

Ref	Improvement outcome	Service	Action Initiation Date	First Test of Action	Final Test of Effectiveness - Fully Embedded	31 December 2018 status against first test of action against the intended outcome.	RAG
1	Full adherence with the Trust's fire safety programme which will be evidenced by audits.	TRUSTWIDE	14/06/2018 - Immediately	31/02/2019	31/10/2019	Fire safety audits were completed in October 2018 with score of 73% compliance. Fire wardens are continuing to promote compliance.	Green
2	>90% compliance with fire training in all areas, and Trustwide.	TRUSTWIDE	14/06/2018 - Immediately	31/03/2019	31/10/2019	# Fire Training is at a constant level with 83.7% in October and 84.9% for December 2018.	Green
3	Compliance with national waste management regulations Trustwide.	TRUSTWIDE	14/06/2018 - Immediately	30/04/2019	31/10/2019	The Trustwide waste audit in November 2018 resulted in new colour coordinated bins and signage being trialled in November and December. One more out of hours waste collection has been commenced in December 2018.	Green
4	>90% compliance with all mandatory training Trustwide.	TRUSTWIDE	14/06/2018 - Immediately	31/04/2019	31/10/2019	Mandatory training Trustwide has remained constant at a level of 84.1% for October and 84.7% in December 2018. This is amber rated owing to challenges releasing staff to attend training, particularly during winter.	Amber
5	ED patients have a choice of food appropriate to their needs.	MES (ED)	31/01/2019	31/04/2019	31/07/2019	Hotel services has confirmed that appropriate food choices are available. The next step is confirming that ED patients are consistently being offered the choices available.	Green
6	Discharge Lounge toilet to be compliant with single sex facility requirements.	MES	01/12/2018	31/12/2018	31/01/2019	This action has not been evidenced as progressed.	Red
7	Paediatric bathrooms to meet infection control requirements.	WH&P (Children and Young People)	31/01/2019	31/03/2019	31/04/2019	Associate Director of Nursing Paediatrics has confirmed the bathrooms have been refurbished to standard by 29 November 2018. This action can be closed.29/11/2018. Confirmed by Anjane Neat	Green
8	Substances hazardous to health to be securely stored by Housekeeping.	TRUSTWIDE	14/06/2018 - Immediately	31/12/2018	31/01/2019	Cleaning and chemicals cupboards now all have door locks fitted.	Green
9	Display of cleaning schedules with evidence of timely completion in all clinical areas.	TRUSTWIDE	07/11/2018	31/12/2018	31/01/2019	Ophthalmology Clinic has completed this action. Main Outpatients Ashford is still obtaining the display equipment needed to complete this.	Amber
10	Ophthalmology equipment has a replacement programme operating effectively.	TASCC	14/06/2018 - Immediately	28/04/2019	31/10/2019	Equipment has been identified for the 2019/20 capital replacement scheme.	Green

11	PED sufficiently secure to protect children.	WH&P (Children and Young People)	14/06/2018 - Immediately	31/01/2019	31/04/2019	In June 2018 a risk assessment was completed that identified low risk of issues meantime. The long-term solution will be achieved through building works due to complete by June 2019. Amber rating reflects slippage against original timescale.	
12	Patient information not visible, or accessible, to members of the public.	TRUSTWIDE	14/06/2018 - Immediately	31/04/2019	31/10/2019	The November 2018 Domains in Clinical Audit provisional data indicated that in Outpatients computer screens were not locked.	
	<b>Medicines Management Internal Improvement Programme</b>						
13	All drug fridges within appropriate limits at all times.	TRUSTWIDE	14/06/2018 - Immediately	31/01/2019	31/04/2019	Electronic fridge temperature monitoring started implementation in November 2018 with completion due by end of March 2019. Amber rating reflects that the first test of action had slippage, which should be recoverable.	
14	Liquid medicine is fit for safe use at all times.	TRUSTWIDE	14/06/2018 - Immediately	31/01/2019	31/04/2019	Practise has been changed so that expiry dates are recorded on 'do not use labels' on the primary drug packaging for all oral liquid medicines.	
15	In Paediatrics there will be evidence that drug charts are up to date, and medicines reconciliations are timely.	WH&P (Children and Young People)	01/12/2018	31/01/2019	31/03/2019	This is red rated as the timescale will be missed because the business case to explore funding for the additional resource is to be part of 19/20 financial year planning.	
16	It will be clear at all times what medications have been prescribed and dispensed to patients going home from ED. This includes a robust system and evidence of this from audits.	MES (ED)	01/12/2018	28/02/2019	28/04/2019	Tracking system being implemented by pharmacy	
17	It will be clear at all times what medications have been prescribed and dispensed to patients attending Outpatients. This includes a robust system and evidence of this from audits.	MES (OPD)	01/12/2018	28/03/2019	28/04/2019	The update on this is pending from the Medicines Governance Group. The amber rating reflects this.	
	<b>ED Internal Improvement Programme</b>						
18	<b>Phase 1 - scope project by end February 2019:</b> Project scoped with approval by MES Divisional Board by end of phase 1 by 28 February 2019.	MES (ED)	01/11/2018	-	28/02/2019	The MES Divisional Board has not notified the status of project scoping.	
	<b>Outpatients Improvement Programme</b>						
19	Project scoped with approval by Directors of Operations by end of phase 1 by 28 February 2019.	Trustwide	01/11/2018	-	28/02/2019	This programme is being launched currently in January, supported by a multi-disciplinary steering group.	