

Action plan

START DATE	05 June 2017
ACTION PLAN FOR	CQC action planning following February 2017 full inspection
COMPLIANCE MONITORING	Gerhard Florschutz
ACTION PLAN OWNER	Gerhard Florschutz
Title	Director
TYPE OF ACTION PLAN <i>(tick as appropriate: one left click in the box)</i>	<input type="checkbox"/> Business/service development <input type="checkbox"/> Clinical/medical projects, developments & work <input type="checkbox"/> Complaints <input checked="" type="checkbox"/> External inspection/recommendations <input type="checkbox"/> HR/people projects & plans <input type="checkbox"/> Incident <input type="checkbox"/> Patient experience <input type="checkbox"/> Project management/general

Last updated: 25 January 2018

ID	Recommendations/areas of non-compliance/practice for improvement/proposed changes etc.	Actions required (specify "None", if none are required).	Responsible person (Name).	Proposed action by date	Review date	Review comments (specify whether action by date has been met/explain).	Completion date	Evidence of completion
1	The provider must perform cleaning audits as per the hospital's schedule and the hospital must be able to show the results of these are consistently acted upon and used to improve service.	Revise process for conducting cleaning audits and formalise. To be conducted monthly (unit 1 week 1, unit 2 week 2 etc).	Gerhard Florschutz	05/06/2017	17/07/2017	Electronic tablet to be provided to Hotel Services in order that audits can be streamlined (24/07/2017).	-	On-going exercise. Laura Burada currently taking lead on weekly audits.
2	The provider must ensure they have assurances doctors working under rules of practising privileges have appropriate references and criminal checks as per best practice guidelines.	Revise practising privileges policy and current practising arrangements to ensure documentation meets guidelines.	Gerhard Florschutz	24/04/2017	10/05/2017	Outstanding DBS application completed. Policy particulars unchanged.	06/06/2017	Recorded on ESR. Olivia Graham and Carol Evans to continue monitoring compliance.
3	The provider must ensure that action is taken when fridge temperatures are recorded outside of the safe range.	Revise policy/process for reporting and managing fridge temperatures including action taken in the event of reading outside of the safe range.	Vik Seedheeyan	24/04/2017	10/05/2017	Medication policy: Section 11 (storage/ safety of medicines), page 19-20.	17/07/2017	Revisions in medication policy made and re-circulated.
4	The provider should consider systems to ensure the safety and quality of the water supply throughout the premises and in the hydrotherapy pool.	Review process of quality and safety checks. Water quality test kits to be purchased in order that maintenance can conduct sampling and testing.	Gerhard Florschutz	28/06/2017	31/07/2017	Water test kits procured in order that water can be tested for contaminants and hydrotherapy pool tested daily for PH levels and contaminants.	-	On-going exercise. GF to regularly review compliance.
5	The provider should ensure that it provides feedback to staff regarding complaints received and consider systems to ensure there is appropriate	a) Document evidence of investigations carried out. b) Be more specific with	(a-c) Tania Harding (d) Jack Wise	31/07/2017	17/07/2017	To ensure all staff are aware of lessons learned, feedback to be	18/07/2017	Proforma one-minute read developed (attached),

	<p>learning from the outcome:-</p> <p>a) Complaints - evidence of investigation required.</p> <p>b) Complaints - lessons learned were a broad statement with no evidence that this was shared with staff.</p> <p>c) Complaints - were acknowledged but there was no explanation of the formal process and how to contact ISCAS.</p>	<p>lessons learned and disseminate to staff.</p> <p>c) Prepare a sheet to send out with responses to complaints outlining our formal process and how to contact ISCAS.</p> <p>d) Include hyperlink to ISCAS revised code via new website.</p>				<p>included on one-minute read bulletin and emailed to all departments and placed on noticeboard.</p>		<p>commencing circulation 07/08/2017).</p>
6	<p>The provider should have plans in place to implement the Workforce Race Equality Standard (WRES) requirement.</p>	<p>Review requirements with National WRES team and compile 2016/17 WRES report.</p>	<p>Jack Wise</p>	<p>20/07/2017</p>	<p>10/07/2017</p>	<p>Guidance provided by WRES Policy Lead reviewed. To proceed with WRES report for 2016/17.</p>	<p>03/08/2017</p>	<p>WRES publication finalised. Submitted to website following technical issue resolve.</p>
7	<p>The provider should collate the views of staff to develop services with a current staff survey.</p>	<p>Expedite review and redesign process of annual staff survey.</p>	<p>Jack Wise</p>	<p>05/06/2017</p>	<p>09/06/2017</p>	<p>New survey finalised and reviewed prior to distribution during survey week (19-25/06).</p>	<p>25/06/2017</p>	<p>Survey week completed and results report finalised 05/07/2017.</p>
8	<p>The provider should provide feedback to staff regarding safety incidents and consider systems to ensure there is appropriate learning from such incidents.</p>	<p>Revise incident reporting policy to include new process for extracting and disseminating lessons learned.</p>	<p>Vik Seedheeyan</p>	<p>14/07/2017</p>	<p>10/07/2017</p>	<p>Revised policy and reporting forms implemented.</p>	<p>12/07/2017</p>	<p>Revised incident reporting policy in operation.</p>
9	<p>The provider should consider how it ensures waste is stored to meet current guidance.</p>	<p>a) Nightly reports of the sluice area are to be continued. Further monthly audits and action plans by Infection Control Nurse.</p> <p>b) Source new provider for waste services.</p> <p>c) New waste storage compound under</p>	<p>a) Vik Seedheeyan</p> <p>b) Pradeep Dissanayake</p> <p>c) Gerhard Florschutz</p>	<p>30/06/2017</p>	<p>14/06/2017</p>	<p>a) Nightly audits being undertaken.</p> <p>b) New provider procured.</p> <p>c) Ongoing.</p>	<p>a) Ongoing</p> <p>b) 14/06/2017</p> <p>c) 31/08/2017</p>	<p>Issue around quality of bin units referred to manufacturers.</p>

		consideration (to include roof and coded access lock).						
10	The provider should develop business continuity plans that mitigate identified risks.	Revise business continuity planning arrangements and assess for quality, robustness.	Juli Porter	20/05/2017	15/05/2017	New policy, procedure, business impact analysis and training packages created and pending review by CGC members.	-	Draft format prepared and awaiting approval (07/09/2017). BC plans and associated documents being finalised in collaboration with clinical teams.

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** To add more rows, right click next to the bottom left-hand cell > Insert > Insert Rows Below.