

Key: Blue - completed; Green - on track; Amber - status update, deadline passed; Red - no status update/overdue ^{Sheet1}

	Recommendation	Rating		Action	Lead	Timeline	Reports to	Reporting timeline	October 2023 update
1	Future Board development activities should include a workshop focused on effective scrutiny and challenge in the context of seeking strategic assurance	Medium	1.1	Workshop to be arranged for the Board	Director of Governance Trust Secretary	October 2023	N/A	N/A	Board away day held on 12 October 2023, facilitated by NHS Elect. Review of MBTI results and profile of the Board, exercise and discussion held in the context of ensuring the Board continue to perform their duty to provide effective scrutiny and challenge in order to receive assurance. Discussion included options to improve Board effectiveness at decision making (short and long term) and build trusting and effective relationships.
2	The Trust should consider scope for placing greater priority and emphasis on succession planning for NEDs and Executive Directors, with a view to enhancing Board diversity.	High	2.1	Review and define the skills and experience required by the Board, both Executive and Non-Executive	Trust Chair Chief Executive	July 2023	Remuneration and Nomination Committee	July 2023	New Fit and Proper Person (FPPT) Framework published August 2023 for full implementation from 30 September 2023. New leadership competency framework not yet published, however, in the meantime the Trust Secretary has added new competences set out in FPPT to the framework currently being used for NED recruitment in October 2023.
			2.2	Undertake a succession planning exercise for Executive Directors, focused on how to increase diversity of appointments whilst retaining competence.	Director of People and Organisational Development	October 2023	Remuneration and Nomination Committee	November 2023	Process for talent management and succession planning considered by the People and Organisational Development Committee (POD) 19/7/23; also reviewed by Governors Appointments and Performance Committee 5/9/23 and will underpin Non-Executive Director (NED) appointment autumn 2023.
			2.3	Undertake a succession planning exercise for Non-Executive Directors, focused on increasing the current diversity of appointments.	Director of Governance	October 2023	Appointments and Performance Committee	cha	Please see 2.2; NED appointment will not move to selection process if insufficient diversity within shortlisted applicants. Position advertised 25/9/23 and shared widely; shortlisting 19/10/23 confirmed a diverse shortlist, and on that basis an approach has been agreed to proceed with recruitment in the latter part of October 2023.
							Council of Governors	December 2023	Recruitment approved at Council 19/9/23 and outline recruitment plan for Chair and NEDs for 2024 and 2025. Additional Council meeting scheduled for November 23 to approve appointment. Review of requirements for 2024 to be scheduled at an additional Appointments and Performance Committee in late 2023/early 2024.
3	The Trust should consider introducing additional opportunities for engagement with internal and external stakeholders to address a common perception across staff, external stakeholders, Governors and some Board members that there is potential for increased and more timely	Medium	3.1	Ensure good staff engagement as the next five-year strategy is developed	Director of Strategy, Research and Innovation Director of Communications and Engagement	Page 1	Board of Directors	Continuing to middle 2024	Over the last year we have conducted extensive external engagement as we developed our Trust Clinical Strategy 2024-2029. Over the last year we have engaged with our system partners, including the community and voluntary sector. Engagement includes: <ul style="list-style-type: none"> • three ICS sessions (ICB and ICP) including over 80 participants • a joint Healthwatch Essex and Healthwatch Suffolk session.

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	engagement in strategy development		3.2 Ensure the next five-year strategy is developed in consultation with external partners who will be affected	Director of Strategy, Research and Innovation Director of Communications and Engagement	Sheet1	Board of Directors	Continuing to middle 2024	As 3.1. Strategy approved by Board 5/10/23
4	The Trust should consider relaunching the clinically led model, reinforcing the role of Divisional Directors within this model, and clearly setting expectations regarding accountability and the Trust's approach to performance review.	High	4.1 Undertake questionnaire of senior clinical staff to obtain their views	Director of People and Organisational Development Chief Medical Officer	May 2023	Board of Directors	June 2023	Questionnaire completed March 2023 . Revision to structure and governance of key decision making groups such as Executive Management Committee to be reviewed to determine level of confidence that visibility of clinical leadership is increasing. Review of EMC redesign due at six months, early 2024
			4.2 Identify Trusts seen as 'clinically-led' to learn from	Chief Medical Officer Director of People and Organisational Development		Quality and Patient Safety Committee	September 2023	Initial review of questionnaires completed, work proposed with King's Fund to review 'clinically led'. Chief Medical Officer discussions with CUH, Leeds and The Christie in relation to medical engagement and new consultant development programme commenced October 2023. Wider MDT engagement, a second theme, and will be enacted through the leadership programme
			4.3 Internally-promoted candidates to have review at 3,6 and 12 month points (as with external candidates on probation).	Director of People and Organisational Development		People and Organisational Development Committee	November 2023	Probationary period policy and procedure re-launched, with improved reporting functionality to record review process. Objective setting and support now clearly articulated through the appraisal process. Further work to be undertaken around acting up / secondment / additional responsibility requirements
			4.4 Review the structure and operational of the Executive Management Committee [Links to 7.6]	Director of Governance Chief Executive	April 2023	Board of Directors	November 2023	Executive Management Committee (EMC) redesign approved at EMC 15/6/23 with strategic and operational meetings taking place each month. First operational EMC took place 12/7/23, with membership widened to include all members of Divisional Management Teams, and reporting to Board. Terms of Reference approved by Board 7/9/23.
			4.5 Develop the support offered to Divisional leadership teams (Triumvirates)	Director of People and Organisational Development Chief Medical Officer Director of Finance	October 2023	People and Organisational Development Committee	September 2023	The triumvirates have all been now offered the opportunity to attend the King's Fund Visible Leaders programme. The coaching and mentoring programme is currently being finalised, in the meantime, Trust leaders are able to access external coaching, funded through the Faculty of Education. A blue-print for a series of away days has been created with a raft of opportunities to engage both internal and external expertise around leadership development.
			4.6 Develop programme enabling individuals to be confident to take decisions rather than 'refer up'	Director of People and Organisational Development	June 2023	People and Organisational Development Committee	September 2023	The visible leaders programme allocated one full day to the complexities and polarities of decision making. We have currently completed six cohorts (25 per cohort) of the programme, a further two cohorts are due to take place imminently. A tender exercise will be commenced in order to determine the best supplier for the ESNEFT leadership programmes moving forwards.
			4.7 Develop opportunities for informal contacts/interactions to resolve issues	Chief Medical Officer Director of People and Organisational Development	July 2023	People and Organisational Development Committee	September 2023	A civility and respect training package and toolkit has been piloted. Following the launch review this will be implemented on a Trust-wide basis. Other informal routes : clinical leads forum, educational meetings, matrons meetings, ward huddles, 15 steps programme
			4.8 Ensure all leadership groups are represented/have access to leadership development programmes	Director of People and Organisational Development	July 2023 Page 2	People and Organisational Development Committee	September 2023	The flagship leaders programmes are in place and have now become business as usual. A review of representation across all divisions is taking place. Alongside these programmes there is also a series of bitesize leadership development training. Currently 1400 staff have been through an element of our leadership development programme.

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			4.9	Encourage clinical leaders to take up opportunities for below-Board or other leadership roles	Director of People and Organisational Development Chief Medical Officer	June 2023 Sheet1	People and Organisational Development Committee	September 2023	The talent management strategy is linked to this objective. In addition, there has been a growth in opportunities within the medical directorate, and we have seen evidence of clinical leaders taking up sub Board positions (ref; Divisional Director for NEECs).
5	Review the ToR and forward plans for the Performance Assurance Committee, People and Organisational Development Committee, and Quality and Patient Safety Committee, to ensure a balanced coverage of performance and to minimise any duplication across Committees. This exercise should also review the rebalancing of Committees to mitigate against the need for a separate finance sub-group meeting.	Medium	5.1	Develop a single Integrated Performance Report, with greater focus, for use at Board and all Board Committees	Director of Finance Director of Operations Director of People and Organisational Development	December 2023	Board of Directors	January 2024	Work Programmes reviewed, with full revision of the People and Organisational Development Committee (POD) and agenda from November 2023. Finance matters now included within renamed P&F Committee (previously Performance Assurance) and Director of Finance confirmed as Lead Executive. A number of discussions have taken place on development of a single integrated report (IPR) which continued following the Board meeting 5/10/23, with confirmation of the actions required. New section implemented for Board agenda from 2/11/23. Further work required to refine the executive summary to ensure Executive Director analysis of the data across all elements, from December 2023
			5.2	Review Board agenda to avoid consideration of items/ performance in 'silos'	Director of Governance Trust Secretary	September 2023	Board of Directors	November 2023	Linked to item 5.1; revised Board agenda structure from 2 November 2023 to enable one discussion on the integrated performance report.
			5.3	Review how Board and Committees can gain necessary visibility and assurance regarding work of Alliances and Integrated Care System	Director of Governance Director of Operations	July 2023	Board of Directors	September 2023	First draft of decision making matrix considered at Audit and Risk Committee (A&R) 25/5/23. ICB Finance Committee reporting into PFC; System Oversight and Assurance Committee reporting from 27/9/23. Quality matters reported through the Quality and Patient Safety Committee (QPS) via Chief Nurse and Chief Medical Officer. Second revision of matrix in early October 2023 with further discussion with Executive Directors required to ensure all system meetings are accounted for. Chief Executive continues to brief the Board on ICS/ICP related activities, as do other Executives taking part in Alliance/ICS discussions.
			5.4	Discontinue the 'Finance sub-Committee' (This action is complete)	Chair, PAC	March 2023	Performance and Finance Committee	March 2023	Complete
6	The Trust should conduct a systematic review of attendance, executive presentations, format of Chair's Key Issue reports and use of executive summaries and dashboards in committee, with a view to improving consistency and impact. This process should also consider the benefits of engaging support for executive coaching in relation to the effective presentation of papers.	High	6.1	[See 5.1- single IPR for all Committees and Board]					
			6.2	Create guidance on the production of clear, compact CKIs that focus on provision of assurance rather than reporting discussion	Director of Governance	July 2023	Audit and Risk Committee	September 2023	Trust Secretary has reviewed and updated guidance, and Director of Governance has reviewed. Final Standard Operating Procedure for Board and Committee management, and accompanying templates approved by EMC 19 October 2023, for finalising through existing governance processes and publication on Trust intranet.
			6.3	Revise Board cover sheet to focus on key risks, assurances and key factors for consideration	Director of Governance Trust Secretary	July 2023	Audit and Risk Committee	September 2023	Board executive summary sheet revised June 2023. Additional guidance now provided, as 6.2
			6.4	Create guidance for those preparing papers on appropriate detail, focus on risk/assurance, and drawing attention to key factors for consideration	Director of Governance	July 2023	Audit and Risk Committee	September 2023	As 6.2
			6.5	Arrange coaching/ development session for Executive Directors for focused presentations to the Board and Board Committees	Director of Governance	September 2023 Page 3	Audit and Risk Committee	November 2023	Booked to take place on 20 November 2023 - remote training session to be facilitated by NHS Providers.

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			6.6 Revise work-programmes for all Board Committees to ensure Divisional leaders attend to present on their work on a regular basis	Trust Secretary	August 2023 Sheet1	Audit and Risk Committee	September 2023	Director of Midwifery attends every meeting of QPS, supported by Clinical Lead as required. New clinical presentation to Board - 14.2. Leads attend individual Committees to present their reports or to support debate.
7	The Trust should undertake a detailed review of Terms of Reference, agendas and papers across DAMs, ODG, EMC and ELT with a view to identifying scope for streamlining, removing duplication or modifying the range of topics covered across these executive oversight forums	Medium	7.1 Revise the Terms of reference for Board Committees to reflect decisions on change	Trust Secretary	July 2023	Board of Directors	July 2023	All Terms of Reference revised and approved by Board 7/9/23
			7.2 Review and revise Executive Management Committee agenda structure to give a clearer strategic, clinically-led focus [Links to 4.4 and 7.6]	Trust Secretary	September 2023	Audit and Risk Committee	November 2023	As 4.4. Revised agendas and work programme in place for both strategic and operational meetings.
			7.3 Re-state the role of Executive Leadership Team as an informal, non-decision-making forum for discussion [Links to 4.4]	Director of Governance	July 2023	Audit and Risk Committee	September 2023	Role restated. Decision making through EMC Strategic and Operational meetings, reporting to Board
			7.4 Review the scope and Terms of Reference for Operational Delivery Group; and relationship to Executive Management Committee	Director of Governance	August 2023	Audit and Risk Committee	September 2023	Operational Delivery Group dissolved as part of EMC redesign - 4.4.
			7.5 Review structure of Divisional Accountability Meeting packs to enable exception reporting approach	Director of Finance	July 2023	Performance and Finance Committee	September 2023	Structure reviewed. Feedback sought via EMC and confirmation received that change had been noted and welcomed
			7.6 Comprehensively review the scope of each of EMC, ODG and DAM meetings to ensure there are no unjustified overlaps [Links to 4.4]	Director of Governance	August 2023	Performance and Finance Committee	September 2023	EMC redesign - 4.4 - and ODG dissolved - 7.4. Accountability Framework presented for noting only at EMC and PFC
8	The Trust should consider the suggestions made in Section 5.2 of the report for further enhancing the Board Assurance Framework [Note- the suggestions are- * Grouping risks under the strategic objectives or a category of risk, either on the summary page or in the main body of the BAF. * Applying the cause, effect, impact methodology more rigorously to enable a deeper understanding of the risks * Strengthen the controls by identifying which aspect of strategy will control the risk and how this provides assurance * Consider setting a numerical score alongside risk appetite statements, to increase objectivity * Better identification of links between BAF risks and risks on the Corporate Risk Register]	Medium	8.1 Consider categorisation of BAF risks as suggested (by strategic objective or category of risk)	Director of Governance	July 2023	Audit and Risk Committee	September 2023	Full review of BAF with Executive risk owners. Revised format and content approved by Board 7/9/23 with risks aligned to relevant Board Committees, for consideration three times per annum. Two risks reserved for Board consideration. Full review at A&R Committee as a standing item
			8.2 Review risk descriptions and detail on the BAF to ensure they follow the methodology set out in Trust policy	Director of Governance Risk Owners	July 2023	Audit and Risk Committee	September 2023	As 8.1
			8.3 Review controls to ensure they reflect strategy-based assurances	Director of Governance Risk Owners	July 2023	Audit and Risk Committee	September 2023	As 8.1
			8.4 Review the desirability of creating a numerical score to reflect risk tolerance/ appetite	Director of Governance	July 2023	Audit and Risk Committee	September 2023	As 8.1
			8.5 Link risks on Corporate Risk Register to BAF risks (possibly via category)	Director of Governance	October 2023	Audit and Risk Committee	November 2023	As 8.1
9	The Trust should consider the reintroduction of an executive risk management form as the central forum for assessing and triangulating organisational risk	Medium	9.1 Re-introduce Risk Management Committee (This action is completed)	Director of Governance	April 2023	Audit and Risk Committee	May 2023	Monthly Risk Oversight Committee (ROC) re-introduced. Risk Report presented to monthly EMC Operational after ROC has re-considered risks.

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10	<p>The Trust should consider the various suggestions made in Sections 5.4 and 5.5 of the report to improve the corporate risk register and divisional risk registers. [Note- the suggestions are-</p> <ul style="list-style-type: none"> * Improve titles by use of the cause, effect, impact methodology to adequately describe the risk. * For each Corporate Risk register entry, include ownership such as an Executive Director lead, and the responsible oversight committee. * Categorise risks on the Corporate Risk Register by type of risk, to easily align to relevant BAF risks and enable review at the relevant Committee. * Ensure all risks on the Corporate Risk Register have a date added, and the date of the last update for the Risk Mitigation Plan. * Reflect the Trust's risk appetite on the Corporate Risk Register. * Review the reasons for the significant variation in the number of risks held in each Division, with reference to possible differences in reporting culture/ risk profile. * Update risk scoring to ensure it reflects risk to the Trust as a whole, not just to the reporting Division. * Ensure all risks scored 15 or over are escalated to the Corporate Risk Register, whilst remaining linked to the Division.] <p>The report notes that most actions for Section 5.4 had been completed following the review but before publication of the report.</p>	Medium	10.1	Review risk titles to ensure they follow the cause, effect, impact methodology in Trust policy	Associate Director of Governance, Risk and Compliance	September 2023 Sheet1	Risk Oversight Committee Audit and Risk Committee	November 2023	Cause, effect and impact are mandatory fields within the Datix risk system, therefore this information is captured. The risk title is limited to 140 characters and summarises this. Reporting to ROC has been updated to include the full cause, effect and impact of each risk within the narrative reports the committee receives, and all new risks are reported to the committee, where the description is reviewed.
			10.2	Review all risks to ensure they have an identified risk owner and oversight group	Associate Director of Governance, Risk and Compliance	September 2023	Risk Oversight Committee Audit and Risk Committee	November 2023	The Datix risk system records the risk owner and the monitoring committee. AD reviews all risks in preparation for ROC meeting, jointly with risk team, divisions and the Director of Governance.
			10.3	Review the variation in the number of risks from different Divisions, with a view to identify any reporting culture concerns	Director of Governance	September 2023	Risk Oversight Committee Audit and Risk Committee	November 2023	The Key Controls report (reported to ROC) and the Risk Profile (reported to EMC) monitor these monthly. Some variation in the number of risks identified between divisions is expected due to their relative sizes.
			10.4	Review the scoring of Corporate Risk register risks to ensure they are scored on a cross-Trust (not Divisional) basis	Associate Director of Governance, Risk and Compliance	September 2023	Risk Oversight Committee Audit and Risk Committee	November 2023	Scoring of all new risks and current Corporate Risks is considered at each ROC meeting, where divisions are challenged to ensure they are scoring risks on a cross-Trust (organisational) basis, rather than a divisional basis. October 2023 ROC meeting due to receive an update on the action taken by the AD for Governance, Risk and Compliance to develop guidance on the management of cross divisional risks.
			10.5	Review Corporate Risk Register to ensure all risks scored over 15 have been escalated appropriately (to follow the scoring review)	Associate Director of Governance, Risk and Compliance	October 2023	Audit and Risk Committee	November 2023	Corporate Risk Register (CRR) is reviewed monthly at ROC, with escalation to EMC and escalation to the Board via Key Issues Reports. Reporting of relevant risks from the CRR to the appropriate monitoring committee to be reinstated from November 2023.
11	The Trust should further explore the reasons for the unusually low level of familiarity amongst staff regarding quality impact assessments for cost improvements, with a view to assessing whether further guidance or training is required.	Medium	11.1	Include Quality Improvement School within the developing Faculty of Patient Safety Science	Director of Strategy, Research and Innovation Chief Nurse Chief Medical Officer	December 2023	People and Organisational Development Committee	January 2024	In Q3/4 2023/24 we are launching a new whole-Trust continuous quality improvement and major change programme, called Making Time Matter. This creates a joined-up improvement programme co-ordinating the excellent work of the patient safety team, transformation team, QI team and innovation team. The programme will focus on improving a small set (c5) of key outcomes, which we will co-develop with our patients and staff. We will develop a core methodology for change and support training for staff in all departments to equip them with the skills for continuous improvement, including quality impact assessment.

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			11.2	Include quality improvement component in Care Accreditation Framework	Chief Nurse	December 2023 Sheet1	People and Organisational Development Committee	January 2024	The Care Accreditation Lead is working with QI, as well as various other leads, to develop the framework for Care Accreditation. The experience of the new Chief Nurse will support its development in the remaining two quarters of this year with a launch in April 2024 with some pilot wards. We are working with other organisations and with the EPR (Electronic Patient Record) team to develop and the Care Accreditation Lead is also supporting the clinical documentation harmonisation work which will inform the programme long term.
12	The Trust should consider the development of a Board engagement plan aimed at increasing NED connection with the organisation through various electronic and in-person engagement initiatives, such as buddying arrangements with Divisions, participation in webinars or increased divisional engagement at Committee level.	High	12.1	Develop NED introduction session at Trust Induction via video	Director of People and Organisational Development	September 2023	People and Organisational Development Committee	September 2023	Remains under consideration with induction having now returned to face to face
			12.2	Develop purpose, support and key documentation for programme of visits	Director of Communications and Engagement	July 2023	Board of Directors	September 2023	Shared with NEDs 24/7/23. Meeting on 3/10/23 confirmed processes and visits programme.
			12.3	Establish visits programme(s) for Board members, Governors and senior leaders, to cover the entirety of the Trust's work	Director of Communications and Engagement Chief Nurse	July 2023	Board of Directors	September 2023	Programme to enable an insight to be gained into how the Trust works to include visits to site operation centres, community hospitals, spending time with REACT services in Suffolk and urgent response teams in North Essex, corporate services. This programme includes: <ul style="list-style-type: none"> • Shadowing – spending time in an area, observing and understanding the role of colleagues being shadowed. • Team and service visits – more structured with key themes identified. • Listening events – more informal staff discussion groups in specific areas. • Link visits to specific events such as visiting the organ donation specialist nurses during Organ Donation Week, meeting with LGBTQI staff network during Pride week, meeting EMBRace staff network members during Black History Month, library colleagues on World Book Day, shadowing nurses and midwives on International Day of the Midwife and International Nurses Day for example. • Back to the floor opportunities with senior leaders working alongside colleagues in either their own or different divisions, such as supporting a ward clerk, outpatient teams, working with our patient advice and liaison service. • Senior leaders could also be invited by colleagues to offer a different perspective or 'fresh eyes' on a range of issues. Processes being agreed to avoid duplication of visits with Executive Directors and maximum coverage across all services.
			12.4	Establish similar programmes for senior leaders below Board level	Director of Communications and Engagement	October 2023	Executive Management Committee	November 2023	A programme of opportunities for senior staff below director level mirrors the approach for Board members.
			12.5	Ensure visits have defined purpose and engage with staff appropriately	Director of Communications and Engagement Chief Nurse	Continuing	Board of Directors	Continuing	We will check with all colleagues (everyone involved as either a visitor or a colleague being visited) that the purpose of the visit is clearly understood and there was positive engagement. This will be collated and shared with the Board by the Director of Communications and Engagement.
			12.6	Arrange programme of informal engagement opportunities for Executive Directors with staff	Director of Communications and Engagement Director of People and Organisational Development	September 2023	Board of Directors	September 2024	Engagement programme in place and discussed at Executive Leadership Team. See 12.3.
			12.7	Ensure feedback from all visits is regularly provided to the Board, and Committees, for triangulation and risk identification	Director of Communications and Engagement Director of Governance	Page continuing	Board of Directors	Continuing	Additional agenda item being added from December 2023 at Board in private for feedback to be considered

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			12.8	Objectives and Appraisals for Directors and senior leaders to include required targets for engagement	Director of People and Organisational Development	Q1 2024/25 Sheet1	Remuneration and Nomination Committee	September 2024	Objectives for all senior leaders includes a requirement to demonstrate their commitment to the furthering of the EDI (equality, diversity and inclusion) agenda, including improving their own knowledge of diversity and inclusion.
13	Future Board development seminars should explore the reasons for a significant divergence in views and deviation from the benchmark in relation to how the Board encourages staff to proactively engage with patients and the public.	Medium	13.1	Schedule Board seminar time for this discussion	Trust Secretary Director of Governance	July 2023	Board of Directors	-	Board development plan presented to Board 8/6/23 and continues to develop in year. Discussion held with national speak up guardian 11/10/23 on how to better engage not just with staff, but also with patients and the public. Board patient and staff stories continue and will seek to include a wider range of services and patient groups going forward. Review of the Trust Constitution (due for discussion at private Board 2/11/23) also an opportunity to consider how to use our existing governance structures to amplify the voice of patients and the public.
14	The Trust should prioritise activities aimed at further embedding QI and for further cross Trust sharing of learning of themes and learning from incidents, including triangulation of themes from incidents with findings from complaints, SI's and legal cases.	Medium	14.1	Arrange Board Seminar to set direction of travel on Quality Improvement/understanding of using data for improvement	Trust Secretary Chief Nurse	December 2023	Board of Directors	January 2024	QI Faculty deep dive to QPS 26/10/23. Board session currently under consideration, linked to new Making Time Matter Programme, and currently proposed as December 2023 or February 2024, to link with 11.1 update
			14.2	Make proposals for better Board understanding of the Quality Improvement work delivered by various teams	Executive leads	December 2023	Board of Directors	January 2024	New clinical presentation implemented at Board in private from 5/10/23, led by Chief Medical Officer
			14.3	Provide regular Board time to review and discuss delivery of Quality Improvement work	Trust Secretary Chief Nurse Chief Medical Officer	September 2023	Board of Directors	September 2023	As 11.1/14.2
			14.4	Ensure Quality Improvement work links to the revised CQC Key Lines of Enquiry	Chief Nurse Director of Governance	September 2023	Quality and Patient Safety Committee	October 2023	This has not been implemented from the CQC to date, as the Department of Health & Social Care has not yet signed off the new CQC inspection approach.

High- immediate action to resolve
Medium- action to resolve within 6 months.