**Care Bundle Action Plan**

KEY Status – (1) Recommendation agreed but not yet actioned, (2) Action in progress, (3) Recommendation fully implemented, (4) Recommendation never actioned (please state reasons) and (5) Other (please provide supporting information)

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| --- | --- | --- | --- |
| Care bundle Title: |  | | |
| Action plan lead: | Name: | Title: | Contact: |

*The “Actions required” should specifically state what needs to be done to achieve the care bundle.*

*All updates to the action plan should be included in the “Comments” section.*

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| **Recommendation** | **Actions required** | **Action by date** | **Person responsible** | **Comments/ Action status**  (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc) | **Change stage**  (see key) |
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*The Matron has overall responsibility for ensuring the actions on this plan are undertaken and acted on before a re-audit takes place. This is a regulatory requirement and action plans are monitored through various groups and committees*