CQC ACTION PLAN

1	All SDU's	**removed - cross referenced** n/a		🟩
1	All SDU's	**Removed** Removed		🟩
1	All SDU's	**(1.16) Work with Risk Department lead post holders to track themes recurring across the three boroughs to implement actions from learning - cascade of themes happening from Risk Dept** n/a **SDU Directors/Clinical Directors**		🟩
1	All SDU's	**removed** removed		🟩
1	Hounslow	**(1.39) Maintain detailed local database of incidents / progress of investigations to support WLMHT electronic system** (1.39.2) AMP with WLMHT department analyse themes feed into primary prevention work which will steer training priorities at appropriate level	**Aug 31 2009**	🟩
1	Hounslow	**(1.42) Receive and scrutinise and continually analyse all Level 1 & 2 reports and oversee fair effective, feasible action plan generation**	**Aug 31 2009**	🟦

DOCUMENT EVIDENCE ATTACHED

(1.42.2) Local and inter SDU pick up on themes and prompt corrective actions

Clinical Director

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1 H&F

(1.20) Maintain current manual database which tracks the incident pathway from date of incident to completion of action plans, while Trust online system is being developed

Aug 31 2009

DOCUMENT EVIDENCE ATTACHED

(1.20.1) Review of local incident reporting/ management work flow processes against requirements of on-line processes.

Service Diretor

Michael Phelan — Clinical Director - Hammersmith & Fulham Mental Health Servs

Caroline (CAMHS) Jones — Service Manager

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1 All SDU's

(1.1) To Identify and recruit additional posts in risk reduction team to support RCA report writing, and family liaison posts

Aug 31 2009

DOCUMENT EVIDENCE ATTACHED

(1.1.1) Job descriptions advertised for 2 x 8A posts Trust wide - one post been offered - interviews for other post pending

Gail Miller — Associate Director - Integrated Risk Reduction

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1 All SDU's

(1.1) To Identify and recruit additional posts in risk reduction team to support RCA report writing, and family liaison posts

Sep 30 2009

(1.1.2) Interview and appoint. Have recruited SUI systems manager in post. Temp project manager in post, and temp admin in post.

Gail Miller — Associate Director - Integrated Risk Reduction

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1 All SDU's

(1.3) Review of Incident Policy

Sep 30 2009

DOCUMENT EVIDENCE ATTACHED

(1.3.1) Review policies from other similar mental health trusts and review produced for consideration.

Elizabeth Fellow-Smith — Medical Director - Extra PA

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1 All SDU's

(1.5) Electronic monitoring and governance from incident to completion action plan to be rolled out and in place across the Trust

Sep 30 2009

DOCUMENT EVIDENCE ATTACHED

(1.5.1) Pilot electronic monitoring of incident review and action plan process – Ealing, Hammersmith & Fulham and Hounslow SDUs

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.6) Regular analysis of incidents and review of learning to be established and disseminated**   **Sep 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.6.1) Risk team to produce quarterly analysis of incidents and review of learning.
To be received by the Quality and Risk Committee on behalf of the board.

Gail Miller   Associate Director - Integrated Risk Reduction

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1 H&F   **(1.24) Carry out audit of the summary of level 2 & 3 review findings for the last year.**   **Sep 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.24.2) Action Plan from findings to be developed

Service Director

Michael Phelan   Clinical Director - Hammersmith & Fulham Mental Health Servs

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1 Ealing   **(1.17) Clinical Governance Co-ordinator in place (secondment) to track SUI Reports, Action Plan and monitor with the SDU Senior Management Team, the roll-out and implementation of all of the recommendations.**   **Sep 30 2009**

(1.17.1) Appointed - Chrissie Johnson appointed as clinical governance coordinator

Service Director

Jonathan Scott   Clinical Director - Ealing Mental Health Services

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1 WLFS   **(1.29) Increase frequency of SDU Incident Review Group to increase capacity of group**   **Sep 30 2009**

(1.29.1) Need to increase IRG frequency to monthly from September onwards - HAPPENING

Director

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1 Hounslow   **(1.42) Receive and scrutinise and continually analyse all Level 1 & 2 reports and oversee fair effective, feasible action plan generation**   **Oct 31 2009**

(1.42.3) Maintain monthly consultant peer supervision group - MINUTES?NOTES OF MEETING WILL BE ADDED

1 Hounslow

(1.40) - Clinical audit cycle
- Cross match of risk register and use of tool kits eg. NIMHE
Receive reports of a higher volume incidents below level 3
- particularly slips, trips, falls, medication errors, self harm at the Cassel, non injurious aggression

(1.40.1) Direct work with WLMHT Risk Dept. to enable inter - SDU thematic process – to ensure analysis of risk and near misses is captured and disseminated - Incident Review group is represented by Hounslow at monthly (last 11th Nov 09)

Service and Clinical Director

Oct 31 2009

1 Hounslow

(1.40) - Clinical audit cycle
- Cross match of risk register and use of tool kits eg. NIMHE
Receive reports of a higher volume incidents below level 3
- particularly slips, trips, falls, medication errors, self harm at the Cassel, non injurious aggression

DOCUMENT EVIDENCE ATTACHED

(1.40.2) Health and Safety to receive and compare with manual data slips, trips, falls incidents, and to inform the Dove Ward action plan

Service Director/Head of Governance

Oct 31 2009

1 Hounslow

(1.37) Integrate SDU clinical / non-clinical risk management via establishment of Head of Governance and Risk post to coordinate: incident process; clinical audit; patient safety; complaints; business continuity/ flu / emergency planning; H&S; E&F liaison and Risk registration

DOCUMENT EVIDENCE ATTACHED

(1.37.4) Ensure up-to-date flu and emergency plan and appropriate cascade across SDU

Service and Clinical Director/ Head of Governance

Oct 31 2009

1 Hounslow

(1.42) Receive and scrutinise and continually analyse all Level 1 & 2 reports and oversee fair effective, feasible action plan generation
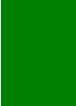
(1.42.1) Through the clinical governance structures disseminate recommendations and actions to the appropriate local team level. To improve further and strengthen SDU CG - Team - SDU CG - Team feedback loops and processes. This is in work of WLMHT IRG.

Service and Clinical Director

Oct 31 2009

1	WLFS	**(1.30) Ensure adequate numbers of staff, including majority of senior clinicians and managers are trained in Root Cause Analysis**	**Oct 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(1.30.2) Create a central database of SDU RCA trained staff who will undertake the investigations - STARTED BUT NOT COMPLETE		
		Dawn Harwood Directorate Manager		

1	WLFS	**(1.31) Improve communication across the SDU**	**Oct 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(1.31.1) Finalise arrangements for SDU newsletter and begin to publish monthly.		
		Denise Godleman Head Of Administration		

1	Hounslow	**(1.37) Integrate SDU clinical / non-clinical risk management via establishment of Head of Governance and Risk post to coordinate: incident process; clinical audit; patient safety; complaints; business continuity/ flu / emergency planning; H&S; E&F liaison and Risk registration**	**Oct 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(1.37.2) Systematically uplift new risks - as seen on SDU risk register		
		Service and Clinical Director/ Head of Governance		

1	H&F	**(1.21) Streamline process between completion of report & sign off of action plan**	**Oct 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(1.21.1) Action plans to be constructed by D/CD within a week of completion of report		
		Service Director		
		Michael Phelan Clinical Director - Hammersmith & Fulham Mental Health Servs		

1	All SDU's	**(1.1) To Identify and recruit additional posts in risk reduction team to support RCA report writing, and family liaison posts**	**Oct 31 2009**	
		(1.1.3) Re-advertise un-appointed post . Interview happened Friday 4th December - appointment pending. The December interviews were not successful. Interim IRF being progressed pending readvertisement		
		Gail Miller Associate Director - Integrated Risk Reduction		

1	Hounslow	**(1.41) SDU monthly IMG with LBH, PCT and key clinicians e.g. SFC**	**Nov 3 2009**	

(1.41.1) Index learning from incidents WLMHT workshop (25 Mar '09) SDU monthly IMG with LBH, PCT and key clinicians eg. SGC. HAPPENED AND ATTENDED

Service and Clinical Director

1	Broadmoor	**(1.45) Reinforce to all staff that IR1s must be completed for all incidents that occur**	**Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.45.1) Staff meetings and clinical team meetings will focus on the instruction from the policy, and the clinical improvement groups will monitor this.
Through line management and supervision this will also be monitored

Clinical Nurse Managers & Heads of Services

1	Broadmoor	**(1.46) Review the ToR and function of the Incident Monitoring & Review Group**	**Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.46.1) Initiate review at IMRG September 2009
Reconsider IMRG and emphasise educational and analytical function as well as process monitoring function

Clinical Director

1	Broadmoor	**(1.47) Increase local staff awareness of incidents and lessons learnt.**	**Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.47.1) All wards to have summary of incidents displayed on staff room notice boards, all wards to hold copies of incident reviews and action plans in ward office and incident reviews to be standing agenda item on staff meetings

Clinical Nurse Managers

1	Broadmoor	**(1.47) Increase local staff awareness of incidents and lessons learnt.**	**Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.47.2) Roll out SoE initiative to other directorates to enhance awareness of incidents & findings using presentation on disseminating findings from investigations more effectively. (as in IMRG August 2009

Clinical Leads

1	All SDU's	**(1.3) Review of Incident Policy**	**Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.3.2) Produce draft revised policy for consultation

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.6) Regular analysis of incidents and review of learning to be established and disseminated**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (1.6.3) Quarterly analysis to be disseminated via SDUs to clinical staff - quarterly report issued from risk team to SDU directors

SDU Directors

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.6) Regular analysis of incidents and review of learning to be established and disseminated**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (1.6.4) Trustwide incident review group to receive and disseminate learning from SDU incident review groups - report from the learning lessons workshop 3rd Nov 09

SDU Director

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.6) Regular analysis of incidents and review of learning to be established and disseminated**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (1.6.5) Trustwide learning events to be convened twice yearly - workshop 3rd Nov09 , conference planned March 10

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.5) Electronic monitoring and governance from incident to completion action plan to be rolled out and in place across the Trust**   **Nov 30 2009**

(1.5.2) Finalise electronic process and rollout to West London Forensic SDU - rollout has commenced and will be on-going

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.4) Ensure understanding of incident reporting and review policy**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (1.4.1) Monitor compliance with current policy - evidence will be SUI database monitoring within 60 day deadlines. SHA writing to PC re: one remaining outstanding report. Monthly reports from the SHA will be commencing

SDU Directors

Gail Miller   Associate Director - Integrated Risk Reduction

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1 All SDU's   **(1.8) Further develop the process to support translation of learning into practice**   **Nov 30 2009**

(1.8.2) Link incident analysis and defined risk assessment tools to risk training. Review of training complete - commissioned clinical risk training

Tim Bullock   Consultant - Extra PA

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1 All SDU's   **(1.8) Further develop the process to support translation of learning into practice**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.8.5) Clinical change programme, linked to RiO implementation and CPA development, to be defined. Priorities to reflect learning from incidents, and project design to include clinical practice monitoring indicators. Project outline to Executive Directors for approval

Tim Bullock   Consultant - Extra PA

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1 Ealing   **(1.19) Bi-annual event to ensure the Lessons Learnt are implemented and understood into practice with all staffing groups**   **Nov 30 2009**

(1.19.1) Leads for events to be identified - Jonathan Scott, Bridget Ledbury and Chrissie Johnson

Service Director/SUI CG Co-ordinator

Jonathan Scott   Clinical Director - Ealing Mental Health Services

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1 Hounslow   **(1.37) Integrate SDU clinical / non-clinical risk management via establishment of Head of Governance and Risk post to coordinate: incident process; clinical audit; patient safety; complaints; business continuity/ flu / emergency planning; H&S; E&F liaison and Risk registration**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.37.3) Review as standing item SDU H and S and quarterly at IMG

Service and Clinical Director/ Head of Governance

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1 WLFS   **(1.35) Identify themes and trends emerging from Untoward Incident Investigations and complaints, and such information effectively communicated across the SDU and, where necessary, the Trust.**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED

(1.35.2) Introduce system to identify themes/trends. Introduce SDU-wide meetings to disseminate lessons learnt. Regularly review action plans through Directorate Clinical Governance meetings.

Clinical Director & Complaints Investigation Manager

1 WLFS	**(1.36) Ensure SDU audit programme links to identified learning and supports development of practice**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(1.36.1) Review current programme of audits across SDU. Identify from past investigations key audit topics, which will form the basis of the SDU's core audit programme.		
	Clinical Director		

1 WLFS	**(1.36) Ensure SDU audit programme links to identified learning and supports development of practice**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(1.36.2) Ensure audit department communicates effectively with SDU's Complaints & Investigations Manager and Clinical Governance Leads.		
	Clinical Director		

1 WLFS	**(1.36) Ensure SDU audit programme links to identified learning and supports development of practice**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(1.36.3) Complaints & Investigations manager to link with audit group - andrew Silver attends		
	Clinical Director		

1 Hounslow	**(1.35) Identify themes and trends emerging from Untoward Incident Investigations and complaints, and such information effectively communicated across the SDU and, where necessary, the Trust.**	**Nov 30 2009**	
	(1.35.1) SMT to agree system & frequency of reporting of themes / trends. Through monthly meetings trustwide - IRG, SDU IMG, and A&P last dates of each 9.12.09, 17.11.09, 10.12.09		
	Clinical Director		

1 WLFS	**(1.32) Ensure that staff are aware of the I-8 incident reporting policy, and how to implement it**	**Dec 31 2009**	
	(1.32.1) To write to staff & arrange briefing sessions for staff at all levels across the SDU.		
	Director		

1 WLFS	**(1.33) Improve quality of incident reporting.**	**Dec 31 2009**	
	(1.33.1) Rolling audit of IR1 forms. Audits to be reviewed at Directorate Management Team meetings.		
	Directorate Managers		

1 WLFS	**(1.30) Ensure adequate numbers of staff, including majority of senior clinicians and managers are trained in Root Cause Analysis**	**Dec 31 2009**	
	(1.30.1) Source and book additional RCA training from external provider - booked and complete		
	Directorate Manager		

1 H&F	**(1.25) Improve access to external panel members**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(1.25.1) Seek out and identify additional resources/information from Risk Department		
	Service Director		

1 H&F	**(1.26) To develop a similar system for Fs as that for incidents**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(1.26.1) System to be identified with resources available		
	Service Director		
	Caroline (CAMHS) Jones Service Manager		

1 Ealing	**(1.17) Clinical Governance Co-ordinator in place (secondment) to track SUI Reports, Action Plan and monitor with the SDU Senior Management Team, the roll-out and implementation of all of the recommendations.**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(1.17.2) Review of level 1 and 2 incidents prior to commencement of electronic monitoring system to identify common themes and any possible outstanding actions		
	Chrissie Johnson		
	Maggie Wilson Head of Administration Services		

1 Ealing	**(1.17) Clinical Governance Co-ordinator in place (secondment) to track SUI Reports, Action Plan and monitor with the SDU Senior Management Team, the roll-out and implementation of all of the recommendations.**	**Dec 31 2009**	

DOCUMENT EVIDENCE ATTACHED

(1.17.3) Put in place a system to track the review and dissemination of incidents and action plans integrated with the electronic incident monitoring data base.

Maggie Wilson   Head of Administration Services

1 All SDU's

(1.10) Disseminate Risk Management Policy I8 and train accordingly.   **Dec 31 2009**

(1.10.1) Train, disseminate and monitor staff knowledge through audit, supervision etc. - happening in all 5 SDUs

SDU Directors/Clinical Directors

1 All SDU's

(1.8) Further develop the process to support translation of learning into practice   **Dec 31 2009**

DOCUMENT EVIDENCE ATTACHED

(1.8.1) Increase production of the Risk Matters bulletin from quarterly to monthly - completed

Gail Miller   Associate Director - Integrated Risk Reduction

1 All SDU's

(1.6) Regular analysis of incidents and review of learning to be established and disseminated   **Dec 31 2009**

DOCUMENT EVIDENCE ATTACHED

(1.6.6) SDUs to convene regular learning events and dissemination of incident analysis

SDU Directors

1 H&F

(1.24) Carry out audit of the summary of level 2 & 3 review findings for the last year.   **Dec 31 2009**

DOCUMENT EVIDENCE ATTACHED

(1.24.1) Disseminate audit findings to care groups

Service Director

Caroline (CAMHS) Jones   Service Manager

1 Broadmoor

(1.43) Enhance incident reporting functionality within directorates -   **Dec 31 2009**

DOCUMENT EVIDENCE ATTACHED

(1.43.1) Wards to use improved incident analysis functionality and cascade through CIGs

Clinical Nurse Managers, RCs

1 Broadmoor	**(1.44) Presentation on Incident reporting features on the Exchange at SDU SMT? IMRG September 2009.**	**Dec 31 2009**
DOCUMENT EVIDENCE ATTACHED	(1.44.1) Directorates to analyse incident activity across the directorate and promote learning and best practice and report to IMRG	
	Service Directors & Clinical Leads	

1 Hounslow	**(1.38) Deliver and maintain training programme**	**Dec 31 2009**
DOCUMENT EVIDENCE ATTACHED	(1.38.1) Dissemination of I8. Head of Nursing delivering training primarily to clinical staff on incident reporting in response to staff survey feedback	
	Jenn Fellows Head of Nursing - Hounslow SDU	

1 Hounslow	**(1.38) Deliver and maintain training programme**	**Dec 31 2009**
DOCUMENT EVIDENCE ATTACHED	(1.38.2) Complete and monitor training programme	
	Service and Clinical Director/ Head of Governance	
	Jenn Fellows Head of Nursing - Hounslow SDU	

1 Hounslow	**(1.38) Deliver and maintain training programme**	**Dec 31 2009**
DOCUMENT EVIDENCE ATTACHED	(1.38.3) Review, spot audit and refresh staff awareness	
	Service and Clinical Director/ Head of Governance	
	Jenn Fellows Head of Nursing - Hounslow SDU	

1 All SDU's	**(1.7) To strengthen the feedback loop across the Trust to embed learning from investigations**	**Jan 31 2010**
DOCUMENT EVIDENCE ATTACHED	(1.7.1) To strengthen the feedback loop across the Trust to embed learning from investigations	
	SDU Directors	
	Gail Miller Associate Director - Integrated Risk Reduction	

1 All SDU's	**(1.7) To strengthen the feedback loop across the Trust to embed learning from investigations**	**Jan 31 2010**	
DOCUMENT EVIDENCE ATTACHED	(1.7.2) Scripted PowerPoint presentations to be presented on a quarterly basis in each SDU re: lessons learnt from investigations in the SDU		
	Clinical Directors		

1 All SDU's	**(1.7) To strengthen the feedback loop across the Trust to embed learning from investigations**	**Jan 31 2010**	
DOCUMENT EVIDENCE ATTACHED	(1.7.5) Communications team to work on regular "Learning Lessons" communications to staff eg. Lesson of the month		
	Deputy Director of Communications		

1 All SDU's	**(1.6) Regular analysis of incidents and review of learning to be established and disseminated**	**Jan 31 2010**	
DOCUMENT EVIDENCE ATTACHED	(1.6.2) Regular thematic review to be undertaken on a quarterly basis to identify emerging themes and patterns from investigations, complaints and IR1s		
	Gail Miller Associate Director - Integrated Risk Reduction		

1 All SDU's	**(1.5) Electronic monitoring and governance from incident to completion action plan to be rolled out and in place across the Trust**	**Jan 31 2010**	
	(1.5.3) Rollout to Broadmoor SDU.Arrangements for the roll out are in place, this is however not fully imbedded as yet and progress is being monitored.		
	Gail Miller Associate Director - Integrated Risk Reduction		

1 All SDU's	**(1.8) Further develop the process to support translation of learning into practice**	**Jan 31 2010**	
	(1.8.3) Complete risk assessment and management training review - completed		
	Tim Bullock Consultant - Extra PA		

1	Ealing	**(1.17) Clinical Governance Co-ordinator in place (secondment) to track SUI Reports, Action Plan and monitor with the SDU Senior Management Team, the roll-out and implementation of all of the recommendations.**	**Jan 31 2010**	
	DOCUMENT EVIDENCE ATTACHED	(1.17.4) Collation of recommendations and action plans from which to generate a single incident action plan for the SDU - started but single incident action plan still to be finished		
		Chrissie Johnson		
1	WLFS	**(1.34) Recruit to substantive Complaints & Investigations manager position.**	**Jan 31 2010**	
	DOCUMENT EVIDENCE ATTACHED	(1.34.1) Job description to be completed & banded, then advertise and recruit		
		Director		
1	Hounslow	**(1.37) Integrate SDU clinical / non-clinical risk management via establishment of Head of Governance and Risk post to coordinate: incident process; clinical audit; patient safety; complaints; business continuity/ flu / emergency planning; H&S; E&F liaison and Risk registration**	**Jan 31 2010**	
	DOCUMENT EVIDENCE ATTACHED	(1.37.1) Collate SDU risk register to support WLMHT electronic risk register formation		
		Service/Clinical Director &Head of Governance		
1	H&F	**(1.26) To develop a similar system for Fs as that for incidents**	**Feb 28 2010**	
		(1.26.2) Fund and recruit to local complaints post		
		Service Director		
1	H&F	**(1.27) Dissemination of I8 (Incident Monitoring Policy). Head of Nursing to develop and deliver training for all clinical staff on incident reporting.**	**Feb 28 2010**	
		(1.27.1)Complete and monitor training programme		
		Sandra Bailey Head of Nursing - H&F SDU		
1	Ealing	**(1.18) Dissemination of I8 (Incident Monitoring Policy) . Head of Nursing to develop and deliver training for all clinical staff on incident reporting**	**Feb 28 2010**	

(1.18.1) Complete and monitor training programme

Diane Wiles Head of Nursing - Ealing SDU

1 All SDU's **(1.8) Further develop the process to support translation of learning into practice** **Feb 28 2010**

(1.8.6) Ongoing clinical change programme to reflect learning from incidents and hence to continuously embed practice. Project plan and focus to be reviewed every 3 months by the Quality and Risk Committee

Tim Bullock Consultant - Extra PA

1 All SDU's **(1.8) Further develop the process to support translation of learning into practice** **Feb 28 2010**

(1.8.7) Clinical change programme to be supported by clinical indicators to monitor changing practice. To be monitored through the trust Info Delivery Tool.

Tim Bullock Consultant - Extra PA

1 All SDU's **(1.3) Review of Incident Policy** **Feb 28 2010**

(1.3.3) Revised policy agreed

Gail Miller Associate Director - Integrated Risk Reduction

1 All SDU's **(1.2) Further review central resource to support investigations and learning from incidents** **Feb 28 2010**

(1.2.1) Best practice in other similar mental health trust practice to be evaluated and review produced. Temp project manager in post, and visits to other trusts arranged to look at best practice and benchmarking

Elizabeth Fellow-Smith Medical Director - Extra PA

1 All SDU's **(1.3) Review of Incident Policy** **Mar 31 2010**

(1.3.4) Implement policy across the trust

Gail Miller Associate Director - Integrated Risk Reduction

1	All SDU's	**(1.7) To strengthen the feedback loop across the Trust to embed learning from investigations**	**Mar 31 2010**	

(1.7.3) SDU leads to establish or strengthen feedback and Information loops to cascade learning to CMHT/teams etc

Local Borough SDU Directors

1	All SDU's	**(1.7) To strengthen the feedback loop across the Trust to embed learning from investigations**	**Mar 31 2010**	

(1.7.4) Audit cycle linked to action plans and recommendations, and cascade of information clarified

AD For Clinical Governence

1	All SDU's	**(1.8) Further develop the process to support translation of learning into practice**	**Mar 31 2010**	

(1.8.8) Develop monitoring, evaluation and feedback mechanism to establish how staff at ward level understand and utilise policy and procedures

SDU Directors

Gail Miller   Associate Director - Integrated Risk Reduction

1	All SDU's	**(1.8) Further develop the process to support translation of learning into practice**	**Mar 31 2010**	

(1.8.4) Rollout training in support of Clinical Risk Assessment and Management Policy – see below

Tim Bullock   Consultant - Extra PA

1	All SDU's	**(1.14) Analysis of incidents and embedding learning from Level 1 and 2 Incidents will be standing agenda item at all SDU CIGs**	**Mar 31 2010**	

Trust wide - All SDUs

Five SDU - SDU CD and Director

1	All SDU's	**(1.15) Identify risks from complaints and action as above**	**Mar 31 2010**	

(1.15.1) Monitor knowledge of process through staff feedback mechanisms - as above include service users and carers in feedback mechanism. Trust-wide - all five SDUs

Five SDU x SDU CDs and Directors

1	H&F	**(1.24) Carry out audit of the summary of level 2 & 3 review findings for the last year.**	**Mar 31 2010**	

(1.24.3) Audit of past action plans to date to determine whether actions have been implemented and sustained.

Service Director

Michael Phelan — Clinical Director - Hammersmith & Fulham Mental Health Servs

Caroline (CAMHS) Jones — Service Manager

1	H&F	**(1.23) Identify a core team with ring fenced time to do reviews**	**Mar 31 2010**

(1.23.1) Currently one post in place with ring fenced time to carry out reviews

Service Director

Caroline (CAMHS) Jones — Service Manager

1	WLFS	**(1.31) Improve communication across the SDU**	**Mar 31 2010**

(1.31.2) Review success of newsletter as method of communication via local partnership subgroup

Service Director

1	All SDU's	**(1.12) Ensure Borough Incident Monitoring Groups effect audit of recommendations from investigations, and action accordingly**	**Apr 30 2010**

Three borough SDUs

Three borough SDUs

1	All SDU's	**(1.4) Ensure understanding of incident reporting and review policy**	**Jun 30 2010**

(1.4.2) Conduct focus groups to discuss policy understanding and compliance

Gail Miller — Associate Director - Integrated Risk Reduction

1	H&F	**(1.24) Carry out audit of the summary of level 2 & 3 review findings for the last year.**	**Jun 30 2010**

(1.24.4) Implement recommendations of audit of level 2 & 3reviews

Service Director

	Michael Phelan	Clinical Director - Hammersmith & Fulham Mental Health Servs	

1 H&F — **(1.20) Maintain current manual database which tracks the incident pathway from date of incident to completion of action plans, while Trust online system is being developed** — **Oct 31 2010**

(1.20.3) Integration of trust on-line system with local procedures

Service Director

Michael Phelan	Clinical Director - Hammersmith & Fulham Mental Health Servs		
Caroline (CAMHS) Jones	Service Manager		

1 Ealing — **(1.19) Bi-annual event to ensure the Lessons Learnt are implemented and understood into practice with all staffing groups** — **Oct 31 2010**

(1.19.2) Develop and implement events

TBI

1 Hounslow — **(1.39) Maintain detailed local database of incidents / progress of investigations to support WLMHT electronic system** — **Dec 31 2010**

(1.39.1) Database in place, summarising core work of IMG and A&P

Service Director

1 H&F — **(1.22) Identified need for more training on report writing, as well as investigative skills.** — **Oct 31 2015**

(1.22.1) Implement training & development across all staff disciplines who are currently carrying out reviews

Service Director

Caroline (CAMHS) Jones	Service Manager		

1 H&F — **(1.20) Maintain current manual database which tracks the incident pathway from date of incident to completion of action plans, while Trust online system is being developed** — **Oct 31 2015**

(1.20.2) This will also be an ongoing process

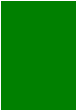**1 H&F** — **(1.28) To ensure that learning from incidents is addressed at IMG monthly** — **Oct 31 2015**
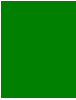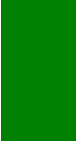
(1.28.1) Ensure appropriate distribution of incident vignette and action plans occurs and is taken to relevant Clinical Governance groups

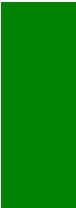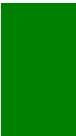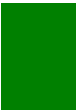**Michael Phelan**   Clinical Director - Hammersmith & Fulham Mental Health Servs

| 8 | All SDU's | **removed** | | ■ |
| | | removed | | |

8	Broadmoor	**(8.17) Broadmoor SDU to draw up an interim proposal for Physical Health provision as the preferred provider is not longer available.**	**Sep 30 2009**	■
		(8.17.1) Lead Service Director and Dr Cohen to draw up proposal for submission to CEO.		
		Service Director And GP		

8	WLFS	**(8.13) To work jointly with Ealing Hospitals Trust to ensure systems are in place to support effective joint working**	**Oct 31 2009**	■
	DOCUMENT EVIDENCE ATTACHED	(8.13.1) Interface meeting established. Currently developing work plan & action groups		
		Clinical Director		

8	Ealing	**(8.8) To improve the routine monitoring of physical health in the in-patient unit.**	**Oct 31 2009**	■
		(8.8.2) Treatment room for in-patient unit to be completed - completed		
		Head of Nursing		

8	Ealing	**(8.8) To improve the routine monitoring of physical health in the in-patient unit.**	**Oct 31 2009**	■
		(8.8.4)Equipment on order for the new improved facilities. Ordered		
		Head of Nursing		

| 8 | Ealing | **(8.9) To recruit to the CDW post** | **Oct 31 2009** | ■ |
| | | (8.9.1) Post out to advert – to recruit. Advert out | | |

8	Ealing	**(8.8) To improve the routine monitoring of physical health in the in-patient unit.**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(8.8.6) Physical health Champions in place,		
		Associate Director for Primary Care		

8	Ealing	**(8.8) To improve the routine monitoring of physical health in the in-patient unit.**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(8.8.1) To become a standing agenda item on the in-patient CIG meetings at both ward and unit level		
		Service Manager/Clinical Lead		

8	All SDU's	**(8.1) Develop a robust Physical Healthcare Strategy**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(8.1.1) Develop and approve the strategy for consultation		
		Associate Director of Primary Care		

8	All SDU's	**(8.2) Model of Physical Healthcare to be agreed to ensure same access to whether living in the community or an inpatient**	**Nov 30 2009**	
		(8.2.1) To be defined in the strategy and linked to SDUsPHC strategy details the model of care that will be adopted throughout the Trust. The Model is detailed on page 3 of the strategy. This will be implemented once the strategy has been agreed.		
		Associate Director of Primary Care		

8	All SDU's	**(8.3) Establish adequate physical healthcare\primary care provision in forensic settings**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(8.3.1) Implement primary care contracted service at Broadmoor Hospital. Due to preferred provider going into liquidation before commencement of contract, hospital has put in place interim physcial healthcare arrangements supported by CE and COmmissioners		
		High Secure CD		

8	All SDU's	**(8.3) Establish adequate physical healthcare\primary care provision in forensic settings**	**Nov 30 2009**	■
	DOCUMENT EVIDENCE ATTACHED	(8.3.2) Approve and establish an adequate level of primary care and physical healthcare provision at Broadmoor Hospital in the event that a fully contracted service is not feasible.		
		High Secure CD		

8	All SDU's	**(8.4) Review and improve the environment for assessment and treatment of physical healthcare**	**Nov 30 2009**	■
		(8.4.1) All inpatient service areas to have access to appropriate physical healthcare facilities. Audit of each inpatient area against minimum standards. Ealing - almost completed. Hounslow - completion date Jan H and F - completion date end Jan WLFS - completed BM- need to follow up		
		Deputy Director of Nursing		

8	All SDU's	**(8.4) Review and improve the environment for assessment and treatment of physical healthcare**	**Nov 30 2009**	■
	DOCUMENT EVIDENCE ATTACHED	(8.4.3) Develop and audit documentation on RiO to record physical healthcare. Audits have been undertaken. Reaudit cycle to commence		
		Deputy Medical Director		

8	Broadmoor	**(8.18) Additional focus on high-impact changes in management of obesity discussed at SMT September 2009**	**Nov 30 2009**	■
	DOCUMENT EVIDENCE ATTACHED	(8.18.2) Recruitment of another dietician for the SDU - locum in post 1st December 09		
		Service Director		

8	All SDU's	**(8.1) Develop a robust Physical Healthcare Strategy**	**Dec 31 2009**	■
		(8.1.4) Review clinical pathways for physical healthcare. This is an objective in the Implementation plan. It has been agreed that the Trust wide PHC Group will review all PHC guidance and advise SDU's of the action required.		
		Associate Director of Primary Care/ Clinical Directors		

8 All SDU's	**(8.1) Develop a robust Physical Healthcare Strategy**	**Dec 31 2009**	🟩
	(8.1.2) Agree strategy and develop an implementation plan with priority areas identifiedFurther progress is strategy approved at OPs Boards 26.11.09 to be implemented as a working document. Implementation plan drafted.		
	Associate Director of Primary Care/Chair Physical Healthcare Group/SDU Directors		
8 Ealing	**(8.8) To improve the routine monitoring of physical health in the in-patient unit.**	**Dec 31 2009**	🟦
DOCUMENT EVIDENCE ATTACHED	(8.8.5) Physical Healthcare Action Plan to be implemented		
	Associate Director for Primary Care		
8 H&F	**(8.10) To improve the physical health care of patients**	**Dec 31 2009**	🟦
DOCUMENT EVIDENCE ATTACHED	(8.10.1) Profile raising of physical healthcare policy and strategy		
	Service and Clinical Director		
8 WLFS	**(8.11) To identify an interim primary care provider to provide service and undertake a full health needs assessment which will lead to a tendering process**	**Dec 31 2009**	🟦
DOCUMENT EVIDENCE ATTACHED	(8.11.1) Physical healthcare group to work alongside Commissioners in order to identify interim primary care provider and agree process for needs assessment.		
	Director Clinical Director & Clinical Lead		
8 WLFS	**(8.12) To bring together the current strands of physical healthcare and optimise these, supported by an SDU physical healthcare strategy**	**Dec 31 2009**	🟦
DOCUMENT EVIDENCE ATTACHED	(8.12.1) Review role of physical health lead in SDU and recruit to new post		
	Director & Clinical Director		

8	WLFS	**(8.14) Establish physical healthcare suite in each secure building**	**Dec 31 2009**	

(8.14.1) Current refurbishment work to be completed by December 2009 in the Tony Hillis Wing, and the RSU. Suite in place in the Orchard.

Senior Nurse Manager

8	Broadmoor	**(8.18) Additional focus on high-impact changes in management of obesity discussed at SMT September 2009**	**Dec 31 2009**	

DOCUMENT EVIDENCE ATTACHED

(8.18.1) New strategy to limit supply of high – calorie foods on hospital shop, improved patient education by healthy living groups, better information of healthy choices for ward meals and revised physical healthcare provision with better dietetic input agreed at SMT September 2009

Service Directors and Clinical Director

8	Hounslow	**(8.16) 0.4 consultant psychiatrist to secondary/primary care interface appointed Jul '09**	**Jan 31 2010**	

(8.16.1) Clarification and protocols re. primary/secondary PHC monitoring. This will be informed by next stage of virtual clinic and 2.28.2
- Meeting regarding QOF and CQUIN being set up.

Clinical Director

8	Broadmoor	**(8.17) Broadmoor SDU to draw up an interim proposal for Physical Health provision as the preferred provider is not longer available.**	**Jan 31 2010**	

DOCUMENT EVIDENCE ATTACHED

(8.17.2) If proposal approved, schedule of training and service realignment to be agreed and implemented.

Service Director and GP

8	WLFS	**(8.12) To bring together the current strands of physical healthcare and optimise these, supported by an SDU physical healthcare strategy**	**Jan 31 2010**	

(8.12.2) Physical healthcare strategy to be drafted and implemented via SDU Physical Healthcare Group, in partnership with the physical healthcare strategy development

Clinical Director

8	WLFS	**(8.12) To bring together the current strands of physical healthcare and optimise these, supported by an SDU physical healthcare strategy**	**Jan 31 2010**	

(8.12.3) Ensure that all inpatients receive 6-monthly physical healthcare check and that this is included in the SMT performance data

Clinical Director

8 H&F	**(8.10) To improve the physical health care of patients**	**Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(8.10.3) Identification and fit out of physical healthcare room

Service Director/Head of Nursing

8 Ealing	**(8.8) To improve the routine monitoring of physical health in the in-patient unit.**	**Jan 31 2010**

(8.8.3) Physical examination rooms being finalised within the SDU.
Two physical examination rooms completed in OPS - completed

Head of Nursing

8 All SDU's	**(8.1) Develop a robust Physical Healthcare Strategy**	**Jan 31 2010**

(8.1.3) Revise the physical healthcare standards against the strategy. Not completed

Deputy Director of Nursing

8 All SDU's	**(8.3) Establish adequate physical healthcare\primary care provision in forensic settings**	**Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(8.3.3) Approve and establish an adequate level of primary care and physical healthcare provision in West London Forensic Services

WLFS Director

8 Hounslow	**(8.15) Local PHC strategy launched '09. Established working CIG with management and Consultant Clinical Lead.**	**Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(8.15.4) Progress against POMHs monitored through A&P. SDU fully engaged in POMH cycle.

Clincal Director

8 All SDU's	**(8.1) Develop a robust Physical Healthcare Strategy**	**Feb 28 2010**	
	(8.1.5) Develop clinical pathways for transfer to and from acute sector. This will be defined by local acute hospital arrangements. Pathways to be collated and approved. **Associate Medical Director**		
8 All SDU's	**(8.5) Develop and implement a physical healthcare training and skills development programme**	**Feb 28 2010**	
	(8.5.1) Utilise physical healthcare leads in each SDU to plan and implement relevant physical healthcare training, monitoring and recording **Associate Director of HR L&D /Physical Healthcare leads**		
8 All SDU's	**(8.5) Develop and implement a physical healthcare training and skills development programme**	**Feb 28 2010**	
	(8.5.2) Link all physical healthcare plans to risk assessment training, implementation and risk management strategies **Deputy Medical Director**		
8 All SDU's	**(8.6) All staff will understand the need to carry out a full physical health assessment on admission, and where to enter information on RiO**	**Mar 31 2010**	
	(8.6.1) All staff will understand and implement physical health monitoring through admission. RGNs being introduced to in-patient wards to suport physical healthcare assessment on admission **Five SDU x SDU Directors/Clinical Directors**		
8 All SDU's	**(8.4) Review and improve the environment for assessment and treatment of physical healthcare**	**Mar 31 2010**	
	(8.4.2) Review the physical healthcare equipment in inpatient settings. Trust-wide audit as above **Deputy Director of nursing**		
8 All SDU's	**(8.6) All staff will understand the need to carry out a full physical health assessment on admission, and where to enter information on RiO**	**Mar 31 2010**	

(8.6.3) Physical Healthcare has priority in the clinical governance programme

Five SDU x SDU Directors/Clinical Directors

8 H&F	**(8.10) To improve the physical health care of patients**	**Mar 31 2010**	
	(8.10.4) Over view audit of physical healthcare audit findings		
	Clinical Director		
8 H&F	**(8.10) To improve the physical health care of patients**	**Mar 31 2010**	
	(8.10.5) Automatic referral to inpatient GP service when patient transferred from admission to recovery ward		
	Clinical Director/Inpatient service manager		
8 Broadmoor	**(8.17) Broadmoor SDU to draw up an interim proposal for Physical Health provision as the preferred provider is not longer available.**	**Mar 31 2010**	
	(8.17.3) Review of interim arrangements		
	Service Director and GP		
8 Hounslow	**(8.15) Local PHC strategy launched '09. Established working CIG with management and Consultant Clinical Lead.**	**Apr 30 2010**	
	(8.15.1) Develop case for funding of staff		
	Head of Nursing /Service Manager		
8 All SDU's	**(8.6) All staff will understand the need to carry out a full physical health assessment on admission, and where to enter information on RiO**	**Apr 30 2010**	
	(8.6.2) Pathways developed to more specialist and emergency physical healthcare for each site		
	Five SDU x SDU Directors/Clinical Directors		

8	Hounslow	**(8.15) Local PHC strategy launched '09. Established working CIG with management and Consultant Clinical Lead.**	**Jun 30 2010**	
		(8.15.2) PHC suite to open Jun '10 at Lakeside		
		Service Director		

8	Hounslow	**(8.15) Local PHC strategy launched '09. Established working CIG with management and Consultant Clinical Lead.**	**Jun 30 2010**	
		(8.15.3) ECG machine procured for Lakeside site. Staff to be fully trained for Jan '10		
		Service Director		

8	H&F	**(8.10) To improve the physical health care of patients**	**Oct 31 2015**	
		(8.10.2) Monthly RIO audit of RIO record		
		Lead Nurse		

2 Broadmoor	**(2.44) Broadmoor SDU psychological services risk assessment advisory group provides support for clinical risk assessment** **SDU Suicide & DSH review group relaunched December 2008 following previous difficulties in attendance now meeting regularly & commissioning work as appropriate**	**Dec 31 2008**	
	(2.44.1) Done – already in place		
	Head of Psychological therapies/Clinical Director		

2 Hounslow	**(2.31) Star Wards Implementation**	**Jul 31 2009**	
	(2.31.1) Commenced on Kestral Ward 2008, 2nd ward commencing 2009 and remaining wards 2010		
	Head of Nursing		

2 Broadmoor	**(2.45) Learning lessons and implementation of recommendations from the PB/RL enquiry.**	**Sep 30 2009**	
	(2.45.1) Hospital wide distribution of copies of report		
	Clinical Director		

2 Broadmoor	**(2.46) PB-RL report published September 2009: learning re risk to others & bullying to be taken forward on basis of this report**	**Sep 30 2009**	
	(2.46.1) Presentation of the report at Hospital wide staff forum.		
	Clinical Director & RCs		

2 Hounslow	**(2.39) Level 3 safeguarding children for all staff who work primarily with those under 18 years**	**Sep 30 2009**	
	(2.39.1) Collated by Safeguarding Children board. All bar one (in hand) staff at Cassel has completed.		
	Clinical Director		

2 H&F	**(2.17) Develop more 'in house' clinical risk expertise that is available to supervisors to take into the supervision process**	**Sep 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.17.1) To develop a CPA checklist to support accurate completion of RIO fields. This includes risk assessment fields		
	Clinical Lead for Education		

2 Broadmoor	**(2.40) All patients have risk to self and others considered as part of 6 monthly CPA** **In addition risk reconsidered following any significant incident or major event eg allocation of rooms following ward move or at time of increased stress such as Christmas** (2.40.1) Completed and monitored through directorate & SDU performance monitoring	**Oct 29 2009**	🟩
2 Broadmoor	**(2.40) All patients have risk to self and others considered as part of 6 monthly CPA** **In addition risk reconsidered following any significant incident or major event eg allocation of rooms following ward move or at time of increased stress such as Christmas** (2.40.2) All Clinical teams to review risks when indicated outside usual CPA timescales or when asked to do so at time of increased general risk **Clinical Director and RCs**	**Oct 29 2009**	🟩
2 Broadmoor	**(2.41) Trustwide learning event march 2009 hosted at Broadmoor** (2.41.1) Done – see corporate action plan **Medical Director**	**Oct 29 2009**	🟩
2 Broadmoor	**(2.42) All patients will have active HCR 20 assessments reviewed at CPA meetings.** (2.42.1) Extensive investment in HCR-20 training **RCs**	**Oct 29 2009**	🟩
2 Broadmoor	**(2.42) All patients will have active HCR 20 assessments reviewed at CPA meetings.** (2.42.2) Review of CPA documentation **RCs**	**Oct 29 2009**	🟩
2 Broadmoor	**(2.43) All patients to have in place a care/risk management plan for the risks they pose to themselves and/or others.**	**Oct 29 2009**	🟩

(2.43.1) Reinforcement to Primary Nurses that they have a responsibility to produce and review care plans for their patients.

Deputy Director of Nursing/Primary Nurses

2 Broadmoor	**(2.43) All patients to have in place a care/risk management plan for the risks they pose to themselves and/or others.** (2.43.2) Clinical teams to review and endorsed individual care/risk management plans as part of CPA and on dynamic basis. **RCs**	**Oct 29 2009**	
2 Hounslow **DOCUMENT EVIDENCE ATTACHED**	**(2.38) Pathways for antenatal psychiatric care and support funded through WMUH** (2.38.3) Complete and disseminate pilot, audit referrals to children services for WLMHT SGC **Clinical Lead**	**Oct 29 2009**	
2 Broadmoor **DOCUMENT EVIDENCE ATTACHED**	**(2.46) PB-RL report published September 2009: learning re risk to others & bullying to be taken forward on basis of this report** (2.46.3) Action plan drafted to reflect recommendations within the report and implementation of actions. (Action plan to be monitored and managed via IMRG and SMT) **Clinical Director and Director**	**Oct 31 2009**	
2 Hounslow **DOCUMENT EVIDENCE ATTACHED**	**(2.38) Pathways for antenatal psychiatric care and support funded through WMUH** (2.38.1) Participate in WLMHT workstream against CEMACH **Clinical Lead**	**Oct 31 2009**	
2 Hounslow	**(2.38) Pathways for antenatal psychiatric care and support funded through WMUH** (2.38.2) Deliver and drive outcome from Trustwide workshop Sep '09 - HAPPENED **Clinical Lead**	**Oct 31 2009**	

2 H&F	**(2.19) To ensure that key staff can consistently comply with Trust policy for use of RiO including risk assessment**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.19.1) Plan to carry out RiO refresher sessions and evaluate usefulness		
	Clinical Lead for Education		

2 Ealing	**(2.11) To prioritise the Trust CPA audit which currently includes analysis of the completion of risk assessment**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.11.1) The feedback from the audit will be disseminated through the governance structure		
	AMD and Clinical Director		

2 Ealing	**(2.14) To ensure ligature review recommendations are implemented**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.14.1) Regular review through SMT - Lead Nurse has six week plan re: implementation. Senior Op Manager identified to work with lead nurse.		
	Head of Nursing		

2 Ealing	**(2.15) Identification of risk factors to be completed on in-patient wards**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.15.1) Risk Reduction Team working with Inpatient Wards looking at Risk Zoning Presentation at Inpatient CIG July 2009		
	Service Manager		

2 H&F	**(2.16) To ensure that the further 30/40 staff booked on risk training undertake it and take forward**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.16.1) Arrange Training & Deliver Training		
	Service Manager		

2	Hounslow	**(2.32) Time to Care**	Oct 31 2009	
		(2.32) Implemented on two wards Kestral and Finch wards		
		Head of Nursing		

2	Hounslow	**(2.26) RiO including risk assessment record is implemented**	Oct 31 2009	
	DOCUMENT EVIDENCE ATTACHED	(2.26.1) Ensure 100% and multi-disciplinary compliance across the SDU Participate in choice and increase use of Risk Assessment tool suite.		
		Re-audit scheduled		
		Clinical Director		

2	Hounslow	**(2.27) October '08 – base line audit of RiO risk crisis and contingency planning: disseminated**	Oct 31 2009	
		(2.27.1) Receive and action		
		Demonstrate 30% enhanced practice - RESULTS TO DISSEMINATE AT DEC A&P		
		Service Managers		

2	WLFS	**(2.22) Develop Peer Review Programme in Men's Medium Secure Service.**	Oct 31 2009	
	DOCUMENT EVIDENCE ATTACHED	(2.22.1) Introduction of joint referrals meetings. Further development of weekly Academic Case Conference to include participation of all disciplines.		
		Clinical Lead & Directorate Manager		

2	All SDU's	**(2.1) Establish Trustwide risk assessment tools and embed in a clinical risk assessment and management policy**	Oct 31 2009	
	DOCUMENT EVIDENCE ATTACHED	(2.1.1) Define suite of clinical risk assessment tools		
		Tim Bullock Consultant - Extra PA		
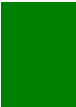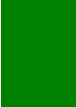
2 All SDU's	**(2.1) Establish Trustwide risk assessment tools and embed in a clinical risk assessment and management policy**	Oct 31 2009	
DOCUMENT EVIDENCE ATTACHED	(2.1.2) Develop draft Clinical Risk Assessment and management policy		
	Deputy Medical Director		
2 All SDU's	**(2.4) Monitor clinical practice through regular case note audit**	Oct 31 2009	
	(2.4.1) Audit of risk assessment and management plans – commence a programme of RiO audits bimonthly, paper record audits bimonthly		
	Deputy Medical Director		
2 Broadmoor	**(2.46) PB-RL report published September 2009: learning re risk to others & bullying to be taken forward on basis of this report**	Nov 30 2009	
DOCUMENT EVIDENCE ATTACHED	(2.46.2) To be repeated by each ward /directorate in CIG meeting		
2 All SDU's	**(2.3) All service users have a CPA care plan based on assessed risk to self and others**	Nov 30 2009	
DOCUMENT EVIDENCE ATTACHED	(2.3.3) Clinical change programme plan as above at recommendation 1 to include care planning and contingency planning.		
	Deputy Medical Director/Dep Director of Nursing		
2 All SDU's	**(2.1) Establish Trustwide risk assessment tools and embed in a clinical risk assessment and management policy**	Nov 30 2009	
DOCUMENT EVIDENCE ATTACHED	(2.1.3) Approve policy for consultation - out for consultation		
	Deputy Medical Director		
2 WLFS	**(2.21) Further develop training for staff across the SDU relating to the assessment and management of risk of harm to self & others**	Nov 30 2009	

(2.21.1) Improve the assessment and management of risk of harm to self and others. Identify and implement tool to improve assessment of risk to self.

Clinical Director

2 Ealing **(2.9) Service to focus on completion of risk assessment** Nov 30 2009

(2.9.1) Audit to be undertaken on number of risk assessments completed in SDU for all service users - AUDIT BEING UNDERTAKEN

Service Managers

2 Ealing **(2.10) Ensure staff understand the core components of the RiO case record that must be completed for each service user, including risk assessment** Nov 30 2009

(2.10.1) In-patients meetings with all staff already planned for October and November – the outcome of these meetings will be a common, simplified process

Service Manager

2 H&F **(2.17) Develop more 'in house' clinical risk expertise that is available to supervisors to take into the supervision process** Nov 30 2009

(2.17.2) To carry out audit of CPA care plans and risk assessments – adult services

Clinical Lead for Education

2 Hounslow **(2.37) In-patient unit delivering to Women's Strategy.** Nov 30 2009

(2.37.2) Maintain weekly antenatal psychiatry clinic - HAPPENING

2 H&F **(2.17) Develop more 'in house' clinical risk expertise that is available to supervisors to take into the supervision process** Dec 31 2009

(2.17.3) To pilot CPA checklist; adult services

Clinical Lead for Education/Service Manager

2 H&F	**(2.18) To ensure ligature review recommendations are implemented**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.18.1) Regular review through SMT		
	Service Manager		

2 H&F	**(2.19) To ensure that key staff can consistently comply with Trust policy for use of RiO including risk assessment**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.19.2) Complete case audit in adults and OPS in relation to RiO checklist		
	CMHT Managers		

2 WLFS	**(2.20) Ensure that care plans are in place to assess and manage all relevant risks.**	**Dec 31 2009**	
	(2.20.1) Devise and introduce CPA training for clinical staff. Started in women's service, in development in rest of directorate.		
	Clinical Director/Head of Nursing		

2 WLFS	**(2.20) Ensure that care plans are in place to assess and manage all relevant risks.**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(2.20.2) Introduce programme to audit quality of risk assessments and associated care plans. Programme being developed, now need to implement		
	Clinical Director/Head of Nursing		

2 WLFS	**(2.20) Ensure that care plans are in place to assess and manage all relevant risks.**	**Dec 31 2009**	
	(2.20.3) Develop standards for nursing care plans and circulate such standards with implementation guidance.		
	Head of Nursing		

2 WLFS	**(2.20) Ensure that care plans are in place to assess and manage all relevant risks.**	Dec 31 2009		■
DOCUMENT EVIDENCE ATTACHED	(2.20.4) SDU Clinical Risk Steering Group to develop standards for risk assessment across the SDU.			
	Clinical Director			
2 Ealing	**(2.10) Ensure staff understand the core components of the RiO case record that must be completed for each service user, including risk assessment**	Dec 31 2009		■
DOCUMENT EVIDENCE ATTACHED	(2.10.2) CMHT group to review current practice and identify any outstanding actions required, to ensure clarity around RiO risk assessment for that staff group			
	Service Manager/Clinical Lead			
2 Ealing	**(2.10) Ensure staff understand the core components of the RiO case record that must be completed for each service user, including risk assessment**	Dec 31 2009		■
	(2.10.3) Sector managers of other adult teams to do the same for their teams			
	Service Managers			
2 Ealing	**(2.10) Ensure staff understand the core components of the RiO case record that must be completed for each service user, including risk assessment**	Dec 31 2009		■
DOCUMENT EVIDENCE ATTACHED	(2.10.4) Older adults governance meeting to review current practice			
	Associate Director of Primary Care			
2 WLFS	**(2.24) Improve the participation of service users and carers in care planning, including in the assessment and management of risk**	Dec 31 2009		■
	(2.24.1) User involvement leads to develop strategy for assessing, monitoring & supporting user and carer involvement.			
	Head of Nursing			

2 Hounslow	**(2.25) Risk Assessment training provided** **- 3 x 1 day course Nov 2008** **- Crime Scene Management (with Met.) 13 Jan & 12 Feb '09** **- Additional investment by PCT CRT / HTT 24/7 target activity and gate keeping** **- Managed admission and discharge** **- Admission purposeful**	**Dec 31 2009**	███
DOCUMENT EVIDENCE ATTACHED	(2.25.3) Enhance compliance with management of leave guidance. Check third re-audit **Clinical Director/ Service Manager**		
2 All SDU's	**(2.4) Monitor clinical practice through regular case note audit**	**Dec 31 2009**	███
DOCUMENT EVIDENCE ATTACHED	(2.4.3) Benchmarking of audits to be included in scorecards and actions to improve practice agreed through the CPA steering group, actions to be rolled out by SDU Directors and CDs. **Deputy Medical Director**		
2 All SDU's	**(2.4) Monitor clinical practice through regular case note audit** (2.4.4) Standard of CPA and care plans to be established **Dep Director of Nursing/ Head of AHPs/Associate Director of HR L&D**	**Dec 31 2009**	███
2 Broadmoor	**(2.44) Broadmoor SDU psychological services risk assessment advisory group provides support for clinical risk assessment** **SDU Suicide & DSH review group relaunched December 2008 following previous difficulties in attendance now meeting regularly & commissioning work as appropriate** (2.44.2) Done – December 2008 New training for risk of self harm n longer term detained population commissioned Spring 2009	**Dec 31 2009**	███
2 Hounslow	**(2.33) Think Family Conference Jun '09 to raise awareness of all social system in care and positive risk management**	**Jan 31 2010**	███
DOCUMENT EVIDENCE ATTACHED	(2.33.2) Arrange launch of CSCIE 30 across Hounslow SDU with senior clinicians and managers. Workshop January '10 to action against benchmark **Clinical Director/ Service manager**		

2 All SDU's	**(2.3) All service users have a CPA care plan based on assessed risk to self and others**	**Jan 31 2010**	🟩
DOCUMENT EVIDENCE ATTACHED	(2.3.1) Training on integrated care planning and contingency planning to be included in risk training – including positive risk taking to support 10 essential shared capabilities etc. training delayed to March 2010 due to mandatory training demands		
	Deputy Medical Director/Dep Director of Nursing		
2 All SDU's	**(2.3) All service users have a CPA care plan based on assessed risk to self and others**	**Jan 31 2010**	🟩
DOCUMENT EVIDENCE ATTACHED	(2.3.2) Role of care coordinator to be clarified and included in training		
	Deputy Medical Director/Dep Director of Nursing		
2 All SDU's	**(2.1) Establish Trustwide risk assessment tools and embed in a clinical risk assessment and management policy**	**Jan 31 2010**	🟨
	(2.1.4) Approve policy		
	Tim Bullock Consultant - Extra PA		
2 Hounslow	**(2.28) CPA Practice Development Forum. Established 2009**	**Jan 31 2010**	🟦
DOCUMENT EVIDENCE ATTACHED	(2.28.1) Increase use of Threshold of access to secondary CMHT psychiatry decision support tool. Align practice of 3 CMHT SPoR and allied functions. Receive and action the national and local Service user surveys and feedback. Build up service user and carer direct input into work. Funded roll out of virtual clinic from Feltham CMHT to other CMHT's (proposal embedded) - TAG explored (audit embedded) - Potential leverage of HoNOS needs investigation - Working with Hammersmith and Fulham SDU to seek to harmonise clinical thinking regarding threshold management		
	Clinical Director/ Service Manager		
2 WLFS	**(2.24) Improve the participation of service users and carers in care planning, including in the assessment and management of risk**	**Jan 31 2010**	🟩
DOCUMENT EVIDENCE ATTACHED	(2.24.2) Develop clear systems to monitor the effectiveness of service user and carer involvement		
	Head of Nursing		

2 WLFS	**(2.23) Continue programme of relational security training.**	**Jan 31 2010**	🟩
	(2.23.2) Continue to support current programme. Incorporate relational security into the SDU security Induction - completed in first draft		
	Service Director		
2 All SDU's	**(2.5) Ensure staff are clear of their roles and responsibilities in relation to therapeutically assessing and managing risk**	**Feb 28 2010**	🟨
	(2.5.2) Embed roles and responsibilities in a 'personal responsibility' approach to risk assessment and management, including management of boundaries with patients. Approach to be developed and launched Trustwide		
	Medical Director		
2 Hounslow	**(2.34) High vulnerability groups**	**Mar 31 2010**	🟨
	n/a		
	Clinical Director/ Service Manager		
2 Hounslow	**(2.36) Dual Diagnosis lead post in place – completed 100% training for inpatient staff**	**Mar 31 2010**	🟨
	(2.36.1) Project now rolling out to community		
	Service Manager		
2 Hounslow	**(2.37) In-patient unit delivering to Women's Strategy.**	**Mar 31 2010**	🟨
	(2.37.1) Deliver inequality agenda specific training as commissioned.		
	Service Manager		
2 All SDU's	**(2.8) Ligature risk monitoring standard is applied to operational protocols**	**Mar 31 2010**	🟨

(2.8.1) Staff should be aware of high risk groups and the skills needed to care plan for these people

Five SDU x SDU CDs and Directors

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2 All SDU's

(2.5) Ensure staff are clear of their roles and responsibilities in relation to therapeutically assessing and managing risk

(2.5.1) Staff competency as defined in the Risk Assessment and Management Policy to be measured through supervision of Engagement and Observation skills, risk assessment and care planning

Associate Director of HR L&D/SDU Directors

Mar 31 2010

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2 All SDU's

(2.4) Monitor clinical practice through regular case note audit

(2.4.2) Audit of content of risk assessments and management plans – commence a programme of case note audits to monitor compliance with Clinical Risk Assessment and Management Policy

Deputy Medical Director

Mar 31 2010

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2 All SDU's

(2.2) Rollout training in risk assessment and management to support policy implementation. Review of training as at recommendation 1.

(2.2.1) Training to be reviewed as at recommendation 1 and rolled out to support policy implementation. Training sessions to commence.

Deputy Medical Director

Mar 31 2010

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2 Hounslow

(2.29) Enhanced therapeutic milieu
- Substantial environmental works agreed at Lakeside through operational capital programme 09/10

(2.29.1) Approved capital bids to develop facilities.:
- Work rehabilitation
- Cafeteria
- Internet café
- Secure entrance to Dove ward

Service Manager

Mar 31 2010

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2 Hounslow

(2.30) Anti-ligature operational capital works agreed 09/10.

(2.30.1) New windows to all ward "high traffic" areas in progress
7 new shower rooms in progress

Service Manager

Mar 31 2010

2	Hounslow	**(2.25) Risk Assessment training provided** **- 3 x 1 day course Nov 2008** **- Crime Scene Management (with Met.) 13 Jan & 12 Feb '09** **- Additional investment by PCT CRT / HTT 24/7 target activity and gate keeping** **- Managed admission and discharge** **- Admission purposeful** (2.25.2) Ongoing scrutiny LOS and occupancy %, maintain compliance 7 day follow up, Ensure 7 day follow up target i.e. 95% is achieved each qtr. Exception report to SMT any use of private sector outliers **Clinical Director / Director**	**Mar 31 2010**	
2	Hounslow	**(2.33) Think Family Conference Jun '09 to raise awareness of all social system in care and positive risk management** (2.33.1) "Think Parent, Think Child, Think Family" CSCIE30 benchmark to complete Q3 – focus on SGC responsiveness. Informed by feedback from current Hounslow Ofsted and CQC Inspection of safeguarding children and looked after children **Clinical Director/ Service Manager**	**Mar 31 2010**	
2	Ealing	**(2.13) To review the Trust CPA Audit with respect to the analysis of risk management** (2.13.1) To work with the Dep MD and Trust Audit Lead to develop the audit – rolling audit includes these factors **Clinical Director**	**Apr 30 2010**	
2	WLFS	**(2.21) Further develop training for staff across the SDU relating to the assessment and management of risk of harm to self & others** (2.21.2) Identified additional training will be developed and delivered to staff across the SDU **Clinical Director**	**Apr 30 2010**	
2	WLFS	**(2.23) Continue programme of relational security training.** (2.23.1) Continue to support current programme. Incorporate relational security into the SDU security Induction	**Apr 30 2010**	

Service Director

2	All SDU's	**(2.6) To ensure that staff have a good working knowledge of the practice of risk assessment, and understand that it is fundamental and links to the care plan, crisis and contingency plan for all service users** (2.6.1) Staff understand that the RiO case record must be completed for each service user, including risk assessment, through training and shared learning **Five SDU x SDU CDs and Directors**	**Apr 30 2010**	
2	All SDU's	**(2.7) Clinical Risk assessment and management training is delivered and monitored in all boroughs** (2.7.1) Work with L&D to ensure that risk assessment and management becomes part of Trustwide training programme, including engagement and observation **Five SDU x SDU CDs and Directors**	**Apr 30 2010**	
2	Ealing	**(2.12) To ensure sharing of best practice at a local level.** (2.12.1) To establish a framework and monitoring system to ensure that each team is undertaking risk management training on a regular basis **Service and Clinical Director**	**Jul 31 2010**	
2	Hounslow	**(2.25) Risk Assessment training provided** **- 3 x 1 day course Nov 2008** **- Crime Scene Management (with Met.) 13 Jan & 12 Feb '09** **- Additional investment by PCT CRT / HTT 24/7 target activity and gate keeping** **- Managed admission and discharge** **- Admission purposeful** (2.25.1) Ensure all care group coverage and rolling access to risk training. Regular monitoring through SDU training meetings. Fully participant in WLMHT revised clinical risk training **Service and Clinical Director/ Service Manager**	**Nov 30 2010**	
2	Hounslow	**(2.35) Monthly Police Liaison CIG – high risk individuals receive HCR 20 rating and inter-agency input in care plan** (2.35.1) Plan joint training between Hounslow police and WLMHT senior inpatient staff. Particular focus on admissions, AWOLs & S136	**Dec 31 2010**	

9	H&F	**(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU**	**Jan 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(9.12.6) Data quality check reports of medication errors.		
		Chief Pharmacist/Service Director		

9	H&F	**(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU**	**Jul 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(9.12.3) Proactive use of Pharmacists as consultative advisors on reviews		
		Service Director/Clinical Director		

9	All SDU's	**(9.1) Complete recruitment to revised in-house service**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(9.1.2) New 8a post awaiting approval from HR to advertise; vacancy from 16th Oct And Additional Technician appointed		
		Led by Chief Pharmacist		

9	H&F	**(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(9.12.2) Discussions to take place to support the project to bring H & F pharmacy service in house		
		Service Director/Clinical Director/Chief Pharmacist		

9	Hounslow	**(9.15) In SDU Medication Management in ToR and priority focus of clinical effectiveness / clinical governance workstream.**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(9.15.1) Ensure medical nursing staff have clear understanding of location in RiO of reporting physical health assessment, medicine reconciliation and physical health monitoring and complete.		
		Clinical Director		

9	All SDU's	**(9.1) Complete recruitment to revised in-house service**	**Oct 27 2009**	

DOCUMENT EVIDENCE ATTACHED	(9.1.1) Project to bring H+F in-house beginning 14th Sep with meetings at Charing Cross Hosp Pharmacy. **Led by Chief Pharmacist**			▌(blue)
9 Ealing	**(9.11) To ensure greater interface with pharmacy occurs** (9.11.1) Members of the Pharmacy Team form part of the SDU Senior Management Meeting - now members **Chief Pharmacist/Service Director**	Oct 31 2009		▌(green)
9 H&F **DOCUMENT EVIDENCE ATTACHED**	**(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU** (9.12.4) Participate in recruitment and induction of the new post holder **Service Director/Clinical Director**	Oct 31 2009		▌(blue)
9 H&F **DOCUMENT EVIDENCE ATTACHED**	**(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU** (9.12.7) Review of non medical prescribing in OPS **Head of Nursing**	Oct 31 2009		▌(blue)
9 Broadmoor **DOCUMENT EVIDENCE ATTACHED**	**(9.21) Increased involvement of the pharmacy team in the SDU management and governance structures.** (9.21.1) Lead pharmacist to review pharmacy provision and input into SDU management and governance structures. **Lead Pharmacist**	Oct 31 2009		▌(blue)
9 Hounslow **DOCUMENT EVIDENCE ATTACHED**	**(9.19) Raise the profile of the medicines management strategy during consultation** (9.19.1) From Medicine Management Strategy (approved at the Trust Board meeting – Sept 09) consider the strategic objectives and prioritise into Q3 of the annual work plan for the SDU	Oct 31 2009		▌(blue)

9 All SDU's **(9.3) Review the Chief pharmacists role** **Oct 31 2009**

(9.3.1) Restructure of pharmacy team to create trust wide leads for operational and clinical aspects of service delivery. Role of Chief Pharmacist still to be agreed

Chief Pharmacist and Director of Nursing and patient experience

9 All SDU's **(9.8) Ensuring appropriate and effective use of medicines in people's care** **Nov 2 2009**

(9.8.1) To have a clinical pharmacy service that is available each day with pharmacy staff operating as part of the multi-disciplinary team in inpatient units and as part of the community teams. Completed

Chief Pharmacist

9 Hounslow **(9.16) Qtrly pharmacy meeting established, attended by Head of Nursing and Clinical Director** **Nov 2 2009**

(9.16.2) Annual medication management priority plan drawn up from issues from incidents, SDU risks and NICE, POMHs and national agenda. Signed off Clinical Effectiveness November 20th 09 - for monitoring through Clinical Effectiveness meetings

9 Hounslow **(9.18) NMP established in CAMHS re.ADHD** **Nov 2 2009**

(9.18.1) Pharmacy services operating functional split effective Aug '09 (particularly to enhance community medications management. DONE

Service Director/Director of Nursing and Patient Experience

9 All SDU's **(9.4) Agree and launch medicines management strategy** **Nov 9 2009**

as above Trust wide

Chief Pharmacist / Dir Nursing and Patient Experience

9	All SDU's	**(9.5) Strategy and work plan to be developed in consultation with key stakeholders**	**Nov 30 2009**	
		(9.5.1) Medicines management group developing and advising on work plan		
		Director of Nursing and Patient experience		

9	Hounslow	**(9.18) NMP established in CAMHS re.ADHD**	**Nov 30 2009**	
		(9.18.2) Monthly report received re expenditure by location.reports regularly received to CD		
		Clinical Director		

9	Hounslow	**(9.18) NMP established in CAMHS re.ADHD**	**Nov 30 2009**	
		(9.18.3) Secured for NMP training Feb '10 for 4 x Band 7 nurses across the SDU. NHS London have agreed funding for 5 nurses in Hounslow to undertake MMP Course commencing Feb 2010 with TVU in the following areas: Clozapine clinic, CAMHS, AOT, HTT and EIS.		
		Head of Nursing		

9	Hounslow	**(9.18) NMP established in CAMHS re.ADHD**	**Nov 30 2009**	
		(9.18.4) Write protocols for shared prescribing for Adult ADHD and dementia. Adult ADHD sign off 15.12.09. Re: dementia received H&F prototype. Hounslow version complete. Meeting to propose action by GPs and PCT scheduled January 2010		
		Clinical Director/PG		

9	Broadmoor **DOCUMENT EVIDENCE ATTACHED**	**(9.21) Increased involvement of the pharmacy team in the SDU management and governance structures.**	**Nov 30 2009**	
		(9.21.2) Review outcome and recommendations to be submitted to SDU SMT for consideration and implementation where agreed.		
		Lead Pharmacist		

| 9 | WLFS **DOCUMENT EVIDENCE ATTACHED** | **(9.13) Ensure that medication errors (including issues relating to consent to treatment) are identified and addressed, and that learning from these errors is shared** | **Nov 30 2009** | |
| | | (9.13.1) Monitor medication errors and prepare reports identifying common themes and trends for Directorate Clinical Governance meetings. | | |

9 H&F   **(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (9.12.5) Identify space for pharmacist

Service Director

9 H&F   **(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU**   **Dec 31 2009**

DOCUMENT EVIDENCE ATTACHED   (9.12.8) Implement findings

Service Manager/Head of Nursing

9 All SDU's   **(9.1) Complete recruitment to revised in-house service**   **Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED   (9.1.3) Band 7 advert

Led by Chief Pharmacist

9 Hounslow   **(9.16) Qtrly pharmacy meeting established, attended by Head of Nursing and Clinical Director**   **Feb 28 2010**

(9.16.1) Embed in induction and through Tutor reconciliation reaudit

Pharmacist

9 H&F   **(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU**   **Feb 28 2010**

(9.12.9) 6 places secured for Non medical prescribing from February 2010

Head of Nursing

9 All SDU's	**(9.6) Medicines Management strategy has clear focus and priority in each Borough Clinical Governance programme** (9.6.1) Produce Work Plan to deliver on the strategic objectives 2009 – 2012 Trust Strategy Starting with objectives 1-3 to be delivered by March 2010 as below **SDU Leads**	**Mar 31 2010**	
9 All SDU's	**(9.6) Medicines Management strategy has clear focus and priority in each Borough Clinical Governance programme** (9.6.2) Trust Clinical staff will understand medicines reconciliation and agree and achieve consistent documentation on RiO for Meds Management **Clinical Directors**	**Mar 31 2010**	
9 All SDU's	**(9.7) Involving people in decisions and management of their medicines** (9.7.1) To ensure that all care plans cover the role of medicines, ongoing monitoring requirements and the person's preferences for medicines, including advanced directives if appropriate **SDU CDs and Directors**	**Mar 31 2010**	
9 All SDU's	**(9.7) Involving people in decisions and management of their medicines** (9.7.2) To ensure that service users and carers have access to a range of appropriate medicines information which they can discuss with a knowledgeable healthcare professional. **SDU CDs and Directors**	**Mar 31 2010**	
9 All SDU's	**(9.8) Ensuring appropriate and effective use of medicines in people's care** (9.8.2) To ensure regular checks of the safety and effectiveness of service users' medicines take place at appropriate intervals during their care, starting on admission. (M11 medicines reconciliation policy) **SDU CDs and Directors**	**Mar 31 2010**	
9 All SDU's	**(9.9) Efficiently and effectively providing and administering medicines** (9.9.1) To ensure that the supply and administration of medicines to service users is safe, efficient and supports effective care.	**Mar 31 2010**	

SDU CDs and Directors

9	All SDU's	**(9.9) Efficiently and effectively providing and administering medicines** (9.9.2) To ensure that medicines-related errors are reported and that lessons are learned. **SDU CDs and Directors**	**Mar 31 2010**	🟨
9	All SDU's	**(9.9) Efficiently and effectively providing and administering medicines** (9.9.3) To ensure that the role of medicines are considered as part of serious untoward incident investigations. **SDU CDs and Directors**	**Mar 31 2010**	🟨
9	Ealing	**(9.10) As above implement MM Strategy** (9.10.1) Objectives 1-4 **SDU clinicians**	**Mar 31 2010**	🟨
9	WLFS	**(9.14) As above implement MM Strategy Objs 1-4** implement strategy objs **SDU clinical leads**	**Mar 31 2010**	🟩
9	H&F	**(9.12) As above to ensure that the developing medicines management strategy is embedded within the SDU** (9.12.1) As above Objectives 1-4 **SDU clinical leads**	**Mar 31 2010**	🟨
9	All SDU's	**(9.2) Further establish the requirements of our community services for pharmacy input** (9.2.1) E + H services have allocated a pharmacist for community teams and are making appointments for regular visits to determine input required	**Mar 31 2010**	🟩

Led by Chief Pharmacist

9 Hounslow	**(9.17) Plans to develop onsite pharmacy**	**Mar 31 2010**	
	(9.17.1) Capital bid required		
	Service Director		

9 Broadmoor	**(9.20) As above implement MM Strategy**	**Mar 31 2010**	
	(9.20.1) Objectives 1 - 4		
	SDU clinical leads		

9 All SDU's	**(9.2) Further establish the requirements of our community services for pharmacy input**	**Mar 31 2010**	
	(9.2.2) Consultant Community Pharmacist post, jointly funded as liaising with PCT pharmacists ,and oversee community based MH pharmacists		
	Led by Chief Pharmacist		

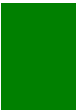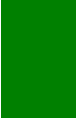|			
9 Hounslow	**(9.15) In SDU Medication Management in ToR and priority focus of clinical effectiveness / clinical governance workstream.**	**Jun 30 2010**	
	(9.15.2) 20% per mth improvement for inpatients to target to 100%.		
	Clinical Director		

| 5 | Hounslow | **(5.16) Annual use of unit surveys continue – provide LIT and service with knowledge of bed use** | **Apr 30 2009** | |
| | | (5.16.1) Enhanced continuing care assessments and panels. Agree with PCT on future of OPS liaison spend and role in new CCA team | | |

5	H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Aug 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(5.10.1) Formal project structure to be created to take forward redesign		
		Service Director/ Clinical Leads		

5	H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(5.10.2) Dedicated inpatient Consultants per wards		
		Clinical Director		

5	H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Sep 30 2009**	
		(5.10.6) CRT target being met - VERBAL REPORT		
		Service Managers		

5	H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(5.10.7) High level escalation process in place on delayed discharges		
		Service Director		

| 5 | H&F | **(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care** | **Sep 30 2009** | |

DOCUMENT EVIDENCE ATTACHED

(5.10.9) Bed management protocol reviewed and out for consultation

Service Director

5 H&F

(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care

Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(5.10.16) Paper to refocus clinical teams in wards

Head of Nursing

5 WLFS

(5.12) Introduction of community forensic services (7 days p/week and extended hours)

Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(5.12.2) To explore the possibility of developing similar teams across the wider catchment area through discussion with Commissioners and providers in other Consortium PCT areas. Currently developing service with Harrow for late 09/10 and further discussions with CNWL regarding other areas

Service Director

5 H&F

(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care

Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(5.10.5) CRT gatekeeping in place and being audited

Service Director/ Service Managers

5 Ealing

**(5.9) In OP service to maintain the current progress on bed reduction.
(2 to be closed in September 2 to be closed October)**

Oct 31 2009

(5.9.4) Ops Capital Bid to create single bedrooms being worked up. 2 beds closed in Sept, 2 further beds to be closed are now identified for winter pressures

Service manager OPS/ Service Director

5 WLFS

(5.14) Continued close monitoring of bed usage, referral process, waiting times and delayed discharges in partnership with commissioners

Oct 31 2009

DOCUMENT EVIDENCE ATTACHED	(5.14.1) Monthly data to be collected and provided to commissioners and DMTs ; to be formally discussed in Consortium reporting arrangements **Head of Business Management & Performance**		
5 All SDU's **DOCUMENT EVIDENCE ATTACHED**	**(5.1) To work with all relevant commissioners to ensure that all bed management issues are addressed.** (5.1.2) Delayed discharge meetings established and escalation procedures in place if issues cannot be resolved locally **Deputy Chief Exec/ Commissioners/ SDU Directors**	**Oct 31 2009**	
5 All SDU's **DOCUMENT EVIDENCE ATTACHED**	**(5.1) To work with all relevant commissioners to ensure that all bed management issues are addressed.** (5.1.3) Trust, PCT and LA to work together to optimise usage of existing beds, including reducing delayed discharges **Deputy Chief Exec/ Commissioners/ SDU Directors**	**Oct 31 2009**	
5 All SDU's **DOCUMENT EVIDENCE ATTACHED**	**(5.2) Review and agree Bed Management protocol and procedures** (5.2.2) Ensure single sex accommodation is available for all service users	**Oct 31 2009**	
5 All SDU's	**(5.5) Develop and utilise Bed Management Protocol to improve bed management system and appropriate delivery of service user admissions** complete	**Oct 31 2009**	
5 Ealing	**(5.8) In the adult service, maintain the current management of bed pressures system** (5.8.2) Ensure accurate delayed discharge data. Currently to continue to maintain the effective use of the bed management meeting. Improve delayed discharges by 10% to year end-Adults. Local partnership discussions re: delayed discharges as a result of a one in - one out placement system introduced by the borough - end Nov 09. Discussed with DepCE	**Oct 31 2009**	

Service manager

5 Hounslow	**(5.17) Ensure robust Clinical Governance programme with benchmarking**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.17.1) UU6 - completed		
	Clinical Director		

5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.10.10) Bed Management Protocol finalised		
	Service Director		

5 All SDU's	**(5.2) Review and agree Bed Management protocol and procedures**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.2.3) Ensure all service users are afforded privacy and dignity at all times through relevant feedback mechanism eg. Patient Experience Tracker		
	Deputy Director of Nursing		

5 All SDU's	**(5.2) Review and agree Bed Management protocol and procedures**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.2.1) Consider appropriate clinical pathways for adolescent service users - on going work also		
	Deputy Chief Executive/ Safe Guarding Children Lead		

5 All SDU's	**(5.2) Review and agree Bed Management protocol and procedures**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.2.4) Criteria for service users requiring PICU bed is clarified and utilised at all times		
	Service Directors H&F and Ealing		

5 Ealing	**(5.8) In the adult service, maintain the current management of bed pressures system**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.8.3) Future delayed discharge process to be reviewed through performance meetings and three borough bed management protocol - Led by deputy CE - local one complete - three borough one in train		
	Service Director		
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.10.11) Review of project redesign structure		
	Project Board		
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.10.17) Introduce PET		
	Head of Nursing		
5 Ealing	**(5.9) In OP service to maintain the current progress on bed reduction. (2 to be closed in September 2 to be closed October)**	**Dec 31 2009**	
	(5.9.3) To reduce staffing establishment in line with bed closures (2 staff posts over establishment removed) - two posts removed from staffing establishment on OP wards		
	Service manager OPS		
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(5.10.4) Negotiations with the PCT under way but not concluded regarding under funding		
	Service Director/ Dep CE/ Director of Finance		

5	WLFS	**(5.12) Introduction of community forensic services (7 days p/week and extended hours)**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(5.12.1) Community Forensic Service established in partnership with CNWL in K&C and Westminster.		
		Service Director		

5	Broadmoor	**(5.19) We actively cooperate with all reviews of bed capacity and operate within an agreed 93% ceiling.**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(5.19.2) Review ToR and function of Bed Management group.		
		Bed Management Group		

5	Hounslow	**(5.18) Now hold five successive year studies to compare against hospital episode, previous MHAC and Borough data**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(5.18.1) Third HIC toolkit		
		Clinical Director		

| 5 | Hounslow | **(5.15) Occupancy pressure in Hounslow is to OPS** | **Dec 31 2009** | |

Adult wards percent occupancy <100 percent

2008-9
Q1 Q2 Q3 Q4
91 99 98 93

OPS Occupancy % > 100%

2008-9
Q1 Q2 Q3 Q4
103 103 103 107

DOCUMENT EVIDENCE ATTACHED — (5.15.1) Optimise fair access and clinical pathways re. mental health need for   Hounslow OPS through Mental Health and Acute provision

Clinical Director through Borough OP Strategy

5 WLFS   **(5.15) Occupancy pressure in Hounslow is to OPS**   **Dec 31 2009**

Adult wards % occupancy <100%

2008-9
Q1 Q2 Q3 Q4
91 99 98 93

OPS Occupancy % > 100%

2008-9
Q1 Q2 Q3 Q4
103 103 103 107
(5.15.2) With WLMHT, develop 3 Borough strategy re OPS provision

Clinical Director through Borough OP Strategy

5 Hounslow   **(5.15) Occupancy pressure in Hounslow is to OPS**   **Dec 31 2009**

Adult wards % occupancy <100%

2008-9
Q1 Q2 Q3 Q4
91 99 98 93

OPS Occupancy % > 100%

2008-9
Q1 Q2 Q3 Q4
103 103 103 107

DOCUMENT
EVIDENCE
ATTACHED

(5.15.3) For Hounslow OPS, leverage SDU formation including stronger clinical management, Clinical Lead for OPS appointed and Dove Ward forward plan developed.

Clinical Director through Borough OP Strategy

5 Hounslow   **(5.15) Occupancy pressure in Hounslow is to OPS**   **Dec 31 2009**

DOCUMENT
EVIDENCE
ATTACHED

(5.15.4) Partnership action to dementia strategy

Clinical Director through Borough OP Strategy

5 Hounslow   **(5.15) Occupancy pressure in Hounslow is to OPS**   **Dec 31 2009**

(5.15.5) Functional split

Clinical Director through Borough OP Strategy

5	All SDU's	**(5.1) To work with all relevant commissioners to ensure that all bed management issues are addressed.**	**Jan 31 2010**

(5.1.1) Action agreed to commission care pathway work across three boroughs commissioned by the three way PCT Chief Executives meeting

Deputy Chief Executive

5	Ealing	**(5.9) In OP service to maintain the current progress on bed reduction.** **(2 to be closed in September 2 to be closed October)**	**Feb 28 2010**

(5.9.1) 2 step down beds being negotiated with the PCT.

5	Ealing	**(5.9) In OP service to maintain the current progress on bed reduction.** **(2 to be closed in September 2 to be closed October)**	**Feb 28 2010**

(5.9.2) 2 more to close-New Year- holding steady state whilst addressing impact of anticipated Winter pressures

Service Director/Clinical Leads/Service Manager

5	Broadmoor	**(5.20) With commissioner support we are implementing a major revision of assertive rehab wards over the remainder of this financial year, to reduce patient numbers on wards, improve staff skills mix and develop a personality disorder service**	**Mar 31 2010**

(5.20.1) The clinical service improvement plan is implemented as per schedule.

SDU Director

5	Broadmoor	**(5.20) With commissioner support we are implementing a major revision of assertive rehab wards over the remainder of this financial year, to reduce patient numbers on wards, improve staff skills mix and develop a personality disorder service**	**Mar 31 2010**

(5.20.2) By March 2010 all wards will have no more than 15 beds.

SDU Director

5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care** (5.10.8) Review of high level DD process **Service Director/ Commissioning Leads LA/PCT**	**Mar 31 2010**	
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care** (5.10.3) Refurbishment of MHU under way to increase number of open beds and create admission & recovery wards **Service managers/ PCT leads**	**Mar 31 2010**	
5 WLFS	**(5.11) Development of alternative models for long term secure care in partnership with commissioners, based on assessed needs** (5.11.1) Long-term secure care project team - to report revised needs assessment. Agree service developments with Commissioners **Service Director & Project Lead**	**Mar 31 2010**	
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care** (5.10.12) Admission ward in place	**Mar 31 2010**	
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care** (5.10.13) Recovery wards in place **Clinical Director**	**Mar 31 2010**	
5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Mar 31 2010**	

(5.10.14) Review of high level DD process

Service Director/ Commissioning Leads PCT/LA

5 H&F	**(5.10) Reconfiguration of inpatient wards as a means of improving throughput, reducing delayed discharges and improving quality of care**	**Mar 31 2010**	
	(5.10.15) Consider the need for ward for 3 boroughs for dementia		
	3 Boroughs/Deputy chief executive		
5 All SDU's	**(5.2) Review and agree Bed Management protocol and procedures**	**Mar 31 2010**	
	(5.2.5) Review the role and function of the Home Treatment Teams in relation to clinical pathways to support whole treatment teams		
	Service Directors H&F and Ealing		
5 All SDU's	**(5.3) To ensure that the functional split in OPS delivers effective and efficient in-patient care**	**Mar 31 2010**	
	Three Boroughs		
	Three local borough SDU Directors and CDs		
5 All SDU's	**(5.4) To deliver on Home Treatment team targets and 100% gatekeeping**	**Mar 31 2010**	
	Three Local Borough SDUs		
	Three Local Borough SDU Directors and CDs		
5 All SDU's	**(5.6) Admission assessments will consider discharge plans, and anticipate and act on minimising delayed discharges**	**Apr 30 2010**	
	Work Across three local borough services		
	Tim Bullock - Three Local Borough Services		

5 All SDU's	**(5.7) Maximise capacity for bed facilities for OPS, adolescent etc. across three boroughs**	**Apr 30 2010**	
	Three Local borough services		
	Ian kent - Dep Chief Exec		

5 Ealing	**(5.8) In the adult service, maintain the current management of bed pressures system**	**Apr 30 2010**	
	(5.8.1) Complete the conversion of office space to an additional four overspill beds.		
	Service Manager		

5 WLFS	**(5.13) Evaluation of WEMSS model and development of future (permanent) service model**	**Jan 1 2011**	
	(5.13.1) Continue work with DoH and WEMSS commissioners to evaluate WEMSS model and develop permanent, funded service		
	Service Director & Clinical Lead		

5 Broadmoor	**(5.19) We actively cooperate with all reviews of bed capacity and operate within an agreed 93% ceiling.**	**Oct 31 2015**	
	(5.19.1) Continue to monitor bed capacity as part of performance management		
	Performance Manager		

6	H&F	**(6.24) To have constant overview of recruitment and recruitment**	**Aug 5 2009**	
		(6.24.4) Recruitment campaign in inpatient services		
		Business Manager/Head of Nursing		

6	Ealing	**(6.23) Develop skills within specialities with targeted learning and development**	**Aug 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(6.23.1) Inpatient OPS working towards AIMs level 2 AIMs for PICU being pursued		
		Service Manager/ Lead Nurse		

6	Ealing	**(6.23) Develop skills within specialities with targeted learning and development**	**Aug 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(6.23.2) Ops Staff in the Community applying Creating Capable Teams		
		Service Manager/ Lead Nurse		

6	Ealing	**(6.23) Develop skills within specialities with targeted learning and development**	**Aug 31 2009**	
		(6.23.3) Adult inpatient wards applying for AIMs level 1, and PICU - Sarina Martin leading for Trust, local SDU leads attend		
		Service Manager/ Lead Nurse		

6	H&F	**(6.24) To have constant overview of recruitment and recruitment**	**Aug 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(6.24.1) Identification of 'hot spots' in recruitment in H&F		
		Service Director / Head of Staffing solutions		

| 6 | H&F | **(6.24) To have constant overview of recruitment and recruitment** | **Aug 31 2009** | |
| | **DOCUMENT EVIDENCE ATTACHED** | (6.24.2) Agree vacancy targets | | |

Service Director / Head of Staffing solutions

6 H&F   **(6.25) To have in place mechanisms to support skills development of staff**   **Aug 31 2009**

DOCUMENT EVIDENCE ATTACHED   (6.25.5) AMHP refresher programme

Social Care lead practitioner

6 All SDU's   **(6.6) Review of recruitment and selection processes and procedures up to and including induction**   **Sep 21 2009**

DOCUMENT EVIDENCE ATTACHED   (6.6.2) Issue feedback questionnaires to recruiting managers and all candidates who have withdrawn from campaigns in the past 12 months.

Business Manager HR

6 Broadmoor   **(6.37) Additional recruitment of consultant medical staff scheduled September 2009**   **Sep 30 2009**

(6.37.1) 3 new appointees to replace retiring & career break vacancies

Clinical director

6 Hounslow   **(6.32) New Head of Nursing across SDU appointed April '09 Lead nurses in post across all care group – SDU wide Nursing Governance Forum established to enhance nursing practice, ensure implementation of policies, build nursing leadership capacity and improve standards**   **Sep 30 2009**

DOCUMENT EVIDENCE ATTACHED   (6.32.1) Head of Nursing has convened SDU good practice sharing nursing conference Sep 09 theme "Driving Up Quality" - AWAITING EVIDENCE

Head of Nursing

6 H&F   **(6.24) To have constant overview of recruitment and recruitment**   **Sep 30 2009**

DOCUMENT EVIDENCE ATTACHED   (6.24.3) Recruitment campaign in CRT

HR consultant

6	Ealing	**(6.23) Develop skills within specialities with targeted learning and development**	**Sep 30 2009**	
		(6.23.4) Productive Ward Champion in place.		
		Head of Nursing		

6	Ealing	**(6.23) Develop skills within specialities with targeted learning and development**	**Sep 30 2009**	
		(6.23.5) Adult Wards rolling out Time to Care project including Productive Wards to two more teams. STAR Wards in place. Conway ward and Mary Seacole have started first learning module of Productive Wards		
		Clinical Lead, Inpatient Service Manager		

6	H&F	**(6.24) To have constant overview of recruitment and recruitment**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(6.24.5) Detailed monthly monitoring of Bradford Scores		
		Service Directors/ Service Managers		

6	H&F	**(6.25) To have in place mechanisms to support skills development of staff**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(6.25.1) Band 6 inpatient development programme		
		Head of Nursing/Deputy Director of Nursing		

6	All SDU's	**(6.6) Review of recruitment and selection processes and procedures up to and including induction**	**Oct 5 2009**	
	DOCUMENT EVIDENCE ATTACHED	(6.6.3) Obtain feedback from Staff Solutions employees via staff meeting/questionnaire/ individual discussion.		
		Business Manager HR		

| 6 | All SDU's | **(6.6) Review of recruitment and selection processes and procedures up to and including induction** | **Oct 26 2009** | |

(6.6.4) Using information collected, seek to identify improvements in efficiency for the recruitment process.

Business Manager HR

6 All SDU's · **(6.20) Three borough Senior Management teams to work towards and deliver on recruitment targets** · **Oct 30 2009**

(6.20.1) Develop and use procedures to track and manage planned and unplanned absenteeism - HR consultants in SDUs to use template report to monitor recruitment and mandatory targets at SMTs

SDU Directors/Clinical Directors

6 All SDU's · **(6.20) Three borough Senior Management teams to work towards and deliver on recruitment targets** · **Oct 30 2009**

(6.20.2) Review vacancies on regular basis with HR and implement required actions

SDU Directors/Clinical Directors

6 All SDU's · **(6.20) Three borough Senior Management teams to work towards and deliver on recruitment targets** · **Oct 31 2009**

(6.20.3) Target hotspots with appropriate recruitment campaigns

SDU Directors/Clinical Directors

6 All SDU's · **(6.14) Deliver Recruitment and Selection Training** · **Oct 31 2009**

(6.14.1) Continue to deliver R&S training via the Leadership and Management Programme

Head of Staffing Solutions/Employee Development advisor

6 All SDU's · **(6.7) To fully implement the local CRB exemption process to fast track the recruitment of staff.** · **Oct 31 2009**

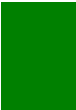(6.7.1) To monitor and review candidate progress through the recruitment system and identify potential candidates for exemption 4 weeks after conditional offer made; to review candidate suitability for exemption in accordance with the policy.

Recruitment Manager/Recruiting Managers

6 H&F **(6.25) To have in place mechanisms to support skills development of staff** **Oct 31 2009**

DOCUMENT EVIDENCE ATTACHED (6.25.2) HCA Development programme

Head of Nursing/Deputy Director of Nursing

6 H&F **(6.25) To have in place mechanisms to support skills development of staff** **Oct 31 2009**

DOCUMENT EVIDENCE ATTACHED (6.25.3) Preceptor Programme in place

Ward Manager OPS

6 Ealing **(6.23) Develop skills within specialities with targeted learning and development** **Oct 31 2009**

DOCUMENT EVIDENCE ATTACHED (6.23.6) Respect and Dignity Audit being undertaken - Head of Nursing done

6 Ealing **(6.23) Develop skills within specialities with targeted learning and development** **Oct 31 2009**

(6.23.7) Need to table Capital works business case December 2009 for Ops wards in relation to single rooms - draft business case completed, now part of Trust capital programme

6 Ealing **(6.22) Specific targeted campaigns where we experience difficulty in recruiting in Ealing** **Oct 31 2009**

DOCUMENT EVIDENCE ATTACHED (6.22.1) AOT and EIS, specific campaigns being designed for nursing staff.-SDU working with HR.

Service Director

6 WLFS

(6.26) Reduce number of unplanned vacancies across the SDU

Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(6.26.1) Recruitment / vacancy targets to be agreed and monitored across the SDU

HR Consultant & Service Director

6 WLFS

(6.29) SDU Local Partnership Forum to continue to monitor & support staffing issues

Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(6.29.1) LPF to receive performance data and reports relating to recruitment, training & education, & service developments

Service Director & HR Consultant

6 All SDU's

(6.6) Review of recruitment and selection processes and procedures up to and including induction

Nov 2 2009

DOCUMENT EVIDENCE ATTACHED

(6.6.1) Audit the recruitment process for a random sample of new starters from the past 12 months - AWAITING MINUTES AND RESULTS OF AUDIT

Business Manager HR

6 All SDU's

(6.11) Review Employer branding

Nov 24 2009

DOCUMENT EVIDENCE ATTACHED

(6.11.1) Work with preferred advertising agency to rebrand recruitment products and monitor via R & R Forum

Head of Staffing Solutions/Euro Riley R&R Forum

6 All SDU's

(6.8) Develop and deliver generic and bespoke recruitment campaigns

Nov 30 2009

DOCUMENT EVIDENCE ATTACHED

(6.8.1) Establish task and finish groups for nursing, OT, A&C and medical staff groups to develop bespoke recruitment and retention strategies.

Head of Staffing Solutions/Professional Heads/R&R Forum

6 All SDU's	**(6.8) Develop and deliver generic and bespoke recruitment campaigns**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.8.2) Develop associated action plans for the above with targets for delivery and monitoring via the R&R Forum.		
	Head of Staffing Solutions/Professional Heads/R&R Forum		
6 All SDU's	**(6.8) Develop and deliver generic and bespoke recruitment campaigns**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.8.3) Identify recruitment hotspots, collate and analyse data to establish issues and develop action plan for delivery of recruitment campaigns and monitoring via the R&R Forum		
	Head of Staffing Solutions/R&R Forum/SDU leads/HR Consultants		
6 All SDU's	**(6.9) Develop fast track process to recruit OT and Nursing newly qualified staff.**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.9.1) Establish action plan with Deputy Director of Nursing and Assistant Head of AHP to devise and implement fast track process.		
	Deputy Director of Nursing/ Associate Head of AHPs/Heads of Nursing/Head Ots/Head of Staffing Solutions		
6 All SDU's	**(6.10) Develop rotation schemes for qualified nursing staff and improve internal transfer process**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.10.1) Review Trust's current arrangements and establish new protocol for internal transfer process. To include positive rotation scheme		
	Deputy Director of Nursing/Heads of Nursing/ Head of Staffing Solutions		
6 All SDU's	**(6.6) Review of recruitment and selection processes and procedures up to and including induction**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.6.5) Produce a report with recommendations for immediate improvements and/or further exploration of processes/data for longer term strategy.		
	Business Manager HR		
6 All SDU's	**(6.12) Continue to develop proactive approach to employment of people with mental health issues**	**Nov 30 2009**	

DOCUMENT EVIDENCE ATTACHED   (6.12.4) OT Consultant post advertised to lead on Vocation and Employment

Head of AHPs

6 All SDU's   **(6.2) Integrated Preceptorship Programme continues to support newly qualified nurses and AHPs throughout their first year post-qualification**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (6.2.2) Preceptorship policy agreed at Policy review group and presented to Board

Head of AHPs

6 WLFS   **(6.28) Improve recruitment to administrative roles across the SDU**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (6.28.1) Review of admin vacancies & difficulties in recruitment to be undertaken & discussed at the Trust-wide R&R forum

Head of Admin /HR Consultant & Service Director

6 WLFS   **(6.26) Reduce number of unplanned vacancies across the SDU**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (6.26.2) Develop action plans to address recruitment and retention issues in specific posts/clinical areas

HR Consultant

6 WLFS   **(6.27) Increased compliance with PDR process to identify training & development needs of staff**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED   (6.27.1) System of monitoring compliance for all staff groups to be developed and incorporated into SDU performance management processes

HR Consultant & Head of Business Mgt

6 WLFS   **(6.27) Increased compliance with PDR process to identify training & development needs of staff**   **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED	(6.27.2) Inform all staff that the expectation is that PDRs will be completed, and is part of their job		
	HR Consultant		
6 Hounslow	**(6.30) Own and plan delivery to SDU allocated recruitment target (10%)**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.30.3) Build into terms of reference for HMT		
	Head of Nursing/ Service Manager		
6 Hounslow	**(6.31) Monthly medical staffing meeting established**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.31.1) With Medical Director review skill mix and escalation pathways for medical workforce (specifically allocation of trainees/experience and current speciality doctor recruitment pressure)		
	Clinical Director		
6 H&F	**(6.24) To have constant overview of recruitment and recruitment**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.24.6) Recruitment and selection training of managers		
	Service Directors/ Service Managers		
6 All SDU's	**(6.2) Integrated Preceptorship Programme continues to support newly qualified nurses and AHPs throughout their first year post-qualification**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(6.2.1) Preceptees and Preceptors follow programme and policy - going to Dec 09 Ops Board for ratification		
	Associate Head of AHPS/Head of Nursing Education		
6 All SDU's	**(6.1) Continue to develop, implement and monitor the Time to Care project**	**Dec 31 2009**	

(6.1.1) Pilot wards are supported to continue to implement Star Wards, Productive Wards and Respect and Responsibility programme

Deputy Director of Nursing/Time to Care project Lead

█ (green)

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6 All SDU's

(6.12) Continue to develop proactive approach to employment of people with mental health issues   **Dec 31 2009**

(6.12.2) Permitted work posts have a comprehensive HR process to get people into post as soon as possible.

Head of Staffing Solutions

█ (green)

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6 All SDU's

(6.5) Staff will be aware of and will have access to Consent to Treatment training, which will be part of the MHA and Capacity training within the Mandatory training cycle   **Dec 31 2009**

(6.5.1) Consent to treatment approved to be in training by panel

Associate MD

█ (green)

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6 All SDU's

(6.10) Develop rotation schemes for qualified nursing staff and improve internal transfer process   **Dec 31 2009**

(6.10.2) To consider unique selling points of Trust to attract quality staff and promote on website. Link to re-branding project - work in progress

Generic recruitment group

█ (yellow)

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6 All SDU's

(6.4) The Trust must ensure that staff are able to observe, engage and work with service users to enable accurate risk assessment and care plans to take place   **Jan 31 2010**

(6.4.1) Review E&O training across Trust to ensure it is robust, meets the requirements to address quality of engagement and links to risk assessment and management, and that staff are able to access and attend across the Trust

Head of AHPs/ Deputy Director of Nursing/ Associate Director HR L&D

█ (yellow)

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6 All SDU's

(6.3) Recruitment strategies linked to recruiting staff with the right skills   **Jan 31 2010**

(6.3.2) Skills Scanning tool developed for recruitment of nurses and AHPs

█ (blue)

Deputy Director of Nursing/Head of Staff Development

6 All SDU's   **(6.18) Improve access to and the quality of supervision, PDR and development**   **Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(6.18.2) Review and implement PDR Policy - draft policy completed and will be implemented when it goes on online April 2010

Associate Director of HR L&D/ Head of staff development

6 Broadmoor   **(6.36) Review of secondary inductions and new staff induction for PD service to be implemented**   **Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(6.36.1) Secondary induction review to be completed and revisions to be made as necessary.

Deputy Director of Nursing

6 Broadmoor   **(6.36) Review of secondary inductions and new staff induction for PD service to be implemented**   **Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(6.36.2) Secondary induction for staff working in new PD service to be designed and implemented

Deputy Director of Nursing

6 Hounslow   **(6.34) Up-skilling of workforce in the inpatient unit underway**
08/09 priorities
- Gender training (2 days team based)
- Dual Diagnosis (2 days team based)
- Recovery Training (2 days team based)
- Therapeutic opportunities with ceasing smoking – alternative activities, health gains, motivation consolidation (1 day training)   **Jan 31 2010**

DOCUMENT EVIDENCE ATTACHED

(6.34.1) Local process to confirm staffs understanding of Engagement and Observation

Head of Nursing

6 Broadmoor   **(6.35) Increase recruitment to allow the reconfiguration of wards with additional nursing staff as per the Clinical Services Improvement Plan.**   **Feb 28 2010**

(6.35.1) Bespoke Open Recruitment Day.

SDU Director

6 All SDU's   **(6.18) Improve access to and the quality of supervision, PDR and development**   **Feb 28 2010**

(6.18.3) Review and Re-launch Supervision Policy

Acting Head of OD&Diversity (Staff)

6 All SDU's   **(6.18) Improve access to and the quality of supervision, PDR and development**   **Feb 28 2010**

(6.18.1) Implement on-line PDR

Head of Staff Development

6 All SDU's   **(6.17) Develop Integrated Workforce Plan for 2010/11 to 2013/14 and review recruitment and selection strategy to support delivery of workforce requirements**   **Mar 31 2010**

(6.17.1) Agree with SDU leads their workforce requirements in conjunction with Finance and service planning
(6.17.2) Work with local HEIs to ensure the quality and safety of student placements

Workforce and Information Manager/SDU Directors

6 All SDU's   **(6.18) Improve access to and the quality of supervision, PDR and development**   **Mar 31 2010**

(6.18.4) Comprehensive review of supervision training and implementation across the Trust

Acting Head of OD&Diversity (Staff) /SDU Directors

6 All SDU's   **(6.12) Continue to develop proactive approach to employment of people with mental health issues**   **Mar 31 2010**

(6.12.3) Work Placements are available to service users as part of pathways to work

Social Inclusion Lead/Deputy Director of HR/Head of Staffing Solutions/Head of Staffing Solutions

6 All SDU's	**(6.13) Quarterly review of recruitment activity against agreed targets**	Mar 31 2010		

(6.13.1) Develop SDU based action plans to deliver reduction in vacancy rates and monitor monthly via the SMT meetings and quarterly via the R&R Forum

Head of Staffing Solutions/SDU Directors/HR Consultants

6 All SDU's   **(6.14) Deliver Recruitment and Selection Training**   Mar 31 2010

(6.14.2) Review bespoke R&S training course
Develop programme for delivery of R&S training across SDUs and linked to campaigns

Head of Staffing Solutions/HR Consultants

6 All SDU's   **(6.15) Review retention initiatives and set turnover targets**   Mar 31 2010

(6.15.1) R&R Forum to agree retention initiatives. Develop SDU based action plans to deliver retention initiatives. SDU to set turnover targets and monitored via R & R Forum.

R&R Forum/ SDU leads/HR Consultants

6 All SDU's   **(6.3) Recruitment strategies linked to recruiting staff with the right skills**   Mar 31 2010

(6.3.3) A comprehensive risk assessment and management package of tools and processes is understood and utilised by staff

Medical Director/ Associate Medical Director/ Head of AHPS/ Deputy Director of Nursing

6 All SDU's   **(6.5) Staff will be aware of and will have access to Consent to Treatment training, which will be part of the MHA and Capacity training within the Mandatory training cycle**   Mar 31 2010

(6.5.2) Consent to treatment training rolled out

Associate MD

6 All SDU's   **(6.1) Continue to develop, implement and monitor the Time to Care project**   Mar 31 2010

DOCUMENT EVIDENCE ATTACHED

(6.1.2) Roll out continues across Trust, including Forensic services

Deputy Director of Nursing/Time to Care project Lead

6	H&F	**(6.25) To have in place mechanisms to support skills development of staff**	**Mar 31 2010**	
		(6.25.4) Training strategy in place to support Service redesign		
		VM/Service Managers		

6	All SDU's	**(6.20) Three borough Senior Management teams to work towards and deliver on recruitment targets**	**Apr 30 2010**	
		(6.20.4) Maintain and monitor local training needs analysis, and identify skills needed in each area of speciality		
		SDU Directors/Clinical Directors		

6	WLFS	**(6.27) Increased compliance with PDR process to identify training & development needs of staff**	**May 31 2010**	
		(6.27.3) Support and encourage a Trustwide review of the current PDR paperwork in order to maximise compliance rate		
		Service Director		

6	H&F	**(6.24) To have constant overview of recruitment and recruitment**	**Sep 30 2010**	
		(6.24.8) Consider the reduction of working hours from 60 to 48		
		Service Director/ Deputy Director of HR		

6	Hounslow	**(6.34) Up-skilling of workforce in the inpatient unit underway** **08/09 priorities** **- Gender training (2 days team based)** **- Dual Diagnosis (2 days team based)** **- Recovery Training (2 days team based)** **- Therapeutic opportunities with ceasing smoking – alternative activities, health gains, motivation consolidation (1 day training)**	**Oct 31 2010**	
		(6.34.2) Ensure attendance at forthcoming… - Working with dementia & strokes 13-15 Oct '10 - CBT Key K&S – 17 Nov '09 - RAID (extreme behaviour) 19-21 Jan '10		
		Service Managers		

6 Hounslow	**(6.32) New Head of Nursing across SDU appointed April '09 Lead nurses in post across all care group – SDU wide Nursing Governance Forum established to enhance nursing practice, ensure implementation of policies, build nursing leadership capacity and improve standards** (6.32.2) Support Trustwide integrated preceptorship programme for newly qualified nursing/AHP **Deputy Director of Nursing/ Head of AHPs**	**Dec 31 2010**	
6 Hounslow	**(6.33) SDU wide review of PDR's and training including medical appraisal** (6.33.1) SDU will effect detailed manual PDR uptake map for comprehensive training need and gap analysis informed by training issues from I8 cycle **Service Director / Service Manager**	**Dec 31 2010**	
6 Hounslow	**(6.30) Own and plan delivery to SDU allocated recruitment target (10%)** (6.30.1) Standing item on SMT agenda with monthly reports by care group. Review on monthly basis Clinical Director, Director and HR consultant. **Service Director/ Service Managers**	**Dec 31 2010**	
6 Hounslow	**(6.30) Own and plan delivery to SDU allocated recruitment target (10%)** (6.30.2) 95% staff in post across 5 wards at LMHU **Head of Nursing/ Service Manager**	**Dec 31 2010**	
6 All SDU's **DOCUMENT EVIDENCE ATTACHED**	**(6.3) Recruitment strategies linked to recruiting staff with the right skills** (6.3.1) Skills escalator developed for nursing staff **Deputy Director of Nursing/Heads of Nursing**	**Jan 31 2011**	
6 All SDU's	**(6.16) To continue to proactively manage sickness absence through the use of the Bradford Score and the on line attendance management system, targeting hotspots to reduce sickness absence rates.**	**Dec 31 2011**	

(6.16.1) To monitor on a monthly basis sickness absence rates across the SDUs and agree actions to target hotspots.

HR Consultancy Team/SDU managers

6	All SDU's	**(6.16) To continue to proactively manage sickness absence through the use of the Bradford Score and the on line attendance management system, targeting hotspots to reduce sickness absence rates.**	**Dec 31 2011**	

(6.16.2) To manage individual sickness absence cases in line with the processes and timescales of the Managing Health and Attendance Policy.

HR Consultancy Team/SDU managers

6	All SDU's	**(6.16) To continue to proactively manage sickness absence through the use of the Bradford Score and the on line attendance management system, targeting hotspots to reduce sickness absence rates.**	**Dec 31 2011**	

(6.16.3) To continue to deliver training on the management of sickness absence and the on line tool as need identified.

HR Consultancy Team/SDU managers

6	All SDU's	**(6.19) To ensure NMC Standards for Practice Placement are met.**	**Jan 31 2012**	

(6.19.1) To work with all relevant clinical staff and areas to ensure NMC standards for practice placements are met.

Carol Scott – Dep. Director for Nursing

6	Broadmoor	**(6.35) Increase recruitment to allow the reconfiguration of wards with additional nursing staff as per the Clinical Services Improvement Plan.**	**Oct 31 2015**	

(6.35.2) Completion of recruitment strategy including the use of recruitment agency Pyramid 8

SDU Director, CSIP Programme Manager

6	Broadmoor	**(6.35) Increase recruitment to allow the reconfiguration of wards with additional nursing staff as per the Clinical Services Improvement Plan.**	**Oct 31 2015**	

(6.35.3) Continued Trust wide recruitment – for all directorates to ensure projected workforce turnover is factored in.

Service Directors

6 H&F	**(6.24) To have constant overview of recruitment and recruitment** (6.24.7) Monthly monitoring of vacancies as a KPI **Service Directors/ Service Managers**	**Oct 31 2015**	🟨
6 Ealing	**(6.22) Specific targeted campaigns where we experience difficulty in recruiting in Ealing** (6.22.2) SDU CAMHs post- working with Deputy Director of Nursing **External Facilitator**	**Oct 31 2015**	🟩
6 Ealing	**(6.21) To have regular review of vacancies and recruitment needs** (6.21.1) Standing agenda item at SMT and Monthly performance meetings with EDs - happens and on-going **Service and Clinical Director**	**Oct 31 2015**	🟩
6 Ealing	**(6.21) To have regular review of vacancies and recruitment needs** (6.21.2) Monitor and evaluate on-going recruitment campaigns through recruitment and retention trust-wide meetings in place - happening and on-going **Service Director/ Deputy Director of HR**	**Oct 31 2015**	🟩
6 All SDU's	**(6.12) Continue to develop proactive approach to employment of people with mental health issues** (6.12.1) Work of Employment sub-group continues to promote the recruitment and retention of people with experience of mental health problems **Head of AHPs Social Inclusion Lead/Deputy Director of HR**	**Oct 31 2015**	🟨

7 All SDU's	**(7.9) Launch E-learning Trust Wide**	**Aug 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(7.9.1) E-Learning launched Trustwide on 24th August 2009.		
	Head of Staff Development		
7 All SDU's	**(7.10) Implement On-line PDR**	**Aug 31 2009**	
	(7.10.1) Carry out local tests of PDR system within L&D and produce screen shot training guides.		
	Head of Staff Development		
7 All SDU's	**(7.7) Improve communication about report facility on exchange and review what is needed and would be useful to managers**	**Sep 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(7.7.1) Produce Advert and How to Guide on Using report and communicate via Training Matters.		
	Head of Staff Development		
7 All SDU's	**(7.7) Improve communication about report facility on exchange and review what is needed and would be useful to managers**	**Sep 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(7.7.2) Offer/Set up training on training activity reports to managers, as required.		
	Head of Staff Development		
7 All SDU's	**(7.2) Review uptake and methods of mandatory training, including recording and feedback loop. Develop report by staff group and SDU.**	**Sep 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(7.2.2) Review training places attended by each group against numbers in group to ascertain requirements and training requirements at each of the LDCs.		
	Head of Staff Development/ Workforce and Info Manager		
7 All SDU's	**(7.2) Review uptake and methods of mandatory training, including recording and feedback loop. Develop report by staff group and SDU.**	**Sep 30 2009**	

DOCUMENT EVIDENCE ATTACHED

(7.2.4) Work with Hounslow SDU to provide local facilities to enabling mandatory training to be provided on site and increase uptake of training.

7 All SDU's

(7.3) On-line bookings to be tracked and monitored monthly to help early identification of capacity issues

Sep 30 2009

DOCUMENT EVIDENCE ATTACHED

(7.3.2) Ensure that staff and managers are made aware of action being taken. Where courses are showing as full – Pop Ups will be implemented to state that additional courses are being scheduled.

Mandatory training coordinator

7 All SDU's

(7.4) Automated reminder of booking 1 week prior to course

Sep 30 2009

DOCUMENT EVIDENCE ATTACHED

(7.4.2) Admin Team to send duplicate DNA e-mails to managers until a response is received.

Admin Team

7 All SDU's

(7.5) Process implemented to chase response from managers following DNA letter.

Sep 30 2009

DOCUMENT EVIDENCE ATTACHED

(7.5.2) Ensure reasons for DNA are recorded and reported in both Exchange and ESR.

Admin Team

7 Ealing

(7.14) Mandatory training is linked to Trustwide actions and implementation programmes

Sep 30 2009

(7.14.1) Standing item on SMT agenda, governance meetings and monthly performance meetings with EDs -Month on month target to be agreed with HR to access incentive payments for backfill to release staff for training

Service Director/Managers

7 H&F

(7.15) To improve compliance with mandatory training

Sep 30 2009

DOCUMENT EVIDENCE ATTACHED

(7.15.1) Communicate revised mandatory training matrix

Service and Clinical Director

7	H&F	**(7.15) To improve compliance with mandatory training**	**Sep 30 2009**	

DOCUMENT EVIDENCE ATTACHED

(7.15.2) Communicate on-line E learning system

Service and Clinical Director

7	H&F	**(7.15) To improve compliance with mandatory training**	**Oct 31 2009**	

DOCUMENT EVIDENCE ATTACHED

(7.15.3) Ask all members of SDU management team to ensure that mandatory training is a standing item in supervision. For that instruction to be cascaded to all supervision

Service and Clinical Director

7	All SDU's	**Removed**	**Oct 31 2009**	

Removed

7	Broadmoor	**(7.22) Additional focus on mandatory training availability & uptake by SMT**	**Oct 31 2009**	

(7.22.1) In view of concerns re failure to meet mandatory training targets – SDU HR consultant to presentation information currently available on bookings, availability & uptake of mandatory training. SMT members to agree upon any remedial action required and to ensure solutions are put in place .

HR Consultant

7	All SDU's	**(7.5) Process implemented to chase response from managers following DNA letter.**	**Oct 31 2009**	

DOCUMENT EVIDENCE ATTACHED

(7.5.3) From responses obtained from new DNA monitoring process review reasons and feedback where necessary to SDU.

L&D centre manager/Head of staff Development

7 All SDU's **(7.5) Process implemented to chase response from managers following DNA letter.** Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(7.5.1) Where no responses are received at month end, this will be escalated to the Service Manager by Head of Staff Development.

Head of Staff Development/Admin Team

7 All SDU's **(7.4) Automated reminder of booking 1 week prior to course** Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(7.4.1) Action being taken forward with Exchange Team

Internet System Manager

7 All SDU's **(7.2) Review uptake and methods of mandatory training, including recording and feedback loop. Develop report by staff group and SDU.** Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(7.2.3) Work with H&F SDU to provide local training facilities to enable mandatory training to be provided on site and increase uptake of training.

Head of Staff Development

7 All SDU's **(7.3) On-line bookings to be tracked and monitored monthly to help early identification of capacity issues** Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(7.3.1) Produce weekly 'Future Training Bookings Report' on the exchange to monitor places available and identify where additional courses are required.

Ass Dir HR L&D/ Head of Staff Development

7 All SDU's **(7.8) Develop competency tracking via ESR when available later this year to show staff status regarding in date with training out of date with training.** Oct 31 2009

DOCUMENT EVIDENCE ATTACHED

(7.8.3) Input all localised training attendance sheets onto Exchange to ensure system includes all training data.

Admin Teams

7	All SDU's	**(7.8) Develop competency tracking via ESR when available later this year to show staff status regarding in date with training out of date with training.**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.8.1) Develop competency tracking in Exchange in view of ESR competency tracking not being fully functional.		
		Head of Staff Development/Internet system manager		

7	All SDU's	**(7.8) Develop competency tracking via ESR when available later this year to show staff status regarding in date with training out of date with training.**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.8.2) Develop mandatory tracking as a priority in Exchange to show mandatory training activity against passport group and launch via HR 1 Stop.		
		Internet System manager		

7	All SDU's	**(7.10) Implement On-line PDR**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.10.3) Set up Pilot Groups for On-line PDRs		
		Director of HR L&D/Head of Staff Development		

7	All SDU's	**(7.1) Further Review mandatory training matrix and communication to staff**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.1.1) Schedule meetings with all internal training providers to review the content of the mandatory training matrix and review frequency and appropriate method of delivery Review e-learning courses that meet mandatory requirements and confirm usage with subject matter experts.		
		Associate Director of HR L&D/ Head of Staff Development		

7	All SDU's	**(7.2) Review uptake and methods of mandatory training, including recording and feedback loop. Develop report by staff group and SDU.**	**Nov 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.2.5) Work with SDUs to ascertain report requirements.		
		Ass Dir HR L&D/ Head of Staff Development		

7	All SDU's	**(7.1) Further Review mandatory training matrix and communication to staff**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.1.2) Re-launch matrix with existing/new e-learning courses.		
		Associate Director HR L&D/ Head of Staff Development		

7	All SDU's	**(7.10) Implement On-line PDR**	**Dec 31 2009**	
		(7.10.2) Input all KSF data onto the Exchange PDR on-line System		
		Admin Team Associate		

| 7 | All SDU's | **removed** | **Dec 31 2009** | |
| | | removed | | |

7	WLFS	**(7.16) Ensure systems are in place to monitor attendance at SMT, DMT and team level**	**Dec 31 2009**	
		(7.16.1) Implement systems to record and monitor attendance of mandatory training. Attendance to be incorporated in the SDU performance management process.		
		HR Consultant and Head of Business Mgt		

7	WLFS	**(7.17) Ensure adequate spaces are available to meet the demand**	**Dec 31 2009**	
		(7.17.1) Identify SDU demand and work with training providers to optimise capacity, including increasing capacity of PMVA training as priority		
		HR Consultant and Directorate Managers		

7	Hounslow	**(7.19) Learning & Development meetings in place across all care groups**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.19.1) Revised ToR in the Training and Education Committee and the local training meetings (Adult/OPS (SB), CAMHS (TC), Cassel (LD)) to ensure routine review of PDR uptake and mandatory training		
		Service Managers		

7	Hounslow	**(7.19) Learning & Development meetings in place across all care groups**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.19.2) Re-launch mandatory training passport through Learning and Development across all care groups		
		HR Consultant/ Service Manager		

7	Broadmoor	**(7.21) Agreement for local systems for monitoring and managing mandatory training of staff**	**Dec 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(7.21.1) All managers to have up to date training matrix in place for staff in their areas.		
		Clinical Nurse Managers & Heads of Service		

7	All SDU's	**(7.10) Implement On-line PDR**	**Jan 31 2010**	
	DOCUMENT EVIDENCE ATTACHED	(7.10.4) Review and update PDR policy to reflect on-line system, using information from pilot groups.		
		Director of HR L&D/ Head of Staff Development		

7	All SDU's	**(7.2) Review uptake and methods of mandatory training, including recording and feedback loop. Develop report by staff group and SDU.**	**Jan 31 2010**	
	DOCUMENT EVIDENCE ATTACHED	(7.2.1) Request staff/workforce figures against staff groups in the Mandatory Matrix by site.		
		Associate Director HR L&D/ Head of Staff Development		

7	All SDU's	**(7.10) Implement On-line PDR**	**Feb 28 2010**	
		(7.10.5) Train staff on new PDR system.		
		Head of Staff Development/ Employee Development Advisor/ L&D Manager		

7 Hounslow	**(7.20) Strengthen SDU-wide coordination of mandatory and developmental training, monitor DNA's, ensure focussed administrative support.** (7.20.1) Relevant Service Managers for SDU **Director / Clinical Director / Service Manager**	**Mar 31 2010**	
7 Broadmoor	**(7.21) Agreement for local systems for monitoring and managing mandatory training of staff** (7.21.3) Consideration for mandatory training to be delivered in 'block' week – review trial being carried out in Estates and Facilities. **Associate Directorate of Estates and Facilities**	**Mar 31 2010**	
7 Ealing	**(7.14) Mandatory training is linked to Trustwide actions and implementation programmes** (7.14.2) Managers will utilise new trust mandatory training matrix and recording system **Service Director**	**Mar 31 2010**	
7 H&F	**(7.15) To improve compliance with mandatory training** (7.15.4) Construct dedicated E Learning room in H & F **Service Director/Service Manager/ Director of Capital Development**	**Mar 31 2010**	
7 H&F	**(7.15) To improve compliance with mandatory training** (7.15.5) Work with Staff side to develop learning reps **Staff side convenor/Service Managers**	**Mar 31 2010**	
7 All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic** (7.11.1) Short Term measures agreed to mitigate risks **Associate Director of HR L&D/ Head of Staff Development**	**Mar 31 2010**	

7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.2) The need to urgently increase compliance rates between Nov 2009/10 to ensure sustainability during 2010/11 Actions already being taken		
		Associate Director of HR L&D/ Head of Staff Development		
7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.3) Additional course capacity created Nov 2009- March 2010.		
		Associate Director of HR L&D/ Head of Staff Development		
7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.4) Additional funding to backfill staff release Nov 2009 – March 2010		
		Associate Director of HR L&D/ Head of Staff Development		
7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.5) Flexible provision of training including Saturday provision and better use of e-learning.		
		Associate Director of HR L&D/ Head of Staff Development/ SDU Directors		
7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.6) Closer monitoring of uptake and attendance with monthly targets		
		Associate Director of HR L&D/ Head of Staff Development/ SDU Directors		

7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.7) Increased reporting of DNA and follow-up.		
		Associate Director of HR L&D/ Head of Staff Development/ SDU Directors		
7	All SDU's	**(7.11) Risks to not achieving Desired Outcome. Inability to release staff from workplace to attend training due to staff shortages (vacancies and Sickness) interdependency with Recommendation 6. Risk due to extreme circumstances i.e. Flu Pandemic**	**Mar 31 2010**	
		(7.11.8) Prioritisation of mandatory training over all other training especially at times of staff shortages.		
		Associate Director of HR L&D/ Head of Staff Development/ SDU Directors		
7	All SDU's	**(7.6) Review DNA position and look at ways of reducing**	**Apr 30 2010**	
		(7.6.1) Consider implementing charging/penalty for DNAs discussion paper to EDs/ODG.		
		Associate Director HR L&D		
7	WLFS	**(7.18) Development of mandatory annual security update in accordance with medium secure standards**	**Apr 30 2010**	
		(7.18.1) Development of annual security update for staff, including system for ensuring compliance		
		Service Director & Head of Security		
7	Hounslow	**(7.19) Learning & Development meetings in place across all care groups**	**Oct 31 2015**	
		(7.19.3) Link with HR/Learning and Development to support Trustwide implementation of strategy		
		HR Consultant/ Service and Clinical Directors		
7	Broadmoor	**(7.21) Agreement for local systems for monitoring and managing mandatory training of staff**	**Oct 31 2015**	
		(7.21.2) All staff to have training passports reviewed by supervisor at monthly supervision.		

7	H&F	**(7.15) To improve compliance with mandatory training**	**Oct 31 2015**	
		(7.15.6) Work with training & development in relation to the production of reports which monitor compliance with MT across SDU		
		SMT		
7	All SDU's	**removed**	**Oct 31 2015**	
		removed		

11	H&F	**(11.5) The SDU will continue to support recovery principles**	**Aug 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(11.5.1) The underpinning principles within the service redesign set up in August 09, are recovery and social inclusion		
		Service Director/Clinical lead		

11	H&F	**(11.6) The development of new business to be considered**	**Sep 30 2009**	
	DOCUMENT EVIDENCE ATTACHED	(11.6.3) Bid for Assertive Outreach services; initial expression of interest		
		Service Director/ Deputy Chief Executive		

| 11 | All SDU's | **(11.1) To achieve excellence against CQC criteria** | **Oct 31 2009** | |
| | **DOCUMENT EVIDENCE ATTACHED** | (11.1.1) St Bernard's: SOC approved by Trust Board and awaiting approval by NHS London | | |

11	H&F	**(11.6) The development of new business to be considered**	**Oct 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(11.6.1) Successful in obtaining IAPT pilot site status from October 09		
		Head of Psychological Therapies		

11	H&F	**(11.6) The development of new business to be considered**	**Oct 31 2009**	
	DOCUMENT EVIDENCE ATTACHED	(11.6.2) Development of a business case to expand Gender Identity services		
		Director for Strategy and Performance/ Service manager/ Director Gender Identity clinic		

| 11 | Hounslow | **(11.8) CD and D, with other Trustwide SDU directors, develop shared direction towards excellence.** | **Oct 31 2009** | |

	(11.8.3) Strong promotion of Social Inclusion with key partners. Social inclusion strategy to be signed off 10th December 09 **Service Director**		GREEN
11 Ealing	**(11.4) Service Director and Clinical Director to develop shared direction towards excellence** (11.4.3) Strong promotion of Social Inclusion with key partners. In partnership with Twinings developing work based opportunities across borough	Nov 2 2009	GREEN
11 H&F **DOCUMENT EVIDENCE ATTACHED**	**(11.6) The development of new business to be considered** (11.6.4) Explore potential for the development of ante natal services **Service Director**	Dec 31 2009	BLUE
11 Broadmoor **DOCUMENT EVIDENCE ATTACHED**	**(11.9) Improving day to day practice and the patient experience in all areas.** (11.9.1) To produce an operational strategy to improve on the quality of care received by our patients. **Deputy Director of Nursing**	Jan 31 2010	BLUE
11 Hounslow	**(11.8) CD and D, with other Trustwide SDU directors, develop shared direction towards excellence.** (11.8.2) Strong promotion of positive risk assessment and management **Service Director**	Feb 28 2010	YELLOW
11 Ealing **DOCUMENT EVIDENCE ATTACHED**	**(11.4) Service Director and Clinical Director to develop shared direction towards excellence** (11.4.2) Commitment to and promotion of positive risk assessment and management. **Service and Clinical Director**	Feb 28 2010	BLUE

11	All SDU's	**(11.2) The Trust must continue to support and promote Social Inclusion and the Recovery Approach**	**Feb 28 2010**	
		(11.2.4) Full data completeness to facilitate effective performance management (focussing on key aspects such as MH Minimum data set)		
		SDU Directors		

11	All SDU's	**(11.2) The Trust must continue to support and promote Social Inclusion and the Recovery Approach**	**Mar 31 2010**	
		(11.2.3) Recovery Strategy developed		
		Social Inclusion Lead/Associate Medical Director		

11	All SDU's	**(11.3) Trustwide and three borough work to achieve excellence in clinical care**	**Mar 31 2010**	
		(11.3.2) Engage service users and carers to support and drive service improvements		
		Five SDU x SDU Directors/Clinical Directors		

11	H&F	**(11.6) The development of new business to be considered**	**Mar 31 2010**	
		(11.6.5) Explore the potential for the development of court diversion services following pilot		
		Service Directors H&F and WLF SDU/ service manager		

11	All SDU's	**(11.3) Trustwide and three borough work to achieve excellence in clinical care**	**Apr 30 2010**	
		(11.3.1) "Think Family" services - Trust wide five SDUs		
		Five SDU x SDU Directors/Clinical Directors		

11	Broadmoor	**(11.11) Extend a positive reputation for Forensic Care through greater academic output via research**	**Apr 30 2010**	
		(11.11.1) A coordinated programme of external publications and presentations to be agreed with greater publicity of events		
		Specialist Consultant		

11	All SDU's	**(11.3) Trustwide and three borough work to achieve excellence in clinical care**	**Apr 30 2010**	
		(11.3.4) Develop services with shared strong focus on Social Inclusion and Recovery		
		Five SDU x SDU Directors		
11	Ealing	**(11.4) Service Director and Clinical Director to develop shared direction towards excellence**	**Apr 30 2010**	
		(11.4.1) Commitment to and promotion of Recovery Approach in all care groups.		
		Service and Clinical Director		
11	All SDU's	**(11.3) Trustwide and three borough work to achieve excellence in clinical care**	**May 31 2010**	
		(11.3.3) Use Patient Experience data for quality assurance - pilot date slipped		
		Five SDU x SDU Directors/clinical directors		
11	WLFS	**(11.7) Develop culture of publicising / promoting the innovative work within the SDU & across the organisation**	**Sep 30 2010**	
		(11.7.1) Engage partnership organisations and seek opportunities to publicise and promote work within the SDU and beyond. Encourage research, participation in external training and contributions to conferences.		
		Business manager		
11	All SDU's	**To achieve excellence against CQC criteria**	**Dec 31 2013**	
11	All SDU's	**(11.2) The Trust must continue to support and promote Social Inclusion and the Recovery Approach**	**Nov 30 2015**	
		(11.2.1) Support Trustwide prioritisation of Social Inclusion and Recovery in all SDU and Corporate related work streams		

11	All SDU's	**(11.2) The Trust must continue to support and promote Social Inclusion and the Recovery Approach** (11.2.2) Recovery and social inclusion training continues across Trust, and is included in the Refocusing the CPA work stream **Social Inclusion Lead/Associate Medical Director**	**Nov 30 2015**	
11	All SDU's	**(11.2) The Trust must continue to support and promote Social Inclusion and the Recovery Approach** (11.2.5) Service users and carers "recruited" to support more Trust work, and to develop greater integration with Patient Experience work **Director of Nursing and Patient Experience**	**Nov 30 2015**	
11	Broadmoor	**(11.10) Deliver the transitional plan from current arrangements to reprovided hospital and full implementation of the Clinical Model** (11.10.1) SMT agree implementation schedule and regularly monitor delivery. **SDU Director Clinical Director**	**Nov 30 2015**	
11	WLFS	**(11.7) Develop culture of publicising / promoting the innovative work within the SDU & across the organisation** (11.7.2) Train staff in the recovery model. Promote and support the integration of the recovery approach, social inclusion and the patient experience **Head of Nursing/ Head OT**	**Nov 30 2015**	
11	Hounslow	**(11.8) CD and D, with other Trustwide SDU directors, develop shared direction towards excellence.** (11.8.1) Strong promotion of Recovery Approach in all care groups. **Clinical Director**	**Nov 30 2015**	

3 All SDU's	**(3.1) Ensure system in place so PCT and LA are involved with progress and review of level 1 – 3 incidents linked to SDU Integrated Management Boards**	**Sep 14 2009**	
DOCUMENT EVIDENCE ATTACHED	(3.1.1) Needs agreement with PCT CEOs – agenda for next 3 way PCT meeting. **Dep Chief Executive/ PCT CEOs**		
3 All SDU's	**(3.1) Ensure system in place so PCT and LA are involved with progress and review of level 1 – 3 incidents linked to SDU Integrated Management Boards** (3.1.2) PCTs to be represented on all local incident monitoring groups in each SDU. **Dep Chief Executive/ PCT CEOs**	**Sep 14 2009**	
3 WLFS	**(3.6) Lead Commissioner to engage in SDU IRG meetings** (3.6.1) To invite Lead Commissioner and support attendance - LEAD COMMISSIONER ATTENDS	**Sep 30 2009**	
3 Broadmoor	**(3.7) Formalise positive working relationships with Commissioners and NHS London.** (3.7.3) Performance manager (NHS London) and CQC formally MHAC continue as members of IMRG **SDU Director**	**Oct 29 2009**	
3 Broadmoor	**(3.7) Formalise positive working relationships with Commissioners and NHS London.** (3.7.4) Continued full compliance with High Secure Reporting policy **SDU Director**	**Oct 29 2009**	
3 Broadmoor	**(3.7) Formalise positive working relationships with Commissioners and NHS London.** (3.7.5) (NB We have just been made aware that there will be a change to our Lead Commissioner) Arrange meeting with new Lead Commissioner upon appointment to agree future working arrangements and systems for communication **SDU Director/Clinical Director**	**Oct 29 2009**	

3 All SDU's **(3.2) Commissioning PCT to attend monthly Incident Monitoring Groups** **Oct 29 2009**

Attend

SDU Directors/Clinical Directors

3 WLFS **(3.4) Ensure clear arrangements are in place with the NWL Forensic Consortium relating to the reporting and reviewing of incidents, including reporting against action plans** **Oct 31 2009**

DOCUMENT EVIDENCE ATTACHED (3.4.1) To discuss & formalise agreement with Lead Commissioner

Service Director

3 Broadmoor **(3.7) Formalise positive working relationships with Commissioners and NHS London.** **Oct 31 2009**

(3.7.2) Quarterly Cluster and SLA meetings with Commissioners

SDU Director

3 WLFS **(3.5) Ensure similar arrangements are clarified with other commissioners (NCG, WEMSS and cost-per-case)** **Nov 30 2009**

DOCUMENT EVIDENCE ATTACHED (3.5.1) SDU Director to ensure arrangements & expectations are clear for each commissioner

Service Director

3 All SDU's **(3.3) Commissioning PCT to attend interagency Trustwide learning events (currently bi-annual)** **Dec 31 2009**

Attend and complete

3 All SDU's **(3.1) Ensure system in place so PCT and LA are involved with progress and review of level 1 – 3 incidents linked to SDU Integrated Management Boards** **Dec 31 2009**

(3.1.3) To formalise Trust – Commissioner relationships around the process for monitoring, reviewing and learning from incidents

Dep chief Executive

3 Broadmoor

(3.7) Formalise positive working relationships with Commissioners and NHS London.

Oct 31 2015

(3.7.1) Monthly hospital visits by Performance Manager with feedback sessions to SDU Director.

SDU Director

4 Broadmoor	**(4.8) Develop FBC and submit for Approval**	**Sep 16 2009**	
DOCUMENT EVIDENCE ATTACHED	(4.8.1) Revised OBC submitted to NHS London in Dec 2009. St. Bernards redevelopment OBC due for completion Jan 2011		
	Programme Director / Director of capital development		

4 Broadmoor	**(4.8) Develop FBC and submit for Approval**	**Oct 21 2009**	
	(4.8.2) Approval of OBC by NHS London CIC		
	Programme Director		

4 All SDU's	**(4.2) Implementation of the transitional plan as the next stage as part of Redevelopment programme.**	**Oct 29 2009**	
DOCUMENT EVIDENCE ATTACHED	(4.2.1) This transitional plan will be submitted to the Senior Management Team and Programme Board in September - NOVEMBER PROGRAMME BOARD WAS CANCELLED - TO GO TO DECEMBER MEETING FOR RATIFICATION		
	Programme Director		

4 WLFS	**(4.7) Ensure Commissioners are fully engaged in the process**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(4.7.1) Copy all relevant documentation to Commissioners and ensure they are invited to relevant meetings regarding the redevelopment.		
	Service Director		

4 WLFS	**(4.7) Ensure Commissioners are fully engaged in the process**	**Oct 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(4.7.2) To ensure formal communication of support takes place (including discussion regarding revenue) prior to Gateway review - this is delayed		
	Service Director		

| 4 All SDU's | **(4.4) The Trust has commenced the process of engaging a range of advisors for the detailed design stage of the Broadmoor Hospital Redevelopment Programme.** | **Oct 31 2009** | |

(4.4.1) The ITT was issued in early August and shortlisting will occur in late September 2009. Interviews will take place during October. This will enable design work to commence upon OBC approval without any delay.

Programme Director / Dir High Secure Services / Interim successor

4 Ealing

(4.5)

Oct 31 2009

(4.5.1) Working with partner agencies to identify new sites for Adult CMHT's. Process Started .

SDU Director/ Director of Capital Development

4 Ealing

**(4.5) New Therapy centre and PICU development in train, work commencing October.
Fit for purpose business cases being submitted for Community sites**

Oct 31 2009

(4.5.2) Working with corporate services to identify what services may be provided off site in the future. New PICU and Therapy service due for completion July 2010 (4.5.3) St Bernards redevelopment process to reach a preferred option will take into account the medium to long term trust Strategy for the future provision of local services

Service Director Estates and Facilities

4 WLFS

(4.6) SDU to ensure effective engagement with the SOC process and beyond

Oct 31 2009

(4.6.1) Interim project manager appointed – to appoint to substantive post if required beyond SOC stage - Pam Scott in post

Service Director and Director of Capital Development

4 Broadmoor

(4.8) Develop FBC and submit for Approval

Nov 16 2009

(4.8.3) Preferred Team of Advisors approved by Trust Board

Programme Director

4 All SDU's

(4.3) Completion of capital improvement works as scheduled aimed at improving the safety of the environment at Broadmoor Hospital.

Nov 30 2009

(4.3.1) The transitional plan also includes all capital improvement works. This includes a major review of furnishings following risk incidents, and a further programme of identification and removal of ligatures

Director of Capital Development

4 All SDU's **(4.1) Strategic Outline Business Case for St. Bernard's site to be presented to Trust Board**   **Nov 30 2009**

(4.1.1) Presented to Board

4 WLFS **(4.6) SDU to ensure effective engagement with the SOC process and beyond**   **Apr 30 2010**

(4.6.2) Agree & resource project structure to optimise clinical & service user involvement for OBC stage.
St bernards Redevelopment SOC agreed by Trust Board and is now awaiting approval from NHS LONDON - March 2010

Service Director/ Director of Capital Development

4 Broadmoor **(4.8) Develop FBC and submit for Approval**   **May 31 2010**

(4.8.4) Design work commenced

Programme Director

4 Broadmoor **(4.8) Develop FBC and submit for Approval**   **Jul 31 2010**

(4.8.5) Environmental Impact Assessment Complete

Programme Director

4 Broadmoor **(4.8) Develop FBC and submit for Approval**   **Aug 31 2010**

(4.8.6) Contractor appointed

Programme Director

4 Broadmoor **(4.8) Develop FBC and submit for Approval**   **Aug 31 2011**

(4.8.7) Full Planning Submitted

Programme Director

4 Broadmoor   **(4.8) Develop FBC and submit for Approval**   **Mar 29 2012**

(4.8.8) Commissioner Support finalised

Programme Director

4 Broadmoor   **(4.8) Develop FBC and submit for Approval**   **Jul 31 2012**

(4.8.9) FBC Approval

Programme Director

4 Broadmoor   **(4.8)Develop FBC and submit for Approval**   **Oct 31 2012**

(4.8.10) FBC: DH/Treasury Approval

Programme Director

12 All SDU's	**(12.1) Patient Experience Project established**	**Sep 30 2009**	■
	(12.1.4) Director of Nursing and Patient Experience post advertised		
	Chief Executive/Deputy Chief Executive		

12 H&F	**(12.3) To encourage and develop effective working relationships with key non-executive directors to link with SDU as a means of improving patient experience**	**Sep 30 2009**	■
DOCUMENT EVIDENCE ATTACHED	(12.3.1) To give priority to Non executive Director visits		
	Service Director and Clinical Director		

12 Ealing	**(12.2) To encourage and develop effective working relationships with key non-executive directors to link with SDU**	**Nov 2 2009**	■
DOCUMENT EVIDENCE ATTACHED	(12.2.1) A series of visits to service areas to be planned so that Non Executive Directors can understand the service provision. Programme starting Jan feb 2010		
	Service Director		

12 WLFS	**(12.4) Develop effective working relationships with key non-executive directors.**	**Nov 2 2009**	■
	(12.4.1) Organise programme of visits for Non-executive Directors to familiarise them with the various components of the SDU. Being organised currently - and centrally by Board Secretary		
	Service Director and Clinical Director		

12 WLFS	**(12.5) Improve service user experience**	**Nov 2 2009**	■
DOCUMENT EVIDENCE ATTACHED	(12.5.1) Join pilot for PET in the ward and community forensic settings . PILOT COMMENCED		
	Head of Nursing		

| 12 Ealing | **(12.2) To encourage and develop effective working relationships with key non-executive directors to link with SDU** | **Nov 30 2009** | ■ |

DOCUMENT EVIDENCE ATTACHED	(12.2.2) Invites to Inpatient Forum and CIGs for opportunities to hear service users issues first hand.		
	Inpatient Service Manager		
12 All SDU's	**(12.1) Patient Experience Project established**	**Nov 30 2009**	
	(12.1.5) Appointment		
	Chief Executive		
12 H&F	**(12.3) To encourage and develop effective working relationships with key non-executive directors to link with SDU as a means of improving patient experience**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(12.3.2) H & F to be part of the pilot for PET. To develop governance arrangements for the use of information		
	Service Director and Clinical Director		
12 Broadmoor	**(12.7) SDU to provide a schedule of meetings, fora etc and ensure that Non Exec Directors are encouraged to attend either on a regular or ad hoc basis**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(12.7.1) Provide schedule to Board secretary for dissemination.		
	SDU Director		
12 Broadmoor	**(12.7) SDU to provide a schedule of meetings, fora etc and ensure that Non Exec Directors are encouraged to attend either on a regular or ad hoc basis**	**Nov 30 2009**	
DOCUMENT EVIDENCE ATTACHED	(12.7.2) Ensure that chairs of meetings, SMT, User Forum, IMR&G, discuss with members this initiative		
	SDU Director		
12 H&F	**(12.3) To encourage and develop effective working relationships with key non-executive directors to link with SDU as a means of improving patient experience**	**Dec 31 2009**	

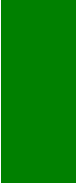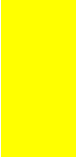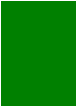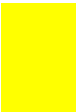|			
DOCUMENT EVIDENCE ATTACHED	(12.3.3) Proposal being developed about User & Carers being involved in the main SDU operational & governance group		■
	Service Director and Clinical Director		
12 WLFS	**(12.5) Improve service user experience**	Dec 31 2009	■
DOCUMENT EVIDENCE ATTACHED	(12.5.2) Establish a Service User experience group to ascertain their experience and link this to service development and delivery		
	Head of Nursing		
12 All SDU's	**(12.1) Patient Experience Project established**	Dec 31 2010	■
	(12.1.1) Patient Experience Tracker pilot agreed to take place in H&F and West London Forensic SDU		
	Chief Executive/Deputy Chief Executive		
12 All SDU's	**(12.1) Patient Experience Project established**	Dec 31 2010	■
	(12.1.2) "Real time" patient experience reports will be available - quarterly reports to Trust Board.		
	Chief Executive/Deputy Chief Executive		
12 Hounslow	**(12.6) Await outcome of WLMHT H&F and WLFSDU pilot for PET.**	Dec 31 2010	■
	(12.6.1) Receive and roll out as appropriate recommendations from the pilot		
	Clinical Director/Head of Governance		
12 All SDU's	**(12.1) Patient Experience Project established**	Nov 30 2015	■
	(12.1.3) MHA Managers to programme visits to wards and feedback.		

10	All SDU's	**(10.1) Board Development Programme to be implemented**	**Sep 30 2009**	
		(10.1.1) Board agreement to re-start development process (can be linked to FTe development) - AWAITING THE FORMULATION OF THE NEW BOARD IN DECEMBER 2009 AND THE NEW DIRECTOR OF ORGANISATIONAL DEVELOPMENT IN DIARY 2010. a POSITIVE DISCUSSION WAS TAKEN TO RECAST THIS WISH IN THE NEW YEAR WITH THE NEW EXECUTIVE AND NON-EXECUTIVE TEAMS. ALL NEW NEDS WILL BE IN POST AT THE END OF NOVEMBER 2009, APPOINTMENTS TO THESE EXECUTIVES MADE IN OCTOBER 2009		
		Director of workforce and OD		

| 10 | Ealing | **(10.2) Board Development Programme to be implemented** | **Sep 30 2009** | |
| | | (10.2.2) Specific work being undertaken re Bullying and Harassment. Head of Nursing and Inpatient service manager to deliver training to inpatient wards - training planned | | |

| 10 | Ealing | **(10.2) Board Development Programme to be implemented** | **Sep 30 2009** | |
| | | (10.2.5) Business Case for Ops single rooms - BUSINESS CASE DONE - part of trust Capital work programme | | |

| 10 | Ealing | **(10.2) Board Development Programme to be implemented** | **Sep 30 2009** | |
| | | (10.2.6) Business Case for J C Wing Restaurant to include new opportunities for visitors. BUSINESS CASE COMPLETE - no longer part of capital works programme - meeting imminent | | |

10	All SDU's	**(10.1) Board Development Programme to be implemented**	**Oct 31 2009**	
		(10.1.2) Appoint OD consultant to lead development program - DETAIL REASON FOR EXCEPTION AS ABOVE 10.1.1 - agreed with SHA		
		Director of workforce and OD/Chair		

| 10 | All SDU's | **(10.1) Board Development Programme to be   implemented** | **Oct 31 2009** | |

(10.1.3) Present and Agree work plan with Board - DETAIL REASON FOR EXCEPTION AS ABOVE 10.1.1 - agreed with SHA

Director of Workforce and OD Chair

10	Ealing	**(10.2) Board Development Programme to be implemented**	**Oct 31 2009**	

(10.2.3) Project Boards are now more inclusive. PICU project board had service user and carer reps. PICU project commenced and due for completion July 2010

10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Oct 31 2009**	

DOCUMENT EVIDENCE ATTACHED

(10.6.4) Respond to and action results from Staff survey

Service Director/Service Manager

10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Nov 2 2009**	

(10.6.8) Arrange second annual nursing conference

Head of Nursing

10	Broadmoor	**(10.7) Need to develop a strategy of positive change culture enhanced by clear and visible leadership.**	**Nov 2 2009**	

(10.7.1) Appointment of Executive of High Secure Services based at Broadmoor SDU.

Chief Executive

10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Nov 2 2009**	

DOCUMENT EVIDENCE ATTACHED

(10.6.6) Ensure training group oversees fair access to CPD for all professional groups linking to SDU business plan

Service Director/Service Manager

10	WLFS	**(10.4) To develop mechanisms to improve communication and leadership development**	Nov 2 2009	🟩
		(10.4.1) Communications sub-group established as part of local partnership forum, to better engage and involve staff		
		Service Director		
10	All SDU's	**(10.1) Board Development Programme to be implemented**	Nov 30 2009	🟨
		(10.1.5) Initial board workshop and individual interviews with consultant - Away Day happened 8th December 2009, individual psychometric assessments for board completed - agreed with SHA to remain amber		
		Director of workforce and OD		
10	Ealing	**(10.2) Board Development Programme to be implemented**	Nov 30 2009	🟨
		(10.2.4) Senior Management Team-Away-day to develop Leadership of the SDU. To agree facilitator and dates with SMT - March 2010		
10	All SDU's	**(10.1) Board Development Programme to be implemented**	Nov 30 2009	🟨
		(10.1.8) Implement strategic board agenda management - agreed with SAH to remain amber		
10	Ealing	**(10.2) Board Development Programme to be implemented**	Nov 30 2009	🟦
	DOCUMENT EVIDENCE ATTACHED	(10.2.1) All teams in all care groups taking forward issues raised by the staff survey Clear action plans in place		
		Clinical Director, Clinical Leads, Service Director and Operational Managers		
10	H&F	**(10.3) SDU Development to be considered to support the Board and it's priorities for this**	Dec 31 2009	🟦
	DOCUMENT EVIDENCE ATTACHED	(10.3.2) Ensure that appraisals & job plans for the management team are up to date		

10 WLFS	**(10.5) To develop innovative models of Forensic care delivery**	**Dec 31 2009**	
DOCUMENT EVIDENCE ATTACHED	(10.5.2) Develop systems to enhance and monitor patient experience to support Trust PET programme		
	Head of Nursing		

10 All SDU's	**(10.1) Board Development Programme to be implemented**	**Dec 31 2009**	
	(10.1.6) Development of strategy, LTFM, IBP with Board		
	Director of Workforce and OD		

10 All SDU's	**(10.1) Board Development Programme to be implemented**	**Dec 31 2009**	
	(10.1.4) Ensure NED and ED appraisals are up to date		

10 Broadmoor	**(10.7) Need to develop a strategy of positive change culture enhanced by clear and visible leadership.**	**Jan 31 2010**	
DOCUMENT EVIDENCE ATTACHED	(10.7.4) Develop regular forums to present case reviews highlighting good practice as well as learning lessons and improving practice		
	Clinical Director		

10 H&F	**(10.3) SDU Development to be considered to support the Board and it's priorities for this**	**Mar 31 2010**	
	(10.3.1) Away Day to focus on leadership development/skills/SMT strategy		
	Service Director/Clinical Director		

10	WLFS	**(10.4) To develop mechanisms to improve communication and leadership development**	**Mar 31 2010**	
		(10.4.2) Senior Management Team-Away-day to develop Leadership of the SDU		
		Service Director		
10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Mar 31 2010**	
		(10.6.3) Managers to attend Trust recruitment training		
		Service Director/Service Manager		
10	All SDU's	**(10.1) Board Development Programme to be implemented**	**Apr 30 2010**	
		(10.1.7) Follow up workshop		
		Director of workforce and OD		
10	Broadmoor	**(10.7) Need to develop a strategy of positive change culture enhanced by clear and visible leadership.**	**Jun 30 2010**	
		(10.7.2) SMT to participate in an external Leadership Development Programme		
		SDU Director		
10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Oct 31 2010**	
		(10.6.5) Gain re-accreditation of IIP		
		Service Director/Service Manager		
10	WLFS	**(10.5) To develop innovative models of Forensic care delivery**	**Apr 30 2011**	
		(10.5.1) Complete work on future models of long term care, community forensic services and specialist in-patient services (WEMSS and Adolescent Forensic)		
		Service Director/Clinical Director		

10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Dec 31 2011**	
		(10.6.1) Hounslow Communications Forum every six weeks to support issues from Staff Survey – will be key conduit for sharing findings and actions from CQC report		
		Service Director/Clinical Director		
10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Dec 31 2012**	
		(10.6.7) Maintain nurse research group		
		Head of Nursing		
10	Broadmoor	**(10.7) Need to develop a strategy of positive change culture enhanced by clear and visible leadership.**	**Nov 30 2015**	
		(10.7.3) Continue monthly staff forums with a focus of two way communication between the staff and SMT of the SDU		
		SDU Director		
10	Hounslow	**(10.6) Staff in Hounslow SDU to report high satisfaction and confidence in staff annual survey**	**Nov 30 2015**	
		(10.6.2) Ensure good recruitment practice linked to trust priorities and strategy		
		Service Director/Service Manager		

13 Broadmoor	**(13.5) Review of adequacy clinical information systems proposed at SMT September 2009 in context of Mid Staffs report**	Oct 31 2009	
	(13.5.2) To agree structure for strengthened SDU SMT clinical assurance at October Away Day		
	Clinical Director		

13 Ealing	**(13.1) Operational Delivery Group and Clinical Standards and Strategy Group ceased and new governance structure to be developed**	Oct 31 2009	
	(13.1.1) Operational Board to commence October 2009 – Executive Directors and SDU Directors and Clinical Directors to meet monthly to oversee governance of the Trust business and services. Operational Board now operational		
	Clinical Director		

13 Ealing	**(13.1) Operational Delivery Group and Clinical Standards and Strategy Group ceased and new governance structure to be developed**	Oct 31 2009	
DOCUMENT EVIDENCE ATTACHED	(13.1.2) Establish the Clinical Governance Forums within the SDU. Clinical Governance structures being finalised		
	Clinical Director		

13 Ealing	**(13.1) Operational Delivery Group and Clinical Standards and Strategy Group ceased and new governance structure to be developed**	Oct 31 2009	
	(13.1.3) Explore opportunities to rationalise. EFS leading for board		
	Clinical Director		

13 Ealing	**(13.1) Operational Delivery Group and Clinical Standards and Strategy Group ceased and new governance structure to be developed**	Oct 31 2009	
	(13.1.4) Explore opportunities for shared learning across care groups. Learning Lessons Nov 3rd 2009		
	Clinical Director		

| 13 Broadmoor | **(13.5) Review of adequacy clinical information systems proposed at SMT September 2009 in context of Mid Staffs report** | Nov 2 2009 | |

DOCUMENT EVIDENCE ATTACHED

(13.5.1) To ensure Trust arrangements are mirrored at SDU level

Clinical Director

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13 WLFS

(13.3) Review governance structures in line with new Trust-wide clinical governance structure and change existing structures if necessary to ensure consistency.

DOCUMENT EVIDENCE ATTACHED

n/a

Dec 31 2009

Director/ Clinical Director

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13 H&F

(13.2) To review the governance structure once the Trust wide structure has been completed

DOCUMENT EVIDENCE ATTACHED

Structure agreed - needs to be approved by Board

Jan 31 2010

SDU Director

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13 Hounslow

(13.4) Governance work streams established locally – to be reviewed accordingly when new Trust structures apply

(13.4.1) Audit and performance group reviews audits and monitors performance including against Level 2 and 3 incident action plans

Clinical Director

Dec 31 2011

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13 Hounslow

(13.4) Governance work streams established locally – to be reviewed accordingly when new Trust structures apply

(13.4.2) Clinical Effectiveness looks at the interaction between therapies and treatments, care environments and pathways, and patient experience

Clinical Director

Dec 31 2011