

HAMPSHIRE PARTNERSHIP NHS TRUST
Daedalus Development Group
Action Plan

No	Task	Due Date	Status	Person Responsible	Comments
1	Ward Moves				
1.1	Move wards to ground floor accommodation	26/02/08	C	MLG	
1.2	Improve access to a secure garden	26/02/08	C	MS	Need to review garden safety
1.3	Set up group to plan and monitor moves	26/02/08	C	SG	
2	Customer Care				
2.1	To promote a positive image of Trust	01/05/08	O	WR/MLG	Steering Group. Need to review ward names as associated with patient deaths in another Trust.
2.2	To ensure correct wearing of uniform inline with the Trust Policy	30/04/08	C	WR	Relative feedback/questionnaire
2.3	To answer telephones in a timely and courteous manner as trust standards	30/04/08	C	WR	? Questionnaire, observation Consider use of answer phone with personal message. Sarah G to ask MLG for funding for this.
2.4	Ensure the patient/carer/relative are at the centre of everything we do	30/04/08	O	WR	Raise at staff meetings Ask me project
2.5	To establish patient experience tracker trial (Dr Foster Patient Experience Tracker)	TBC	O	VMD	
3.	Dementia Collaborative			WR	Dementia Collaborative no longer funded.
3.1	To develop and promote Daedalus ward image within the directorate.	01/12/08	O	MLGW	Complete action plan, promote ward based initiatives.
3.2	To participate in the dementia collaborative with the following work streams:-				Meeting
3.2.1	To develop the ranges of therapeutic activities on the ward	30/04/08	O	WR	Published activity schedule around greatest need Activity care plans in place. On display by 01.05.08
3.2.2	To improve written documentation, care planning and risk assessments	30/05/08	O	WR/SG	TNA and action plan Supervision and audit from WR underpinning process
3.2.3	To promote the use of patients own clothing on the ward	30/04/08	O	WR	Disclaimers need to be introduced (check with CW) Laundry facilities to be reviewed
3.2.4	To improve the quality, presentation, choice and timeliness of serving all patients food	29/02/08	C Ongoing	WR	New environment has enhanced this activity. Protected mealtimes policy in place
4.	Relative Information				
4.1	Monthly carers group to be established on Daedalus		C	WR	Meeting/Minutes/Modern Matron/Patients notes/Consultant Alison volunteered to attend carers group to discuss drugs used in dementia.
4.2	To ensure relatives/carers are kept informed of changes in care by	05/05/08	O	WR/SG	Use of ward round sheet to underpin process. To be audited on 5 th

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	telephone following ward round and this is documented in notes				May 200. Ward round sheet developed and in use.
4.3	Member of clinical team to see family within first week and then regularly throughout stay – unless permission refused by patient/patient representative.	30/05/08	O	SB	S. Beaney to re-audit December 2008.
5.	Cleanliness				
5.1	To ensure that all patient areas are clean and tidy	30/04/08	O	WR/SG	New environments easier to keep clean Ward lockers included as part of new cleaning schedule. Ward Cleaners aware of new cleaning schedule. Monthly audit of cleanliness now in place.
5.2	To reduce hospital acquired infections	30/04/08	O	WR/SG	Monitoring C o I Procedures in place Training for staff to be audited Link staff in place Waiting locked cupboards in numerous areas for safe storage of gloves, aprons and hygiene products. Sarah G to take up if no progress.
5.3	To implement actions fro PEAT inspections	31/03/08	C Ongoing	WR/SG	PEAT inspection to be arranged. SG&WR
6.	Supervision/Appraisal				
6.1	To ensure 100% staff have appraisal & personal development plan	04/04/08	C	WR	Monitored in locality Plan in place to have 100% completed by 4/4/08
6.2	To ensure all appraisals are reviewed every 6 months	04/04/08	O	WR	Details of booked future appraisals and reviews being monitored by LM. To develop spreadsheet to simplify process.
6.3	To ensure all appraisals are booked a year in advance	04/04/08	O	WR	As above
6.4	To ensure all staff receive effective and timely supervision	30/04/08	O	WR	Supervision tree and monitoring by LMT quarterly in place
6.5	To ensure training for supervisors and supervisees	30/04/08	O	WR	TNA to be discussed with MM
6.6	To agree/cascade/peer supervision structure	31/03/08	C	WR	In place
6.7	To agree documentation	31/03/08	C	WR/SG	Agreed at LMT
6.8	To monitor supervision uptake	31/03/08	C Ongoing	MLG	To be audited by LM Sec
6.9	To ensure 100% staff have supervision contracts	30/04/08	NYS	WR/SG	
7.	Training				
7.1	To ensure all staff are aware of mandatory training requirements	30/04/08	C	WR/SG	Personal folders. Supervision, staff meetings and individual training plans
7.2	To implement effective recording and update	30/04/08	C	WR/SG/JS	Documentation; Matrix; individual; JS training report.

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7.3	To identify effective recall/bring up system	30/04/08	C	JS/SG	Awaiting P D & T developments. PDP's etc. To be discussed at Education group. Training department flag this.
7.4	To identify in-house skills	30/04/08	O	WR/SG	IPR/PDP, staff working in link roles on the ward. Trish and Diane
7.5	To establish programmes of ward teaching sessions	30/04/08	NYS	WR	
7.6	To ensure staff feedback from training/conferences attended	30/04/08	NYS	WR	
7.7	To ensure all staff receive/attend mandatory training	30/03/08	B	WR	Position statement from WR re. mandatory training.
7.8	Ensure that all staff identified have appraisal training	30/03/08	O	WR	
7.(a)	Competencies				
7.1	To review skill mix	30/07/08	C	SG/MLG	Trained staff establishment increased. Therapeutic input to be reviewed.
7.2	To match skills with patient needs – skills analysis	30/07/08		SG/MLG	
8	Induction				
8.1	To ensure all new staff undertake trust induction	30/04/08	C	WR	Personal folders
8.2	To ensure all staff receive comprehensive ward Induction	30/04/08	C	WR	To be incorporated into ward procedures folder
8.3	To ensure there is an identified mentor for all inductees	30/04/08	C	WR	To be incorporated into ward procedures folder
8.4	To ensure effective orientation and induction for bank and agency staff	30/04/08	C	WR	To be incorporated into ward procedures folder
8.5	To ensure Preceptorship programme in place	30/03/08	C	SG/MLG	To be incorporated into ward procedures folder
9.	Effective Monitoring of Sickness				
9.1	To ensure effective monitoring of sickness absence	30/04/08	C	WR	To reduce sickness rates to below Trust average HR training taken place
9.2	To conduct return to work interviews	30/04/08	C	WR	New form being piloted to support return to work interviews.
9.3	To monitor return to work interviews performance	30/04/08	C	SG	To be audited in supervision
9.4	To ensure Occupational Health referrals occur as per policy	30/04/08	C	WR	Monitored in Supervision
10.	Team development and Poor Job satisfaction				
10.1	To introduce shadowing opportunities with CPN's	30/07/08	NYS		When staff level allows
10.2	To implement and audit supervision	30/04/08	C		See above 6

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10.3	To implement and audit appraisal	30/04/08	C		See above 6
10.4	To implement regular staff meetings	30/04/08	C	WR	MLG regular meetings with Union rep. Monthly Now minuted by ward clerk
10.5	To ensure all staff understands their role and responsibilities	30/06/08	C	SG/MLG	HCSW JD has been given to all HCSW with opportunity to meet with MLG and SG. Shift leader role to be developed Ward procedures folder to be developed. Staff nurse job descriptions need to be rolled out
11.	Recruitment				
11.1	To review establishment	30/04/08	C	MLG/SG	Trained staff skill mix reviewed and increased following review by ADON, activities input to be reviewed
11.2	To recruit to full establishment against skill mix review	30/04/08	O	MLG/SG	Failed Still one staff nurse down
11.3	To introduce new trust job descriptions	30/06/08	O	MLG/SG	HCSW JD has been given to all HCSW with opportunity to meet with MLG and SG

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12.	Culture				
12.1	To promote a culture that puts service user/carer at the centre of everything we do		O		ASK me project, dignity training, Development plan, EIA
12.2	To improve communication on the ward				Workshop
12.3	To establish and evaluate workshops for each team to address some of the cultural issues expectations				Working practices ASK me project, dignity training, Development plan, EIA
12.4	To promote learning and development culture				IPR; Supervision; PDP; Mandatory and essential training; Locality training report;
12.5	To establish and maintain a culture that embraces diversity				ASK me project, dignity training, Development plan, EIA
13.	Role of Trained Staff				
13.1	To introduce new Trust job description		C		S/N JD to be sent to all staff with opportunity to meet with MLG and SG and discuss. Shift leader role to be developed
13.2	To ensure effective appraisal and personal development plan linked to KSF		O		Training of those involved in process. All carried out by 4 th April 2008
13.3	To introduce timely and regular supervision and audit		O		Structure in place, audited by MLG Sec
13.4	To establish trained staff meetings		C		Year's plan in place. To start August
13.5	To ensure trained nurses carry out and promote contemporaneous record keeping				Identify Training needs at PDP
13.6	To ensure regular updating of care plans		O	WR	Monitoring by WR monthly in supervision - audited
13.7	To introduce guidance for role of shift leader		O		
14.	Role of Healthcare Support Workers				
14.1	To introduce new Trust job descriptions		C	SG	Individual staff development plans
14.2	To ensure effective appraisal and personal development plan linked to KSF				
14.3	To introduce timely and regular supervision and audit				Introduced but not always happening
14.4	To establish regular team meetings		C		
14.5	To ensure HCSW's are involved in care planning activities and recording		C		
14.6	To consider involvement in ward rounds		O		Not enough staff to do this

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15.	Management of Aggression on Ward				
15.1	All staff to attend OPMH management of Aggression training				Training cancelled
15.2	Regular review of incidents by Modern Matron, Ward Manager and Locality Manager		C	WR	Copies of incidents to SG by WR
15.3	Critical incidents/incidents to be monitored at LMT meeting		C		
15.4	Risk Health & Safety to be a standing agenda item at LMT meeting				
16.	Clarification of Admission Process				OAP documentation awaited
16.1	To review criteria for admission		O		
16.2	To review admission process		O		
16.3	To review staff roles in process		O		
16.4	To review admission paperwork		O		
17.	Policies and Procedures				
17.1	To undertake review of local policies and procedures and produce work plan				
17.2	To ensure Trust Directorate policies are up to date and available				
17.3	To ensure staff are aware of existence of policies and procedures				
17.4	To ensure timely dissemination of policies and procedures		C	WR	
18.	Delayed Transfers of Care				
18.1	Work with Social Services to identify respite care and emergency placement options				More efficient through put of patients
18.2	To optimise patient pathways to enable beds available for admission				
18.3	Introduce actions from Directorate Optimum Admission Group				
19.	Proactive/Holistic Care			WR/SG	
19.1	Ward Development Action Plan		C		This is it!
19.2	To increase the use of activities on the ward		C		
19.3	Staff to be more confident in use of alternative strategies to PRN medication		O		Need training in behavioural management

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19.4	Training programme to be developed				
20.	Ward Information				
20.1	Ward information leaflets to be given on admission or prior by CPN's			SG	Leaflets to be discussed – check with Von
20.2					
20.3					
21.	Skill Mix				
21.1	Identify appropriate staffing numbers/skill mix for number of patients		C		Review of skill mix completed by K Page
21.2	Reduce beds to 17		C		Number of beds remain at 17
22.	Service position within context of financial resources				
22.1	Review service priorities				Awareness of financial constraints
22.2	Review model of service				Most appropriate use of resources
22.3					
23.	Pharmacy Issues				
23.1	To streamline storage of and access to medication			AC	
23.2	Timing of medication to be reviewed – if not being given in the morning to change medication times			AC/Consultants	
23.3	Missed medication – drugs written on front of chart often not given. Need to improve this			WR/SB	
23.4	Fax forms requesting up to date medication from GP working well		C	AC	
23.5	Stock list to be rationalised			AC	
24.	Admin issues				
24.1	Paperwork in one place – to review with Von, consider moving ward clerk			SB	
24.2	Need identified for another computer			SB	

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