completed and audited for both sites</i>	<i>Completed</i>	<i>June 2014</i>	
23	<i>Measured pathway improvement</i>	<i>100% women are placed on the appropriate pathway at the time of booking</i>	<i>WASH</i>	<i>By audit, 100%</i>	<i>Jul 2014</i>	<i>100%</i>	<i>Complete and on-going</i>	<i>July 2014</i>	
24	<i>Reduced LOS</i>	<i>Early reviews by the obstetric and neonatal</i>	<i>WASH</i>	<i>100%</i>	<i>July 2014</i>	<i>Plans approved</i>	<i>Complete and on-</i>	<i>July 2014</i>	

		<i>teams</i>					<i>going</i>		
25	<i>Measured pathway improvement</i>	<i>Collaborative working with allied health professionals</i>	WASH	100%	July 2014	Plans approved	Complete and on-going	July 2014	●
26	EOLC	<i>Roll out of Principles for the care of dying patients</i>	LTC&C	100%	July 2014	On-going	On-going	July 2014	●
27	EOLC	<i>Greenwich Hospice and Nurse education working to deliver EOLC training to all appropriate staff</i>	LTC&C	100%	July 2014	On-going	On-going	July 2014	●
28	EOLC	<i>EOLC training included in preceptorship training for new band 5 nurses</i>	LTC&C	100%	July 2014	On-going	On-going	July 2014	●
29	EOLC	<i>Review of the information available to families following a death</i>	LTC&C	100%	July 2014	Complete	Complete	July 2014	●
30	C&YP	<i>Review of available technology to maximise efficient nurse response for call bell systems in CYP</i>	C&YP	100%	July 2014	Complete but system not appropriate	Complete	Jul 2014	●
31	Outpatients	<i>Review of supervision of vulnerable patients in clinics</i>	LTC&C	100%	July 2014	Complete	Complete	Complete July 2014	●
32	<i>Enhanced support for staff</i>	<i>Practice development nurses to support clinical areas</i>	Nursing Development Team	100%	July 2014	Completed	All PDNs in post and supporting clinical areas	July 2014	●
33	<i>Enhanced support for staff</i>	<i>Clinical staff have access to clinical development opportunities through HESL funding scheme</i>	Nursing Development Team	100%	July 2014	Completed	Commissioning for student places completed	July 2014	●
34	<i>Enhanced support for staff</i>	<i>Clinical link lecturer to support all students</i>	Nursing Development Team	100%	July 2014	Completed	Named Clinical Lecturer in place for all clinical areas	July 2014	●
35	<i>Update and ratification</i>	<i>All clinical waste policies</i>	Estates	100%	Dec 2014	Unknown	100%	July 2014	●
36	<i>Digilock use audit</i>	<i>Appropriate use of locks on all of the necessary clinical waste areas</i>	Estates	100%	Dec 2014	100%	100% completion	July 2014	●
37	<i>Enhanced public awareness</i>	<i>Poster and leaflet campaign on hand hygiene</i>	IP Site Matron Comms	100%	End Jul 2014	100%	Posters printed	July 2014	●
38	<i>Enhanced public awareness</i>	<i>C & YP Poster design completion</i>	DIPC C&YP	100%	Jul 2014	Winning designs chosen	Posters displayed	Jul 2014	●
39	<i>Enhanced awareness</i>	<i>Ad hoc asset and materials survey for QEH</i>	DIPC	100%	July 2014	100%	100%	July 2014	●
40	<i>Enhanced compliance</i>	<i>Creation of a committee structure to provide assurance that medical devices are being managed appropriately at ward/department</i>	Director of Nursing and Clinical Services	100%	June 2014	Committee Structure in place cross site	Completed	July 2014	●

		<i>level</i>							
41	<i>Enhanced compliance</i>	<i>Gap analysis of the equipment needed at a divisional level</i>	<i>Divisional leads</i>	100%	<i>Completed</i>	<i>Complete. Equipment ordered for some Divisions</i>	<i>July 2014</i>	<i>Completed July 2014</i>	●
42	<i>Enhanced staff awareness</i>	<i>Serious incident investigation to be included in Band 5 preceptorship training</i>	<i>Janet Lynch</i>	100%	<i>July 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>July 2014</i>	●
43	<i>Identification of learning</i>	<i>Learning specifically discussed in OWL, A2E, divisional governance and AAR meetings</i>	<i>Divisional Governance leads/meeting chairs</i>	100%	<i>July 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>July 2014</i>	●
44	<i>Enhanced staff awareness</i>	<i>Divisional governance meetings to begin with patient impact story</i>	<i>Divisional Governance leads</i>	100%	<i>July 2014</i>	<i>Completed</i>	<i>Completed</i>	<i>July 2014</i>	●
45	<i>Security</i>	<i>All vulnerable areas of QEH ED secured</i>	<i>John Ferguson</i>	100%	<i>Aug 2014</i>	<i>Parts on order (one lock to be done). Now part of the winter pressures plan and will be completed end Oct 14</i>	<i>Staff increased awareness</i>	<i>August 2014- delayed to Oct 14</i>	●
46	<i>Measured pathway improvement, reduced admission days</i>	<i>Outpatient management of hyperemesis</i>	<i>WASH</i>	100%	<i>Oct 2014</i>	<i>Plans approved and now with the medicine management committee(sits on 28 August)</i>	<i>Plan implementation</i>	<i>End August 2014</i>	●
47	<i>Outpatients</i>	<i>All patient notes will be available at outpatients</i>	<i>Medical Records</i>	100%	<i>August 2014</i>	<i>Review of OPD notes complete, standard to be agreed with medical record. Resources allocated to ICare= later implementation to MR SOP. Change now</i>	<i>Standard agreed and auditing in place. Already completed for UHL – compliance at QEH on target for Nov 14</i>	<i>Aug – slipped to Nov 2014</i>	●

						<i>begins Sept 1st with improvement expected – Nov 2014</i>			
48	EOLC	<i>New DNAR policy under review – new policy to include changes in case law and ceilings of treatment</i>	<i>LTC&C Resus Committee</i>	100%	August 2014	<i>External policy review complete and now progressing through the committee stage. Revision requested by the Patient Safety Committee – next meeting – 5th September</i>	<i>Policy drafted and ready for approval and ratification – further changes requested – back out to consultation</i>	August 2014 – slipped to end Oct 14	●
49	<i>Safe and effective care</i>	<i>Patient care escalation policy, in and out of hours</i>	<i>C & YP</i>	100%	August 2014	<i>In development</i>	<i>Escalation Policy in draft – 2nd draft has been approved – for ratification at next CYP divisional governance meeting</i>	August 2014 – slip to end Oct 14	●
50	<i>Staff provided with aids to care</i>	<i>Reviewed nursing documentation pack to ensure that risks are assessed and documented</i>	<i>Claire Champion</i>	100%	July 2014	100%	<i>Packs approved – for ratification at Trust level- implementation roll out – 1st September</i>	Aug 2014	●
51	<i>Measurable improved safety and patient experience</i>	<i>Trust Nursing and Midwifery strategy to highlight Trust values and 6 C's</i>	<i>Claire Champion</i>	100%	May 2014	<i>Completed, planning implementation – this was written in May 14</i>	<i>Implementation plan completed – roll out planned</i>	Aug 2014	●
52	<i>Audit of staff</i>	<i>All staff trained in PPE use to appropriately</i>	<i>Estates, IGC, &</i>	100%	Dec 2014	100%	100% of relevant	August 2014	●

	groups		IPC				staff trained to use PPE		
53	Enhanced awareness	Ad hoc asset and materials survey for QEH	DIPC	100%	Aug 2014	100%	100%	Aug 2014	●
54	Enhanced public awareness	Adult Strapline competition	DIPC C&YP	100%	Jul 2014	Competition closed	Posters printed and displayed during Hand Hygiene week – Oct 14	Aug 2014	●
55	Enhanced compliance	Creation and ratification of an integrated Medical Devices policy	Medical Devices Manager	100%	August 2014	Drafted, awaiting approval – delayed- Nov 2014	Policy approved and ratified	August 2014 – slip to Dec 14	●
56	Enhanced staff awareness	Inter-divisional learning to be a standing agenda item	OWL Group	100%	Aug 2014	TOR to be reviewed	Implementation plan on-going	Aug 2014	●
57	Enhanced staff awareness	Trust publication of lessons learned	Divisional Governance leads/Comms	100%	Aug 2014	Partially complete	Newsletter, divisional training and drop-in sessions begun and on-going	Aug 2014	●
58	Enhanced staff awareness	Divisional publication of lessons learned	Divisional Governance leads/Comms	100%	Aug 2014	Completed and on-going for surgery in divisional newsletter	Newsletter, divisional training and drop-in sessions begun and on-going	Aug 2014	●
59	Measured pathway improvement, reduced admission days	Induction of labour in low risk women	WASH	100% patients	Nov 2014	Plans approved, finalised and sitting with the innovations committee for final approval	Implemented	Pilot began Sept 2014	●
60	Measured pathway improvement	Midwife led discharge clinics so that discharge process is swifter	WASH	100%	Sept 2014	Plans approved	Training in place	Complete Sept 2014- pilot running	●
61	Secure storage site locations	No clinical waste or cleaning products are accessible to the public	Estates	100%	Dec 2014	80%	80% compliance results from recent audit	September 2014	●
62	Enhanced public awareness	Hand Hygiene roadshow	LTC&C	100%	Oct 2014	In planning	Self-sustaining programme.	Sept 2014	●

							Preparation complete and dates set for Infection Prevention Week in October		
63	Enhanced staff awareness	Training and updates in induction/mandatory training	Deputy DIPC A & EM	>85%	On-going	Current 76%	>85%	Sept 2014	●
64	Enhanced staff awareness	Divisional purchase of light boxes and training gel	All divisions	100%	Aug 2014	100%	100%	Sept 2014	●
65	Enhanced staff awareness	ANTT and hand hygiene included in band 5 preceptorship training	Janet Lynch	>85%	Nov 2014	Ratified and included in the training package	Implemented	Sept 2014	●
66	Enhanced compliance	Policy update to include escalation for non-compliant staff	DIPC with divisional leads	100%	Jul 2014	In the committee stage- awaiting Chair's action then to Patient Safety for ratification	Implemented	Sept 2014	●
67	Audit	>95% compliance with hand hygiene audit, reported on Synbiotix	WASH A & EM	>95%	Sept 2014	91%	A & EM 96% WASH 94%	A & EM Sept 2014 WASH	●
68	Audit	>95% compliance with bare below the elbows initiative audit, reported on Synbiotix	WASH A & EM	>95%	Sept 2014	Aug results WASH - 100% A & EM - 99%	>95%	Sept 2014	●
69	Measurable improved safety and patient experience	Pilot of Productive Ward principles to share learning across all areas	Claire Champion	100%	October 2014	Pilot has begun with 3 wards initially	In piloting stages	Oct 2014	●
70	Measured pathway improvement	Surgical patient pathway review	S, ES & CC	100%	In planning	Review completed – business case being produced for SAU for both sites	In planning stages	October 2014	●
71	Pathway streaming	Internal Short-term A & EM business case for winter funding allocation	A & EM	100%	October 2014	Approved	Implementation plans	Oct 2014	●












72	100% within 24 hours	All patients to have EDD within 24 hours of admission	HON - UHL	100%	September 2014	Planning stage	Roll out stage	October 2014	●
73	Patient board rounds	Daily MDT rounds	Divisional Director A&EM	100%	October 2014	Scoping and Planning Stage	Pilot in place and being expanded to A & EM wards	October 2014	●
74	Measured pathway improvement	Streamlined discharge process	WASH	100%	Oct 2014	Plans approved	Implementation Plans	Oct 2014	●
75	Outpatients	Review OPD DNA's and identify barriers to attendance	LTC&C	100%	October 2014	Review underway	Review underway	October 2014	●
76	Specific establishment review	Clinician and nursing skill mix within Surgery UHL	S, ES & CC	100%	October 2014	Ahead of schedule	Review underway	October 2014	●
77	Enhanced support for staff	Competencies for all other bands under review	Nursing Development Team	100%	October 2014	Band 6 currently under review, Band 7 plan to review by October 2014	All Competency reviews to be completed by October 2014	October 2014	●
78	Staff provided with skills to care	Review of Ward nursing leadership development – includes pressure ulcers, ANTT, falls and dementia	Nursing Development Team	100%	October 2014	Leadership programme under review	Continual development of existing leadership programme	October 2014	●
79	Measurable improved safety and patient experience	Values linked to appraisal, recruitment and workforce policies	Janet Lynch	100%	October 2014	In planning	Work currently being undertaken and action plan target date will be set	October 2014	●
80	Enhanced assurance	Creation of a staffing structure to implement the medical devices policy	Estates and Facilities	100%	October 2014	Advert placed awaiting interviews	Staff recruited and in post	October 2014	●
81	Enhanced staff awareness	Poster and leaflet campaign to make staff more confident to report incidents	Patient safety leads	100%	October 2014	Planning	Implemented	October 2014	●
82	Enhanced compliance	Workforce policies requiring staff to report incidents	Janet Lynch	100%	October 2014	Review	Implemented	Oct 2014	●
83	Enhanced staff awareness	The analysis of serious and red incidents to be published quarterly	Patient Safety leads	100%	Oct 2014	Partially complete	SI's completed July 2014. Red incidents extraction has begun	Oct 2014	●

84	Safety Walk round	HON to assess compliance on the ground in safety walkrounds	A & EM	100 %	November 2014	In planning Stages	In planning stages	1 Nov 2014	●
85	Pathway streaming	Ambulance holding bay and CDU operational by end October 2014, will remove the need for grey chairs	A & EM	100%	Nov 2014	12 bedded unit being designed with project managers in place. On target as of 20 Aug 14	Planning & execution	Nov 2014	●
86	Radiology	Completion of 7-day working feasibility plan, including agreed funding for additional staff	Radiology	100%	Oct 2014	Winter funds available- staff consultation process now on-going	Plan approved	Nov 2014	●
87	Pathway streaming	Development and implementation of a standard pathway for elderly frail patients	Divisional Director A&EM	100%	Dec 2014	Approved	Consultant Lead to scope pathway guidance	Nov 2014	●
88	Measured pathway improvement	Enhanced programme for LSCS women	WASH	100%	Nov 2014	In planning	Programme implementation	Nov 2014	●
89	Enhanced support for staff	Training for managers to identify good practice and are able to challenge when values not being met	Janet Lynch	100%	Nov 2014	Plans approved	Implementation commenced	Nov 2014	●
90	Enhanced support for staff	Trust recognition scheme	Janet Lynch	100%	Nov 2014	Plans approved	Implementation commenced	Nov 2014	●
91	Publication of PSIPs	Divisional PSIP publication	Divisional Governance leads	100%	Nov 2014	Planning. Completed and on-going in surgery	Planning Completed	Nov 2014	●
92	Publication of PSIPs	Trust PSIP publication	Patient Safety leads	100%	Nov 2014	Partial plan competed	Planning Completed,	Nov 2014	●
93	Enhanced staff awareness	Payslip messages – quarterly	Patient safety leads	100%	Nov 2014	Review	Planning	Nov 2014	●
94	Enhanced staff awareness	Shop floor and handover meetings with patient safety leads	Patient Safety leads	100%	Nov 2014	Review of resources	Planning	Nov 2014	●
95	Reduced ED attendance	Plan to reduce attendance by treating in the community	CCG's/TDA	100%	October 2014	Whole Systems Group established with ToRs	Planning stage	December 2014	●
96	Update,	Sharps policy	Estates & IPC	100%	Dec 2014	50%	100% completion	Dec 2014	●

	<i>ratification and audit</i>								
97	<i>Audit of staff groups</i>	<i>Staff are aware of how to dispose of clinical, domestic and confidential waste</i>	<i>Estates, IGC, & IPC</i>	100%	<i>Dec 2014</i>	50%	<i>100% completion</i>	<i>Dec 2014</i>	●
98	<i>Training compliance and comprehension</i>	<i>All appropriate staff are aware of enhanced disposal of clinical, domestic and confidential waste</i>	<i>Estates, IGC, & IPC</i>	100%	<i>Dec 2014</i>	50%	<i>100% completion</i>	<i>Dec 2014</i>	●
99	<i>Enhanced compliance</i>	<i>Business case submission for E-Quip Asset Management system to manage planned maintenance schedules</i>	<i>Estates and Facilities</i>	100%	<i>December 2014</i>	<i>Business case in process of being written</i>	<i>Business case written and submitted</i>	<i>December 2014</i>	●
100	<i>Outpatients</i>	<i>Enhanced use of Bookwise to provide real time data on capacity in OPD</i>	<i>LTC&C</i>	100%	<i>Demonstration of system 22 July 14</i>	<i>Review of systems underway</i>	<i>Review of systems to be completed</i>	<i>January 2015</i>	●
101	<i>Enhanced patient awareness</i>	<i>Duty of candour discussions will be monitored and reported</i>	<i>Patient Safety leads/ Divisional Governance leads</i>	100%	<i>Nov 2014</i>	<i>Proposal to PSC July 2014, accepted.</i>	<i>Reports to divisions start Sept 2014. Report to the Trust Scorecard Nov 2014</i>	<i>Jan 2015</i>	●
102	<i>Enhanced compliance</i>	<i>Development of individualised care plans which are age appropriate for children and young people</i>	<i>C & YP</i>	100%	<i>July 2014</i>	<i>Baseline audit complete</i>	<i>Development of a new set of core care plans</i>	<i>Jan 2015</i>	●
103	<i>Pathway improvement</i>	<i>Extension of consultant hours – will reduce wait times & provide support for junior staff</i>	<i>A & EM</i>	100%	<i>Feb 2015</i>	<i>Funding agreed</i>	<i>Advert published in Nov 14</i>	<i>Feb 2015</i>	●
104	<i>Specific establishment review</i>	<i>Clinician and nursing skill mix within Surgery QEHD</i>	<i>S, ES & CC</i>	100%	<i>February 2015</i>	<i>In planning stage</i>	<i>Review on schedule</i>	<i>February 2015</i>	●
105	<i>QEHD ED repurpose</i>	<i>Agreed and funded plans for the rebuilding of QE ED, building work commences</i>	<i>Estates, A & EM</i>	100%	<i>Winter 2015</i>	<i>On-going</i>	<i>Planning Capacity requirement for relocation of services to create space</i>	<i>March 2015</i>	●
106	<i>Measured pathway improvement</i>	<i>LAS RAT waiting time targets are met Extended hours Pilot to agree SOP Senior mid-grade funding to cover 1800 - 0000</i>	<i>A & EM</i>	100%	<i>Winter 2014/15</i>	<i>On-going</i>	<i>Planning and recruitment phase</i>	<i>March 2015</i>	●
107	<i>Pathway improvement</i>	<i>Recruitment plan for senior medical staff within ED</i>	<i>A & EM</i>	100%	<i>December 2014</i>	<i>Scoping and mapping exercise for pathway model</i>	<i>Scoping complete and staffing requirement met</i>	<i>March 2015</i>	●

						<i>underway</i>			
108	<i>Pathway streaming</i>	<i>Development and implementation of a standard pathway for specialist medicine patients including gastroenterology</i>	<i>Divisional Director A&EM</i>	100%	October 2014	<i>Planning</i>	<i>Consultant post being recruited to – interviews in September. There is adequate cover across both sites in the interim. Working group has been established</i>	March 2015	●
109	<i>Measured pathway improvement</i>	<i>Development of surgical assessment unit at UHL for direct GP referrals</i>	<i>S, ES & CC</i>	100%	<i>In planning</i>	<i>In planning stages</i>	<i>In planning stages</i>	March 2015	●
110	<i>EOLC</i>	<i>Ward and outpatient staff to receive Sage and Thyme communications training</i>	<i>S, ES & CC LTC&C</i>	100%	July 2014	<i>On-going</i>	<i>On-going</i>	March 2015	●
111	<i>Improved staffing establishment</i>	<i>International recruitment campaigns</i>	<i>Claire Champion/ Janet Lynch</i>	75%	March 2015	30%	<i>Recruitment teams holding overseas sessions</i>	March 2015	●
112	<i>Improved staffing establishment</i>	<i>Return to Nursing campaigns</i>	<i>Claire Champion/ Janet Lynch</i>	100%	March 2015	<i>Pilot programme completed and successful, roll out of new programme underway</i>	<i>Approval and roll out of new programme</i>	March 2015	●
113	<i>Improved staffing establishment</i>	<i>Dedicated recruitment days for qualified staff and newly qualifying students</i>	<i>Claire Champion/ Janet Lynch</i>	100%	<i>On-going</i>	<i>Dedicated recruitment days underway</i>	<i>Designated recruitment days planned for the year</i>	March 2015	●
114	<i>Pathway streaming</i>	<i>Completion of capacity modelling</i>	<i>A & EM McKinseys</i>	100%	October 2014	<i>Pathway modelling complete- development of implementation plan and staff recruitment plan</i>	<i>Completion and proposal agreed</i>	June 2015	●
115	<i>Pathway streaming</i>	<i>Long –term A & EM business case – Redesign of A&E and Acute Medicine pathways</i>	<i>A & EM</i>	100%	June 2015	<i>Emergency pathways plan now</i>	<i>Implementation plans</i>	June 2015	●

						<i>commenced</i>			
116	<i>Pathway streaming</i>	<i>Ambulatory AMU model To be fully implemented</i>	<i>Divisional Director A&EM</i>	100%	June 2015	<i>Planning</i>	<i>Implementation plans</i>	June 2015	●
117	<i>Outpatients</i>	<i>Review of clinical space within outpatients</i>	<i>LTC&C Estates</i>	100%	<i>In planning stages July 2015</i>	<i>Under review at present within estates review plans</i>	<i>In planning</i>	July 2015	●
118	<i>Mandated ED Targets</i>	<i>Meet and exceed all externally reported metrics</i>	<i>A & EM</i>	95%	March 2015	<i>Daily monitoring of thresholds and silver command in place</i>	<i>Increase in capacity to deal with demand</i>	July 2015	●
119	<i>Measured pathway improvement</i>	<i>Trauma patients not kept fasting if unrealistic chance of theatre slot – involves anaesthetists and introduction of nutrition pre-operative pack</i>	<i>S, ES & CC</i>	100%	<i>In planning</i>	<i>In planning</i>	<i>September 2015</i>	September 2015	●
120	<i>Pathway streaming</i>	<i>Implementation of the PULL model for inpatients</i>	<i>WSIG</i>	100%	October 2014	<i>On-going engagement with Adult Integrated Care Programme, especially local authority /UHL Work stream 2. Weekly monitoring of delayed discharges at Tracker meeting. Hospital at Home to come online</i>	<i>Development of models to be implemented</i>	December 2015	●
121	<i>Radiology</i>	<i>Capital equipment refurbishment /replacement scheme UHL Digital x-ray rooms & ultrasound machines</i>	<i>Radiology</i>	100%	<i>TBC on business case submission</i>	<i>Business case developed</i>	<i>Business case completion and submission</i>	Nov 14	●
122	<i>Measured pathway improvement</i>	<i>Review of prophylactic antibiotics given to newborns on neonatal wards</i>	<i>WASH</i>	<i>100% patients</i>	<i>In planning</i>	<i>In planning stage</i>	<i>Antibiotic review completed</i>	Feb 2015	●
123	<i>Measured</i>	<i>Pathway review for women with complex</i>	<i>WASH</i>	100%	March 2015	<i>In planning</i>	<i>Pathway under</i>	<i>Joint working</i>	●

	<i>pathway improvement</i>	<i>social needs whose babies are at risk</i>					<i>review with Pan London Group and being audited</i>	<i>with Pan London Group. local authority and commissioners TBC</i>	
124	<i>Measured pathway improvement, reduced LOS</i>	<i>Review of postpartum women awaiting court date decisions re; babies at risk (length of stay sometime up to 6 weeks)</i>	<i>WASH</i>	<i>100%</i>	<i>March 2015</i>	<i>In planning with assistance of Pan London Group</i>	<i>Agreed social care pathway and process for all women awaiting court decisions</i>	<i>Needs external assistance</i>	
125	<i>Measured pathway improvement</i>	<i>Recruitment of 2 ortho-geriatricians on QEH site</i>	<i>S, ES & CC</i>	<i>100%</i>	<i>January 2015</i>	<i>In planning, vacancy authorisation in process</i>	<i>In planning</i>	<i>Apr 2015</i>	
126	<i>Patient Experience</i>	<i>Improved as measured by ED FFT</i>	<i>A & EM</i>	<i>100%</i>	<i>In place and on-going</i>	<i>In place and on-going</i>	<i>Improved response rates and scores</i>	<i>On-going</i>	
127	<i>Patient Experience</i>	<i>Improved as measured by Maternity FFT</i>	<i>WASH</i>	<i>100%</i>	<i>In place and on-going</i>	<i>In place and on-going</i>	<i>Improved response rates and scores</i>	<i>On-going</i>	
128	<i>Patient Experience</i>	<i>Improved as measured by inpatient FFT</i>	<i>Trust</i>	<i>100%</i>	<i>In place and on-going</i>	<i>In place and on-going</i>	<i>Improved response rates and scores</i>	<i>On-going</i>	
129	<i>EOLC</i>	<i>100% in 4 hours - Palliative care patients to have care plan in place following admission</i>	<i>A&EM</i>	<i>100%</i>	<i>August 2014</i>	<i>Staff training on EOLC in place</i>	<i>Patients have care plan in place 4 hours after admission</i>	<i>On-going</i>	
130	<i>EOLC</i>	<i>100% every 4 hours - Palliative care patients to have 4 hourly reviews documented in their records</i>	<i>A&EM</i>	<i>100%</i>	<i>August 2014</i>	<i>Staff training on EOLC in place</i>	<i>Patients have 4 hourly reviews undertaken</i>	<i>On-going</i>	
131	<i>EOLC</i>	<i>Review of after-death care</i>	<i>LTC&C</i>	<i>100%</i>	<i>July 2014</i>	<i>Complete</i>	<i>Checklist developed & subject to audit</i>	<i>On-going audit</i>	
132	<i>Recruitment and Retention plan</i>	<i>Recruitment plan to address vacancies</i>	<i>C & YP</i>	<i>100%</i>	<i>On-going</i>	<i>On-going</i>	<i>On-going recruitment campaign</i>	<i>On-going</i>	
133	<i>Specific establishment review</i>	<i>Increase nurses able to care for children with oncological needs</i>	<i>C & YP</i>	<i>100%</i>	<i>On-going</i>	<i>On-going</i>	<i>On-going recruitment campaign</i>	<i>On-going</i>	
134	<i>E-Rostering</i>	<i>Review of use of E-Rostering Tool</i>	<i>Nursing Development Team</i>	<i>100%</i>	<i>Aug 2014</i>	<i>Review complete</i>	<i>External reporting complete and accurate</i>	<i>On-going external reporting</i>	

								<i>monitored</i>	
135	>85% compliance	Training on recognising and reporting incidents – induction and combi-day	Patient safety leads	>85%	Oct 2014	Implemented	Implemented	On-going	●
136	External standard compliance	London Quality Standards for UHL ED	A & EM	100%	Winter 2015	13 met 1 not met	1 standard not met required recruitment of ED Consultants - on-going	October 2015	●
137	External standard compliance	London Quality Standards for QEH ED	A & EM	100%	Winter 2015	9 met, 5 not met	Planning for recruitment of consultant cover	October 2015	●
138	External standard compliance	London Quality Standards for UHL Paeds ED	A & EM	100%	Winter 2015	13 met 1 not met	1 standard not met required recruitment of ED Consultants - on-going	October 2015	●
139	External standard compliance	London Quality Standards for QEH Paeds ED	A & EM	100%	Winter 2015	9 met, 5 not met	Planning for recruitment of consultant cover	October 2015	●
140	Measurable improved safety	Safer nursing tool to identify acuity and dependence	GM CYP	100%	Oct 2015	Adult Acuity Tool being piloted & Business case to be written for purchase of tool	Adult Acuity Tool implemented & business case to fund paediatric tool submitted	Oct 2015	●