

	FEBRUARY 2026 AMBER: Ongoing RED: Requires Urgent Attention GREEN: Completed / Closed	Date action was entered on to Mobilisation Plan	Person(s) Responsible	Dependent on Other Area? State How?	Please List Actions Required	Weekly Progress Report and Updates	Due Date and Status	Risks & Issues
	CLINICAL							
C1	What are the critical milestones within the ICB Service Spec?	31/07/2024	AM	N/A	Service Spec to be reviewed and critical milestones to be listed.	31/07/24: 12 items listed as critical milestones to ensure that Service Spec is met.	COMPLETED	
C2	What are complex needs of a patient - that a core team would not be able to meet?	31/07/2024	AM / ZB / JC / LL / LH	ICB need to accept criteria.	Review Service Spec. Review Run-PC to see if this would provide evidence that complex care was being delivered. Use iCare for data collection. Agree date to introduce Run-PC. 08/08/24: Look to get a joint BH/AHH/NTH meeting in place for early September to establish a locally agreed measure of SPC complexity (LL).	05/08/24: Run-PC looked at and top 2 categories are considered to meet criteria for complex needs. Would be supported by the palliative phase and the AKPS. Meeting with LH ZB and JC 05/08/24 and discussed - they are in agreement and producing a systm1 template for their team to use. LH looking at how daily triage discussions could still be saved on iCare. 07/08/24: Agreed need to approach bed increase with complexity - stepwise approach. For example: 4 patients non complex; 3 patients non complex plus 1 patient complex, 2 patients non complex plus 2 patients complex - then review. 12/8/24: Date for starting to use RunPC to be agreed at MDT today. 19/8/24: As no w/list RunPC has not been used. Discussed its value in providing evidence of complexity of patients admitted to AIPU. LH to discuss at MDT later today. 29/08/24: RUN PC being used prior to admission and logged on icare, AKPS and palliative phase of inpatients also being looked at as a comparison. LH has implemented a document to capture this daily so it can be loaded onto icare and shared it with ZB and JC, both happy with it. It is now in use, although need to get CNS and staff used to it. GG has demonstrated how the data can be pulled into reports going forward. 09/09/24: Need to start providing weekly reports on complex and non-complex patients. 16/09/24: GG can provide weekly report - to be forwarded to LH and AM every Monday. Can be discussed as part of MDT 23/09/24.	COMPLETED	Potential loss of revenue.
C3	How will AIPU provide access to out of hours PEoLC?	31/07/2024	ZB / JC / LL / LH	Rapid Response Model	Look at admission criteria. Establish who could refer OoH.	19/8/24: Will be discussed at JCG later today. 27/08/24: On hold for now due to pressures within CNS team. 23/09/24: On hold due to pressures within CNS team - amend due date. 07/10/24: Patients can access AIPU OoH but need to have been assessed in hours.	COMPLETED but may be reviewed / expanded at a later date.	Potential increased cost of SLA.
C4	How will referrals to AIPU be made and received from any clinicians / clinical team responsible for the patient's care?	31/07/2024	LH	Collaboration with Trust	Develop and implement referral form.	Continue with NTH referrals until further work can be done to look at community referrals. 23/09/24: On hold due to pressures within CNS team - amend due date. 07/10/24: Now ready to progress to next phase and admit patients for symptom management. 28/10/24: Symptom management from 28th October. Referrals and assessment continued through SPCT. May 2025: Referrals via GPs to be promoted - discussed with Beth Elliott (ICB) and chair of LMC.	COMPLETED	Potential increased cost of SLA.
C5	How will a referral pathway be developed and implemented so that referrals are received 24/7?	31/07/2024	AM / LH	Collaboration with Trust	Develop and implement a pathway to support 24/7 referrals being received.	19/8/24: Will be discussed at JCG later today. 23/09/24: On hold for now due to pressures within CNS team. 04/11/24: Staffing pressures continue within CNS team. 11/11/24: No change. 2/12/24: No change - discuss at JCG on 16/12/24. Update 23/12/24: Carry over to January / February as next phase will be to accept patiets from the community. Update 20/01/25: Patients are now being admitted from the community and a formal pathway is being drafted. Update 10/02/25: Discuss at JCG Meeting on 17/02/25. Update 17/02/25: All documents and referral pathways to be reviewed, however, it is considered that 24/7 will not be feasible for the foreseeable future due to staff available. Update 28/02/25: Agreed need to look at referrals from community - currently patients who are admitted for symptom management tend to become EoL so need to look at needs of patients who require symptom management but would then be discharged home. Also need to look at referral pathway from GP to SPCT that enables fast access to admission to the hospice. Update 17/03/25: Information for GPs/DNs drafted and will be sent to Dr Nicky Miller and Katie McLeod to cascade to GP Practices. Develop and implement flyers that can be sent to GP Practices - HS aware. Brian Corbett contacted to ask if anything further he could suggest. Update 14/04/25: Shared with ICB who would like to meet to discuss / clarify some points. Update 06/05/25: Meeting with ICB arranged.	COMPLETED	Potential increased cost of SLA.

C6	What will the process be for referrals to be triaged - and how will waiting lists be managed?	31/07/2024	AM / LH / ZB	Collaboration with Trust	Become familiar with and implement use of Run-PC. Set up daily triage meetings.	12/8/24: GG to look at creating a waiting list on iCare. 19/8/24: GG currently working on how iCare can be used to record w/lists. Run-PC to be used to triage and support daily meetings. 29/08/24: No waiting lists at present but GG confident icare can be used to do this. Daily triage details uploaded onto icare. 09/09/24: LH to provide an update please. 16/9/24: RUN PC now being used to triage - no current waiting list, however, Clinical Manager / CNS would be aware on a daily basis who is on a waiting list.	COMPLETED	
C7	What changes are required to ensure that documentation meets the holistic needs of patients?	31/07/2024	LH / ZB	Collaboration with Trust	Review current documentation.	05/08/24 : Meeting with LH, ZB and JC, reviewed draft admission document template to go on systm1. LH reviewing AIPU documentation. 12/8/24: LH and AM to review draft to identify gaps. 13/08/24: Draft documentation reviewed - some minor amendments required. 19/8/24: LH working through amendments - final draft to be completed by 31/8/24. 29/08/24: AIPU documentation review and update on track. 09/09/24: LH to provide update on return from A/L. 16/09/24: Draft documentation near completion - LH will send out for review / comments by 20/09/24. 23/09/24: LH aware that must be completed this week. 07/10/24: Admission and care planning pack signed off.	COMPLETED	
C8	What policies need to be reviewed or developed to support the Mobilisation Plan?	31/07/2024	AM / LH		Review Policy Log. Policies to be reviewed / developed: Admission (inc criteria); Discharge; Care Planning; Wound Management.	19/8/24: Several clinical policies have been reviewed as part of 3 yearly cycle and it has been ensured that changes to AIPU and CIPU due to conditions being lifted have been taken into account. Four policies are to be added to the policy log: Admission; Discharge; Care Planning; Wound Management. 09/09/24: Added to Policy Log and C-I-G Log.	COMPLETED	
C9	What will the process be for capturing where patient needs are not able to be met - for example: competency (tracheostomy); equipment / staffing (bariatric patients).	31/07/2024	AM / LH		Arrange meeting to discuss how this could be captured.	05/08/24: Meeting LH, ZB, JC, discussed making this part of daily triage discussion but also pre-empting needs and putting plans in place to allow us to support more complex needs e.g. purchase bariatric equipment, put additional training in place. 02/09/24: TJ to liaise with NT to confirm process for renting bariatric equipment. 16/09/24: TJ to be reminded that information required. 23/09/24: TJ has received confirmation that if NTH has the equipment BH can request it - TJ has requested further information, response awaited. 07/10/24: TJ still awaiting information so will follow up - TJ to provide clear process / procedure by the end of October. Contacted last week, awaiting response. Discussed tracheostomy competencies. 23/10/24: Liaised with trust regarding a theoretical bariatric bed - possible to implement but process still not robust. TJ has obtained quotes for purchasing a bariatric bed - £8000 - prices will go up in new year. 04/11/24 Bariatric bed and mattress and pump ordered. TJ chasing lead time. LH meeting with VM later this week to set dates for training. 11/11/24: TJ awaiting confirmation of delivery date for bariatric bed. Required training arranged for January 2025. To date no referrals have been declined due to APU.	COMPLETED	
C10	What additional pharmacy items will be required to support the opening of additional beds?	31/07/2024	LH / HL		Review of current stock items and stock levels to be undertaken.	06/08/24: Review ongoing - current stock unlikely to need to change drastically but levels will. LH implementing minimum stock levels for key drugs. 12/8/24: LH to review current meds this week and place order to support 4 beds now being open. 19/8/24: LH has reviewed stock levels and trialling what minimum stock levels should be. Aim is to order meds 1xweek to avoid additional costs. LH & HL to look at how to report weekly on meds costs to CEO / DoFC. 29/08/24: D/w with AM, and LH now sending a weekly drug expenditure spreadsheet to DoFC, to track expenditure and identify anomalies. This will be forwarded to CEO. Sharing current stock list with JC in case there are any additions needed as we expand. 06/09/24: Ashtons monthly report also available.	COMPLETED	
C11	Does the daily huddle and weekly MDT need to change?	08/08/2024	LH / ZB / JC	Collaboration with Trust	Discuss at Operational Meeting on 9/8/24.	12/8/24: Weekly MDT now in the diary from today - consultant, CM, RN, F/S - DoFC and PEOLC Lead to attend if required. GG to create a "discussed at MDT" code for iCare. LH to establish if MDT notes can be uploaded onto iCare. 19/8/24: LH to review daily huddle to incorporate Run-PC information. 29/08/24: Weekly MDT's going well, all patients discussed at MDT being logged on icare, different codes for if discussed in retrospect and an additional code if personally reviewed by consultant. RUN PC status added to icare as part of admission coding (done by GG at present so not in real time). 09/09/24: Update required before action can be completed. 16/09/24: Daily huddle and weekly MDT being captured / recorded on iCare.	COMPLETED	

C12	How will beds be opened to ensure the balance of numbers of patients and complexity of conditions can be met and managed safely by skills and competences of staff?	12/08/2024	AM / LH	Collaboration with Trust	Draft document and share for opinion. Review skills and competences of staff and complete TNA.	12/08/2024: Draft document "Safe Staffing and Increasing Patient Numbers and Complexity on AIPU" completed. To be shared at operational meeting. 19/8/24: To be shared at JCG Meeting. 27/08/24: Now being used for reference.	COMPLETED	
C13	Are we ready to open for patients who require symptom management?	23/09/2024	AM / LH / ZB / JC	Collaboration with Trust	Actions required to be discussed and allocated. Confirmed date to move to next phase as 7th October 2024.	Agreed and actions added to M/Plan - additional: Policies; Procedures; Documentation; Pharmacy; UCC; Comms. 07/10/24: Required work completed.	COMPLETED	
C14	Admission Policy and Discharge Policy.	23/09/2024	AM		Review current and update as required.	14/10/24: Admission policy ratified. Updated admission procedure AIPU approved. Discharge procedure in place. Discharge policy being drafted. Discharge procedure in place. Need to explore possibility of CHC funding (individual not block) prior to conclusion	30/04/2026	
C15	Care After Death Policy	23/09/2023	LH / JE / ZB	Collaboration with Trust	Needs to include ME and MCCD process (and info re cremation process).	14/10/24: LH working on care after death policy. 23/10/24: NTaHT have shared their policy for consistency 04/11/24 LH has shared first draft plus 2x associated procedures. 11/11/24: Comments being collated. 02/12/24: LH currently absent. Update 23/12/24: New guidance issued via HospiceUK, LH will aim to complete by end January. Update 27/01/25: Care after death policy, NVoED and personal care after death procedures 2nd drafts circulated. Update 10/02/25: Ready for final sign off / to be forwarded to Trustees. Update 17/02/25: Policy near completion - procedure completed. Update 11/03/25: Final changes being made then LH can forward to MB for comments. Update 17/03/25: Seen by MB - ratify / signature and to be noted at next Board Meeting on 24/03/25. Update 14/04/25: Ratified on 24/03/25.	COMPLETED	
C16	Admission Procedure and Discharge Procedure.	23/09/2024	LH		Review current and update as required.	07/10/24: Reviewed and work completed.	COMPLETED	
C17	Does the daily review template need to be replaced?	23/09/2024	ZB / LH	Collaboration with Trust	Current documentation to be reviewed.	23/09/24: ZB has already shared new draft SPCT initial assessment and review templates on SystmOne. Agreed comprehensive and fit for purpose to admit patients to the hospice. Care for the Dying Person Document can still be used alongside SystmOne templates. 07/10/24: ZB has stated that work completed.	COMPLETED	
C18	NEWS Policy (escalation)	23/09/2024	LH		Draft new policy to include process for taking observations and bloods etc (this will replace the CNS resource information pack.	14/10/24: LH working on NEWS /escalation policy. 04/11/24, to circulate by end of week. 11/11/24: LH has liaised with Alice House and Teesside Hospices and has information to support with drafting the policy. 02/12/24: LH currently absent. Update 27/01/25: LH collating information and will complete in February. Not completed due to other priorities - now aim for end February.	30/04/2026	
C19	Where will urgent meds be obtained from?	23/09/2024	LH		Explore local pharmacy suppliers - need to ensure security of staff as part of process.	07/10/24: LH has started exploring this and will conclude this week. 23/10/24 CNS have been sending prescriptions to panacea at NT. Panacea at NT can provide most medications, if they receive a yellow prescription. Easy to access as based on hospital (walking distance). LH discussed storing yellow prescriptions in a locked cupboard at Butterwick so that CNS can easily access. No issues with using Panacea but to ensure good working relationship, ZB to make introductions to appropriate person to discuss.	COMPLETED	
C20	Does access to OoH clinical cover need to be reviewed?	23/09/2024	JC / ZB	Collaboration with Trust	Review arrangement to ensure that it continues to meet the need of patients - widening of access and increased frequency when patients who require symptom management are admitted.	07/10/24: JC is leading on this and will provide feedback at the operational meeting on 11/10/24. 14/10/24: JC unable to attend meeting 11/10/24, to update at joint governance meeting 21/10/24. Risk assessment drafted by LH regarding OoH cover. Escalation procedure wirtten by LH and signed off by AM. 23/10/24: OOH RA reveiwed at joint governance meeting 21/10/24, no concerns. JC updated that she had started exploring accessing palliative consultant on call if need be in the gaps between palliative/UC cover. Suggested managers on call be given the number, staff could access through contacting manager on call. JC awaiting agreement from all palliative consultants. 04/11/24: LH to catch up with JC at Trutee meeting 04/11/24. 11/11/24: JC is pulling finding together to present at JCG Meeting on 18/11/24. 02/12/24: Meeting postponed to 16/12/24. Update 23/12/24: Meeting postponed to 16/12/24. Update 23/12/24: Meeting postponed to 16/12/24.	COMPLETED but see C27 and C34 (18/8/25)	
C21	Is further Comms required to notify key stakeholders of change to admission criteria.?	23/09/2024	AM / AC / EG	Collaboration with Trust	Comms plan to be developed and implemented.	07/10/24: AM to liaise with AC. Update 08/10/24: Await outcome of initial work re cracks in walls (to commence 10/10/24). 14/10/24: comms sent to trust 09/10/24 advising rooms to be back in circulation 18/10/24. On track for this, LH to update as week goes on, then reveiw and move forwarded with planned changes to admission criteria. 21/10/24 EG advised change admission criteria when AM back from AL. Everything is in place, ZB has drafted comms. 28/10/24 Comms released at trust, discussed daily at trust OPAL meetings.	COMPLETED	

C22	Is a further review of complexity required?	11/11/2024	LH / ZB	Collaboration with Trust	Look at use of OACC / IPOS.	Update 20/01/25: 2 meetings held - LL will draft a flow chart for discussion at the next meeting. Update 11/03/25: Awaiting LL to arrange further meeting. Update 14/04/25: Due to pressures of work LL unable to arrange at present. Update 06/05/25: LL has circulated draft. LH and AM to discuss prior to wider meeting - JCG on 09/05/25. LL intends to arrange f/up meeting. 08/07/25: Discussed with LL - will arrange to meet with LH and then AIPU can pilot the complexity tool for 3 months. Update 11/08/25: Data now being gathered. Update 06/10/25: Awaiting LL arranging further meeting - AM to follow up. Update 10/11/25: Meeting arranged but cancelled by LL. LH now on M/L - SH appointed as Clinical Manager but await recruitment to bd 6 post and then rearrange meeting. Update January 2026: Attended further meeting - useful to also work with AHH to compare data. LL has arranged monthly meetings - AM and SH will attend. SH collecting and collating data.	COMPLETED	
C23	Would it be beneficial for CNS to cover for a longer period?	25/11/2024	ZB / HD	Collaboration with Trust	Consult with CNS.	02/12/24: From 09/12/24 the CNS rotation will be 1 month (apart from weekends). Evaluate after 3 months.	COMPLETED	
C24	Would it be beneficial to have increased physio input?	25/11/2024	AM / TB / VC / ZB	Collaboration with Trust	Consult with physiotherapist.	02/12/24: From 02/12/24 physio will attend AIPU at 09.30, 14.00 (MDT), and 15.00 to support patients. VC will mirror on Fridays.	COMPLETED	
C25	Would it be beneficial to have more structured C/T input?	25/11/2024	AM / NR / GF			02/12/24: NR will work with GF to look at options. Update 23/12/24: NR will discuss with GF and feedback in early January. Update 20/01/25: C/T visits AIPU every morning to establish if there are patients who would benefit from C/T that day - also visits AIPU if she has any cancellations that day.	COMPLETED	
C26	Does the establishment need to change as beds increased?	02/12/2024	AM	Collaboration with the Trust		02/12/24: HCA already recruited but awaiting information from the Trust about start date. Bd 6 authorised (see matrix) - HC contacted to progress. Bd 6 out to internal advert. Update 06/01/25: Trust did not recruit HCA - going back out to recruitment event mid January. Bd 6 posts going out to internal advert this week. Consider options - could second staff from CIPU as additional HCAs due to RN absence. Update 20/01/25: NT&H NHSFT request that MSA is updated prior to sign off of Bd6 post. EG is liaising with Trust finance lead. Update 07/02/25: AM has contacted Chris Liddle to inform him of areas to include in MSA, following discussion with EG. Update 17/02/25: AM contacted by finance NTH to clarify some points. Update 11/03/25: Fine to progress with recruitment confirmed by EG and Trust - LH has liaised with VMc and interview date for Bd 6 will be end March. Concern that HCA post may be difficult to recruit to as Wd 38 also has 5 HCA vacancies. Update 14/04/25: SH succesful at bd 6 interview - likely to transfer into post early May. LH to develop induction plan in liaison with NTH. HCA still to be recruited. Update 06/05/25: Discussed with Trust as no HCA recruitment through recent recruitment days. Trust agreed to advertise role separately as there was excellent response to this when AIPU was set up. Update 21/05/25: HCA recruitment being progressed through Trust. Update 18/6/25: Additional HCAs now progressing through induction. Update 08/07/25: HCA due to start	COMPLETED	
C27	How will we ensure high standards of patient safety and experience as we develop inpatient services - accepting that our model of care is new and differs in some ways from other local practice - for example: Registered Nurse throughout 24/7 / Clinical Nurse Specialist during the day / Medical input is via SPCT Consultant weekly MDT/WR, and by request as required / OoH clinical input is via UCC or CCP or Palliative Care Consultant On Call.	07/02/2025	JC / AM / ZB / LH	Collaboration with the Trust	Must ensure that any risks identified are managed and mitigated in a timely manner. Open and honest discussions with shared learning and agreed actions at 2 weekly Operational Meetings and monthly Joint Clinical Governance Meetings - or escalated and managed immediately if urgent issues arise.	Any risk is mitigated by: Mobilisation Plan that is regularly reviewed by senior clinical staff (Hospice and Trust), as well as SLT and Board (Hospice and Trust), so that remedial actions can be put in place if required. Joint partnership oversight. Operational Meetings and Joint Clinical Governance Meetings are held as scheduled. Daily communication between Hospice and SPCT about any issues or concerns if required. Access to palliative care consultant support Monday to Friday 09.00 to 17.00 - medic of the day. Butterwick Hospice On Call Manager is available as per rota - this includes detail of SLT on call. Update 17/03/25: Reviewed at JCG Meeting - no concerns - continue. Update 21/05/25: Reviewed 09/05/25 and 19/5/25 - no concerns - continue. Reviewed at JCG Meeting on 16/6/25 and 21/7/25 - no concerns - continue. Update 18/08/25: Actions required re UCC - refer to C34. Update 10/11/25: JCG Meeting cancelled in September. Reviewed 20/10/25 - no concerns. Update 08/12/25: Reviewed 17/11/25 at JCG Meeting - no concerns. Update January 2026: December's JCG Meeting cancelled - no concerns raised outside of the meeting. Reviewed at January and February JCG Meetings - no concerns.	Review at Operational and JCG Meetings	

C28	Are we working ithin the principles of the Gold Standards Framework (GSF)?	07/02/2025	AM / LH / ZB	Collaboration with the Trust	Explore GSF and how Butterwick Hospice could implement it to benefit patients and carers.		30/06/2026	
C29	Are we learning the lessons from deaths - and acknowledging the good news stories? How is this being documented so that the knowledge is not lost - for example: what if our patient has no money to pay for a funeral?	10/02/2025	AM / LH / JC / ZB	Collaboration with the Trust	Discuss at JCG Meeting on 17/02/25.	Update 21/05/25: Discussed at JCG Meeting on 09/05/25 and JC agreed to look at how this could be implemented in the hospice. Update 16/6/25: JC has started looking at these - will provide feedback at the next JCG Meeting. 08/07/25: JC provided update at QSRC on 07/07/25 - difficult piece of work to complete - explained reason - will continue to review deaths.	ONGOING	
C30	How can we ensure that staff wellbeing continues to be a priority to enable them to continue to provide a high standard of care?	10/02/2025	AM / LH / CS / ZB		Collate all known sources of support and add information to v-drive, as well as posters to signpost staff to where support is available.	Update 07/03/25: CS agreed to add information to v-drive. Need to include chaplaincy as they can offer support to staff. Update 14/04/25: Need to confirm with HR if this has now been completed. Update 06/05/25: AM to follow up with CS again. Update 21/05/25: Discussed with CS - SH is putting information on the V-Drive so that staff can access it. Update 18/6/25: CS / HR currently collating information. Also explore offer of C/T sessions for staff via AB - LH and JE finding out from staff if there is any interest - next phase would be to offer to F/S, D/H, and HCS staff. Also currently looking at progressing towards BHaWA Silver Award in 2026. Update 11/08/25: 1st C/T session arranged for 9th September - 10 appointments being offered for either mini-facial or hand massage. Update 06/10/25: Session on 9th September very well received - positive feedback. Will look to arrange further dates if sponsorship can be obtained. Resources now available on the V-Drive.	COMPLETED	
C31	Are we monitoring occupancy with enough frequency to provide data that meets ICB requirements?	10/02/2025	LH / GG		LH to liaise with GG to increase frequency of occupancy data from monthly to weekly.	Update 07/03/25: LH to liaise with GG to ensure that this is being completed and recorded. Confirmed being recorded.	COMPLETED	
C32	The AIPU has evolved significantly since re-opening so do we need to review all documentation (guidance etc)?	17/02/2025	AM / LH / ZB / JC	Collaboration with the Trust	List of all documents to be brought to next JCG Meeting - then agree what remains current and what needs to be reviewed or archived.	Update 11/03/25: To be discussed at next JCG on 17/03/25. Update 17/03/25: Discussed at JCG Meeting - agreed that separate meeting needs to be arranged. Update 14/04/25: KM currently arranging meeting but ZB going on A/L. Update 21/05/25: AM to follow up with KM - meeting to be arranged. KM arranging asap. Update 06/10/25: Meeting held on 03/10/25.	COMPLETED	
C33	Could AIPU support offering a placement for Student Nurses?	17/02/2025	LH / AM	Collaboration with the Trust	Discuss whether Butterwick can do this as stand alone or offer as 1 week placement (from the Trust) as a starting point.	Update 11/03/25: To be discussed at next JCG on 17/03/25. Update 17/03/25: LH to liaise with Trust to establish if AIPU can be part of Trust placements - then review and offer Butterwick Hospice placements. Update 21/05/25: LH to liaise with Jean Angus (Trust). Update 18/6/25: LH awaiting dates to meet with JA. Update 11/08/25: From Jan 2026 Butterwick will have student nurses as part of their placement at NTH. Delay but now confirmed that there will be 1 student nurse on a 2 week placement in May, June, and July.	COMPLETED	
C34	As AIPU occupancy and complexity of patients has increased, is there a need to review arrangements with UCC?	15/08/2025	AM / JC / ZB / LH	Collaboration with the Trust	Complete actions as identified during the meeting on 13/08/25: 1) Staff to be made aware that UCC can offer telephone advice and prescription in urgent situations, and 111 to be contacted if f-to-f review required. (LH) 2) Escalation plan to be redrafted to reflect discussions. (JC) 3) Re-iterate the importance of dealing with clinical issues in hours as far as possible, and discuss the realistic expectations of what should be escalated to UCC. (LH, JC, ZB) 4) Kevin Moore will communicate with UCC staff - inc reception - to ensure that everyone is aware that AIPU may call for advice. 5) Review meeting to be arranged for Nov 2025.	Update 13/08/25: AM and LH discussed how to support staff to identify what should be escalated to UCC or 111. LH to arrange some focus groups with staff to look at various clinical scenarios, and develop some flow charts (escalation). LH to ensure that all staff understand when to contact UCC and when to contact 111. Update 06/10/25: Work ongoing. Update 08/12/25: Working well - appropriate referrals and responses. Continue to monitor.	COMPLETED	
C35	As the complexity and needs of the patients have changed - does AIPU need to look at the role of Champions?	17/02/2026	SH & SG	Collaboration with the Trust	SH to liaise with NT champions leaders to add staff to their list of champions for taining opportunities. Identified IPC, SPCT and skin integrity for potential link work.	22/12/25- identified IPC champion SG and linked in with IPC team. Going forward they will send invites out for SG to attend any link worker sessions. 19/12/25- emailed RC SPCT. SPCT currently do not have champions but are hoping to bring this back- RC will keep me updated of plans. 18/02/26- emailed skin integrity lead DB. Await update. 18/2/26 SG and SH to appoint potential link workers (one RN and one HCA) for each category. They can then attend link worker sessions and cascade learning to other staff. Aiming to commence when next staff rotation starts in April.	Ongoing	

C36	Does AIPU need to collaborate more with the Day Hospice with regards to activities available for patients?	17/02/2026	SH & SG	Collaboration with Day Hospice	SH to liaise with NR to allocate a potential link worker for both areas to share information and activity opportunities for AIPU.	22/12/25- emailed NR. She will discuss with the team for a potential link worker to liaise with AIPU. 18/2/26 SG and SH to appoint link worker to liaise with Day hospice. Aiming to start when next staff rotation starts in April.	Ongoing	
FINANCE								
F1	What workforce establishment will be required for: 4 / 6 / 8 beds?	31/07/2024	AM / EG / CS	Collaboration with Trust	Review establishment work previously completed.	27/08/24: Meeting to discuss arranged for 11/09/24. 16/09/24: Brief discussion - need to consider financial impact. Further meeting required. 07/10/24: Forwarded EG the staffing establishment spreadsheet for 2/4/6/8 beds. 14/10/24 meeting 11/10/24, discussed lead time for hiring additional HCA's - done via "job fairs", minimum 2 months. 11/11/24: EG authorised HCA x2 - Trust notified as jobs fair end of this week.	COMPLETED	Potential increased cost of SLA.
F2	What would the additional costs be to include the following in the SLA: chaplaincy; physio; O/T; dietitian; SaLT?	31/07/2024	EG	Collaboration with Trust		19/8/24: Discussed meds provided through FP10 (CNS) - would need to be recharged to Butterwick via SLA (if possible). 27/08/24: To be discussed at next M/Plan meeting - but possibly need to wait until next round of SLA discussions. Does Security SLA need to be added? 03/09/24: EG has signed SLA to March 2025 - does not include chaplaincy although still have access to this.	COMPLETED	Potential increased cost of SLA.
F3	What would be the benefits of the recruitment of a generalist ANP (to support role of CNS) or a Dr in palliative medicine?	31/07/2024	AM / EG / CS / JC	Collaboration with Trust		12/8/24: Form / iCare code to be developed to be able to differentiate between medical input that needs to be a consultant and input that could be provided by dr or ANP (LH / GG). 19/08/24: GG still working on this. 09/09/24: Data analysis to be completed end of September. 07/10/24: Follow up required from JC - check at operational meeting 11/10/24. 21/10/24 JC has discussed potential SHO rotation shared with NT geriatrics, head of this area open to the idea. JC also exploring a joint Butterwick/NT ANP rotation to provide non-palliative cover. 11/11/24: JC continues to work on this - update expected at JCG Meeting on 18/11/24. 02/12/24: Meeting postponed to 16/12/24. Update 23/12/24: CCPs to provide support from 6th January. Update 06/01/25: Awaiting confirmation that this is now in place.	COMPLETED	Financial impact.
TRAINING								
T1	What additional training and competences will staff require?	31/07/2024 & 25/11/2024	LH / SP / ZB / KR	Collaboration with the Trust	Complete TNA to establish what training is required and where can it be accessed.	05/08/24: Identified that initially there will be the requirement for staff to receive the following training: non invasive ventilation; tracheostomy; PEG; NG; Ryles. 19/8/24: Discussed at JCG Meeting - LH and HC to meet to look at TNA. 29/08/24: Arranging meeting with HC and VM (when VM returns from AL). 16/09/24: LH has meeting with VM tomorrow. 23/09/24: Gaps identified as: tracheostomy care; NG insertion; Ryles insertion; Drains management. These to be added to TNA requirements. 14/10/24: Met with HC and VM to discuss upskilling: suggeseted running x2 training days with tracheostomy, ryles tube and drain care training, plus SPCT input if possible. Refresher support can then be provided on a case by case basis. Training scheduled for January 2025. 02/12/24: Karen Robinson to arrange sessions to provide support for staff to have difficult / sensitive conversations with patients / families. GG completing skills audit: cannulation and IV antibiotics. Update 06/01/25: LH to provide update on skills register and date for training to be provided by KR. Update 20/01/25: LH to provide report. Update 27/01/25: All ward 38 nurses can cannulate and administer IV antibiotics. Majority can perform blood cultures but some awaiting training dates - all are booked on. Rocket drains training being provided on a rolling basis by rep. 2 x training days being booked for April to cover all rotational nurses, to include softsigns training and mop up for additional clincial skills.	COMPLETED	Training costs could be significant.
ESTATES & FACILITIES								
E&F1	How many additional Micrel Syringe Drivers are required?	31/07/2024	LH / TJ		Review requirements.	05/08/24: Additional 10 need to be ordered at some point. 06/08/24: 4 Micrel Syringe Drivers ordered. 12/8/24: LH to check status with MO'C. 14/08/24: 4 Micrel Syringe Drivers received and set up arranged.	COMPLETED	Financial impact.

E&F2	How many additional pressure relieving mattresses are required?	31/07/2024	LH / TJ		Review requirements.	05/08/24: Additional 4 to be ordered - may need more after. 02/09/24: Awaiting quote prior to placing order. 03/09/24: Order placed. 09/09/24: Delivery awaited. 16/09/24: SS not aware of delivery - to follow up with TJ tomorrow. 23/09/24: Confirmed received. 14/10/24 Clinical managers undertook bed and mattress audit: will require an additional 2 pressure relieving airflow mattresses and 1 additional profiling bed. 23/10/24: 6 additional airflow mattresses and pumps now arrived. TJ has received costing for a bariatric bed which would be 8th AIPU bed. 04/11/24 bariatric	COMPLETED	Financial impact.
E&F3	Are there sufficient ancillary staff to support the increase in beds open?	31/07/2024	AM / LH / TJ		Arrange to meet to discuss and plan.	05/08/24: CHATELAIN - failed to confirm 1st and 2nd to 1pm S & S. Potential need to look at extending hours S & S, but 1st step likely to be to move to menu choices as opposed to cooking everything on request. Meeting to be arranged with DH, TJ, and LH. HOUSEKEEPING - 8am to 4pm M to F and 8am to 1pm S & S. No change to hours required but consider purchasing fogging (£49.99) if quick turnaround of room required. MAINTENANCE - 8am to 5pm M to F. No change required although do need to explore out of hours support - AM to discuss with EG and CS. RECEPTION - 9am to 4pm M to F. Need to look at weekend cover - AM to discuss with RB. SECURITY - TJ had meeting last week and is awaiting proposal from NTH. 12/8/24: CATERING - SS to explore if hours could be 9am to 4pm Monday through Sunday - but could be 9am to 3pm for S & S initially. HOUSEKEEPING: Fine for now but SS to confirm hours actually worked (rota). MAINTENANCE: OoH support will be contractors. RECEPTION: RB aiming to recruit volunteer receptionists, but SS concerned about locking up over weekend. LH to conduct audit to establish how many times staff answer the AIPU door (which could take away from patient time or result in people waiting to be admitted). 19/8/24: DH has developed catering action plan, however, this requires further confirmation / explanation. H'keeping hours / cover still to be confirmed. Maintenance emergencies to be covered by Robinsons or Harveys.	COMPLETED	
E&F4	How will security of documentation be maintained?	07/08/2024	TJ		All staff to only be able to print securely from photocopier.	12/8/24: SS asked to look into this in TJ absence. 19/8/24: SS states that TJ has this in hand and will discuss when he returns from A/L on 27/8/24. 02/09/24: TJ to chase as priority. To update Wednesday. 09/09/24: TJ to follow up. 16/09/24: TJ to be asked to progress this. 2309/24: Contractor will attend on 24/09/24 to resolve issue - staff will then be able to print documents securely. 07/10/24: TJ meeting with IT and IOS on 09/10/24 to hopefully resolve the issue. 14/10/24 meeting taking palce today with IOS and Butterwick IT support. 23/10/24: TJ advises that ID card printer access will be roled out 29/10/24. 04/11/24: ID cards now in use, safe, links to tech at department meeting to be progressed	COMPLETED	
E&F5	Where will archived documentation be stored?	06/08/2024	SS / TJ		Current archiving arrangements to be reviewed and space made for additional archiving requirements.	stationary cupboard as until this is completed archiving in the current library can not be done. 19/8/24: SS ordering shelving today. 09/09/24: Shelving arrived, needs putting up. 16/09/24: Work unable to be progressed at present due to MO vacancy - amend timescale. 07/10/24: Work unable to be progressed due to MO vacancy and other essential works. 14/10/24 not able to progress at present but have hired new maintenance opperative 11/10/24 so will be able to pick this up when they are in post. 04/11/24: helving underway. Once up, clincial to liaise with E&F to get admin	COMPLETED	

E&F6	Is the environment fit for additional beds to be opened?	31/07/2024	AM / LH / TJ		Arrange to meet to discuss and plan.	05/08/24: ROOMS 2,3,4,7,10 are ready and room 1 will be ready for handover on Wednesday. ROOMS 6 & 7 need redecorating and sink needs boxing in. Bathroom in 4 bed unit needs updating. TJ met with JC - may need further assessment before we find out if grant monies obtained for refurbishment. All rooms have working TVs. LH to check bedding / towels and order if required (get free). Priority is to change nurses office - remove worktops and replace with desks. LH will then transfer GG to main office and relocate herself to where GG currently works. LH office will become quiet lounge. 12/8/24: Confirmed that rooms 6 & 7 sinks do not require boxing in. Nurses office is a priority for this week. 19/8/24: Delay as trying to source correct size desks - LH to liaise with SS to progress work this week. 29/08/24: Bedroom 6 is being decorated (pale sage). 09/09/24: Rms 6 & 7 near completion apart from electrics. Bathroom fans x2 required. Privacy blinds ordered - fitting expected this week. Rm 3 not in use - arranging 3 quotes (cracks in walls). 16/09/24: Blinds fitted. Electrics still to be done. Building engineer out this week - 1 further needed. LH stated that regardless of office move - more storage is required. SS stated that TJ is looking at desks. 23/09/24: Electrics outstanding. Building engineer DNA - SS will follow up, as 3 quotes required. No update re desks / office move / additional storage. TJ has plan to ensure that H&S checks are maintained until replacement MOs recruited.	COMPLETED	
E&F7	What will be done to ensure staff engagement and involvement (Butterwick Hospice and Trust)?	29/08/2024	LH / ZB / JC / AM		Staff meetings. Newsletters / Blog. Operational meetings. Suggestions box.	02/09/24: Continuing as per meetings agenda.	COMPLETED	
E&F8	Ensure storage fit for purpose on AIPU	04/11/2024	LH/SS/TJ		Add shelving to AIPU annexe store room to maximise space and ensure IPC compliance.	04/11/24: Maintenance starting on it this week. 11/11/24: Maintenance needed to prioritise work elsewhere - TJ will look at pallets for mattress storage and report next week. 02/12/24: Work completed.	COMPLETED	
E&F9	Does medication storage need to be reviewed?	25/11/2024	AM / TJ		Add storage.	02/12/24: AM and TJ have discussed and planned what is required. TJ will progress. Update 23/12/24: TJ has costed options - seeking grant funding. Pharmacist has agreed locks on current cupboards acceptable for meds (not CDs). Work to be progressed in January. Update 06/01/25: Cabinets will be collected from Howdens this week, and put together next week. LH and TJ to plan and complete R/A for safe transfer of medication. Update 20/01/25: Cabinets have been built but TJ has been off so plan for installation not clear - await his return and progress work. Update 27/01/25: Work planned to run from 29th - 31st January, risk assessment completed by LH. Update 07/02/25: Work completed to a high standard. Seen by Ashtons pharmasist - no concerns identified.	COMPLETED	
E&F10	Is AIPU office space sufficient?	25/11/2024	SS / TJ / AM / LH		Requires urgent review.	02/12/24: LH needs to be closer to staff. CNS needs appropriate desk space. RNs and HCAs need to use nurses station. Update 23/12/24: LH to keep her office but to spend time in the office next to the staff. CNS can also use this office. Small table and chairs to be moved to LH office to enable CNS additional space to work without being distracted. Update 06/01/25: Will definitely be completed this week.	COMPLETED	
E&F11	Does reception need to be covered at the weekend?	25/11/2024	AM / TJ / RB		Recruit volunteers.	02/12/24: Volunteers recruited. Will start 2nd week in January. TJ will complete induction. Signage to be made to cover OoH.	COMPLETED	
E&F12	What is the refurbishment plan for AIPU - and how will this impact on the AIPU?	13/10/2025	TJ / SS		Need to see project plan to identify actions required by clinical services.	Update 14/11/25: Meeting with JD (IPC Matron). Discussed work to be uindertaken and IPC suggestions made. JD will visit weekly to provide ongoing IPC support. Trust and ICB already aware of the impact on occupancy. Update 08/12/25: Some delays - bedrooms 5,6,7,9, and 10 should be completed by 12/12/25. Next phase of work to commence w/c 12/01/26. Staff aware and discussed at MDT. Update January 2026: All bedrooms were available for occupancy from 22/12/25. Next phase postponed due to cracks in walls (1 - 4) and start date to be confirmed. Update February 2026: Next phase to commence 2/3/26 - should be completed by end of March. Plan in place re reduction in occupancy and communication to key stakeholders. Update 09/03/26: On target - bedrooms 1 to 4 will be available from 26/03/26.	Ongoing - Due for Completion by 31/03/26	
QUALITY & GOVERNANCE								
Q&G1	How will the Mobilisation Plan be monitored?	31/07/2024	AM / SLT		Arrange weekly review meetings.	05/08/24: AM sent invite for weekly BH meetings. 12/8/24: Weekly meetings commenced. Monthly JCG meetings ongoing. ICB meetings (M/Plan shared).	COMPLETED	

Q&G2	Does the Risk Register need to be updated to reflect actions within the Mobilisation Plan?	31/07/2024	AM / EG		Discuss with EG on his return.	19/8/24: D/w EG, AM to add increased meds spend to financial AIPU risk. 27/08/24: Issue identified with R/R - EG contacted for advice.	COMPLETED	
Q&G4	Is there appropriate insurance in place?	13/08/2024	AM / EG		Discuss with KO. Discuss with EG on his return.	14/08/24: Confirmed insurance as follows: Employers Liability £10M; Public Liability £10M; Professional Indemnity £1M; Personal Belongings £250. 19/8/24: Confirmed satisfactory level for now. <u>Required certificates displayed.</u>	COMPLETED	
Q&G5	How does the opening of additional beds impact on the strategy?	31/07/2024	SLT / Trustees		Review strategy.	19/8/24: Work on the Strategy planned to commence in September 2024. 11/11/24: Delayed but on Board agenda for 25/11/24. 02/12/24: Board agreed to plan on a page - CS will lead. Update 06/01/25: CS has completed 1st draft - will be shared at Board Meeting. Update 07/02/25: Postponed due to other work required. Update 06/05/25: Plan on a Page to be tabled at Board Meeting on 27/05/25. Plan to expand on draft by away days before end September. EG arranging sessions. Update 11/08/25: Strategy Planning Event arranged for 03/09/25. Update 06/10/25: Draft strategy being progressed following meet on 03/09/25. Update 10/11/25: EG following up with the Trustees. Update February 2026: On hold for now.	ONGOING	
Q&G6	Does a Partnership Executive Meeting need to be arranged?	27/08/2024	CT		To share M/Plan with Partnership Board.	16/09/24: Discussed at JCG Meeting - CT will arrange. 07/10/24: CT will liaise with NA. 11/11/24: Follow up at JCG Meeting on 18/11/24. 02/12/24: Meeting arranged for 03/12/24. Update 23/12/24: Productive and positive meeting. Meetings now to be 6 monthly.	COMPLETED	
	CQC							
CQC1	Certificate of registration.	06/08/2024	AM		Needs to be printed, laminated, and put up.	06/8/24: Displayed in reception, AIPU, CIPU, Day Hospice.	COMPLETED	
CQC2	Statement of Purpose.	06/08/2024	AM		Needs to be amended due to conditions lifted.	06/08/24: Amended and submitted to CQC.	COMPLETED	
CQC3	Certificate of registration.	03/09/2024	AM		Needs o be printed, laminated, and put up.	03/09/24: Displayed in reception, AIPU, CIPU, Day Hospice.	COMPLETED	
CQC4	Statement of Purpose.	03/09/2024	AM		Needs to be amended to reflect change to registration.	Reviewed due to recent changes.	COMPLETED	
CQC5	CQC Inspection Report Awaited		EG		Followed up at regular interevals.	02/12/24: Informed by Lisa Hall that report should be received this week. Update 23/12/24: Draft report received - rated good. Factual accuracy (no changes) submitted 20/12/24. Update 06/01/25: CQC Inspection Report is now available on the CQC website. Print and laminate for display.	COMPLETED	
CQC6	Volunteers did not always receive the correct level of safeguarding training - 3 volunteers had not undertaken any safeguarding training.	13/01/2025	CS		Training to be completed.	All volunteers (non-retail) have now completed safeguarding training (adults and children) - and all new volunteers will complete prior to commencing work with the hospice.	COMPLETED	
CQC7	Limited personalisation within Care of the Dying Person Document / care plans.	13/01/2025	LH		Document isnt constructed in a way that allows much personalisation. Additional Butterwick Hospice care plans needed to provide personalisation.	Care plans reviewed. A spirituality care plan is now in place that allows for significantly more personalisation, and prompts discussion around end of life and after death wishes. Medication care plan has been reviewed to include prompts to capture individualised presentation of pain and other palliative symptoms.	COMPLETED	
CQC8	Care of the Dying Person Document had not always been completed - this is a concern as the acceptance criteria states that they must be fully completed prior to admission.	13/01/2025	LH / AIPU Staff / AM		Care of the Dying Person Document is usually completed by hospital doctors prior to admission. Identify when the document has not been completed in full and feedback. Care planning audit needs to be reviewed and updated - include audit of CoDPD in this.	Update 10/02/25: Care plan / documentation audit to be reviewed to ensure that any gaps / omissions are identified so that they can be addressed and resolved. Update 11/03/25: CNS now regularly reviewing document to ensure any gaps are addressed. Update 06/05/25: Audit tool to be updated, but visual review of notes evidences improvements. 08/07/25: LH working on audit tool. Update 06/10/25: LH aware must be completed. Update 10/11/25: SH to progress and complete this piece of work. Update January 2026: New format being piloted.	COMPLETED	
CQC9	Processes for the recognition of the deteriorating patient was not formalised with a policy.	13/01/2025	LH		Draft escalation policy.	Same as C18.	30/04/2026	
CQC10	The hospice did not use the Integrated Palliative Care Outcomes Scale (IPOS) to measure outcomes.	13/01/2025	LH / AM / LL		Implement IPOS now that patients requiring symptom management are being admitted.	Session with LL planned for 15/01/25. Update 10/02/25: Phase and AKPS introduced - IPOS will be implemented if changes to these.	COMPLETED	
CQC11	The effectiveness of care and treatment was not always monitored to use the findings to make improvements to achieve good outcomes for patients.	13/01/2025	LH / AM / LL		Implement IPOS now that patients requiring symptom management are being admitted.	Session with LL planned for 15/01/25. Update 10/02/25 and 11/03/25: Phase and AKPS introduced - IPOS will be implmented if changes to these. Also QR code to be introduced to increase knowledge of patient / family satisfaction.	COMPLETED	
CQC12	The hospice did not participate in relevant national clinical audits.	13/01/2025	LH / JC / AM		Discuss at Joint Clinical Governance Meeting. Implement HospiceUK audits.	Hospice UK Meds Audit implemented. Looking at implementing HospiceUK CD Audit next.	COMPLETED	

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