

PHSO and HSE Steering Group Part 1 Action Log
Updated following meeting of 5 November 2020

Lead Key

Lead	Initials	Lead	Initials
Nigel Leonard	NL	Faye Swanson	FS
Alison Davis	AD	Sue Waterhouse	SW
Natalie Hammond	NH	Janet Wood	JW
Lynn McGhee	LM	Gill Brice	GB
Alex Green	AG	Caroline Thomsett	CT

RAG Rating Key

Requires immediate attention/overdue for action	Red
New action or required next meeting	Yellow
Action Completed	Green
Future Actions	Yellow

Minutes Ref	Action	Owner	Deadline	Outcome	Status Comp / Open	RAG rating
25.06.2020 Item 5	Items noted as not being able to be tested by the Compliance Team to be discussed at the Operational Meeting to see how operational teams can take this forward.	SW	December 2020 January 2021	GB has resent to SW for her review with Ops ahead of the next round of testing. Testing now to take place in January 2021.	Open	Yellow
8.10.20 Item 5	NL and NH to attend an Operational SMT to discuss the action plan and use of Perfect Ward.	NL/NH	December 2020 March 2021	Delayed due to operational pressures.	Open	Yellow
05.11.2020 Item 5	Meet with Operational and Inpatient Area staff to provide training on Perfect Wards.	Gill Mordain	December 2020 April 2021	GM has provided training to MSE senior management. Training with other levels of management to be schedule, currently on hold due to Covid-19. Extended to April 2021.	Open	Yellow

8.10.20 Item 4	Reopened action:	LB	November 2020	29.01.20 FS confirmed that an audit of site visits had been completed. All agreed that this was a very positive outcome, and it was reassuring to be informed that the Trust had the right processes in place. This item was now complete.	Closed	
Original Action 28.08.2019 Item 5	Build time into the internal audit work programme to ensure actions identified in the PHSO report are embedded.			The audit was completed in 20/21 audit cycle.		
8.10.20 Item 5	List of the original actions and there original completion dates to be included in next Action Plans report to the Group.	GB	November 2020	On the 19/11/200 agenda item 5.	Closed	
29.01.2020 Item 6.1	Operations to look into the detail of where non-compliance with TASI training is currently a risk and where these risks are being discussed and taken forward.	SW	April July August 2020	SW advised that this is being monitored by her and LW on receipt of a monthly report and they assess the risk regularly. SW will ensure that if there is shortfall any mitigation for example due to is recorded.	Closed	
29.01.2020 Item 6.1	Explore other Trusts' Care Plans, and whether the NHSI have a suggested template which could be replicated by EPUT.	SW	April July August 2020	SW advised that in light of Covid they have reviewed the care plan to ensure key elements are recorded. They are also looking at updating My Care My Recovery.	Closed	
8.10.20 Item 5	Details of the Compliance Team's testing to be provided to AG.	GB	November 2020	Completed. Details provided to AG.	Closed	
8.10.20 Item 5	Ask the Compliance Team to review Perfect Ward as part of the testing.	GB	November 2020	Completed. GB has asked JC to include this in the testing.	Closed	
8.10.20 Item 5	Details of the services not using the app to be obtained.	NH	November 2020	Completed. Details obtained and added into the action plans cover.	Closed	
04.03.2020 Item 5.1	An overall narrative to be added to the cover of the Perfect Ward report, detailing what action is being taken as a result of some of the items being noted.	GB/GM	April July September 2020	Completed and provided at the meeting on 8.10.20.	Closed	

25.06.2020 Item 5	Reopened action: Confirmation that evidence is retained for all SI investigations despite new policy and procedure not yet being in place. NH to discuss with the SI Team.	NH	September 2020	Agreement that this action could be closed as it is noted on the PHSO Findings Action Plan and will be taken forward in the new policy and procedure.	Closed	
29.07.2020 Item 5	Timeframes for the completion of testing to be discussed with the Compliance Team.	GB	September 2020	Completed. Discussed at the meeting on 8.10.20 and agreed it will be provided quarterly.	Closed	
29.07.2020 Item 5	Mark action regarding the ligature tool as complete on the HSE action plan as complete.	GB	September 2020	Noted as completed in the action plan.	Closed	
29.07.2020 Item 5	All policy reviews dates to be reviewed and updated on the action plan.	GB	September 2020	All dates updated.	Closed	
25.06.2020 Item 5	Potential procurement of an app to log physical health checks on phones/ ipads which then transfers data into the EPR to be recorded on the extended action plan.	GB	September 2020	Added to the action plan.	Closed	
04.03.2020 Item 5.1	The Perfect Ward report to be picked up with Operational colleagues to ensure action is taken to address the issues highlighted from the data provided. Report is provided to the Executive Operational Sub Committee for this reason.	NL/GB	April July 2020	As noted this report will be embedded into the action plan which will be provided monthly post the PHSO and HSE Steering Group to Operational Services.	Closed	
04.03.2020 Item 5.1	Investigate how assurance could be provided to this Group of the monitoring of the overall effectiveness of the action plan until October 2020 without causing substantial extra workload to the Matrons.	GB/GM	April July 2020	Agreed that the whole action plan, including all embedded documents, will be provided each month, post the PHSO and HSE Steering Group, to the monthly Operational Meeting to ensure a review of overall effectiveness of all actions.	Closed	
11.12.2019 Item 7	Have in place a stakeholder communication plan.	PR	May July 2020	04/03/20: JW confirmed that this had been discussed at a recent Board Development session. On hold due to Covid-19. Revised date to July 2020. Has been developed and in place.	Closed	

04.03.2020 Item 5.1 (discussed 25.06.20)	Compliance Team to complete some testing on the actions in place from the PHSO Findings Action plan.	FS/GB	September 2020	On the agenda. Proposal agreed.	Closed	
25.06.2020 Item 5	Review the response provided on the HSE action plan regarding the review of the ligature tool.	GB	July 2020	On the agenda. Action updated and confirmed is now complete.	Closed	
25.06.2020 Item 5	Details of any interim actions taken by the Trust regarding the National SI Framework pilot to be detailed in the PHSO Findings Action Plan.	GB	July 2020	On the agenda. Action plan reviewed and updated.	Closed	
25.06.2020 Item 5	ET to be advised of the delays incurred on the PHSO Findings Action Plan and the reasons for this.	GB	July 2020	Completed discussion took place at ET on 14/7/20.	Complete	
04.03.2020 Item 5.1	Confirm if all wards now have access to Perfect Ward.	GB	April 2020	Confirmation received from GM that all wards have access and some wards are manually completing and then adding electronically.	Complete	
29.01.2020 Item 6.1	Confirm how the Perfect Wards reports would be shared with the Steering Group and the escalation process.	GB	February 2020	04/03/20: On agenda.	Complete	
29.01.2020 Item 6.1	NL to discuss with the Executive Director of People & Culture how Ward Manager culture could be improved.	NL	February 2020	04/03/20: NL had written to Sean Leahy, and several initiatives had been identified at a ward-based level for improving culture.	Complete	
29.01.2020 Item 6.1	Clarification on the correct place for the observation review.	GB	March 2020	04/03/20: GM confirmed that a new weekly ward managers audit is to be implemented.	Complete	
29.01.2020 Item 6.3	NL to continue to monitor the actions from the PACAC assessment outside of the Group on a monthly basis.	NL	March 2020	04/03/20: NL confirmed he would pick up with GB on a monthly basis.	Complete	
29.01.2020 Item 6.1	Update completed items on the HSE Response Action Plan.	GB	February 2020	Completed and on the agenda.	Complete	

28.08.2019 Item 5	Embed the PHSO recommendations into local CQC inspection arrangements.	FS	January 2020	29.01.20 FS advised that the team had met to review the report, and had cross referenced this to the CQC Report. This item was now complete. 25.09.19 FS advised currently building next stage into inspection arrangements. SW advised discussed at SMT and key findings had been shared with all Adult wards.	Complete	
11.12.2019 Item 5	Terms of Reference to be updated to reflect HSE work and next review of December 2020 to be added.	GB	January 2020	29.01.20 On the agenda. This item was now complete.	Complete	
11.12.2019 Item 6.2	Ligature audit is to be included from 2020/21 on internal audits.	FS	January 2020	29.01.20 This item was closed, as it was a duplication of 28.08.2019 Item 5.	Complete	
11.12.2019 Item 6.3	PACAC action plan to be changed to be an assurance assessment. Contact to be made with the relevant leads.	GB	January 2020	29.01.20 On the agenda. This item was now complete.	Complete	
11.12.2019 Item 6.1	Revised date of April 2020 for SI evidence to be captured in policy to be added to the PHSO action plan.	GB	January 2020	Completed and added into the PHSO action plan.	Complete	
11.12.2019 Item 6.1	Evidence of assurance provided that actions have been completed to be added to the PHSO action plan.	GB	January 2020	Completed and added into the PHSO action plan.	Complete	
11.12.2019 Item 6.1	Add a new action to the PHSO action plan to detail the change with regards to RCA training in line with new SI National Framework.	GB	January 2020	Completed and added into the PHSO action plan.	Complete	
11.12.2019 Item 6.1	Advice to be obtained regarding if there is a requirement for the Trust to advise other organisations if an incident occurs.	GB	January 2020	Completed. Advice received that the Trust does not need to report to organisations outside of our usual processes in these circumstances.	Complete	
6.11.19 Item 7	Full PACAC report to be presented to Trust Board in November 2019.	GB/NL	27.11.19	Completed. Presented at the Board.	Complete	

6.11.19 Item 6	Project Team to re-look at the data submitted to the HSE to ensure all future actions detailed are taken forward.	GB/LB	11.12.19	Completed and on the agenda as an action plan.	Complete	
6.11.19 Item 5	PHSO action plan to be updated to reflect actions completed to date.	GB	11.12.19	Completed and on the agenda.	Complete	
6.11.19 Item 6	Query if PHSO response would be delayed by Purdah with solicitors.	GB	11.12.19	Completed and response received circulated to the Group.	Complete	
25.9.2019 Item 8	Time limit for collation and reviewing of information to be added to the corporate risk register.	NL	6.11.19	06.11.19: This had been added to the Corporate Risk Register. Completed.	Complete	
25.9.2019 Item 10	Meeting on 9 or 16 October 2019 to be scheduled.	NL	30.09.19	Meeting took place on 16 October 2019. Completed.	Complete	
28.08.2019 Item 5	Remove names from the Action Plan to ensure confidentiality.	GB	25.09.2019	Completed.	Complete	
28.08.2019 Item 9	Change the name of the Steering Group to PHSO & HSE Steering Group.	NL/GB	25.09.2019	Completed	Complete	