

Prioritised Action plan

		3 months (July – September 2013)	3-6 months (October – March)	Beyond
Key Drivers	To embed the newly established clinically led structure	Appoint to vacancies in new Divisional structure	Roll out SLM Clinical leadership programme Trust Clinical Strategy established	Evaluation of clinical structure
	To further improve Clinical Information Technology Resources	Prepare for PAS replacement	Implement new PAS (with bed management system) on 1 Nov 2013. Implement order comms in Feb 2014.	Conclude the EMR roll out in April 2014.
	To create a culture where care and compassion are at the heart of everything we do	Launch new Trust vision and values Launch SI and incident management process indicating enhanced openness and transparency Pilots on team working, surfacing concerns group work Quarterly mini staff surveys To commence MKinsey <i>Nursing Culture</i> work stream programme (Kingswood ward and Linford ward)	Recruiting and Developing for values project to commence Repeat of OHI Roll out output from team working and surfacing concerns group work	
	To ensure of robust corporate communications mechanism			
	To improve and sustain capacity management	Right Place, Right Time Programme: Ambulatory care Inpatient Pathways	Opening additional bed capacity	

Patient Safety	To reduce mortality rate	Continued focus on “Mortality reduction programme”		
	To reduce the number of avoidable pressure ulcers (Zero tolerance)	Continue with newly established initiatives Launch of McKinseys work stream Appointment of clinical sister to focus	Create exemplar ward working with McKinsey Hospital Institute Complete review of mattress provision	
	To improve Infection Prevention and Control systems, compliance and rates	Finalise model of Infection Control Prevention in Trust Commission external review Compliance with CQC outcome 8 Establishment of supportive KPIs		
	To minimise patient falls	Implementation and sustainability of new falls pathway		
	To recognize, escalate and treat the deteriorating patient safely and effectively	Establish Deteriorating patient work stream: Finalisation of: Vital signs, Escalation of patients at risk, Nursing Handover and Transfers of Care, Ceiling of Treatment and DNAR work plans to be implemented	Completion of work plans for: Patient Management Plans and Ward Rounds in Medicine for	Review of Electronic observation charts / monitoring
	Ensure the organisation has the right numbers of staff with the right skills	Recruiting to nursing agreed nursing skill mix review Clinical Nurse Specialist review	Implementation of Hospital at Night model	Establishment of 7 day working

Patient Experience		Completion of medical skill mix review and job planning		
	To improve medication safety			
	To optimise patient engagement and involvement in care	<p>To enhance clinical functionality of PALs</p> <p>Trust wide Patient Experience Lead commences</p> <p>Further utilisation of Patient Feedback system - Hospeadia</p> <p>Patient Stories at Board</p> <p>Active monthly communication with local voluntary agencies and groups</p> <p>Establishment of quarterly Patient Listening event</p> <p>Establishment of feedback mechanisms to inform patients</p> <p>Launch of McKinsey Patient experience work stream (Disney) for Out patients</p> <p>Collaborative working with Healthwatch</p> <p>Invitation to local population for views in strategy development</p>	Active participation in "Patient Leadership programme" jointly with CCG	
To ensure all care given is compassionate	Recruitment processes designed for values			

		<p>Establishment and reinforcement of Standards</p> <p>Quarterly assessment of patient's views on delivery of compassionate care being provided</p>		
	To improve all methods of communication with patients / carers / relatives	<p>Establish clear standards for written and verbal communication</p> <p>Review of Trust website</p>	Review of provision of written information to patients	
Risk & Compliance / Effectiveness	Clinical practice to be consistent	<p>Board to ward visibility presence and challenge</p> <p>Continuation of Internal Quality Assurance and Compliance team</p> <p>Establishment ward dashboards</p>		
	Governance (CQC)	<p>Compliance with CQC Outcome 16</p> <p>New governance arrangements implemented</p>	Quality Governance review to be completed	