

Appendix 2

Never Event improvement plan - ZERO NE's					
Lead Executive Tony Berendt/ Sam Foster					
Milestone / activity description	Owner	Tasks / Deliverables	Type	Start Date	End Date
Review completion of learning from prior events and depth of implementation to date	Never Event Monitoring group	Never Event Monitoring group in place-meetings increased to fortnightly Review all current actions against required completion Escalate any overdue actions to responsible Divisional/ Corporate leadership team and relevant Executive Assess current depth of embedding of actions from investigations of NE reports since April 2017	Milestone	11/6/18 11/6/18 1/7/18 1/7/18	Ongoing Complete Complete 30/8/18
Review of effectiveness of impact and implementation of key actions within 3 months of deployment	Never Event Monitoring group	Tailored review process for key actions from each NE investigation e.g. Assurance visit (co-owned with commissioners), audit, survey etc.	Milestone	01/07/2018	Ongoing until no actions require assessment or are not embedded
Engage with NHSI to deliver workshop on action planning and human factors	Head of Clinical Governance	Invite Nicola Clark (NHS I) to give a workshop Agree content Workshop delivered	Task	21/06/2018 25/7/18	Complete 25/7/18
Engage with National Patient Safety team to carry out a site visit re Never Events	Deputy Medical Director	Agree visit date Supply organogram and location of Never Events Co-design schedule Implement agreed actions	Task	28/6/18 28/6/18 27/7/18 TBC	Complete Complete 26/7/18 TBC

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Undertake rapid policy review to ensure that Trust policy supports practice in high risk areas e.g. PPID	Clinical Policies Group- task and finish subgroup	Patient safety alert highlighting relevant polices to prevent Never Events to staff Review policies-ensure clear and accessible – update where needed via CPG Create or update at a glance poster for each relevant guideline	Task	02/07/2018	01/09/2018
Updated Risk assessment of all NE – mitigations put in place	Acting Clinical Risk & Incident Manager	Risk assessment completed Mitigations reviewed Risk registers modified where appropriate Presentation to Clinical Governance Committee and reported to Quality Committee	Task	02/07/18 05/07/18 05/07/18 1/8/18 Dates provisional	05/07/18 09/07/18 09/07/18 8/8/18 dates TBC
Trust wide audit of outpatient practice in consent – wristbands- WHO- PPID- LOCSSIPs	Head of Clinical Governance	Trust wide audit of outpatient practice in consent – wristbands- WHO- PPID- LOCSSIPs - PDSA cycle Initial audit Actions put in place to ensure appropriate standards in place Re audit for compliance and effectiveness	12/6/18 3/7/18 1/9/19	20/06/18 18/7/18 30/9/18	
NAT SSiPs gap analysis and follow on action	Head of Clinical Governance	NAT SSiPs gap analysis Follow on actions to address areas requiring intervention	26/06/2018 21/7/18	07/07/2018 TBC	
NATSSiPs LOC SSiPs group to report their high impact actions for delivery	Co- chairs of group	Plan: NatSSiPs LOC SSiPs group meet and review current gaps Do: Design high impact actions and implement Study: Measure impact via incidents and near misses Act: Embed processes into safety culture	TBC	TBC	

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Engage with Internal Audit for planned audit and required management plan covering PPID practice	Chief Nurse/ Divisional Nurse CSS	Commission PPID audit from KPMG Design and deliver management plan	In place 30/09/18	TBC 2/52 after report received	
Actions relating to embedding safety culture and developing safety culture related capabilities	Chief Nurse	Care quality dashboards at the frontline	In place	Ongoing	
	Human factors lead	Annual multidisciplinary Quality improvement Symposium	In place (Held 29/6/18)	Ongoing	
	Director of Transformation	Oxford Advancing Change Together (OxACT) programme - 12 month training program (three levels)	In place	Ongoing	
	Director of Improvement and Culture	Lean process quality priority - Transformation team to train a core team of divisional staff in lean processes and complete a lean pathway exercise for at least one patient pathway in each directorate	In progress	31/03/2019	
	Director of Improvement and Culture	IMPACT program -first cohort of improving Performance and Care in Teams program	Commenced		
	Medical Director/ Chief Nurse	Never Event Risk Summit	Aug-18	Aug-18	
	Head of Communications and Head of Clinical Governance	Patient safety alerts and staff bulletins	Ongoing	Ongoing	
	Director of Assurance	Peer review program	Ongoing	Ongoing	

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	Human Factors lead in OxSTaR	Human factors training program	Ongoing	Ongoing	
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