Appendix 1

Part 1: Ongoing actions

Key RAG Rating	GREEN	AMBER	RED	BLUE
	Completed with Evidence	Work ongoing some evidence submitted	Work ongoing no evidence submitted	Not yet due for update

Area identified as requiring improvement	Action	Lead	Target Completion Date	RAG Rating	Evidence of compliance	Evidence of compliance received/ Progress to date
Major incident training	Ensure that full major incident training is provided to relevant staff	Director of Nursing	31st March 2017	**AMBER**	Training records Review of systems and processes planned for the 1st March 2016	Full review of core standards for EPRR undertaken and peer reviewed. Work to be undertaken in relation to the policy update and also training and compliance. Plan agreed with NHS England implementation to be completed by March 2017. EPRR Update an agenda item for Q&S Nov 2016.
Safeguarding Children	Developing links with SaTH to be able to access data on Shropshire and Telford children	Deputy Director of Nursing	31st October 2016 (Amended to 31st March 2017)	**AMBER**	Access developed Information on children on a CPP	IT are currently supporting the sharing of information processes. Interim process in place, waiting for health economy system implementation
Imaging requests	Develop electronic requesting to	Diagnostics Manager / Head of IMT	September 2016 (Amended	**AMBER**	System in place Initial scoping or	System in place within EPR to enable electronic generation of Imaging Requests.

	reduce errors on requests and risks associated with illegible requests Develop extended scope for MDT requesting of specific diagnostic tests		to 31st March 2017)		work to be undertaken	Requires upgrade of EPR to become active
Outpatients	Review space to ensure sufficient space for patients in wheelchairs to manoeuvre	Outpatients Manager / Estates Manager	September 2016 (Amended to 31st March 2017)	**AMBER**	Outpatients task and finish group minutes. Engagement with Estates regarding outpatient environment	Outpatient redesign group in place. Progress is being made regarding the review and upgrading of this area. Bookwise licence now expanded and agreed to monitor and book clinics available.
	Review whether specialist seating could be provided in waiting area	Outpatients Manager / Estates Manager	September 2016 (Amended to 31st March 2017)	**AMBER**	Engagement with Estates regarding outpatient environment	Outpatient redesign group in place. Progress is being made regarding the review and upgrading of this area.
	Storage in imaging and outpatients review options for alternative storage	Outpatients Manager / Diagnostics Manager / Estates Manager	September 2016 (Amended to 31st March 2017)	**AMBER**	Outpatients task and finish group minutes	
Patient Experience	Develop a campaign to encourage patients to share	Director of Nursing Deputy	31st March 2017	**AMBER**	Campaign in place Support from the Comms team	Progress being made in the development of a Patient Experience Strategy. Patient experience collaborative

	their experiences both positive and negative.	Director of Nursing Matrons				launched with implementation plan and evidence of action in place
Performance Management Processes	Review current processes regarding performance management.	Executive Team	31ST July 2016 (Amended to 31st March 2017)	**AMBER**	Meeting booked to discuss performance framework process	Work is being completed on the proposed integrated performance management meetings for the Divisions
	Implement new structures and processes to ensure efficient and effective performance management processes are in place	Executive Team	31ST July 2016 (Amended to 31st March 2017)	**AMBER**	Plan in place to implement new processes	Work is being completed on the proposed integrated performance management meetings for the Divisions
	Clear tripartite arrangements in place for the divisions regarding Medical, Nursing and Managerial leads	Executive Team Divisional Teams	31ST July 2016 (Amended to 31st March 2017)	**AMBER**	Plan in place to implement new processes	Work is being completed on the proposed integrated performance management meetings for the Divisions
	Formalise role of Clinical Leads, including expectations of modelling key behaviours	Executive Team Divisional Teams	31ST July 2016 (Amended to 31st March 2016)	**AMBER**	Clear roles and responsibilities in place	

Board Visibility	A full programme of patient safety walk about will be established to include NED and Governor involvement.		30TH November 2016	**AMBER**	Evidence of visits Programme in place	A draft programme of safety walkabouts is to be developed from discussion and agreement with the Executive Team and will involve patient Panel members and Governors.

Part 2: Completed actions with Evidence

Area identified as requiring improvement	Action	Lead	Target Completion Date	RAG Rating	Evidence of compliance	Evidence of compliance received/ Progress to date
Safe						
Infection Control	Review existing hand hygiene and bare below the elbow compliance and complete baseline validation audits, implement programme for long term validation audits to be completed as peer to peer programme and Infection Prevention Control (IPC) audits. Develop awareness programme. Implement monitoring programme/ Reporting.	Director of Nursing Medical Director Infection Control Nurse Medical Director Divisional Teams	30th April 2016	**GREEN**	Audit reports. Incident reporting non compliance Training programme Work Plan List of Champions	Audits being carried out regularly. A peer review process is in place linked to the STAR system accreditation process. This includes the peer process for hand hygiene audits. Posters in Place BBE, Improved signage re IPC Trust. IPC included on the Trust Induction and mandatory Training programme. The IPC annual report 2015/16 will include the

	To be included in the IPC Work plan 2016/17					2016/17 work plan
	Identify hand hygiene 'trainers/champions' and implement 'train the trainer' programme	Director of Nursing Infection Control Nurse	November 2015	**GREEN**	Training records	Yes 80 staff trained to date.
	Trial of Sure wash teaching tool to be arranged.	Director of Nursing Infection Control Nurse	30th April 2016	**GREEN**	Business Case Attached Records of use of Sure wash	Yes Business case agreed
	Re-instate face-to-face hand hygiene training into doctors induction programme to support e-learning	Director of Nursing Infection Control Nurse / Training Manager	February 2016	**GREEN**	Copy of new programme	Yes
	IPC Nurse to provide hand hygiene updates and bare below the elbow reminders at medical meeting	Director of Nursing Medical Director Infection Control Nurse	October 2015	**GREEN**	Email inviting staff to meeting	Yes
	Review hand hygiene points across Trust – including accessibility, presentation	Director of Nursing Infection Control Nurse Estates Manager	November 2015	**GREEN**		Yes
	Improve hand hygiene resources:	Director of Nursing	October 2015	**GREEN**	New signage, stations and poster in	Yes

	➢ Look at floor/hanging signage ➢ Hand hygiene point signage ➢ Patient engagement signage – pop ups in main entrance bolder ➢ Bare below the elbow (BBE) signage at entrance to every clinical area	Infection Control Nurse Estates Manager Medical Illustration Manager			place	
	Prepare & send letter detailing hand hygiene/ bare below the elbow initiatives to all managers/ Clinical Staff	Director of Nursing	October 2015	**GREEN**	Copy of email	Yes
	Complete review of recent increase in infection rates, and set priority targets for SSI reduction for 2016/17	Director of Nursing Infection Control Nurse	March 2016	**GREEN**	SI Report Minutes of meetings where presented. Quality Account priority set for 5% reduction in Spinal SSI	Yes SI report completed.
	Ensure signs on doors when patients are isolated for infection reasons	Matrons Ward Managers	March 2016	**GREEN**	Audit needed to support implementation. This will be completed through the senior nurse clinical walkabout programme	Yes
	STAR boards updated to report on all blood stream infections, not just MRSA	Matron for Quality & Safety	October 2015	**GREEN**	Magnets in use on wards	Yes

	bacteraemia	Matrons Ward Managers				
Patient Safety and Incident reporting and Learning	SOP developed as a result of a Never Event to be formally implemented Audit against SOP completed	Director of Nursing Medical Director	30TH July 2016	**GREEN**	Approved SOP in use by staff Audit of Practice to be completed by clinical lead	Yes Audit Completed
	Improvement story taken from an incident or piece of patient feedback to be included each month in Communicate. Improve communication of Open and Honest Submission.	Director of Nursing Divisional Leads Clinical Governance Team	w/c 2nd November 2015 and every edition thereafter	**GREEN**	Copies of Communicate articles. Wider circulation of open and honest, Updates given to Board	Yes
	Posters detailing changes made from patient feedback to be displayed across the Trust Divisional feedback regarding patient experience included in the Performance meetings	Patient Experience Manager	November 2015	**GREEN**	Copies of posters Divisional Performance reports	Yes Posters in place
	Learning from patient feedback to be shared at the Incident Action Review Committee on a monthly basis instead of a six-monthly basis.	Executive Team Divisional Leads	October 2015	**GREEN**	Minutes of meeting	Yes Divisional meetings incorporating a patient story

	Learning from incidents to be shared at divisional meetings with agreed follow-up actions minutes at each meeting. Develop links with Trusts rated as outstanding for learning from incidents. Implementation of learning triangles across the Trust to share learning	Director of Nursing Governance Manager Divisional leads	30TH June 2016	**GREEN**	Minutes Learning is now on the agenda for Surgery and Medicine & Rehab Divisional meetings Implementation of Learning Triangles. Implementation of action log for incident reporting	Yes Learning Triangles implemented and communicated through the teams through team meetings and also communicate. Links established with Chester FT
	Actions from Serious Incidents to be shared at the Clinical Management Board meetings	Director of Nursing Medical Director Governance Manager	April 2016	**GREEN**	Minutes Reports	Yes
	Review of assurance processes trust wide to enable embedding of learning	Director of Nursing Trust Secretary	30th April 2016 (Revised 30th June 2016)	**GREEN**	Evidence of shared learning across the organisation. Implementation of Learning Triangles.	Yes Review agreed by Trust Board. Risk Management report shared across committee structure.
	Latest reports from NRLS show that Trust reporting of no harm and low harm incidents has increased to just under 92% of all incidents; this will continue to be monitored through the	Director of Nursing Governance Manager Safety &	January 2016	**GREEN**	Reports Induction programme Numbers of no and low harm incidents included in regular risk management report.	Yes

	Governance & Risk Management Committee. Ongoing promotion of reporting of near misses and incidents through regular Datix training	Quality Administrator			Datix training provided on induction and as part of mandatory training.	
	Implementation of more timely reporting of incidents to the NRLS	Governance Manager	October 2016	**GREEN**	Reporting schedule evidence	
	Raise staff awareness around types of non-clinical incidents that should be reported on Datix through the following methods: • Targeted training for staff in non-clinical departments • Posters detailing categories to be displayed in all areas • Safety Board to be displayed in hospital with details of non-clinical incidents • Article in Communicate to encourage reporting	Director of Nursing Governance Manager Divisional Managers	31ST March 2017	**GREEN**	Training records Posters Safety Board Article in Communicate Training delivered to Estates, Catering and Housekeeping. Posters already distributed to most areas	Progress made with ensuring that estates and IT are highlighting when a datix incident also needs to be placed when issues are raised through the helpdesks. Some evidence of an increase in non clinical incidents, continuing to measure on a monthly basis. On going training in place. Monthly monitoring of incident communicated through committee structure. Some improvement seen in numbers on non clinical incidents.
	Increase use of actions module on Datix to allow for monitoring of actions arising from incidents	Governance Manager Incident handlers	30th September 2016	**GREEN**	Action Log utilised by Reporters for feedback	Discussion are being undertaken in relation to outsourcing Risk Management processes. Business case currently being

						worked on to explore collaboration with The Countess of Chester Hospital. SLA developed.
Therapy Environment	Security strengthened to ensure the Workshop is secure at all times	Therapies Manager	October 2015	**GREEN**	Confirmation from Therapies Manager Discussion held with member of staff and changes to practice made.	Yes
	Review to be carried out by Health, Safety & Risk Officer	Health, Safety & Risk Office	October 2015		Copy of report Review carried out on 20/10/2015	Yes
	Actions to be taken following review: - Risk assessments to be carried out. - Old equipment to be condemned and removed - Overhaul and declutter of tools, paint, etc. to be completed and removed where not required - Deep clean of the workshop is needed - Access to emergency stop buttons need to have clear access - Lockable storage cupboards need to be housed within the workshop for storing tools and equipment	Therapies Manager	February 2016	**GREEN**	Review of workshop Workshop has now been decluttered and deep clean carried out. Lockable storage cupboards in place.	Yes

	-Drawer system within lockable cupboard need to be labelled with tool/equipment and quantity in order that stock takes can take place between sessions. - Maintenance plan for equipment needs to be agreed. - Ensure asset register is updated					
	Improve washing facilities on Sheldon Ward.	Matron Ward Manager Estates Manager	April 2016	**GREEN**	Plans agreed and contractors due to start in March 2016 Wet room being developed	Yes
Equipment	Review Pressure relieving mattress provision and bed contract arrangements.	Director of Nursing Matron Ward Manager	30th June 2016	**GREEN**	Business case developed. Initial work with procurement undertaken. Business case to be discussed with Estates	Yes
	Weekly audit of compliance with resuscitation trolley checks to be carried out	Deputy Director of Nursing Matron Ward Manager	October 2016	**GREEN**	Confirmation from Deputy Director of Nursing Resuscitation committee minutes	Yes
	Weekly audit of compliance	Ward	October 2016	**GREEN**	Audit reports	

	with resuscitation trolley checks to be carried out	Manager			In place from week commencing 19/10/2015	
	Nurse responsible for checks to be highlighted on the rota each day and written on the staff whiteboard	Ward Manager	October 2016	**GREEN**	Check of rota and board In place from week commencing 19/10/2015	Yes
Medicines Management	Implement monitoring of temperatures in clinical areas where medicines are stored.	Director of Nursing Matrons Ward Managers Chief Pharmacist / Estates Manager	31st October 2016	**GREEN**	Temperature monitoring records Assurance Audits	Good progress being made. Pharmacy currently working with procurement to implement new monitoring system. System in place
	All PGDs to be reviewed and updated.	Chief Pharmacist	October 2016	**GREEN**	Copies of PGDs	Yes
	Ensure that reason for omitted dose is always recorded	Ward Managers	30th June 2016	**GREEN**	Prescription chart audits Medicines Safety Committee minutes	Yes
	Ensure regular antibiotic audits are carried out	Microbiology Lead/ Chief Pharmacist	30th June 2016	**GREEN**	Audit reports IPC Committee minutes	Yes

High Dependency Unit	All reviews by anaesthetist to be recorded in patient notes. Review undertaken regarding the use of HDU by children. Trust to register with ICNARC and commence data collection and submission. Review current provision to see if separate hospital cover is needed	Clinical lead for Anaesthetics Director of Nursing	October 2016	**GREEN**	Audit of notes Rotas Dates planned for full utilisation review. Including a review of the current Outreach model	ICNARC is currently being purchased through the IT department. Support for the administration of this is already in place. A series of meetings are planned to review the HDU Pathway and Utilisation Review completed presented to Q&S November 2016
Safeguarding Children	Ensure safeguarding questions are routinely asked for every admission, and audit of practice is reported to the Safeguarding Committee	Named Nurse Safeguarding Children	February 2016	**GREEN**	Completed sheets Discussions held with staff	Yes
Paediatrics Services	Review options for moving all children's follow up appointments to Children's Outpatients	Named Nurse Safeguarding Children	February 2016	**GREEN**	Completed Audit of Compliance	Yes
	Purchase battery-operated portable suction machine for ward	Named Nurse Safeguarding Children Resuscitation Officer	December 2016	**GREEN**	Confirmation from Ward Manager	Yes Machine is in use on ward
	EPLS training to be arranged for all relevant staff groups, as per recommendation from	Resuscitation Officer / Matron for Surgery	31st July 2016	**GREEN**	Training records Training schedule in place and priority	Yes

	WMQRS Critically Ill Review which advised that EPLS training for staff would mitigate the immediate risk				staff trained to ensure that there is at least one member of staff with EPLS training on site 24/7	
	Paediatric cover during working hours to be strengthened. An external review of paediatric services will be commissioned by the Director of Nursing	Executive Team	31st July 2016	**GREEN**	Rotas detailing cover Patient records Log book Joint appointment with SaTH and agreement for cover of leave of our paediatricians to ensure full 9-5 cover on weekdays from April 2016 Afternoon ward round will be held every day Monday to Friday from April 2016 Twilight ward check carried out by orthopaedic registrar seven days a week.	Paediatric cover has been strengthened both in and out of hours. Additional cover on site is now undertaken on a Thursday which is also supporting some of the training requirements for staff for paediatric service development. The external review has been undertaken and an action plan is under development
	Paediatric cover out of hours to be independently reviewed and advice sought as to what further arrangements are required	Executive Team	31st July 2016	**GREEN**	An external review of paediatric services has be commissioned by the Director of Nursing	Yes Paediatric cover expanded. Peer review being undertaken 19th/20th May 2016

					Review being undertaken on the 19th/20th May 2016	
Effective						
Service Review	Audits to be carried out to provide assurance that pathways of care are being followed	Divisional Teams	September 2016	**GREEN**	Audit reports Divisional performance process	Divisional performance reviews now in place. Audit programme agreed for 2016/17
	Review current provision of therapies at weekends and increase where necessary	Therapies Manager	February 2016	**GREEN**	Business case under discussion with the Executive Team	Yes The Business case was received in February – however although agreed in principle there has been a requirement for some further detail to be presented the Executive Team.
	Monthly checks to identify missing data	Quality Outcomes Manager	February 2016	**GREEN**	Regular liaison with NJR to ensure that processes are now correct	Yes
	Training / awareness raising re NJR forms	Medical Director	April 2016	**GREEN**	Discussion held at Multi-Disciplinary Clinical Audit Meeting in February 2016	Yes
	Participation in Imaging Services Accreditation Scheme (ISAS)	Diagnostics Manager	September 2016	**BLUE**		Not considered an area of priority at this time. Discussed and agreed with the local CQC officer.

Caring						
Patient Experience	Processes reviewed in relation to FFT delivery and monitoring.	Director of Nursing	31ST January 2017	**GREEN**	Increase in response rates Poster presentations of themes from comments	Progress being made in the development of a Patient Experience Strategy.
	Expansion of the STAR system to departments ensuring managerial and clinical engagement in the processes.	Governance Manager Matrons Ward Managers/	31ST January 2017	**GREEN**	STAR System process review undertaken	Yes Review completed and new programme agreed. 5 star process developed.
	Expand the use of Patient Stories across the Trust assurance framework and clinical meetings.	Business Managers	31ST January 2017	**GREEN**	Library of stories to be developed. Surgical Divisional Meetings have included stories alongside Q&S and Trust Board	Yes
	Main door of gym to be replaced with automatic doors to ensure that doors remain closed, but that gym is accessible for spinal injuries patients	Therapies Manager / Estates Manager	March 2016 (Revised July 2016)	**GREEN**	As an interim measure, all staff asked to ensure door is shut when gym is in use.	New design for areas has been undertaken through discussion with the estates team and therapy service. The time for completion of this action has been revised

	Staff to be mindful of patient dignity in HDU when trolley by the bed prevents curtains being closed. This issue will be resolved in the new HDU	Divisional Team	September 2016	**GREEN**	Ongoing monitoring	
Responsive						
Out Patient Clinics	Operations team to review how clinics are scheduled and identified areas for improvement	Director of Operations	June 2016	**GREEN**		Yes PID in place for transformation programme to be completed.
	Monitor waiting times in clinics from time of patient's appointment to time that they are actually seen	Outpatients Manager	June 2016	**GREEN**		Yes
	Review scheduling of scoliosis clinic to minimise impact on waiting times in outpatients.		June 2016	**GREEN**		Yes
Operations	Recovery plan in place and Trust is liaising with Monitor to ensure deliver of plan	Director of Operations	February 2016	**GREEN**		Yes
	Ensure 90% of patients are seen in x-ray within 30 minutes	Diagnostics Manager	June 2016	**GREEN**		Yes Performance reporting in place
	New metrics to be agreed and used in reporting for theatres.	Director of Operations	April 2016	**GREEN**	Reports using new metrics	Yes Metrics discussed at CMB in February 2016 and agreed
	Ensure patients are not asked to wait in the area where wheelie bins are stored	Diagnostics Manager	November 2015	**GREEN**		Yes

Well-led						
Trust vision and strategy	Upon commencement of the new Chief Executive, the Trust is committed to reassessing its strategy to ensure that it incorporates all services and that there is wider awareness and understanding of Trust vision and strategy	Chair / Chief Executive	30th April 2016	**GREEN**	Chief Executive in Post	The Chief Executive commenced in post on the 1st April. This work is also reflected in the IGAP in relation to specific actions to address the culture of the organisation. To date sessions to discuss the vision and strategy have been undertaken and are planned. The Top 50 leaders in the organisation have been identified, and the BIG conversation has been undertaken.
Risk Management	Ensure risk processes and systems are applied consistently Implement actions identified by KPMG Following internal audit review	Director of Nursing	September 2016	**GREEN**	KPMG Actions completed. Agenda for Committee reviewed and restructured. Clinical engagement in the committee	Revision of the Risk Management Strategy has been agreed by Board following the KPMG report
Performance Management Processes	MDT model in paediatrics to be reviewed to ensure both surgeon and physician input	Divisional Team	31ST July 2016	**GREEN**	Process for managing complex patient identified	In place for Scoliosis patients. Task and Finish group established and monthly Quality meetings in place with

						the paediatric service.
	Implement scorecard for outpatients department	Divisional Team	31ST July 2016	**GREEN**	Included in performance review programme	Yes
	Review of management structure to be carried out	Executive Team	30th April 2016	**GREEN**		Yes Executive Review completed
	Ensure plans are in place in all areas where training and appraisals are not at Trust target of 90% compliance	Executive Team Divisional Teams	30TH September 2016	**GREEN**		Yes Performance Report Information Set out as a Quality target for 2016/17 plan to implement the action needed to address is required
Governance	A programme of Audit will be developed to assess the effectiveness of policies and procedures across the Trust.	Director of Nursing Governance Manager	30th November 2016	**GREEN**	Audit Programme in place	Yes Programme Agreed
	A full understanding of WMQRS needs to be undertaken to ensure that actions which are agreed are fully implemented and reviewed.	Director of Nursing	30th April 2016	**GREEN**	Full review process understood Actions being fed through the CQRM externally and Q&S internal meetings to provide assurance	Yes
Staff Communication	Communications & Engagement strategy to include staff engagement programme	Associate Director of HR	March 2017	**GREEN**	Strategy is due to go to the board in March	Yes Strategy Agreed by Board. CQUIN in place to assess implementation Discussions are ongoing in relation to the production of this

						strategy in collaboration with the CEO
	Communications survey to be carried out and used to inform Communications & Engagement Strategy	Associate Director of HR	March 2016	**GREEN**	Survey results	Results presented to March Trust Board
	Wider programme of engagement to ensure staff views are incorporated into the Communications & Engagement Strategy	Associate Director of HR	March 2016	**GREEN**	Minutes of meetings Feedback from staff Presentations at discussions being held at meetings across the Trust Presentation and feedback form available on intranet	Yes
Board Visibility	Buddy areas to be designated to the Executive Team	Director of Nursing	February 2016	**GREEN**	Buddy programme in place	Yes
	On the day of Board wards and departments will be visited by Executive Team and NEDS.		30th May 2016	**GREEN**	Visits undertaken	NEDS have been encouraged to attend the weekly senior nurse walkabout.
	Board Photos will be promoted across the organisation		30th April 2016	**GREEN**		Yes
Stakeholder Engagement	Clear clinical links will be made with local university providers to ensure we are at the leading edge of Orthopaedic training and development	Director of Nursing	March 2016	**GREEN**	Trust has already implemented Orthopaedic Course and Spinal Injuries Course for nursing staff and has supported 16 nurses to complete degrees	Monthly Education review meetings are in place with the universities

					since September 2012. Meeting have occurred to build links with the DON from the local universities	