

Status

Not Completed

Completed / Signed Off

Trust Integrated Quality Improvement Plan

Strategic Priorities Plan Updated 24 August 2020



Strategic Priorities Improvement Plan															
Executive Accountable Lead Officer				Caroline Shaw CEO											
Operational lead				Lou Notley - Associate Director of Quality Improvement											
Programme Lead				Sarah Davidson - Quality Improvement Programme Manager											
Ref	Source i.e., NHSI, etc.	Cross-reference	CQC Domain	Applicable To	Milestone Description	Scheme Owner	Measure of Success (key success indicators to understand success)	Start Date	End Date		Assured by which Committee Board	Evidence Assurance	STATUS	Completed Date	
1.0.0	1				To ensure the provision of safe, effective care for our patients and a positive working environment for our staff	Chief Executive Officer	1. To achieve a CQC rating of Good overall by June 2021	01/06/2019	01/06/2021						
1.1.0	1.1				To ensure there is sufficient leadership and management capacity and capability to deliver the required improvements	Chief Executive Officer	1. A 90% substantive Board in place by November 2019								
							2. Board Development Programme completed by February 2020								
							3. 100 Clinical Leaders and Managers Trained by 1st June 2020								
							4. 70 Trust staff to complete QSIR practitioner training.								
							5. 4 QSIR practitioners to successfully complete QSIR facilitator training.								
							6. Increase in the number of Local QIP projects								
1.1.1	M10	Duplicate of 1.1.2	Well Led	Trust Overall	M10 The trust must improve the functionality of the board and ensure formalised processes are in place for the development and support of both current and new executive directors.	Chief Executive Officer	Frequency and attendance of Board Development sessions	01/06/2019	30/06/2020		HMBQ	Yes	Completed & Signed off	12/12/2019	
1.1.2	M95 2019	Supercedes [1] in 1.1.1	Well Led	Trust Overall	M95 2019 The trust must improve the functionality of the board and ensure formalised processes are in place for the development and support of current and new executive directors and non-executive directors. (M10 The trust must improve the functionality of the board and ensure formalised processes are in place for the development and support of both current and new executive directors)	Chief Executive Officer	Frequency and attendance of Board Development sessions	01/06/2019	30/06/2020		HMBQ	Yes	Completed & Signed off	12/12/2019	
1.1.3	M16	Duplicate of 1.1.4	Well Led	Trust Overall	M16 The trust must ensure effective processes are in place to meet all the requirements of the fit and proper person's regulation.	Director of HR	Full compliance with Fit and Proper Persons Regulation for all new appointments	01/06/2019	31/01/2020		HMBQ	Yes	Completed & Signed off	12/12/2019	
1.1.4	M104 2019	Supercedes [1] in 1.1.3	Well Led	Trust Overall	M104 2019 The trust must ensure effective processes are in place to meet all the requirements of the fit and proper person's regulation. (M16 The trust must ensure effective processes are in place to meet all the requirements of the fit and proper person's regulation)	Director of HR	Full compliance with Fit and Proper Persons Regulation for all new appointments	01/06/2019	31/01/2020		HMBQ	Yes	Completed & Signed off	12/12/2019	
1.1.5	S86	Duplicate of 1.3.2	Well Led	Outpatients	S86 The trust should ensure that there is an effective process for quality improvement and risk management.	Director of Patient Safety		01/06/2019	31/10/2020				Not Completed		
1.1.6	M105 2019	Links from 1.2.2	Well Led	Outpatients	M105 2019 The trust must improve the culture, ownership and accountability of clinicians, at all levels across the organisation, to empower and effect change within their working specialties and areas.	Medical Director	Clinically led divisional structure in place with clinical lead in place for every specialty, All clinical leaders to have received appropriate training for their role, Regular fora for senior medical staff to discuss concerns and receive updates from the Medical Director and executive team, Regular blogs to update medical staff unable to attend face to face meetings.	01/06/2019	30/06/2020		IQIP RG	Yes	Completed & Signed off	22/06/2020	
1.1.7	M96 2019		Well Led	Trust Overall	M 96 2019 The trust must ensure formalised processes are in place for leaders, at all levels, across the organisation in relation to engagement, performance, capability, capacity and support and ensure a programme of clinical leadership and management training and development is in place to drive improvement.	Director of HR	100 Clinical Leaders and Managers Trained by 1st June 2020	01/06/2019	01/06/2020		HMBQ	Yes	Completed & Signed off	12/12/2019	
1.1.8	M97 2019		Well Led	Trust Overall	M97 2019 The trust must ensure divisional leadership has the capacity to support significant improvements in the safety and quality of care and that inconsistencies across divisions are reduced.	Chief Operating Officer	Divisional Leadership Teams will have completed leadership training programme	01/06/2019	31/07/2020				Not Completed	27/07/2020	
1.2.0	1.2	Ed Plan 2.9.2			To ensure the culture within the organisation promotes safe, high quality care and high staff morale	Deputy Chief Executive Officer	1. Improved scores in 6 key national staff survey questions against 2019 baseline								
							2. Improvement on Medical Engagement from baseline scores from 2019								
							5. To see an improvement in employee relations issues								
							6. To achieve the current Trust standard for Appraisals								
							3. To see an improvement from the 2019 baseline in complaints regarding Fundamentals of Care, staff attitude and communication								
							4. To improve responsiveness to complaints and SIs								
1.2.1	M14	Duplicate of 1.2.2	Well Led	Trust Overall	M14 The trust must improve the culture, working relationships and engagement of consultant staff across all services.	Deputy Chief Executive Officer	Improvement on Medical Engagement from baseline scores from 2019	01/06/2019	31/08/2020				Not Completed		
1.2.2	M106 2019	Links to 1.1.6 & Supercedes [1] in 1.2.1	Well Led	Trust Overall	M106 2019 The trust must continue to improve the culture, working relationships and engagement of consultant staff across all services. (M14 The trust must improve the culture, working relationships and engagement of consultant staff across all services)	Deputy Chief Executive Officer	Improvement on Medical Engagement from baseline scores from 2019	01/06/2019	30/06/2020		IQIP RG	Yes	Completed & Signed off	22/06/2020	
1.2.3	M15	Duplicate of 1.2.4	Well Led	Trust Overall	M15 The trust must ensure that effective process for the management of staff grievances and complaints are in place, ensuring timely management in line with trust policy	Director of HR	To see an improvement in employee relations issues, responsiveness, reduction in resolution time and reduction in number of staff complaints and grievances	01/06/2019	30/11/2020				Not Completed		
1.2.4	M103 2019	Supercedes [1] in 1.2.3	Well Led	Trust Overall	M103 2019 The trust must ensure that effective process for the management of human resources (HR) processes, including staff grievances and complaints, are in place, ensuring timely management in line with trust policy. (M15 The trust must ensure that effective process for the management of staff grievances and complaints are in place, ensuring timely management in line with trust policy)	Director of HR	To see an improvement in employee relations issues, responsiveness, reduction in resolution time and reduction in number of employee relations cases	01/06/2019	30/11/2020				Not Completed		
1.2.5	M37	Links to 1.2.7	Effective	Maternity	M37 The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target.	Divisional Director Women & Children	To achieve the current Trust standard for Appraisals	01/06/2019	30/09/2020				Not Completed		
1.2.6	S57	Duplicate of 1.2.12	Well Led	Trust Overall	S57 The trust should ensure that effective processes are in place to promote and protect the health and wellbeing of all staff.	Deputy Chief Nurse	Reduction of Trust absence rate, Achievement of Health and Wellbeing CQUIN Achievement of 80% of staff receiving a flu vaccination	01/06/2019	31/07/2020				Not Completed		
1.2.7	S59,S77,S92,M166 2019,S173 2019	Links from 1.2.5 & Supercedes [4] in 1.2.7	Effective	Trust Overall	S59 The trust should ensure that staff receive yearly appraisals. S77 The trust should ensure all staff receive an annual appraisal, in line with trust policy. S92 The trust should ensure all staff receive an annual appraisal, in line with trust policy. M166 2019 The trust must ensure that staff receive an annual appraisal. S173 2019The trust should ensure that staff receive yearly appraisals.	Director of HR	To achieve the current Trust standard for Appraisals	01/06/2019	30/09/2020				Not Completed		
1.2.8	S72,S88	Supercedes [1] in 1.2.8	Responsive	Medical	S72 The trust should ensure complaints are managed and responded to in a timely manner and in line with trust policy. S88 The trust should ensure that the service improves the time taken to investigate complaints in line with its complaints policy.	Deputy Chief Nurse	All complaints are consistently responded to within the Trust standard with a reduction in the number of reopened complaints	01/06/2019	30/11/2019		SLTQ	Yes	Completed & Signed off	31/03/2020	

1.2.9	S73		Well Led	Medical	S73 The trust should ensure there are appropriate systems to ensure staff feel supported, engaged and listened to.	Deputy Chief Executive Officer	To improve the staff survey staff engagement measure	01/06/2019	31/07/2020		IQIP RG	Yes	Completed & Signed off	22/06/2020
1.2.10	M7,M118 2019	Supercedes [1] in 1.2.10	Effective	Trust Overall	M7 The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance. M118 2019 The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance.	Director of Patient Safety	Duty of candour is consistently completed within the Trust standard	01/06/2019	31/12/2020				Not Completed	
1.2.11	M122 2019		Well Led	Trust Overall	M122 2019 The trust must improve staff, patient and public engagement and communication.	Deputy Chief Executive Officer	Improvement on Medical Engagement from baseline scores from 2019, Improvement in individuals being involved in decisions that affect their work area, Improvement in staff engagement score in Staff Survey, Increase in patient FFT scores	01/06/2019	31/07/2020		IQIP RG	Yes	Completed & Signed off	22/06/2020
1.2.12	S171 2019	Supercedes [1] in 1.2.6	Safe	Trust Overall	S171 2019 The trust should ensure that effective processes are in place to promote and protect the health and wellbeing of all staff. (S57 The trust should ensure that effective processes are in place to promote and protect the health and wellbeing of all staff.)	Deputy Chief Executive Officer	Reduction of Trust absence rate, Achievement of Health and Wellbeing CQUIN Achievement of 80% of staff receiving a flu vaccination	01/06/2019	31/07/2020		IQIP RG	Yes	Completed & Signed off	22/06/2020
1.3.0	1.3				The Trust's clinical and corporate governance structures will provide robust assurance to Board and offer staff the information required to drive improvement	Director of Patient Safety	1. A clear and coherent Corporate & Clinical Governance Structure assured through Internal Audit							
							2. Each service has an active risk register in place that is actively managed and monitored at Governance meetings							
							3. A robust framework for reviewing and disseminating the learning from NE, SI, Mortality, Complaints and Patient Feedback							
							4. A reasonable assurance from the 2020 data quality audit to include opinion on the quality of the Trust reporting							
							5. Reasonable assurance gained from Internal Audit review on clinical and Corporate Governance to report in July 2020							
1.3.1	M4	Duplicate of 1.3.2	Well Led	Trust Overall	M4 The trust must ensure that there is an effective process for governance, quality improvement and risk management in all departments.	Director of Patient Safety	Divisional Governance Handbook drafted and ready for approval	01/06/2019	31/10/2020				Not Completed	
1.3.2	M107 2019	Supercedes [3] in 1.1.5	Well Led	Trust Overall	M107 2019 The trust must ensure that there is an effective and consistent process for governance, quality improvement and risk management in all departments and across divisions to ensure appropriate escalation to the board. (M4 The trust must ensure that there is an effective process for governance, quality improvement and risk management in all departments.) (M40 The trust must ensure that there are effective processes in place for quality improvement and risk management.)	Director of Patient Safety	Divisional Governance Handbook drafted and ready for approval	01/06/2019	31/10/2020				Not Completed	
1.3.3	M5	Duplicate of 1.3.18	Safe	Trust Overall	M5 The trust must ensure that processes for incident reporting, investigation, actions and learning are embedded across all services. Including effective monitoring of incident categorisation, grading, trend analysis and processes for staff to learn from incidents.	Director of Patient Safety	Divisional Governance Handbook drafted and ready for approval	01/06/2019	31/08/2020				Not Completed	
1.3.4	M6		Safe	Trust Overall	M6 The trust must ensure that serious incidents are identified, reported and investigated in a timely manner.	Director of Patient Safety	New operational improvements and closer working with the CCG, including action monitoring and evidence gathering to be captured in a new Procedural Document	01/06/2019	30/09/2020				Not Completed	
1.3.5	M8	Duplicate of 1.3.17	Well Led	Trust Overall	M8 The trust must ensure that recommendations and learnings from regulators, external reviews and local audit are utilised to identify actions for improvement and that these are monitored and reviewed.	Director of Patient Safety	This is the role of the Compliance Forum, feeding into the Assurance and Risk Sub Committee as part of the Integrated Governance and Assurance Framework being presented to the Board on 01/10/19	01/06/2019	31/12/2020				Not Completed	
1.3.6	M9	Supercedes [1] in 1.3.14	Well Led	Trust Overall	M9 The trust must ensure clear processes are in place for sharing learning from incidents, complaints and audits with staff. (S69 The trust should ensure there are systems in place to ensure the consistent and effective sharing of feedback and learning from complaints and incidents)	Director of Patient Safety	New operational improvements and closer working with the CCG, including action monitoring and evidence gathering to be captured in a new Procedural Document	01/06/2019	30/09/2020				Not Completed	
1.3.7	M11,M120 2019	Supercedes [2] in 1.3.7	Effective	Trust Overall	M11 The trust must ensure that effective processes are in place, and monitored, to ensure clinical policies and guidelines are regularly reviewed and updated in line with national guidance. M120 2019 The trust must ensure that effective processes are in place, and monitored, to ensure clinical policies and guidelines are regularly reviewed and updated in line with national guidance. (M22 The trust must ensure that compliance with new or updated national guidance is regularly assessed and monitored, and improvements made where necessary.)	Director of Patient Safety	This is the role of the Compliance Forum, feeding into the Assurance and Risk Sub Committee as part of the Integrated Governance and Assurance Framework being presented to the Board on 01/10/19	01/06/2019	31/12/2020				Not Completed	
1.3.8	M12,M101 2019,M125 2019	Supercedes [2] in 1.3.8	Effective	Trust Overall	M12 The trust must ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. M101 2019 The trust must ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. M125 2019 The trust must ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant.	Director of Strategy	This is the role of the Compliance Forum, feeding into the Assurance and Risk Sub Committee as part of the Integrated Governance and Assurance Framework being presented to the Board on 01/10/19	01/06/2019	30/09/2020				Not Completed	
1.3.9	M20		Safe	Urgent & Emergency	M20 The trust must ensure that serious incident action plans are comprehensive and that the completion of actions is monitored.	Director of Patient Safety	This is the role of the Compliance Forum, feeding into the Assurance and Risk Sub Committee as part of the Integrated Governance and Assurance Framework being presented to the Board on 01/10/19	01/06/2019	31/08/2020		IQIP RG	Yes	Completed & Signed off	
1.3.10	M28		Well Led	Medical	M28 The trust must ensure the risk register is reflective of all the risks in the service and includes relevant actions to mitigate risk.	Director of Patient Safety	regular monitoring and support in place from the Governance and Risk team and specific reporting to the Assurance & Risk Executive Group (and A®)	01/06/2019	30/09/2020		IQIP RG	Yes	Completed & Signed off	
1.3.11	M40	Duplicate of 1.3.2	Well Led	Maternity	M40 The trust must ensure that there are effective processes in place for quality improvement and risk management.	Director of Patient Safety	regular monitoring and support in place from the Governance and Risk team and specific reporting to the Risk Committee	01/06/2019	31/10/2020				Not Completed	
1.3.12	M45	Duplicate of 1.3.17	Effective	Maternity	M45 The trust must improve its local audit programme and review national audit outcomes to improve patient outcomes.	Director of Patient Safety	Review of Local Audit Programme and the interface with Quality Improvement	01/06/2019	31/12/2020				Not Completed	
1.3.13	S65	Duplicate of 1.3.17	Effective	Urgent & Emergency	S65 The trust should ensure the service improves its local audit programme, including audits recommended in national guidance.	Director of Patient Safety	Outcomes of Review of Local Audit Programme and the interface with Quality Improvement implemented	01/06/2019	31/12/2020				Not Completed	
1.3.14	S69	Duplicate of 1.3.6	Well Led	Medical	S69 The trust should ensure there are systems in place to ensure the consistent and effective sharing of feedback and learning from complaints and incidents	Director of Patient Safety	New operational improvements and closer working with the CCG, including action monitoring and evidence gathering to be captured in a new Procedural Document	01/06/2019	30/09/2020				Not Completed	
1.3.15	M98 2019		Well Led	Trust Overall	M98 2019 The trust must review, define and implement a corporate strategy aligned to clear strategic priorities. Process for assurance including risk and governance process, accountability frameworks and the board assurance framework need to be revised, aligned and implemented and effectively monitored.	Deputy Chief Executive Officer	Integrated Governance and Accountability Framework to Board on 01/10/19. New Corporate Strategy to be presented to Board in April 2020	01/06/2019	31/07/2020				Not Completed	27/07/2020
1.3.16	M99 2019		Well Led	Trust Overall	M99 2019 The trust must review, simplify and provide clarity to the governance, risk and quality performance processes. To improve oversight at board and provide adequate measures for assurance that quality improvement progress is being made, with robust evidence of appropriate check and challenge.	Director of Patient Safety	Integrated Governance and Accountability Framework to Board on 01/10/19.	01/06/2019	30/09/2020				Not Completed	

1.3.17	M100 2019	Supercedes [6] in 1.3.12	Well Led	Trust Overall	M100 2019 The trust must ensure that regulatory requirements, recommendations and learnings from regulators, external reviews and local audit are utilised to identify actions for improvement and that these are monitored and reviewed effectively. (M45 The trust must improve its local audit programme and review national audit outcomes to improve patient outcomes.) (S65 The trust should ensure the service improves its local audit programme, including audits recommended in national guidance.) (S180 The trust should ensure the service improves its local audit programme to support and monitor the implementation of national guidance.) (M8 The trust must ensure that recommendations and learnings from regulators, external reviews and local audit are utilised to identify actions for improvement and that these are monitored and reviewed) (S87 The trust should ensure the service improves its local audit programme and review national audit outcomes to improve patient outcomes) (S205 2019 The service should ensure that all outpatient areas audit the effectiveness of care and treatment and use the findings to improve)	Director of Patient Safety	This is the role of the Quality Improvement Sub Committee, part of the Integrated Governance and Assurance Framework being presented to the Board on 01/10/19	01/06/2019	31/12/2020				Not Completed	
1.3.18	M108 2019	Supercedes [1] in 1.3.3	Safe	Trust Overall	M108 2019 The trust must ensure that processes for incident reporting, investigation, actions and learning improve and become embedded across all services. (M5 The trust must ensure that processes for incident reporting, investigation, actions and learning are embedded across all services. Including effective monitoring of incident categorisation, grading, trend analysis and processes for staff to learn from incidents)	Director of Patient Safety	This is the role of the Quality Improvement Sub Committee, part of the Integrated Governance and Assurance Framework being presented to the Board on 01/10/19	01/06/2019	30/09/2020				Not Completed	
1.3.19	M109 2019		Safe	Trust Overall	M109 2019 The trust must ensure that incident investigations and root cause analysis are robust and identified actions and learnings are implemented and shared.	Director of Patient Safety	New operational improvements and closer working with the CCG, including action monitoring and evidence gathering to be captured in a new Procedural Document	01/06/2019	31/08/2020		IQIP RG	Yes	Completed & Signed off	
1.3.20	M110 2019		Safe	Trust Overall	M110 2019 The trust must ensure that staff completing root cause analysis or complex investigations are competent to do so.	Director of Patient Safety	Current Training programme completed, a and protocol for allocating investigators at the 72 Hour meetings agreed	01/06/2019	29/02/2020		SLTQ	Yes	Completed & Signed off	23/03/2020
1.3.21	M119 2019		Well Led	Trust Overall	M119 2019 The trust must ensure that risks are swiftly identified, mitigated and managed. There must be robust, consistent processes in place to ensure that action plans are enacted following audit, mortality reviews, incidents and complaints. There must be clear processes for review, analysis and identification of themes and shared learning.	Director of Patient Safety	regular monitoring and support in place from the Governance and Risk team and specific reporting to the Risk Committee	01/06/2019	31/10/2020				Not Completed	
1.3.22	S180 2019	Duplicate of 1.3.17	Effective	Urgent & Emergency	S180 2019 The trust should ensure the service improves its local audit programme to support and monitor the implementation of national guidance.	Director of Patient Safety	Review of Local Audit Programme and the interface with Quality Improvement	01/06/2019	31/12/2020				Not Completed	
1.4.0	1.4				The Trust will have sufficient substantive staff to deliver safe and effective care within the expected financial parameters	Director of HR	1. Net gain of 100 Registered Nurses							
							2. Min fill rates of 85% maintained as reported on SafeCare							
							3. Mandatory training levels achieved							
1.4.1	M18,M24,S75,M123 2019		Safe	Surgery Urgent & Emergency	M18 The trust must review nursing and medical staffing numbers and plan staffing acuity accordingly. M24 The trust must ensure the service has enough nursing staff, on all medical wards, to keep people safe from avoidable harm and to provide appropriate standards of care and treatment. S75 The trust should continue to implement plans to maintain sufficient nursing staff to meet the needs of patients. M123 2019 The trust must ensure medical staffing levels are in line with national guidance	Medical Director	Increase in nursing fill rates, Reduction in Bank and Agency Expenditure	01/06/2019	31/03/2020		SLTQ	Yes	Completed & Signed off	31/03/2020
1.4.2	M1	Duplicate of 1.4.3	Effective	Trust Overall	M1 The trust must ensure that mandatory training attendance, including training on infection prevention and control and safeguarding of vulnerable children and adults, improves to ensure that all staff are aware of current practices	Director of HR	Mandatory training levels achieved	01/06/2019	31/12/2020				Not Completed	
1.4.3	M111 2019	Supercedes [2] in 1.4.2	Effective	Trust Overall	M111 2019 The trust must ensure that mandatory training attendance, including training on infection prevention and control and safeguarding of vulnerable children and adults, improves to ensure that all staff are aware of current practices and are trained to the appropriate level. (M138 2019 The trust must ensure that all staff are trained to the appropriate level for safeguarding children and adults) (M1 The trust must ensure that mandatory training attendance, including training on infection prevention and control and safeguarding of vulnerable children and adults, improves to ensure that all staff are aware of current practices)	Director of HR	Mandatory training levels achieved	01/06/2019	31/12/2020				Not Completed	
1.4.4	M145 2019		Safe	Medical	M145 2019 The trust must ensure that there is an effective system in place for agency staff to report incidents.	Deputy Chief Nurse	Increase in number of agency staff reporting incidents via their ward teams	01/06/2019	29/02/2020		SLTQ	Yes	Completed & Signed off	23/03/2020
1.4.5	M26		Safe	Medical	M26 The trust must ensure there are sufficient and appropriate induction procedures for agency staff and competency checks for both agency staff and substantive staff who are moved from other areas of the hospital	Deputy Chief Nurse	Competent agency staff with signed off competency frameworks and attended induction	01/06/2019	31/07/2020				Not Completed	27/07/2020
1.5.0	1.5				The Trust will improve the environment within the ED to provide safe care and treatment	Chief Operating Officer	1. The environment promotes safe care							
1.5.1	M19	Supercedes [2] in 1.5.2	Safe	Urgent & Emergency	M19 The trust must ensure that the environment within the emergency department is appropriate to provide safe care and treatment. (S172 2019 The trust should ensure that plans for the redesign of the layout of the emergency department continue to progress and are implemented) (S58 The trust should review the layout of the emergency department to ensure that it supports flow and meets the needs of local people)	Head of Estates	Building work complete and provides a safe oversight of the waiting area and increased triage capacity.	01/06/2019	31/05/2020		SLTQ	Yes	Completed & Signed off	26/05/2020
1.5.2	S172 2019	Duplicate of 1.5.1	Safe	Urgent & Emergency	S172 2019 The trust should ensure that plans for the redesign of the layout of the emergency department continue to progress and are implemented.	Head of Estates	Trust has an approved set of drawing/plans for an emergency care floor, signed off by all relevant clinical teams.	01/06/2019	30/06/2021				Not Completed	
1.5.3	S58	Duplicate of 1.5.1	Safe	Urgent & Emergency	S58 The trust should review the layout of the emergency department to ensure that it supports flow and meets the needs of local people.	Divisional Director Medicine	Building work complete and provides a safe oversight of the waiting area and increased triage capacity.	01/06/2019	30/06/2021				Not Completed	
1.5.4	M13,M121 2019		Responsive	Trust Overall	M13 The trust must continue to review the bed management and site management processes within the organisation to increase capacity and flow and ensure effective formalised processes are in place to ensure patient safety in any escalation areas when in use. M121 2019 The trust must continue to review the bed management and site management processes within the organisation to increase capacity and flow.	Deputy Chief Operating Officer	Will have appropriate capacity, flow and escalation policies in place and operational, Will have effective Site Management and on call arrangements 24/7 delivered by a trained and competent team	01/06/2019	31/03/2020		SLTQ	Yes	Completed & Signed off	31/03/2020
1.6.0	1.6				The Trust will be a pro-active with others in the wider STP and collaborate with Local Authorities, the Voluntary Sector and others to improve the care provided to patients	Deputy Chief Executive Officer	1. Regular Attendance at STP meetings - All Levels							
							2. Positive Engagement with Acute Services integration							
							3. Periodic Board; Board activities with STP Leadership and Partner Boards							
							4. Stakeholder Engagement							
							5. Positive contribution to plans for integration of services							
							6. Positive and effective engagement of partners with respect of the IQIP							
1.6.1	S74	Duplicate of 1.6.2	Effective	Medical	S74 The trust should ensure there is improved communication and multidisciplinary working with external services.	Deputy Chief Executive Officer, Director of Strategy	Attendance at key STP meetings, Board to Board sessions with Acute / STP / CCG colleagues, Development of key underpinning strategies across the STP i.e. Hospitals Clinical Strategy / Digital Strategy / Workforce Strategy	01/06/2019	31/03/2020		SLTQ	Yes	Completed & Signed off	23/03/2020

1.6.2	M102 2019	Supercedes [1] in 1.6.1	Effective	Medical	M102 2019 The trust must ensure there is effective communication and multidisciplinary working with external providers and stakeholders. (S74 The trust should ensure there is improved communication and multidisciplinary working with external services)	Deputy Chief Executive Officer, Director of Strategy	Attendance at key STP meetings, Board to Board sessions with Acute / STP / CCG colleagues, Development of key underpinning strategies across the STP i.e. Hospitals Clinical Strategy / Digital Strategy / Workforce Strategy	01/06/2019	31/03/2020		SLTQ	Yes	Completed & Signed off	23/03/2020
1.7.0	1.7				The Trust will offer a positive educational environment for medical trainees	Medical Director	1. Removal of GMC conditions and maintain status of trainee provider							
							2. Improved scores in GMC survey							
							3. Improved engagement with exception reporting and the Guardian of Safe Working Hours							
1.7.1					See Section 2.8 under Regulatory Intervention				31/01/2021					
1.7.2									31/01/2021					
1.8.0	1.8				To provide care at the end of life in line with national best practice	Chief Nurse								
1.8.1					See Regulatory Intervention - 29A Medicine									
1.8.2	S84		Safe	End of Life Care	S84 The trust should ensure morbidity and mortality meeting need to have a focus on the end of life care journey and how to improve end of life care.	Deputy Medical Director		01/10/2019	31/10/2020				Not Completed	30/03/2020