EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS MEETING**
DATE:	**7 AUGUST 2015**
SUBJECT:	**NHS CHOICES ACTION PLAN**
REPORT FROM:	**CHAIR OF IMPROVEMENT PLAN DELIVERY BOARD**
PURPOSE:	**Discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

- The Trust was put into special measures following a CQC inspection in March 2014.
- In response the Trust developed an action plan based on the 21 Key Findings and 26 Must Do areas that were identified in the CQC report.
- Detailed action plans were developed at Divisional level. These feed into the High Level Improvement Plan (HLIP) to give an overall picture of progress.
- The Improvement Plan Delivery Board (IPDB) monitors progress against the HLIP and associated action plans. The IPDB is chaired by David Hargroves, Consultant Physician (who commenced in December). It has met monthly since 29 Oct 2014. The terms of reference for the IPDB were approved by the Board on 30 October 2014.
- A Programme Management Office has been established to oversee delivery of the action plans.
- Sue Lewis has been appointed by Monitor as the Improvement Director.
- Progress towards achievement of the HLIP is recorded monthly in the Special Measures Action Plan. This is submitted to Monitor via Sue Lewis. It is then uploaded to the NHS Choices website and EKHUFT staff and public websites.
- CQC re-inspected the Trust in the w/c July 13th 2015. This was a full re-inspection with 50 inspectors.

SUMMARY:

Divisions are asked to provide a monthly update to the Programme Management Office. This update is used to record progress against the HLIP and to populate the monthly report to Monitor and the monthly NHS Choices Special Measure Action Plan. (As attached for July.)

The summarised RAG ratings which are used to populate the HLIP and NHS Choices Plan are given below.

Date of Performance Review Meeting								
	No July meeting	**17 June 2015**	**20 May 2015**	**15 April 2015**	**18 Mar 2015**	**4 Feb 2015**	**7 Jan 2015**	**3 Dec 2014**
Blue - Delivered	**16 (34%)**	**14 (30%)**	**15 (32%)**	**10 (21%)**	**2 (4%)**	**1 (2%)**	**4 (9%)**	**3 (6%)**
Green – On track to deliver	**15 (32%)**	**15 (32%)**	**15 (32%)**	**22 (47%)**	**22 (47%)**	**24 (51%)**	**34 (72%)**	**36 (77%)**
Amber – action started but some delay	**11 (23%)**	**12 (26%)**	**14 (30%)**	**14 (30%)**	**19 (40%)**	**17 (36%)**	**7 (15%)**	**8 (17%)**
Red – action not started or severely delayed	**5 (11%)**	**6 (13%)**	**3 (6%)**	**1 (2%)**	**4 (9%)**	**5 (11%)**	**2 (4%)**	**0 (0%)**
Total	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**

Achievements since the last report to the Board on 26 June include:

- The latest Friends and Family test showed that the number of staff recommending the Trust as a place to work has increased by 5% from 47% to 52% and the number of staff recommending the Trust as a place to receive treatment has increased by 4% from 72% to 76%.
- We have opened the new Buckland Hospital at Dover.
- We have introduced a new People's Management Forum. This will provide updates on various topics and will support staff in their role as a people manager at the Trust.
- We have re-launched the new Acute medical model on the WHH site. We expect this to reduce hospital admissions, facilitate early discharge and improve patient flow through the emergency department, CDU and the medical wards.
- We have introduced a new initiative led by members of the Patient Safety Board called Teams Improving Patient Safety (TIPS). This is a work-based development programme to improve patient safety through an interdisciplinary team approach. Nine multi-disciplinary teams of three have enrolled onto the programme from all divisions. The programme is a collaborative venture between EKHUFT, NHS Elect, the University of Kent at Canterbury and Health Education Kent, Surrey and Sussex (HEKSS), with funding awarded by HEKSS.
- The surgical department has held an away day for clinicians and managers. The event covered a wide range of topics including governance, culture and finance.
- Staff have produced a 'Respecting each other' video as part of the 'Respecting each other' campaign. The video is accessible from YouTube so may be watched at work or at home.
- We have introduced a new pathway for cardiology patients which will reduce the

number of times patients are required to attend hospital for tests before being diagnosed by a consultant.

- The Executive Management Team has approved investment in an additional six Registered nurses and eight HCAs. This will help support the training of two HCAs through their Foundation Degree from September 2016.
- The Trust received 2,175 compliments in May 2015 and 2,527 compliments in June.

Actions not on track to deliver (RED RAG) – 11 JULY 2015

The five actions not on track to deliver are:

Must Do 2 - Ensure that appropriately trained paediatric staff are provided in all areas of the hospital where children are treated to ensure they receive a safe level of care and treatment.

Compliance with this action is incomplete. Paediatric trained staff are available in A&E, but only between 8am and 8pm. We are recruiting to fill vacancies but with limited success. From September paediatric training will be started for 'adult' nurses, but this will not be completed until April 2016. In the meantime, paediatric staff from wards provide support if children arrive in A&E at night.

Must Do 10 - Ensure that cleaning schedules are in place in all areas of the hospital, personal protective equipment for staff is in good supply, and that in-depth cleaning audits take place in all areas.

Both QEQM and WHH consistently show good, audited levels of cleaning. There have been issues at K&CH, however, due to difficulties in recruiting team leaders in the Canterbury area. Serco have now recruited and trained supervisory staff and levels of cleaning at K&CH have started to improved.

Must Do 20 - Ensure patients leave hospital when they are well enough with their medications.

The roll out of the Near Patient Pharmacy pilot has been significantly delayed due to difficulties in recruiting pharmacists. We have now recruited the pharmacists who will start in August. These new staff will then need some training before the Near Pharmacy pilots can be taken forward.

Must Do 24 - Ensure medications are stored safely.
Must Do 25 - Ensure the administration of all controlled drugs is recorded.

These action remains red for two reasons:
-To ensure the checking of CD drugs continues to improve
-To ensure that all drugs fridges have regular temperature checks and functional locks.
An improvement trajectory is in place and monthly audits are undertaken to measure improvements.

RECOMMENDATIONS:

The Board is invited to note the report and the progress to date.

NEXT STEPS:

Our Improvement Journey, based on our current action plan, will continue as we wait for publication of the next CQC report. A reflection of the improvement plan and its delivery, along with a review of staff experiences and concerns from the re-inspection to follow in a separate paper to be presented at the September 2015 Board of Directors meeting. The Improvement Plan Delivery Board will continue to meet monthly to oversee the current planned delivery along with this reflection.

A revised improvement plan will be developed following receipt of the next CQC report.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The actions included in the HLIP are aligned to the Trust's strategic objectives. Achievement of these is essential to enable the Trust to move out of Special Measures and to restore the confidence of all stakeholders including commissioners, staff and the general public.
SO1: Deliver excellence in the quality of care and experience of every person, every time they access our services

LINKS TO BOARD ASSURANCE FRAMEWORK:
AO2:Embedding the improvements in the High Level Improvement Plan to ensure the Trust provides care to its patients that exceeds the fundamental standards expected

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

The Trust was re-inspected by the CQC in July 2015; the results of this inspection will have a significant impact on the future reputation of the Trust.

FINANCIAL AND RESOURCE IMPLICATIONS:

Improvement initiatives that are successfully delivered and embedded into daily operations support the more effective and efficient use of resources.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The Trust is currently in breach of its Licence with Monitor by virtue of being placed in Special Measures.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

ACTION REQUIRED:

(a) To note

CONSEQUENCES OF NOT TAKING ACTION:

Failure of the Trust to respond in a timely fashion with appropriate information may affect the Trust rating with Monitor and the CQC.

East Kent Hospitals University NHS
NHS Foundation Trust

Special Measures Action Plan

East Kent Hospitals University NHS Foundation Trust

9 JULY 2015

KEY
Delivered
On Track to deliver
Some issues – narrative disclosure
Not on track to deliver

East Kent Hospitals University NHS Foundation Trust – Our improvement plan & our progress

What are we doing?

- The Trust was put into special measures following a CQC inspection with reports that identified two of the three main sites as "inadequate" and the Trust rated overall as "inadequate". The sites rated as inadequate were the Kent and Canterbury Hospital and the William Harvey Hospital. The Trust was also rated "inadequate" in the safety and well-led domains.
- This is the tenth NHS Choices Action Plan report since the Trust was put into special measures on 29 August 2014.
- The Trust was given a number of recommendations, some of which have already been actioned. Issues of organisational culture ran throughout the reports and we envisage that improvements to address these issues fully will be long term actions, however, we are undertaking a diagnostic programme to signpost the most immediate concerns and prioritise these areas. It is likely that the timeframe to embed organisational cultural change will be long term and we have set out a detailed programme supporting our High Level Improvement Plan. The Trust agreed a summary action plan to deal with the 21 key findings and 26 must do areas for action. We recognised all of the recommendations and are addressing them through current actions being taken to improve the quality of services. The Trust will set out a longer-term plan to maintain progress and ensure that the actions lead to measurable improvements in the quality and safety of care for patients when the Trust is re-inspected.
- The key themes of these recommendations, which underpin our Improvement Plan, recognising that some of them overlap, are summarised by the headings below:
  - Trust leadership overall and at the individual sites inspected;
  - Staff engagement and organisational culture to address the gap between frontline staff and senior managers;
  - Safe staffing in nursing, midwifery, consultant and middle grade medical staff and some administrative roles;
  - Staff training and development, specifically around mandatory training;
  - Data accuracy and validation of information used by the Board, specifically A&E 4-hourly wait performance and compliance with the WHO safer surgical checklist and mixed-sex accommodation reporting;
  - Demand and capacity pressures on patient experience, specifically within the emergency pathway and out-patient areas;
  - Following national best practice and policy consistently; specifically staff awareness of the Trust's Incidence Response Plan in A&E:
  - Caring for children and young people outside dedicated paediatric areas;
  - Estate and equipment maintenance and replacement programme concerns.

Since the last report:

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- We have opened the new Buckland Hospital at Dover.
- We have introduced a new People's Management Forum. This will provide updates on various topics and will support staff in their role as a people manager at the Trust.
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- We have introduced a new pathway for cardiology patients which will reduce the number of times patients are required to attend hospital for tests before being diagnosed by a consultant.
- The Executive Management Team have approved investment in an additional 6 Registered nurses and 8 HCAs. This will help support the training of two HCAs through their Foundation Degree from September 2016.
- The Trust received 2,175 compliments in May 2015 and 2,527 compliments in June.

This document shows our plan for making the required improvements and demonstrates our progress against the plan. While we take forward our plans to address the 47 recommendations, the Trust is in 'special measures'. This document builds on the summary of actions identified at the Quality Summit with our partners, external stakeholders and the CQC.

- Oversight and improvement arrangements have been put in place to support changes required; this is being led at Executive and Divisional Leadership level to ensure successful implementation. The programme of improvement has a structured approach with a Programme Management Office directly responsible to the CEO.

East Kent Hospitals University NHS Foundation Trust – Our improvement plan & our progress

Who is responsible?

- Our actions to address the recommendations have been agreed by the Trust Board and shared with our staff.
- Our Interim Chief Executive, Chris Bown, is ultimately responsible for implementing actions in this document. Other key staff are the Interim Chief Nurse, Director of Quality and the Medical Director, who provide the executive leadership for quality, patient safety and patient experience.
- The Board welcomed a new chair (Nikki Cole), two new Non-Executive Directors (Colin Thompson and Barry Wilding) and a new Finance Director (Nick Gerrard) in May.
- The Improvement Director assigned to East Kent Hospitals University NHS Foundation Trust is Susan Lewis, who will be acting on behalf of Monitor and in concert with the relevant Regional Team of Monitor to oversee the implementation of the action plan overleaf and ensure delivery of the improvements. Should you require any further information on this role please contact specialmeasures@monitor.gov.uk
- Ultimately, our success in implementing the recommendations of the Trust's High Level Improvement Plan (HLIP) will be assessed by the Chief Inspector of Hospitals, upon re-inspection of our Trust. The CQC have indicated that this inspection will take place in the week commencing 13th July 2015.
- If you have any questions about how we're doing, contact our Trust Secretary, Alison Fox on 01227 766877 (ext 722 2518) or by email at alison.fox4@nhs.net

How we will communicate our progress to you

- We will update this progress report every month while we are in special measures, which will be reviewed by the Board and published on our website. This section of the Board meeting will be held in public. We will continue to share regular updates with our staff through team meetings, staff newsletters and the CE Forum.
- There will be monthly updates on NHS Choices and subsequent longer term actions may be included as part of a continuous process of improvement.
- The Trust has scheduled a monthly progress meeting with the four CCGs. In addition the Trust has held several engagement events with external stakeholders including Kent County Council, East Kent Association of Senior Citizens' Forums and Ashford CCG PPG.

Chair / Chief Executive Approval (on behalf of the Board):

Chair Name: Nikki Cole	Signature: 	Date: 08/07/2015
Interim Chief Executive Name: Chris Bown	Signature: 	Date: 08/07/2015

East Kent Hospitals University NHS Foundation Trust – How our progress is being monitored and supported

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale	Revised deadline (if required)	Progress against original time scale	External Support/ Assurance
Safe	Ensure there is a sufficient number and mix of suitably qualified, skilled and experienced staff across the Trust, including A&E, on wards at night and in areas where children are treated.	Sept 2015	N/A	We have a recruitment and retention plan in place. We are now undertaking a SWOT analysis to help us understand where the staffing gaps are and how we can address these gaps. We are also developing a recruitment planner so that we can track requirements over the year. This framework will be in place by the end of July. Manager and service leads continually review establishments to ensure the skill mix and numbers of staff in post during the day, night and in children's areas is appropriate.	HEKSS for workforce redesign
	Ensure that there is a Board level lead for children and young people (and that staff know who this is) and that, in all areas where children are treated, equipment is safe and there are appropriately trained paediatric staff.	March 2015 and on-going	N/A	The Board Lead for Children has been widely publicised and has been discussed in Team Briefs across the Specialist Services Division. Although not all staff in theatres and recovery are paediatric trained, they are all expert in caring for children; all have received training in Life Support and Safeguarding. At WHH, building work has been undertaken to improve the paediatric area in A&E department. We have also successfully recruited to all the paediatric vacancies in A&E at WHH and are now going through the recruitment processes. We still need to recruit to these posts ta QE but have gone out to advert and have a big recruitment campaign at the end of the month.	N/A
	Ensure staff are up to date with mandatory training.	March 2015	Sept 2015	An e-learning App, that staff can access from their computers and i-pads, is now available. The problems that staff had in accessing and completing mandatory training have, therefore, now been addressed. All Divisions understand that completion of Statutory and Mandatorily training is a key priority and are aware that overall compliance rates must increase by September.	N/A
	Ensure that an effective system is in place for reporting incidents and never events and that Trust wide, all patient safety incidents are identified and recorded.	June 2015	August 2015	We have rolled out V12.3 of Datix. This will help ensure that staff get feedback following the reporting of events. We have reported three Never Events, all relating to the incorrect placement of Regional Blocks. These were reported to commissioners and via STEIS; patients and families have been involved throughout the investigation. We are continuing to work with NRLS in improving data quality and timeliness of reporting.	External review
	Ensure patient treatments, needs and observations are routinely documented and that any risks are identified and acted on in a timely manner.	Sept 2015	N/A	Patient observations are undertaken with VitalPac, an electronic system that automatically uploads patient observations. We have fully addressed the WiFi issues and have a robust plan in place to ensure the system operates smoothly, including the provision of 24 hour support. Regular audits are now being undertaken to check that staff know what to do if patient observations are not uploaded or the action to take if a device is not working. This work is now continuing as business as usual.	N/A
	Ensure that the environment in which patients are cared for and that equipment used to deliver care is well maintained and fit for purpose.	June 2015	March 2016	The Trust has invested £1.6m in 14/15 on improving the working environment. In addition the Trust has an on-going capital programme which sees older buildings being replaced. The new Buckland Hospital, for example, opened this month. We have set up equipment libraries on all three main sites. These are now well established and have proved very successful.	N/A

East Kent Hospitals University NHS Foundation Trust –
How our progress is being monitored and supported

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale	Revised deadline (if required)	Progress against original time scale	External Support/ Assurance
Safe	Ensure that protective clothing for staff is in good supply and that cleaning schedules are in place across the hospital and that in-depth cleaning audits take place.	Dec 2014	March 2015	Both QEQM and WHH show consistently good, audited levels of cleaning. The cleaning recovery plan for K&C continues to show overall improvement. It has been difficult to recruit team leaders in this area but all posts have now been filled and all necessary training completed. In addition, SERCO cleaning experts have been brought in to support the improvement plan.	N/A
	Ensure that evidence from clinical audits is used to improve patient care.	April 2015 and on-going	N/A	Each Division has produced and presented clinical audit plans to the Clinical Audit Committee These plans were signed off by the Quality Committee in April. The plans have the backing of all four Divisional Medical Directors and will ensure we have a robust audit programme in 2015/16. Moving forward, we have reviewed the structure of the clinical audit team and have identified a Lead to work more closely with the Divisions to provide support: - in the development of robust audit plans with a focus on implementing changes to practice that will lead to improvements in patient care and - to ensure better recording of clinical audit projects. This work is now continuing as business as usual.	CHKS
	Ensure medications are stored safely and that the administration of all controlled drugs is recorded	Feb 2015	N/A	This action remains red for two reasons: - To ensure the checking of CD drugs continues to improve - To ensure that all drugs fridges have regular temperature checks and functional locks.	N/A
Effective	Ensure that all paper and electronic policies, procedures and guidance are up to date and reflect evidence-based best practice	March 2015	July 2015	All paper and electronic policies have been updated and are now more easily accessible to staff from SharePoint. In the longer term we will be introducing a new system that will further improve access. Going forward the Policy Board will oversee this action and ensure that policies remain up to date.	N/A
	Ensure that all relevant policies and procedures for children reflect best practice / NICE quality standards	April 2015	N/A	All Trust policies and guidance for children have been reviewed and updated. A full audit is being planned and spot checks and face to face audits will be completed to ensure all staff are fulfilling their roles in accordance with current guidelines. This work is now continuing as business as usual.	N/A

East Kent Hospitals University NHS Foundation Trust – How our progress is being monitored and supported

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	Revised timeline	Progress against original time scale	External Support/ Assurance
Effective	• Ensure the flow of patients through the hospital is effective and responsive, that patients are not moved unnecessarily and that patients leave hospital, with their medications, when well enough.	March 2015	October 2015	There is significant pressure on all sites due to sustained emergency care activity. We are working with commissioners to look at alternative pathways of care for patients and to improve access to services other than A&E. We have internal improvement plans for QEQM and WHH which includes reviewing all our processes to minimise moves. We continue to have capacity issues due to the shortage of care / beds in wider health economy.	CCGs
	• Ensure that staff are fulfilling their roles in accordance with current clinical guidelines and also that children's services audit their practice against national standards.	March 2015	N/A	A framework of action is now in place; this includes reviewing all current clinical guidance and undertaking a gap analysis and ensuring all Divisions (including Specialist Services which covers children) have a detailed clinical audit programme in place for 2015/16. This work is now continuing as business as usual.	N/A
	• Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained	March 2015	Dec 2015 Have sent to Pete J and Karen M to Ok.	Following Board of Directors approval the Trust's Major Incident Policy was widely communicated across the Trust. Hard copies of the policy have since been placed in red ring binders, making them easy to spot, and have been distributed to all clinical areas. The policy is also available from SharePoint. We have had 3 real incidents in the past 4 weeks; in each of these incidents the Trust was on stand by and the notification process enacted. These incidents tested the policy and proved that it worked. A staff training needs analysis was also undertaken. This identified 1,700 staff who required face to face training; plans are in place to train these staff during 2015. For the remaining staff, awareness training is being provided through DVD or New Starter induction.	N/A
Caring	• Review the provision of end of life care and make certain that staff are clear about the care of patients at the end of life and that all procedures, including the involvement of patients, relatives and the multidisciplinary team, are fully documented to ensure the effective and responsive provision of safe care.	March 2015 and on-going	N/A	We have reviewed the provision of end of life care to ensure staff are clear about the care of patients at the end of life and the procedures that must be followed. An audit has been undertaken to assess use of End of Life forms and the results were discussed at the April End of life board meeting and will feed into the on-going work plan which is overseen by the End of Life Board. This work is now continuing as business as usual.	N/A
Responsive	• Review the complaints process and timeliness of response, ensuring compliance with regulations.	January 2015	N/A	We now have a new complaints policy. We have also made it easier for patients and relatives to contact us whether in person, by phone, by email or in writing. This work is now continuing as business as usual.	HealthWatch SEAP (Support, Empower, Advocate and Promote)

East Kent Hospitals University NHS Foundation Trust – How our progress is being monitored and supported

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	Revised timeline		External Support/ Assurance
Responsive	• Improve the patient experience within outpatients by reviewing the Trust communication processes, reducing outpatient clinic waiting times and delays in follow up appointments.	September 2015	N/A	An outpatient improvement programme has been developed and approved. The programme pulls together 16 key projects all designed to improve our Outpatient Services for our patients whilst ensuring that we link quality improvements with efficiency. The programme is based on three key themes. Mobilising our Outpatient Strategy, Optimising our Service Delivery and Improving our estate and infrastructure. The rollout plan of partial booking across specialties has been agreed, with thoracic medicine going live in early July and a Productive Outpatient Model (a 24 week intensive improvement programme supported by NHS Elect) has been developed with Medical Retina and Clinical Haematology as the first pathways to commence in July 15.	Local commissioners to support with demand management
	• Ensure waiting times in pre-assessment clinics are not too long.	April 2015	July 2015	Following a review of pre-assessment services it has been agreed: • That all patients at point of listing would receive a one-stop pre-assessment. • Pre-assessments will be valid for 3 months for inpatients instead of 6 weeks . • If patients wait longer that 6 weeks before surgery they will receive a short nurse led pre-assessment to re-do bloods and swabs . • All appointments with the consultants will be at agreed times between the consultants and pre-assessment staff. The planned go live date for all one-stop pre-assessment is mid-August . A full analysis of the Orthopaedic outpatient activity is now underway to assess how many patients are added to the waiting list from each outpatient clinic each day and to ensure sufficient one-stop pre-assessment capacity is in place. Until the new system is up and running, the department managers have processes in place to manage waiting times for doctor pre-assessment.	N/A
Well-led	• Improve communication between senior management and frontline staff and address the cultural issues identified in the staff survey	Diagnostic undertaken by February 2015 and fully embedded by March 2017	N/A	Following the work with The Hay Group, a leadership development programme has been developed for all people managers The Executive team started the development programme on 5th May and divisional management teams will start the programme in early July. A one-day people manager programme has also been developed, focusing on increasing staff engagement. This programme is being delivered to all middle managers (Band 8) between May-July and will then be cascaded to front line managers from September. The second consultant forum which focused on the future clinical strategy and attracted around 140 consultants was held on July 2nd. We have also held forums for people managers and administrators; both of which were very well attended.	External support to deliver programme
	• Ensure the governance and assurance of the organisation is robust by March 2015 • Implement the action plans from the governance reviews by September 2015	September 2015	N/A	External reviews have been undertaken. All final reports have now been received and responses to recommendations are now being actioned.	External review
	• Ensure that all clinical services are led by a clinician with leadership skills.	March 2016	N/A	We are continuing to run leadership programmes for newly appointed consultants, for clinical service leaders, nurse consultants and ward managers. These are all long term programmes . 75% of presentations and posters presented at the internal staff conference around trust values held in May were linked to these leadership programmes and subsequent/related work . This work is now continuing as business as usual.	N/A

East Kent Hospitals University NHS Foundation Trust – How our progress is being monitored and supported

Oversight and improvement action	Agreed Timescale for Implementation	Action owner	Progress
Appoint Improvement Director	September 2014	Monitor	Delivered – Susan Lewis appointed.
Independent reviews of data quality, divisional governance and safety systems at the Trust will be commissioned and have been completed within the next four months	September 2014 to January 2015	Trust Chief Executive	Data quality review - The final report has been received and an action plan drawn up based on the recommendations. Divisional governance review – The final report has been received and an action plan drawn up based on the recommendations. The actions are being monitored by the Improvement Plan Delivery Board (IPDB).
External quality governance review to look at how the Trust Board is performing, provide assurance it is operating effectively and identify further opportunities for improvement	October 2014 to January 2015	Chairman	Board governance review – The final report has been received and the Board of Directors has drawn up an action plan based on the recommendations. The actions are being monitored by the Improvement Plan Delivery Board (IPDB).
Regular conversations and monthly accountability meetings with Monitor to track delivery of action plan	September 2014 onwards	Trust Chief Executive/Monitor	Monthly accountability meetings are held with Monitor and key stakeholders.
Monthly meetings of the Trust Board will review evidence about how the Trust action plan is improving our services in line with the Chief Inspector of Hospitals recommendations	Throughout special measures	Chair of Improvement Plan Delivery Board	Monthly reports, detailing progress towards achievement of the action plan, are reviewed at each Board meeting.
Weekly Executive oversight meeting to drive the delivery of our plan	September 2014 onwards	Trust Chief Executive	The Executive Team meets weekly to review progress.
Local economy level consideration of whether the trust is delivering its action plan and improvements in quality of services by a Quality Surveillance Group (QSG) composed of NHS England Area Team, Clinical Commissioning Groups, Monitor, Care Quality Commission, Local Authority and Healthwatch	October 2014 onwards	Quality Surveillance Group	Monthly accountability meetings are held with Monitor and key stakeholders.
Monthly updates of this report will be published on our website	August 2014 onwards	Trust Chief Executive	The report is published on the Trust website, the staff intranet and is also emailed to key stakeholders
Establish an Improvement Plan Delivery Board (IPDB) chaired by a clinical lead	October 2014 onwards	Trust Chief Executive	The IPDB meets monthly, chaired by a clinical lead.
Inception of a Programme Management Office function for the entire programme IPDB	November 2014	Trust Chief Executive	The Programme Management Office, led by a senior clinician, is now fully established.
The Chief Inspection of Hospitals will undertake a full inspection of the Trust	July 2015	CQC	CQC are re-inspecting our hospitals w/c 13 July 2015.