

Action Plan

See also 'Types of Preventative Actions Planned'- tool at www.npsa.nhs.uk/rca

	Action 1	Action 2	Action 3
Root CAUSE	Measures not taken to mitigate risk	Poor reporting and Communication	IT system caused format changes
EFFECT on Patient	Service efficacy may be compromised; impact of time spent on remedial action	Important information not reaching GP; patients may need to be recalled etc.	Results may be filed without clinical overview with impact on clinical management of patient
Recommendation	1, 2 3,	3,7,8,9,10,11,13	4, 6, 13, 14
Action to Address Root Cause	<ul style="list-style-type: none"> • Ensure adequate senior resource into future procurements / service changes • Ensure Risk Assessment of transition and implementation and action taken • Involve more GPs in the process 	<ul style="list-style-type: none"> ○ Improve Communication Process within CCG and out to GP community ○ Involve more grass roots GPs ○ Improve communication to service providers e.g. up to date GP lists; codes for locums and non-medical requesters ○ ensure clarity of 111 and OOH services communicated to relevant stakeholders ○ Working party to review SOPs and service issues for pathology (applicable across). 	<ul style="list-style-type: none"> ○ The OMC should be established urgently and ensure relevant input from GPs and Senior CCG management ○ Input into CRC from the above group for continuity and information transfer ○ Continue Dialogue with National Clinical Lead and GP System providers about GP systems and national standard format of results ○ Ensure ongoing dialogue with TDL regarding SOPs and other service changes (SOP forum)
Level for Action (Org, Direct, Team)	Organisation	Team lead by relevant senior manager	Team lead by relevant senior manager
Implementation by:	Senior Management Team / COO	Primary Care Team lead by relevant senior manager	Primary Care Team lead by relevant senior manager
Target Date for Implementation	Ongoing	Communication review by end June 2013 Involvement of GPs to be agreed by CCGE Working Group set up by end May 2013	OMC and CRC by end of April 2013 Dialogue re systems ongoing to September '13 Working Group set up end May and ongoing
Additional Resources Required (Time, money, other)	Senior Management capacity and overview	Time and staff resource required	Time and relevant resources to be freed up to implement
Evidence of Progress and Completion	Risk Assessment of future procurements, QIPP etc are undertaken	Communication protocols agreed, in place and evidenced as working	OMC and CRC are operational and have appropriate input

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	Entries of risks are entered into the programme / Corporate Risk Register	Involvement of GPs discussed at CCGE and minutes reflect decision Working group set up and to involve GPs	Calendar of meetings with National Clinical lead Working Group established and meeting regularly with majority of group present
Monitoring & Evaluation Arrangements	Audit of Risk Register and procurement / service change documentation	Communication protocols evidenced Communications received by relevant parties in a timely manner Minutes / notes of working group	Minutes of OMC and CRC available Evidence of action by National Clinical Lead (national enquiry established etc) or change in presentation of results Minutes of working group available and outputs evidenced.
Sign off - action completed date:	Ongoing but with audit of next 3 procurements / QIPP projects	Deputy Borough Director (Primary Care and procurements) by end July 2013	Deputy Borough Director (Primary Care and procurements) to October 2013 for IT OMC and CRC ongoing
Sign off by:	COO / CEO	COO	COO
Action / date for completion / responsible person	Procurements / QIPP projects have; <ul style="list-style-type: none"> Adequate senior resource identified with CRO and SRO identified for each project – ongoing / Procurement SRO Risk Assessment of transition and implementation impact assessment required at the first stage of procurements – ongoing / Procurement SRO Explicit GP representation on all procurement processes – ongoing / Procurement SRO 	<ul style="list-style-type: none"> Quarterly meeting between the CCG and all Brent GPs – ongoing / COO Monthly newsletter to GPs - - ongoing / Comms Manager “key messages” agenda item on all locality meetings – ongoing / Clinical Directors Review of contact data being undertaken with pathology services but also with all other providers to ensure contemporary GP information – Brent pathology SRO via contract review committee / every 6 months Stakeholder updates as part of 	<ul style="list-style-type: none"> The OMC established input from GPs and Senior CCG management – completed 16 May 2013 The OMC meets prior to the CRC with input from the above group for continuity and information transfer – agreed at the CRC 16 May 2013 to commence July 2013 Dialogue is continuing with National Clinical Lead and GP System providers about GP systems and national standard format of results – CCG primary care IT commissioner / Chair OMC / TDL ongoing

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		<p>contract meeting agenda – all contract review group members</p> <ul style="list-style-type: none">• Working party to review SOPs and service issues for pathology – operational management committee / July contract review meeting	

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	Action 4	Action 5	Action 6
Root CAUSE	Equipment Failure, incorrect assays and pseudo-hyperkalaemia	Lack of engagement in process	Lack of access to key information
EFFECT on Patient	Delay in processing results and / or receipt of inaccurate results; inconvenience of time taken out of day and of being re-bled	Service quality standards not monitored; no action to improve / develop service to GPs; sub-optimal contract monitoring	Delay in taking appropriate action; inconvenience for patients if re-bled
Recommendation	12, 15,16	1,4, 5, 17	17,18
Action to Address Root Cause	Action taken by TDL to process bloods elsewhere in interim whilst functionality of equipment restored / as necessary; Separate group to be set up to review courier service contract and ensure temperature controlled environment; Training to be provided on drawing and storage of blood prior to transportation	Establishment of OMC and CRC Senior management overview of end to end process of procurement / QIPP Relevant clinical input and continuity of same Involve Contract Manager in technical contract support and review of KPIs (incl. NHSL Direct Access Pathology Indicators) Regular updates to CCGE and CCGGB See Action 1 and Action 3 also.	Ensure continuity of leadership through organisational change; Ensure systems to archive relevant information are available and used; Handover documents to be sufficiently detailed to ensure continuity; Communication to GPs to be improved and also the input of GPs to key decisions on service changes to be secured. See Action 1 and Action 5 also.
Level for Action (Org, Direct, Team)	TDL Directors and Pathologists / CCG contracting and Primary Care teams	CCG Clinical Directors and Operational Managers / CSU with local support	CCG GB / Contracting and Primary Care Teams
Implementation by:	TDL CCG	Clinical Directors COO and DoF	CCG GB COO
Target Date for Implementation	QC by TDL - as agreed internal process unless requires escalation, ongoing; Courier Group to report by end May 2013; Training to begin June 2013 and ongoing.	Involvement of contract manager via OMC and CRC by end of April 2013 and ongoing; Resource for Local support to CSU in monitoring contract to be identified by 12 April 2013; Dialogue with CSU regarding contract by 19 April / agreement by 30 April 2013	Continuity through organisational change – ongoing; Continuity of appropriate senior management into procurements / QIPP and service change – ongoing; Improved Communication to GPs and involvement to GPs - see Action 2.

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Additional Resources Required (Time, money, other)	Time of key people Staff resource and time for training	Relevant people able to attend all meetings – staff resource; Expertise to monitor contract.	Senior Management and other staff support – time and money; See Action 2 for other implications.
Evidence of Progress and Completion	Updates on QC available from TDL at OMC meetings - minuted; Meetings of group to review courier service set up and minutes available by end of May 2013; Training schedule agreed by relevant training providers by end of May 2013.	Documentation of key services to evidence appropriate input or minutes noting escalate to CCG GB and Updates to CCG GB ongoing; Involvement of contract manager via OMC and CRC minutes; Local support to CSU in monitoring contract is identified and in place; Revision of KPIs to include NHSL Indicators under discussion by end of May 2013.	Archived documentation available to successor organisation; Corporate memory available – at least through transition; Communication and GP involvement – see Action 2.
Monitoring & Evaluation Arrangements	Minutes available and actions evidenced; Training delivered / certified competent.	Audit of documentation and minutes; Contract monitoring reports to QSCRC and CCGE / GB	Availability of relevant documentation on shared drive; Audit of documentation / minutes.
Sign off - action completed date:	Deputy Borough Director Primary Care / contracts. End of June 2013	Deputy Borough Director Primary Care / contracts. End of June 2013	COO Ongoing
Sign off by:	TDL - Director of Service Compliance CCG - COO	TDL - Director of Service Compliance CCG - COO	CCGE / GB
Action / date for completion / responsible person	<ul style="list-style-type: none"> • functionality of equipment restored – February 2013 / TDL • Quality Control updates a standing item on the OMC and CRC agendas – minuted – ongoing / committee chairs • The OMC to review courier service - CRC meeting agreed 16 May 2013 • Training for GP practices on drawing 	<ul style="list-style-type: none"> • Establish OMC and CRC– completed first meeting 16/05/13 • Local support to CSU in monitoring contract – June / procurement SRO • Revision of KPIs to include NHSL Indicators - discussed 16/05/13 – to be worked through at July CRC meeting / CRC members 	<ul style="list-style-type: none"> • Documentation archived on the S drive April 2013 / ongoing / procurement SRO

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	and storage of blood - schedule to be agreed by relevant training providers by end of May 2013, complete training July 2013 / locality managers		