

ID			Opened	Title
142			12-Jun-2008	SENDING PATIENT IDENTIFIABLE DATA BY EMAL
135			02-May-2008	LACK OF ISOLATION FOR PATIENTS ON ANNE WARD
147			17-Jul-2008	SPR's VACANT POSTS IN ROTATION IN AUGUST
157			03-Sep-2008	CODING PERFORMANCE LEADS TO LOSS OF INCOME
148			17-Jul-2008	GWMH INQUESTS AND GMC CASE MAY RAISE PUBLIC, PATIENT AND STAFF ANXIETIES
143			12-Jun-2008	CONFIDENTIAL INFORMATION IS SENT TO NON SAFE HAVEN FAXES
152			17-Jul-2008	INABILITY TO RECRUIT ASSOCIATE HEALTHCARE PRACTITIONERS
133			18-Apr-2008	STAFFING SHORTAGES OVER BANK HOLIDAY PERIODS
150			17-Jul-2008	BUDGETARY OVERSPEND IF UNFUNDED BEDS USED DURING CAPACITY PRESSURES

ID			Opened	Title
151			17-Jul-2008	E ROSTERING IMPLEMENTATION IS DELAYED
170			20-Nov-2008	PATIENTS AT INCREASED RISK DUE TO OCCASIONAL SINGLE TRAINED NURSE ON WARDS AS A RESULT OF SICKNESS
171			20-Nov-2008	NURSING SHORTAGES DURING PFIDUE TO SICKNESS ABSENCE/HOLIDAYS/STAFF TURNOVER
154			21-Jul-2008	EMERGENCY OUT OF HOURS COVER IN COMMUNITY HOSPITAL RESPONSE TIMES
144			12-Jun-2008	TELEPHONING RECIPIENT EVERY TIME A FAX IS SENT
136			02-May-2008	CLINICAL WASTE BIN OUTSIDE B3/B4 WARDS
149			17-Jul-2008	INCREASED NUMBER OF COMPLAINTS WITHIN ONE WARD AREA NEED INVESTIGATING
153			17-Jul-2008	IMPLEMENTATION OF TRANSCRIPTION OUTSOURCING
156			27-Aug-2008	DOCTORS EMPLOYMENT COMMENCED WITHOUT CURRENT CRB CHECK
146			17-Jul-2008	EMPLOYMENT OF A NON PASA REGISTERED LOCUM DOCTOR

Description	Controls in place				Action summary		
1. Patient and staff identifiable data sent externally by e-mail using a password not encrypted	1. The NHS has procured encryption software which is currently being tested and evaluated to allow an implementation plan to be worked out						
1. There are no cubicles on Anne ward to allow nursing of infected patients in isolation.	1. Patient would be moved to another ward if possible 2. If no cubicle available in south block, patient could be outlied to another ward. 3. Staff aware to cohort infected patients if at all possible. 4. Ward would in all instances liaise with senior manager and infection control department. 5. A risk assessment would be carried out on all affected patients. 6. An urgent scrub would be completed prior to and after all transfers.						
1. DMOP SpR's are due to rotate in August and currently out of eight posts there are four vacancies 2. The risks associated with this are, potential shortfall for cardiac arrest team covering the SMH hospital site, potential lack of input into DMOP wards affecting patient flow and lack of activity in outpatient clinic impacting on 18 week target, put at risk the divisions ability to take over G2 within planned timescales.	1. Reviewed all SPR timetables to provide safe cover. 2. DCD for surgery medicine and women and children for out of hours cover.3. Escalated to executive team. 1. Chair and Dean of STC have been contacted. 2. The Deanery are conducting interviews to fill vacant posts. 3. The agency bank will be contacted if there are vacancies. 4. Posts will go out to advert externally				1. Reviewed all SPR timetables to provide safe cover. 2. DCD for surgery medicine and women and children for out of hours cover.3. Escalated to executive team.		
1. Changes to cut off point for payment of uncoded episodes take effect April 2009 2. Processes for coding episodes within DMOP do not currently deliver 100% of episodes within the new timeframe (23 days after month end) 3. District spell summaries do not capture sufficient information to gain all due income for each episode.	1. Training for new medical staff in completion of district spell summary 2. Targeted audits of coding performance and process						
1. Coroners inquests into 10 patient deaths at Gosport War Memorial Hospital and subsequent GMC hearing will lead to high level of potentially negative publicity for the Trust. 2. The staff involved will be subjected to a high level of stress during this period. 3. The high level of publicity may raise patient and relative anxieties. 4. There is a risk of increased media interest at the Memorial Hospital.	1. Joint steering group set up with local partner organisations (PCPCT and HPCT) 2. PHT steering group has been established. 3. There will be a detailed plan of support provision for staff involved. 4. There will be a communication plan to keep all interested parties informed. 5. There will be a formal process for liaising with the media.						
1. Currently insufficient controls in place to ensure confidential information is sent only to safe haven faxes. 2. A list of safe haven fax numbers needs to be maintained in DMOP divisional offices. 3. Safe haven fax numbers need to be pre-programmed into Division fax, however there will be insufficient preset slots available in fax machine.	1. Safe haven fax telephone numbers need to be identified and confirmed 2. Safe haven fax list being developed. 2. If not preset into fax machine the safe haven fax list needs to establish that the receiving number is correct before sending.						
1. Divisional cost improvement plan is dependant on the implementation of healthcare associates.	1. Meeting to discuss the way forward.						
1. Nursing staffing levels currently very low and predicted to continue over the next two weeks at least (school holiday period) 2. This is due to maternity leave and sickness levels and staff being deployed elsewhere in the Division to cope with patient flow pressures.	1. All shifts out to NHSP. 2. Discussions with NHSP rep to escalate situation. 3. Shifts being booked direct where possible.				1. To monitor controls in place to ensure working effectively.		
1. If DMOP unfunded beds are used the Division may incur unplanned spend and thus not achieve savings target.	1. Regular meetings between Matrons and Operational Managers 2. Flexible labour has to be approved by senior nursing staff. 3. Detailed action plan in place to improve patient flow and therefore reduce the likely need to use unfunded capacity.						

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1. DMOP Cost improvement plan is dependant on the Trust E Rostering system being implemented by September.	1. Assurance from Code A Head of Nursing, that E rostering will be implemented on time.						
1. There are occasions where, through unexpected sickness or annual leave, there is an inability to cover shift gaps on wards. 2. This on occasions leads to a ward having to be staffed by a single trained nurse.	1. All vacancies where known are put out to NHSP to cover. 2. There is a local procedure in place for sister cover to arrange ward cover where necessary by pulling staff from other ward areas.						
1. There is a possibility that nurse shortages during PFI moves will lead to patients being put at risk due to inadequate staffing levels.	1. The Trust holiday policy has been reviewed by the Division and implemented with changes to make it more robust for DMOP specific needs.						
1. Out of hours doctor cover to community hospital inpatients is provided by the GP out of hours service, the potential for competing demands on GP time can impact on the response times.	1. On call SPR at SMH is available 24/7 to provide telephone advice. 2. On call Consultant Geriatrician is available 24/7 to provide advice. 3. In an emergency the ward team can access emergency response via the 999 service.						
1. It is impossible to telephone recipient every time a fax is sent, this is acknowledged in the Safe Haven Policy.	1. Memo sent to all staff in DMOP reminding them to only use safe haven faxes. 2. A fax cover sheet must always be used, this sheet will request the recipient to confirm receipt of fax. 3. The use of a safe haven fax list to confirm recipient's fax number.						
1. Access to clinical and domestic waste bins outside B3/B4 is restricted requiring staff to lift clinical waste in an awkward manner to place in clinical waste bin							
1. One ward has been the subject of 22% of all complaints received within the Division during the last 12 months.	1. All complaints within the last 12 months being reviewed to identify common themes. 2. Modern Matron, Ward Sister and Consultants x 2 leading on the preparation of an action plan.						
1. Transcription outsourcing may not be implemented within agreed timescales and therefore projected savings may not be made.	1. The project is being managed centrally						
1. An ST3 doctor on the Wessex Deanery Rotation has commenced employment with the Trust without a current CRB check having been completed.	1. The last CRB was issued on 11th September 2007 for Royal Bournemouth NHS Trust. 1. We will be requesting a new CRB check, which can take up to 4 weeks. 2. The previous employer on rotation would have notified the Deanery if there were any problems. 3. The last CRB was issued on the 11th September 2007 for the Royal Bournemouth NHS Trust.						
1. The Division will be employing a non PASA registered junior doctor as from 1st July 2008 until 8th August 2008. 2. This has come about because there were no suitably qualified locum doctors available from PASA registered agencies.	1. The same level of pre employment checks have been completed for this locum i.e Occupational Health, references and CRB. 2. The agency supplying the locum was until 30th 2008 the Trust's tier 1 provider and as such the Trust is confident with their practices and procedures.						

		Manager	Target date	Closed date
		Code A	01-Dec-2008	
		Code A	01-Jun-2009	
		Code A	01-Nov-2008	16-Oct-2008
		Code A	28-Feb-2009	
		Code A	17-Jul-2009	
		Code A	01-Feb-2009	
		Code A	01-Feb-2009	
		Code A	09-May-2008	09-May-2008
		Code A	31-Dec-2008	

		Manager	Target date	Closed date
		Code A	01-Apr-2009	
			01-Jun-2009	
		Code A	31-Jul-2009	
		Code A	21-Jul-2009	
		Code A	01-Feb-2009	
		Code A	01-Jul-2009	
		Code A	30-Sep-2008	04-Nov-2008
		Code A	30-Nov-2008	
		Code A	04-Nov-2008	04-Nov-2008
		Code A	08-Aug-2008	08-Aug-2008