	Target for evaluation strategy
	Has not commenced/ behind target
	Progressing well, on target
	Completed / target achieved

Recommendation	Planned Actions	Evaluation Strategy	Progress updates (fortnightly)						
			23/03/2018	06/04/2018	20/04/2018	04/05/2018	18/05/2018	01/06/2018	15/06/2018
1.5.2 The organisation expedite the risk profiling exercise, ensuring coverage of key points identified at survey in particular: i. Overdue updates ii. Strengthening engagement and knowledge by staff at unit level iii. Ensuring escalation of appropriate risks to relevant executives	1. Memo to Exec and Clinical Directors to outline the plan for risk profiling to occur at the service level (stage 2), led by them and with the support of the CALHN QST and reported to the Directorate Q&GCs. RMC to offer education and support evenly over all services to achieve initial target (25%).	25 % of Risk Profiling sessions to be completed by 30/6/18 and remaining 75% completed by 30 Dec 2018.	Detail of memo being drafted by DCG, first session planned for MHD on 26/3/08						
	2. Idenfication of risks by service presented to EMT (Risk) by the 8 May 2018 (stage 1)	List collated by each service and presented - evidence of engagement and local ownership / management	Detail of memo being drafted by DCG, first session planned for MHD on 26/3/08						
	3. Risk Profiling Schedule updated by the 10 April 2018 to reflect the planned sessions at service level (presented to EMT Risk)	Updated CALHN risk profiling schedule demonstrating engagement and commitment from the service levels	Email sent to all QSC for a list of all services to expand the current risk profiling schedule						
	4. (I) Any meetings cancelled for Exec risk owners (Strategic Risks) will be re-scheduled within one week (a report will be provided by QST to Exec Risk on the number of meetings cancelled and not re-scheduled within a week). Directorates will be requested to provide a report to the Director of Clinical Governance by the end of March 2018 on how they manage risks and treatment within their directorates, including:	Report provided to EMT on risks over due more than 2 weeks (treatments and risk review date)							
	5. (ii) Forms part of the communications piece. Promotion of the online learning training and resources prior to risk profiling sessions.	Evidence of increased compliance with online learning training monitored at EMT Risk (is it EMT Risk or ERC?)	Meeting arranged with comms team on 22/3/18 to finalise comms strategy, first message to commence 23/3/18 (and weekly thereafter)						
	6. (iii) Update the Governance and Escalation Flowchart to include service level risk profiling and governance	Resources updated, circulated via communication strategy, stored electronically on intranet site	Updates to document drafted						
	7. Risk Management Flowchart updated to include the process following identification of a risk	Resources updated, circulated via communication strategy, stored electronically on intranet site	Updates to document drafted						
	8. Development of a simple flow chart for how to run a risk profiling session.	Document developed, circulated with risk profiling resources, stored on intranet site, part of comms strategy							
1.5.2 Develop a framework which supports local decision making regarding risk.	1. Update the Governance and Escalation Flowchart to include service level risk profiling and governance	Resources updated, circulated via communication strategy, stored electronically on intranet site	Updates to document drafted						
	2. Update Risk Management OWI to include Risk Profiling plan by service, and the management of shared risk and the Private Public Partnership	Document developed by Facility Operator to outline the agreed process for shared risks							
	3. Communicate OWI and supporting documents via the comms strategy	Resources updated, circulated via communication strategy, updated and stored on eCentral	Meeting arranged with comms team on 22/3/18 to finalise comms strategy						
1.5.2 Identify and adapt an education programme to develop capability at unit level.	1. Promotion of online learning education prior to risk profiling sessions	Evidence of increased compliance with online learning training monitored at EMT Risk	PowerPoint presentation in development						
	2. Development of a simple flow chart for how to run a risk profiling session.	Document developed, circulated with risk profiling resources, stored on intranet site, part of comms strategy							
	3. Development of a simple message for understanding risk using the bowtie method	Document developed, circulated with risk profiling resources, stored on intranet site, part of comms strategy							
1.6.1 Communicate a shared definition of quality and clinical governance across all levels of the organisation.	1. Formalise Quality and Governance Presentation / Our Commitment To Quality into a document.	Document Completed	Meeting arranged with comms team on 22/3/18 to finalise comms strategy						
	2. Develop a communication strategy across CALHN regarding everyone's role in quality and clinical governance when the commitment to quality document is released again across the organisation completed	Strategy developed and implemented	Meeting arranged with comms team on 22/3/18 to finalise comms strategy						
	3. Undertake a survey of staff knowledge to evaluate the impact of the Clinical Governance Strategy (and framework) incorporating knowledge around risk management	Audit/survey of knowledge pre and post intervention - need to have increase 50% in knowledge by 18 May 2018							
1.6.1 Implement the draft clinical governance framework.	1. Framework in draft - work to review and formalise this and to incorporate our "Commitment to Quality" and "Triple Aim"	Framework completed, evaluated in survey as mentioned above							
1.6.1 Undertake project to develop an organisation wide quality plan and reporting framework for all levels of the organisation.	2 Quality plan to be developed when framework completed. Should reflect the framework and be able to draw a line from service level quality plan to peak CALHN wide quality plan. Quality plan will include reporting requirements and be consistent across the network (local up to EQC).	Quality Plan developed and communicated across LHN							

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2.6.1 Develop a strategy for an organisation-wide approach to orientation and training for clinical leaders, senior managers and the workforce in patient and family centred care.	Implement the Best Practice Spotlight Organisation Best Practice Guideline across CALHN with TQEH first site planned.	As per the guideline - pre and post evalutations	Action plan being developed, pre data collection in May, June to implement						

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4.2.1 The medication management system is regularly assessed	MSSA to be completed and a plan in place to address any deficits identified - to be reported to the Medication Safety Committee	Action plan to address deficits with specific timeframes allocated to strategies should be monitored by mediction safety and lack of compliance with timeframes escalated to exec quality governance							
		Decision to made if 3 separate MSSA's to be conducted for TQEH, MH, RAH and if MSSA is to be staggerred across the 3 sites							
4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	Working party to be formed under leadership of EDMS and a project plan developed to increase effectiveness of discharge communication. First strategy to address this recommendation is to ensure that a discharge summary is provided to a consumer at the time of discharge, with a final discharge summary to be provided to all relevant community providers AND the patient a maximum of 2 weeks post discharge. The CALHN procedure should be altered to reflect this.	Communication strategy developed to communicate the clinical impact of failure to provide discharge summary	E-mail sent to medical clincial leaders to provide patient with a written discharge summary ensuring it includes a medication summary Meeting held with Comms - incidents to be identified to use as case studies - aim for weekly comms						
4.12.4 Ensure that action is taken to increase the proportion of receiving clinicians that are provided with a current, comprehensive list of medicines at discharge.	Working party to be formed under leadership of EDMS and a project plan developed to increase effectiveness of discharge communication. First strategy to address this recommendation is to ensure that a discharge summary is provided to a consumer at the time of discharge, with a final discharge summary to be provided to all relevant community providers AND the patient a maximum of 2 weeks post discharge. The CALHN procedure should be altered to reflect this.	Project plan to be developed by the working party with actions and timeframes	Team members being identified						
		Compliance with electronic discharge summary increased by 50%							
		Compliance with electronic discharge summary increased by 50%							
		Audit compliance of random sample of current medication list in Oacis discharge summary to achieve 50 % compliance with medication list							
		Audit compliance of random sample of current medication list in Oacis discharge summary to achieve 75 % compliance with medication list							

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6.3.3 Action is taken to increase the effectiveness of clinical handover	Ensure that completion of medical discharge summaries complies with CALHN policies, especially the timeliness of completion and provision to appropriate health care providers.	Working party to be formed under leadership of EDMS and a project plan developed to increase effectiveness of discharge communication. First strategy to address this recommendation is to ensure that a discharge summary is provided to a consumer at the time of discharge, with a final discharge summary to be provided to all relevant community providers AND the patient a maximum of 2 weeks post discharge. The CALHN procedure should be altered to reflect this.	E-mail sent to medical clincial leaders to provide patient with a written discharge summary ensuring it includes a medication summary Team members being identified						
		CALHN discharge summary procedure to be updated that a discharge summary is provided to a consumer at the time of discharge, with a final discharge summary to be provided to all relevant community providers AND the patient a maximum of 2 weeks post discharge							
		Project plan to be developed by the working party with actions and timeframes							
		Compliance with electronic discharge summary increased by 50%							
		Compliance with electronic discharge summary increased by 75%							
		Audit compliance of random sample of current medication list in Oacis discharge summary to achieve 50 % compliance with medication list							
		Audit compliance of random sample of current medication list in Oacis discharge summary to achieve 75 % compliance with medication list							