No	Recommendation	Actions	Accountable officer	Date for completion	RAG
1	Given the potential negative impact on patient experience arising from insufficient handover information, we recommend that BHT ensure that staff include full details in patient handover notes on needs relating to communication (including hearing aids), feeding (including dentures) and toileting assistance, on general wards as well as older people wards	1. Bed side handover in place and audited monthly by Matron. 2. Individualised care in place as evidenced by use of care plans based on patients activities of daily living	1. Chief Nurse 2. Chief Nurse	1. 12/2012 2. 02/2013	🟢
	Update February 2013 **Update October 2013**	1. Beside handover in place across all inpatient units. Completed 2. In place across in patient units. Completed **Both actions monitored regularly on Matrons Rounds, also current review of nursing documentation in place to improve consistency and evidence compassionate care.**			
2	Given some patient concerns over call bell response times, we recommend that BHT monitors trends on the usage of and response rates to call bells, and, if necessary, explore ways to improve responsiveness.	1. Matron's rounds in place to monitor time patients wait. 2. Complaints to be monitored for themes relating to waiting for call bells. 3. Use of intentional rounding in all areas. 4. Monthly assurance reports to Chief Nurse on response	1. Associate Chief Nurses 2. Associate Chief Nurses 3. Associate Chief Nurses 4. Associate Chief Nurses	1. 12/2012 2. 03/2013 3. 01/2013 4. 01/2013	🟢

		times.			
	Update February 2013	1. Matrons rounds in place and monitored. **Completed.** 2. Complaints team to put together report March 2013. 3. Intentional rounding in place across wards. Completed. 4. Associate Chief Nurses are completing monthly assurance reports for the chief nurse. Completed			
	Update May 2013 **Update October 2013**	Complaints monitoring call bell complaints and no themes or trends to date. Ongoing. **Monitoring continues. Sit and See rounds being piloted to enhance concerns and call bell evidence**			
3	We have concerns that some staff will have missed the recently improved HCA new starter training, so recommend that BHT ensure that the improved training delivered to all new starter HCAs through induction is reflected in mandatory updates, thereby spreading this across the whole HCA workforce.	1. Establishing mandatory update days for Healthcare assistants to ensure training available for all staff 2. Monitoring of updates at appraisals.	1. Education, learning and development lead 2. Associate Chief Nurses	1. 03/2013 2. 04/2013	🟢
	Update February 2013	1. Training established for all Healthcare assistants. Completed 2. Ongoing			
	Update May 2013 **Update October 2013**	3. Appraisal rates being monitored with target of achieving 95% by end May 2013 as per CQC action plan. **Training reviewed with an emphasis on compassionate care. Protected time for e-learning in place.**			

4	Appraisal is mandatory for all staff and although it is not possible to achieve 100% due to staff turnover etc, we recommend that the Trust should achieve its targets and ensure that this forms a key part of overall staff supervision.	1. Target established at 95% 2. Monitored via Trust Board monthly and at divisional performance meetings. 3. Scrutinised by the SHA as part of preparation for FT status. 4. Additional support from Education learning and development team (ELD) by providing additional training sessions for appraisers and appraisee's.	1. Trust 2. Divisional management team 3. Trust Board 4. ELD Lead	1. 03/2013 2. 03/2013 3. 03/2013 4. 03/2013	🟢
	Update February 2013	1. Ongoing, date amended to March 13 2. Ongoing, date amended to March 13 3. Ongoing, date amended to March 13 4. Ongoing, date amended to March 13			
	Update May 2013	1. Appraisal rates being monitored with target of achieving 95% by end May 2013 as per CQC action plan. 2. Performance meetings in place. Completed 3. Monitoring in place. Completed 4. New appraisal form in place with support from ELD team. Completed			
	Update June 2013 **Update October 2013**	1. Appraisal rate target for completion of appraisals achieved. Completed **Appraisal reviewed and relaunched**			

5	To aid patient understanding of the various ward staff we recommend that BHT adheres to a timetable for the speedy roll-out across the Trust of, visible name badges, corporate uniforms, informative staff boards and bedside information, including the various staff roles and responsibilities.	**1. Nursing uniforms being changed on rolling programme.** 2. Staff boards to be updated post reconfiguration moves. 3. Discussion with Chief Operating Officer and Chief Nurse regarding the roll out of name badges for all staff.	**1. Divisional Management team** 2. Ward sisters 3. Chief Operating Officer and Chief Nurse	1. 05/2013 2. 02/2013 3. 02/2013	●
	Update February 2013	1. Programme of uniform completion May 2013. 2. Updated boards in place. **Completed** 3. Name badges in place for all			
	Update May 2013	1. Programme of uniform completion May 2013. 2. Updated boards in place. **Completed** 3. Name badges in place for all. **Completed**			
	Update June 2013 **Update October 2013**	1. Charitable funds made available for purchase on nursing uniforms across the trust. Audit of professional standards to be completed 1st July. **Name badges rolled out. Uniform changes almost complete. Information boards re uniform recognition produced and to be in place by November 2013. Patient safety boards in place. Staff boards information agreed. Patient bedside boards ordered.**			
6	In the interests of patient nutritional care and to reduce the risk of malnutrition we recommend that BHT ensure that all staff on all wards (not just older people wards) are aware of the red tray initiative and that these are used consistently across BHT to ensure that patients needing help with their feeding	1. Nutritional Clinical Nurse Specialists to promote use of red trays across all ward areas via training and link nurse/housekeeper forums. 2. Ward sisters to ensure use	1. CNS Nutrition 2. Ward Sisters 3. Matrons 4. AD Healthcare	1. 12/2012 2. 12/2012 3. 01/2013 4. 12/2012	●

	are clearly identified.	on all ward areas. 3. Matrons to audit use of red trays via observation and review of complaints. 4. Review of incidents relating to nutrition over past 6 months to evaluate any trends.	governance		
	Update February 2013	1. **Completed** 2. **Completed** 3. Ongoing regularly 4. **Completed**			
	Update October 2013	**Red tray initiative relaunched and red jugs, glasses in place. Nutrition information and training more widely available. Trust fluid management initiative will be fully rolled out by January 2014. Monitoring of incident and complaint themes in place.**			
7	Some patients can face difficulties obtaining information when being cared for by multiple departments, so we recommend that BHT provide, where possible and practicable to do so, a single named contact for patients with complex multiple conditions, to facilitate communication between departments and to provide signposting information for the patients.	1. Trust to review appropriate role as point of contact. 2. Establish and communicate single point of contact.	1. Chief Operating Officer. 2. Chief Operating Officer.	1. 03/2013. 2. 04/2013.	🟢

	Update February 2013	1. Action outstanding 2. Action outstanding			
	Update May 2013	1. Divisions requested to review at service delivery unit level. Update June 2013 2. As above			
	Update June 2013 **Update October 2013**	1. Establishing a single point of contact has proved difficult to date and this action will be taken forward in the administrative review. **Named nurse/keyworker initiative being rolled out with new patient bed boards.**			
8a	To ensure the receipt of timely feedback we recommend BHT and PALS ensure that routes for patient experience communications are well promoted throughout BHT, both in writing and face to face.	• Establish single point of contact with PALS and complaints. • All leaflets associated with friends and family to have PALS contact number. • PAL's email address visible on website.	1. AD Healthcare Governance 2. Associate Chief Nurse Corporate. 3. AD Healthcare Governance.	1. 12/2012 2. 01/2013 3. 12/2012	🟢
	Update February 2013 **Update October 2013**	1. Completed. 2. Completed. 3. Completed **Single point of contact remains in place. PALs spending more time in individual clinical areas e.g. A&E. Patient experience manager appointed. All patient experience data being collated and presented to Trust Board and to be available on trust website.**			
8b	We also recommend that BHT and PALS monitor these communications by age as well as cause, in order to ascertain that older	1. PALs and complaints data to reflect protected characteristics.	1. PAL's and Complaints manager.	1. 12/2012. 2. 01/2013.	🟢

		people are using the means available to make their voices heard.	2. Deep dive investigation into complaints.	2. Complaints Manager.		
		February 2013Update	1. Completed. 2. Completed.			
		Update October 2013	**Continued monitoring in place.**			
9		To assist in prompt identification of a mental health history, we recommend that BHT review the plans to improve patient mental health information sharing with Oxford Health and GP's.	1. Current mental health pathways to be reviewed.	1. Safeguarding lead.	1. 03/2013.	🟢
		Update February 2013	1. Action outstanding, end date reviewed for March 2013.			
		Update May 2013	1. Urgent care pathway reviewed March 2013.			
		Update June 2013	2. Reforming urgent care pathway programme board agenda which is ongoing and this will report to board. Action transferred. CCG have this as a commissioning priority.			
		Update October 2013	**PIRLs programme in place as described in Dementia update**			
10		To enhance staff dementia care skills we recommend that BHT ensures that all health staff, both registered and unregistered, have access to mandatory training/coaching and	1. Trust to support three members of staff to become dementia champions.	1. ELD Lead. 2. ELD team.	1. 03/2013. 2. 05/2013.	🟢

	awareness raising on how best to support patients with dementia, including skills in communicating, managing difficult behaviour and providing dignified care.	2. Roll out of training programme to enhance knowledge and skills of all staff across organisation relating to dementia.		
	Update February 2013	1. Completed 2. Ongoing		
	Update May 2013 **Update October 2013**	1. Completed 2. Programme ongoing **Completed and monitored as detail in dementia update.**		

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All shaded actions have been completed.