

EXECUTIVE COUNCIL

CONFIDENTIAL

Title of Report: Review and Recommendations following PJHQ External Assurance Report
Paper No: 92/11
Date: 28th April 2011
Report of: Director of Health & Education/Healthcare Governance Facilitator

1.0 Purpose

1.1 The purpose of this paper is to inform Honourable Members of the recent external Healthcare Assessment which was undertaken within KEMH. It highlights the key risks and areas of potential improvement, and how the department intends to continue addressing these over the coming months.

2.0 Recommendations

- 2.1 For Honourable Members to take note of the summarised assessment report attached as Appendix A.
- 2.2 For Honourable Members to note the general conclusions of the report stating that the Health Service offers a high standard of individually-focused care.
- 2.3 That Honourable Members note the identified risks and areas for improvement, and that they in principle support the work to address these issues.

3.0 Summary of Financial Implications

3.1 There may be some financial implications in relation to this paper with specific regard to training and development needs and it is envisaged that we will be able to secure monies from Health department existing funds.

4.0 Background

4.1 Following his appointment in January 2010, the Director of Health and Education initiated a wide-ranging review of the Health Service in order to assess the current level of healthcare provision. The main aim was to identify areas of good practice and ensure these were continued and disseminate as appropriate, whilst also identifying those areas in which improvements could be made.

4.2 To this end a series of both KEMH-led and external assessments were arranged. These looked at different areas. An internal one looked at the management structure (which reported to Executive Council in August 2010). The external assessments to date have primarily focused on the clinical elements of the healthcare service.

4.3 The recent assessment was performed in October 2010 by senior clinical staff from the Ministry of Defence Permanent Joint Headquarters (PJHQ). A team from PJHQ had already undertaken an assessment in 2008 and they were invited to update this.

4.4 In preparation for the assessment, the Health Service undertook a self-assessment using the Defence Medical Services (DMS) Healthcare Governance Assurance Assessment tool. This formal assessment system is based directly on the UK Government's Care Quality Commission's Healthcare Standards. Eight key areas are included in the self assessment and subsequent review by the assessors, these are:

- i. Safety
- ii. Clinical and Cost Effectiveness
- iii. Governance
- iv. Patient Focus
- v. Accessible and Responsive Care
- vi. Care Environment and Amenities
- vii. Public Health
- viii. Occupational Health

4.5 Social Services were not included in the assessment but this is to be undertaken in future assessments.

4.6 In late November 2010 a draft report and Action Plan were received from PJHQ. This was reviewed by members of the Health and Social Services Senior Management Team (SMT) and modifications were submitted to PJHQ prior to receipt of a final report in January 2011. Since that point a formal action plan has been worked up across the health service and is summarised within this paper.

4.7 Further assessment reports with different foci have also been received and shall come to Executive Council for information over the coming 12 months with action plans as required.

5.0 Key Findings & Conclusions

5.1 The report highlighted the dedication and team spirit of all members of staff in their pursuit to deliver quality care to their patients. It also noted that for such a remote and isolated community, the provision of healthcare services is impressively wide.

5.2 Issues and actions identified mainly stemmed from two key areas. Firstly, they highlighted the importance of and need to identify and agree relevant

standards (and potentially laws) that are to be worked to in a number of key clinical and governance areas. The assessment team recognised that wholesale adoption of NHS or UK standards is not always possible or practical in the islands, but that realistic standards that fit the local environment need to be agreed in areas where ambiguity may currently exist.

5.3 Secondly, the assessment emphasised the need for increased longer-term planning over a 10 to 20 year time horizon. The assessment did not provide any clear guidance as to the direction this plan should take, other than to emphasise some areas of development that require thought (e.g. the move towards specialisation across the medical profession). This issue ties in with the first in that longer-term planning with regards to standards and policies is also required.

5.4 Shorter-term practical actions identified by the assessment and highlighted as 'red risks' that require urgent attention were:

- Risk Management.
- Medicines Management (covering supply chain, storage, prescribing and dispensing).

6.0 Actions taken to date

6.1 Work is already underway to address elements of the issues for improvement highlighted in the report. This work has the objectives of addressing 'red' risks, making cost efficiencies and also reviewing healthcare provision for the future.

6.2 Significant work has been done on building an appropriate risk management tool across the Health and Social Services department. A risk Panel (comprising of members of the Senior Management Team) meet quarterly to identify and review actual and potential risks and formulate action plans to mitigate these risks. This work has resulted in a list of *circa* 25 'red' risks prior to any mitigating actions. These are risks that are deemed to have a high likelihood of occurring and would have a significant impact on the service. However, the management team has worked through mitigating actions to address these risks, and post-mitigation, only 3 risks are deemed 'red'. These risks will be fully communicated to the Corporate Management Team and Honourable Members.

6.3 Work has also been done on the storage and use of records. A KEMH-led assessment of confidentiality procedures has been initiated.

6.4 The incident reporting process has been reviewed and updated by the Incident Reporting Committee within KEMH and the updated process and documentation went live on 1st January 2011.

7.0 The Action Plan

- 7.1 The action plan included within Appendix A details the list of actions that are being addressed across the health service that have stemmed from this assessment.
- 7.2 The major issue of medicines management is being addressed. A Medicine Management Committee has been set up to identify and address issues regarding procurement, storage, prescribing and dispensing. A separate assessment of the GP services has been undertaken and reinforces the need for a medicine management review. Further details of these assessments will be provided in due course.

8.0 Financial Implications

- 8.1 There may be some financial implications in relation to this paper, specifically with regard to training and development needs and it is envisaged that we will be able to secure monies from existing funds to meet these requirements.
- 8.2 It should be noted to Honourable Members that any reference within the attached assessment report to financial management within the Health Service has not been vetted and agreed by the Treasury. The focus of the assessment was to advise on healthcare governance issues only, it did not look in any depth at financial management, therefore any references to this should only be seen in context alongside the Treasury's internal assessment which is currently being finalised.

9.0 Legal Implications

- 9.1 There are no legal implications arising directly from this paper.
- 9.2 As Honourable Members will note, the assessment report does highlight a number of areas where health-related policy is either non-existent (e.g. medicines management) or outdated (health & safety). It could be that these areas can be addressed solely through KEMH policies and procedures, but until these issues are fully articulated, it should be noted that there is the potential for legislative drafting requirements to arise.

10.0 Human Resources Implications

- 10.1 There are no HR requirements arising directly from this paper at present, but there may be changes to job roles which could lead to amendments to job descriptions in the future.

The action plan shall be coordinated by the existing Healthcare Governance Facilitator.

APPENDIX A

Permanent Joint Headquarters (UK)

External Advisory Assurance Report



JOINT OPERATIONS

Falkland Island's Government KING EDWARD VII MEMORIAL HOSPITAL

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Executive Summary

Introduction

1. J4 Medical at the Permanent Joint Headquarters (UK) (PJHQ) were invited by the Director of Health and Education (DoHE) on behalf of the Falkland Islands Government (FIG) to undertake an advisory Healthcare Assurance (HA) visit to the King Edward VII Memorial Hospital (KEMH). This visit took place from 6-8 October 2010. PJHQ are grateful for being afforded the opportunity to support FIG in reviewing their healthcare services and would like to thank the DoHE, his Senior Management Team and the staff at the KEMH for their cooperation and assistance throughout the visit to achieve this.

Background

2. The FIG Health and Social Services Department provides primary, community and secondary healthcare to the Islands. The resident population at risk is approximately 2,700 with a further 1,800 military personnel and associated civilians based at the Mount Pleasant Complex (MPC), 35 miles south west of Port Stanley. They also offer an urgent and emergency care service to approximately 50,000 visitors to the Islands every year. More recently the DoHE has appointed a clinical governance facilitator who has been employed to take forward the implementation of their clinical governance framework. This has been drawn from UK models and standards of good practice.

Objectives & Scope

3. The objective of this visit set by FIG's DoHE was to make an assessment of the current healthcare provision at KEMH using the Defence Medical Services (DMS) Common Assurance Framework (CAF). This is based directly on the UK Government's Care Quality Commission's Healthcare Standards. The intention being to use the outcome of this visit to assist FIG in establishing a baseline assessment of their current healthcare provision, identifying those areas of good practice, and where there maybe potential areas for improvement. In preparation for this visit KEMH were asked to complete a self-assessment on the state of their healthcare using the DMS CAF. This was then used to form the basis of the Assurance Visit.

4. The Assurance Visit team was lead by the PJHQ J4 Medical Healthcare Assurance Officer who is the Chief of Joint Operations (CJO) representative for these visits. The team leader is responsible for the conduct of the visit and to ensure consistency in the application of the assurance process. The remainder of the team was made up from senior healthcare staff taken from current clinical practice to ensure that a peer reviewed process is incorporated in the delivery of assurance, and to enable best practice to be shared.

Business Objective

5. This is the second PJHQ external advisory assurance visit to KEMH, the first having been undertaken in 2008. Following the withdrawal of military healthcare staff from KEMH in 2001, a Memorandum of Understanding (MOU) between the

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Secretary of State for Defence and the FIG was created in 2002. This set out the services that are to be delivered by FIG and British Forces South Atlantic Islands (BFSAI), and the financial arrangements paid to FIG. Financial management and oversight is monitored through the Cost Sharing Sub-Committee (CSSC) to which British Forces South Atlantic Islands (BFSAI) Command Secretary is a member.

6. The opportunity afforded by this invitation from FIG to visit KEMH should also serve as reassurance to both the DoHE and CJO that the MOU is being undertaken within the boundaries agreed.

Principal Conclusions

6. The Falkland Islands Government, DoHE and the staff at the KEMH should be assured that the delivery of healthcare by a dedicated team of professional and support staff is to a high standard and individually patient focussed.

7. The ability of KEMH to deliver the diverse range of services in challenging circumstances, both geographically and professionally is a credit to the individuals who work for the Organisation. This is further enhanced by recent progress by the Director and the Senior Management Team to identify where improvements can be made and efficiencies saved, to the benefit of patients and the Organisation.

8. There have been significant changes to the way healthcare is delivered both in the UK and globally. Of particular relevance is the loss of 'general' trained staff, for example the general surgeon, or registered general nurse, and the introduction of the specialist. For a small healthcare facility such as KEMH this may potentially have an impact on which services it will be able to provide in the future and needs to be taken into account with any future planning. The challenges faced by this particular issue were discussed with DoHE and the SMT during the visit.

9. The issues highlighted through this advisory visit are considered areas where KEMH may continue to make safe, quality improvements in the delivery of healthcare. The fundamental aspect to achieving this is in setting a clear framework of standards and law within which their services can be delivered, monitored and assured.

10. The greatest challenge now for the FIG and DoHE is to develop and implement a strategy for the future provision of healthcare over the next twenty years and beyond. Success in achieving this will ensure that healthcare keeps pace of changes both locally and globally, meets current and future demands of a quality, patient focussed, and cost efficient service that is responsive to the needs of the population.

Findings & Recommendations

Observation 1

Teamwork

GREEN

This visit highlighted the dedication and team spirit of all members of staff in their pursuit to deliver quality care for their patients; a challenge for any team working in such a diverse healthcare facility. The small, dedicated team deliver a significant range of services to an equally diverse population, with the additional challenges of achieving this in a geographically isolated location. This is to be commended.

Observation 2

Delivering Efficiencies in Healthcare

GREEN

Work is already underway by the Director and Senior Management Team to address areas for potential improvement, make cost efficiencies, and begin the review of healthcare provision for the future. This will require clear leadership if it is to be achieved, and this was clearly demonstrated by the Director and his Senior Management Team who have the collective drive and determination to succeed.

Observation 3

Healthcare provision

GREEN

The current requirements for KEMH to provide healthcare are extensive. Although this is a small, integrated healthcare facility delivering primary, dental, secondary and community services the focus is clearly on delivering patient centred, appropriate and quality led care. This is challenging, as often provision of specialist healthcare is required from a third party organisation outside of the Islands. Extensive links with a range of specialists and diagnostic capabilities has been well established, and have clearly endured for a significant period of time. This is essential to the delivery of healthcare that is now demanded by the public, and should serve as reassurance to the FIG that where practicable, given geographical isolation, access to the most suitable services is very much on an individual patient basis.

Observation 4

Setting the Healthcare Strategy

RED

The biggest challenges the Falkland Islands face are those of establishing the future requirement for healthcare over the next 20 years and beyond, setting the standards that will be required to meet this, and providing a framework to monitor and assure its delivery. Fundamental to this should be the overarching principles of patient safety and quality improvement. This advisory assurance visit demonstrated that a wide range of healthcare services are being provided, however it was often challenging for the team to establish the standard to which these were being delivered in order to assess compliance. Once the various standards and laws required for healthcare have been established, the policies and procedures which will inform staff how these are to be implemented can be produced. The Falkland Islands work in partnership with a multitude of other Countries in delivering the healthcare requirements of its population; all of whom have differing standards. Additionally, the Legislative framework for the Islands is very different to those of the UK, particularly in the areas of health and safety, and medicines. The requirements of these should be clearly

articulated, and current practice should reflect them, with appropriate monitoring of compliance.

Observation 5

Creating a Risk Management Culture

RED

One of the core business processes used across organisations is that of Risk Management. These are the activities performed to identify, assess and control events which may impact on the ability of the Organisation to achieve its aims and objectives, future opportunities and outcomes. It is a positive and enabling process to achieve outcomes from decisions. This is particularly important in ensuring optimum use of resources in pursuit of the Organisations objectives.

For KEMH, the establishment of a Risk Management structure will guide the Organisation in identifying its strategic objectives and risks to achieving them. Clear articulation of risks and importantly the mitigation to manage them will guide KEMH in prioritising its resources, finances and personnel. A concept for delivering risk management is already in development by the Director. This is a positive step in the continued development of KEMH to improve its healthcare services and is fully supported.

In conjunction with developing the Risk Management strategy in healthcare is the use of a system to report and learn from incidents that affect patient safety. The World Health Organisation emphasise the need for organisations to have both local and corporate systems for learning from incidents where harm could have or did occur. An incident reporting process has already been established and is starting to demonstrate trends from which the Organisation can begin to learn from. Reporting of incidents should continue to be encouraged at all levels, and would be further supported by key members of staff undertaking Root Cause Analysis training.

Observation 6

Ensuring Safer Medicines Management

RED

Clear arrangements for delivering safer medicines management across the KEMH should be established. Evidence sighted during the assurance visit support the principles of UK NHS best practice, however these are not necessarily defined in the legislative framework of the Falkland Islands. This is particularly relevant to any legal controls required for any medicines, and the supply and administration of medicines by all healthcare professionals. It would be of benefit to KEMH to consider other recognised methods of prescribing, supplying and administering medicines which promotes safer patient care. These may include the UK Patient Group Directives legislative framework, which whilst not legal in the Falkland Islands would be an appropriate framework for a similar system for supply and administration of medicines by nurses and other healthcare professionals and may need to be considered. An alternative option to consider is the role of the independent prescriber, as has been introduced in the UK. These would provide a structure for the consistent and safe use of medicines, particularly in the pre-hospital and emergency care setting, and would also provide a framework for the assessment on use of medicines and ensure that continued quality improvements to patient care can be delivered.

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Annex A

Ser	Objective	Recommendation	Action Grading	Report Para	Position Responsible for Action	Action completed / Update
1	1.1 Risk Management	A KEMH risk management strategy and process should be developed to capture, mitigate and manage risks. This should incorporate already existing FIG-wide risk management.		1.1.1 3.1.2 3.2.1 3.3.1	DoHE	December 2010
2	3.9 Records	A strategy for the management of healthcare records in current legislation and standards should be developed.		3.9.1 3.9.3 4.3.1	DoHE/HGF	November 2011
		Training should be identified for the Caldicott Guardian and all staff.			CMO/HGF	January 2011
		Confidentiality statements should be signed and held in all staff records.			HGF	January 2011
3	1.1 Risk Management	An Organisation wide patient safety incident reporting process should be established.		1.1.2 1.1.3 1.1.4 1.2.1 3.1.2	HGF	June 2011
		Personnel that would support the incident reporting process by undergoing root cause analysis training should be identified.			HGF	June 2011
		A method to track and analyse trends in PSIRs based on a recognised coding method should be established.			HGF	June 2011
		An overarching policy on the management of safety alerts across the Organisation should be established.			HGF	March 2011
4	1.4 NICE Interventional Procedures	A strategy and mechanism that sets out which NICE and other guidance are going to be used across the Organisation, and set out how this will be disseminated should be developed.		1.4.1 2.1.1 2.1.2 4.3.1	CMO Policy/Procedure/Protocol Committee	June 2011
5	1.6 Medical Devices	A strategy for training and assessment of competence of all electro-medical equipment should be established.		1.6.4 3.4.1	MEM HGF	May 2011

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Ser	Objective	Recommendation	Action Grading	Report Para	Position Responsible for Action	Action completed / Update
6	1.8 Medicines Management	<p>A strategy for medicines management across the organisation should be developed. This should set out which legislation and standards should be used, in order that policy can be created, and performance assessed.</p> <p>Consideration in establishing a medicines management committee should be made as part of the overarching strategy.</p>		1.8.1 1.8.2 1.8.3 1.8.4 1.8.5 1.8.6	CMO CNO HM HGF Pharmacist MEM	November 2011
7	1.9 Waste Management	<p>Arrangements should be made for the safe disposal of hazardous waste being stored in pharmacy and the labs.</p> <p>A strategy and standards for the safe disposal and destruction of clinical waste which includes checks on compliance should be developed.</p>		1.9.1 1.9.2	DoHE Infection Control Committee	August 2011 June 2011
8	2.2 Supervision	<p>A strategy should be developed on the requirements for registration with a professional body and this should include an assessment of the impact on individual professionals and services.</p> <p>Annual appraisals for all staff should be instigated in alignment with FIG policy.</p> <p>A strategy for developing inter-professional working and training for the holistic care of the patient should be developed.</p> <p>A locum's pack should be developed which supports the working practices of KEMH.</p>		2.2.1 2.2.2 2.2.3 2.2.4 3.8.1 3.10.1 3.10.2 3.10.5	DoHE CMO CNO HGF DoHE/SMT CMO/HGF	March 2011 June 2011 June 2011
9	2.3 Updating in light of new evidence.	A strategy for the future provision of CPD for all staff groups should be established.		2.3.1 3.8.2	SMT/HGF	July 2011
10	2.4 Resuscitation	The requirement for paediatric basic and advanced life support should be established.		2.4.2	CMO/CNO/HGF	March 2011
11	2.5 Clinical assessment and monitoring of quality	A strategy for undertaking assessment and managing information should be established which is inclusive of all staff.		2.5.1 2.5.2	DoHE HGF	November 2011

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Ser	Objective	Recommendation	Action Grading	Report Para	Position Responsible for Action	Action completed / Update
12	3.1 Accountabilities	The organisational chart should be updated. Clear arrangements for accountability across the Organisation should be established in line with a risk and governance strategy.		3.1.1 1.1.1 3.1.6	DoHE	June 2011
13	3.7 Staff concerns	The organisation should consider establishing a supportive and fair-blame culture where staff feel able to raise concerns.		3.7.1	DoHE SMT	July 2011
14	3.10 HR Policies	A strategy on the future requirements of healthcare for the Falkland Islands should be established. Induction process and package should be completed by all staff. A mandatory training package should be established across the Organisation.		3.10.3 3.10.4 3.10.6	DoHE CMO CNO HGF HGF	February 2013 March 2011 April 2011
15	4.1 Dignity and Respect for patients	The recently conducted PSS should be considered for publication. Future PSS should use a recognised structure against which performance can be managed. These should be completed at least annually as part of the HG structure aimed at making quality improvements in healthcare across the Organisation.		4.1.1 4.4.2 5.1.1 6.2.1	HGF	June 2011
16	4.2 Consent	A consent policy should be established. Current consent forms should be reviewed and benchmarked against pre-existing UK or International Standards.		4.2.1	PPPG (Policy/Procedure/ Protocol/ Guideline committee)	February 2011 May 2011
17	4.4 Complaints	A complaints manager should be identified within KEMH A complaints policy should be implemented for KEMH (over and above the existing FIG procedure).		4.4.1 4.4.3 4.4.4 4.4.5	DoHE HGF PPPG	March 2011 March 2011

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Ser	Objective	Recommendation	Action Grading	Report Para	Position Responsible for Action	Action completed / Update
18	5.3 Emergency Access to Care	A clear strategy should be established wrt KPIs for access to emergency healthcare.		5.3.1	DoHE CMO CNO	March 2011
		A review of the requirement for resuscitation capability for paediatric patients should be undertaken.		5.3.2 2.4.2	DoHE CMO CNO	March 2011
19	7.1 Working in partnership with others to improve health	The requirement for an annual report that is used to inform policy and practice should be established.		7.1.2	DoHE	June 2011
20	7.3 Contingencies for the response to emergency situations	The business continuity plan that already exists should be further developed.		7.3.4	DoHE	October 2011
21	1.3 Child Protection	A mechanism should be introduced to ensure child protection training forms part of the induction process for all new staff. This should be included on the mandatory training package to update staff at regular periods.		1.3.1	DoHE TLSW CMO CNO HGF	June 2011
22	1.5 Infection Control	The overarching standards that are going to be used for IPC should be established.		1.5.1		
23	1.6 Medical Devices	Capital Equipment programme committee should be established.			MEM CMO CNO	February 2011
		Use of SHIRE by all staff should be clarified. An equipment husbandry programme should be developed which ensures faulty equipment is clearly marked and sent for repair.		1.6.1 1.6.2 1.6.3		
24	1.7 Decontamination	Clear arrangements for the safe sterilisation of all dental equipment should be established.		1.7.2	MEM Senior Dental Officer Theatre Sister	February 2011
25	2.4 Resuscitation	Clear arrangements should be set out on which guidelines are to be used.			HGF	March 2011
		Policy should be established on whether accreditation of training with a registered UK or EU provider is required.		2.4.1	HGF	March 2011

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Ser	Objective	Recommendation	Action Grading	Report Para	Position Responsible for Action	Action completed / Update
26	3.6 Performance Requirements	KPIs should be established and reporting requirements established over and above what is already performed across FIG and under the Islands Plan.		3.6.1		
27	4.5 Dietary provision	A strategy on delivering dietetic services should be established.		4.5.1 4.5.3	HM/WM	December 2011
28	4.6 Patient Information	A strategy for internal and external communications should be established.		4.6.1 4.6.6 5.1.1	HM	October 2011
29	6.3 Maintenance and cleanliness	All areas and rooms across the facility should be reviewed to ensure they meet the prescribed standards.		6.3.2 6.3.3		
30	7.2 Disease and health promotion	Consideration of a study by a public health body should be made which is used to assess the current and future health needs of the PAR.		7.2.1 7.2.2 7.2.3 7.2.4 7.2.5	DoHE CMO	June 2012
		An overarching strategy to be established on the delivery of health promotion issues for the PAR.		DoHE CMO	June 2012	
31	7.3 Contingencies for the response to emergency situations	All lessons learned from exercised should be captured and incorporated into the major incident plan.		7.3.1	DoHE CMO	On going
		Developments in the major incident plan should be explored to link in with the Defence emergency services at Mount Pleasant.			DoHE CMO	On going

Red	(Recommendation)	Urgent Action Required.
Amber	(Recommendation)	Action Required.
Yellow	(Observation)	Potential for improvement, or action already initiated.
Green		Good Practice and/or improvement identified and implemented.