

Service	Trust wide	Action Description	What will be the final outcome? (include required KPIs or evidence of delivery)	Executive Lead	Care Group	Action/ Work stream Lead	Key milestones to be achieved	Start date	Due date	Revised due date	Completion date	RAG	Assurance Mechanisms	Comment/narrative	Risk Register number (if applicable)
Surgical Services	NO	Share the outcome of the SI investigation report at M & M meetings.	The aim is to raise clinician awareness around such incidents.	Divisional Medical Director	Orthopaedics	██████████	The Prevention of Future death was received by the Trust in April. The outcome of the inquest and content of the PFD will be shared with the Surgical team, Care Group Meeting and Divisional Governance Board.	Aug-21		N/A	Jul-22	Complete approved	Minutes from relevant meetings that information has been shared to be submitted to the governance team.	The PFD and action plan will also be discussed at the Divisional Governance Board for learning.	N/A
Surgical Services	NO	Change the 'Ward based structure to team based. This will allow hierarchical tree with responsibility on specific individuals attending.	Changing the set up of the clinical team on the ward will allow the hierarchical tree with responsibility on certain individuals attending (either that person or their buddy) rather than the ghosting that happens with ward based cover.	Divisional Medical Director	Orthopaedics	██████████	Completed	Aug-21		N/A	Nov-22	Complete approved	This is now embedded in practice.	Ward-based structure has now been transitioned to team based structure.	N/A
Surgical Services	NO	Ensuring good record keeping. All Consultant ward rounds to be dictated and affixed into notes by respective secretary Consultant.	Any advised given by the surgical doctors on Ward rounds must be documented and communicated to Nurses.	Divisional Medical Director	Orthopaedics	Service Manager	None	Aug-21		N/A	Jan-22	Complete approved	An audit of documentation on EPR took place in January 2022. An action plan is being complied to address the issue identified and EPR documentation will be re-audited in the next two months (End of August).		N/A
Surgical Services	NO	Audit of Consultant ward rounds and post take to be undertaken.	This is to review the completeness and thoroughness and effectiveness of documentation. Outcome is that there is continuity in patient care and high quality patient care is maintained.	Divisional Medical Director	Orthopaedics	Service Manager	None	Aug-21		N/A	Jan-22	Complete approved	An audit of documentation on EPR took place in January 2022. An action plan is being complied to address the issue identified and EPR documentation will be re-audited in the next two months.		N/A
Surgical Services	NO	Nursing training towards routine TED application for all inpatients and its application should be the norm, unless contra-indicated eg DVT.	Raised awareness and knowledge. Nursing should be aware of when patients require TED stocking and should liaise with clinicians if not prescribed. This should improve patient care and lead to better outcome for the patient.	Director of Nursing	Orthopaedics	Head of Nursing & Matron	Completed	Aug-21	Aug-21	N/A	Aug-21	Complete approved	Compliance with expected practice will be monitored during 'Ward Rounds' and 'Drug Rounds' and lessons learned will be shared at ward meetings.	Safety messages and local teaching have occurred to ensure that nurses escalate incidents where an appliance has been indicated, but not prescribed.	N/A
Surgical Services	NO	Audit of Nursing notes on completeness and handover - gaps noted on communication to medics / escalation/ failure to document the correct weight of the patient etc.	This will ensure that all actions from the clinicians have been completed or escalated where needed. Outcome is that there is continuity in patient care and high quality patient care is maintained.	Director of Nursing	Orthopaedics	Ward Manager & Matron	The questions on the documentation audit	Jun-22	Monthly	N/A		On track	Compliance with expected practice and lessons learned will be shared at ward meetings, Care Group Meeting and Divisional Governance Board.	Matron's documentation audit utilising 'Gather' is to commence from June.	N/A