

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 29 January 2014
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Title:	Update on trust actions in response to national reports, including the Francis report
Item:	BD/13/300

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History:	
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This report is for:	
Decision	x
Discussion	x
To Note	x

Executive Summary of key issues
<p>AWP made an initial response to the Francis report into failings of the Board in Mid Staffordshire NHS Foundation trust in February 2013. Recommendations were in keeping with the transformation AWP had already begun and progress against actions is now well advanced.</p> <p>This report offers a brief synopsis of each of the five additional reports into specific aspects of health provision which followed the Francis report.</p> <p>From a governance perspective the Board can be assured through independent evaluation that current processes are safe, effective, fit for purpose, open and transparent.</p> <p>The Board can take significant assurance that current quality performance reporting and monitoring mechanisms are appropriate and are able to offer early warning of performance issues.</p> <p>Although there are early signs of improvement, there is, as yet, limited evidence of embedded cultural change for better staff experience and engagement. This should be the main focus for 2014, with specific actions to address those aspects of greatest concern and those localities reporting lowest staff satisfaction in the NHS staff survey.</p> <p>The Board is invited to note progress to date and to approve these recommendations.</p>

This report addresses these Strategic Priorities:

We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

1. Background: the Francis report

The public inquiry into the role of commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust between January 2005 and March 2009 gave rise to the final report by Robert Francis QC (February 2013). The report made 290 recommendations to the Department of Health, prompting the government response: Patients First and Foremost (DoH 2013).

The report details the patient suffering which arose primarily as a result of failings on the part of the Trust Board. The Board did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to its attention. It did not tackle a culture which tolerated poor standards nor address the disengagement of clinical staff from managerial and leadership responsibilities. A narrow focus on national targets, financial balance and achievement of Foundation Trust status was pursued at the expense of delivering acceptable standards of care.

The report prompts all providers to reflect on their systems of **Board accountability, clinical governance, and staff engagement**.

Subsequent national reports of have made a number of recommendations that complement those of the Francis Report. AWP must also consider these as part of our overall programme of quality improvement.

1.1. An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings; Camilla Cavendish, July 2013

The Cavendish review outlined changes to recruitment, training and education of healthcare assistants and support workers which would result in a mandatory 'Certificate of Fundamental care', to be achieved before unsupervised work may be undertaken and before the title 'Nursing Assistant' may be used. Employers should be supported to test values, attitudes and aptitudes for caring at recruitment, assisted by guidance which is awaited from NHS Employers, HEE and the National Skills Academy.

Recommendations to develop bridging programmes from support staff workforce into pre-registration nursing are likely to result in apprenticeship opportunities. Elsewhere in the review, emphasis is placed on proactively seeking the perspective of HCAs and support workers in major trust developments.

Directors of Nursing, empowered to take Board level responsibility for recruitment, training and management of HCAs, can expect national guidance on effective management and dismissal of unsatisfactory staff.

Employers are called upon to act on the social care compact by June 2014; progress will be monitored by DoH.

1.2. Review into the quality of care and treatment provided by 14 hospital trusts in England; Professor Sir Bruce Keogh KBE, July 2013

Keogh identified six common barriers to delivering high quality care:

1. Failure to involve patients comprehensively in planning care and developing services
2. Lack of visibility of quality at the leadership level, largely due to the lack of access to useful data
3. The temptation to read too much into the various measures of mortality, including HSMR and SHMI, which are “clinically meaningless and academically reckless” when used as measures to quantify actual numbers of avoidable deaths
4. Issues associated with working in geographical, professional or academic isolation.
5. Failure to value the contributions of, and support for, frontline clinicians, particularly junior nurses and doctors
6. Resistance to migrate from a culture of denial and blame, to one of genuine transparency and “no blame”.

Keogh explores the place of ‘soft intelligence’ in systems of clinical governance, which he describes as over-reliant on quantitative information. Keogh also speaks of the central importance of a sense of ambition amongst staff to be professional, and to deliver high quality, compassionate care.

1.3. A promise to learn – a commitment to act; Professor Don Berwick & National Advisory Group on the Safety of Patients in England; August 2013

Berwick welcomes the contribution his report might make to help the NHS achieve ‘zero harm’ and also emphasises the importance of staff ambition to generate a positive, caring and safe culture. Transparency, the prioritisation of quality, an ‘ethic of learning’, staff mastery of quality and patient safety sciences, and listening to patients and carers, are all key factors in developing ‘a system devoted to continual learning and improvement of patient care’.

As in the Keogh report, Berwick cautions against over-interpretation of quantitative metrics at the expense of qualitative feedback.

1.4. A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture; Right Honourable Ann Clwyd MP and Professor Tricia Hart, October 2013

Tricia Hart and Ann Clwyd were commissioned to lead this review as part of a response to the Francis report, which highlighted that complaints are a warning sign of problems in a hospital. They sought feedback from patients, carers, staff, managers and non-NHS organisations, resulting in 2,500 responses about how trusts currently handle complaints.

Key recommendations include:

1. Board level responsibility for signing off complaints, scrutiny of complaints and evaluation of the actions taken. A board member with responsibility for whistleblowing must be accessible to staff.
2. Trusts must publish an annual complaints report in plain English which should state complaints made and changes that have taken place.
3. Trusts should ensure that information is available for patients, showing staff on the ward and visiting and meal times.

4. Patients and communities should be involved in designing and monitoring the complaints system in hospitals and Trusts should provide patients with a way of feeding back comments and concerns about their care.
5. PALS should be rebranded and reviewed so that its purpose is clear. It should be adequately resourced in every hospital. The Independent Advocacy Services should also be rebranded and reorganised.
6. Staff need adequate support and training in listening to, and acting on, feedback. Appraisals should include a measure or reflection on communication skills.

1.5. Review of the Response of Heart of England NHS Foundation Trust to Concerns about Mr Ian Paterson's Surgical Practice; Lessons to be Learned & Recommendations; Sir Ian Kennedy, December 2013.

The review relates to surgical practice and the acute sector, however many recommendations will apply to any Trust Board. Boards are called upon to report no less than yearly on progress against recommendations. Many reflect those of earlier reports, with additional recommendations which include:

1. Boards should be aware of investigations which are underway into safety and quality of care, with recourse to 'external experts' in the 'ordinary' course of events. Investigations should be adequately resourced in terms of both staff and funding and a follow up process should demonstrate lessons learned and actions taken.
2. Boards should routinely survey their staff and particularly identify failures in leadership which fail to listen to staff or address bullying (which may arise, for example, when leaders who are clinicians act as clinicians, subject to 'hierarchies and tribalism', rather than act as managers).
3. Proper process in the appointment and subsequent management of medical consultants. 'Shortlist on the basis of technical skills but appoint on the basis of values'. Boards should be satisfied that improper behaviour or poor performance will be confronted and addressed rather than worked around.
4. There should be procedures in place to ensure adequate communication with patients about concerns or developments which impinge on their treatment or service, including changes in routine or redeployment of staff.

2. Analysis of the degree to which the Board can be assured that similar failings cannot occur in AWP

The Board can take assurance from the thorough review and programme of improvement of Board accountability, strategy development, clinical governance and staff engagement, which started in 2012 and which is on-going.

2.1. Board accountability

The Board development programme has included external evaluation of Board performance by DACbeachcroft and KPMG. Assessment of Board structure, responsibilities & accountabilities, scrutiny & oversight, capability, planning & decision making, engagement, agenda, culture & behaviours, concludes that 'Development efforts have been pursued successfully and the Board has advanced to a level of Board governance appropriate for an NHS Foundation Trust'. (DACbeachcroft, January 2014). The Board has adopted open practices, including receiving the majority of Board reports in public session. The Board and several Board Committees have taken the proactive step of holding meetings around the trust Geography to enable attendance by staff, service users and partner organisations to further reinforce this commitment to openness.

2.2. Review of Strategy

The Board review of strategy has aligned our motto, vision & values and five strategic priorities with enabling strategies, IQ quality domains and relevant committees. Annual objectives from each service delivery unit are determined through the business planning process, also in line with these priorities. This approach will enable us to describe our strategy 'on a page', which we will use to communicate with all staff members, stakeholders and the wider health community.

Our Strategy has at its heart service quality and a clear commitment to supporting and developing our staff.

2.3. Clinical Governance

Locality & service-specific governance groups connect with the Board via the leadership triumvirates who attend dedicated management groups and Board committees. This results in strong clinical accountability, leadership and ownership of the quality agenda. Restructuring on a locality model ensures that the voices of staff and of service users and carers are embedded in strategic and operational decision-making and that services are tailored and responsive to local needs.

2.4. Staff engagement: Enabling Excellence programme

Recognising the vital part staff engagement plays in delivering high-quality, patient-focused care in a sustainable and innovative organisation, we appointed a full time Programme Director for Organisational Development. Transformation themes are addressed in the three aims of the Enabling Excellence programme, approved by the Board in September 2013.

This programme will build widespread commitment to Trust strategy and encourage a culture of continuous quality improvement and innovation to achieve strategic priorities:

Aim 1:

Build Shared Purpose: Engage staff and build positive commitment around our shared purpose of providing high quality care that promotes recovery and hope

- Listening into Action
- Bright Ideas!
- Rewards and Recognition
- Enhanced staff support – health and wellbeing
- Closing the Gap

Aim 2:

Develop transformational leaders: Leaders capable of communicating, engaging and inspiring staff commitment

- Senior Leadership Programme
- Board development Programme
- Stratified Management and Leadership Development
- Biannual Leadership Conference

Aim 3:

Embed our revised strategy: Ensure alignment of systems, structures and processes with strategic priorities

- Strategic Planning Framework
- Corporate Team Development
- Developing Business Acumen
- Optimise Foundation Trust Membership
- Enhancing our approach to Equalities and Diversity

Each aim is underpinned by specific initiatives, designed to engage and develop our workforce. One such example is that of the first AWP Biannual Leadership conference held in the University of the West of England on 25 November 2013.

The conference, brought together over 100 leaders to consider progress over the previous two years, actions being taken to design an effective, healthy organisation and to review actions taken in the light of the Francis Report. A workshop led by the Clinical Executive, enabled delegates to discuss progress made by the Trust in ‘Designing a culture of compassion’, using the following eight identified factors that characterise a ‘right culture of care’ from the King’s Fund’s ‘Point of Care’ programme:

Developing a clear vision for quality	Responsive to patients’ needs and preferences
Supporting staff to deliver the best care	An open and just environment
Boards developing the right culture	Adopting the right leadership styles
Using data well to drive quality and safety	Thinking and acting long term

Conference delegates assessed Trust progress against each factor and identified the next steps in organisational transformation. Feedback from attendees has informed immediate actions which are being addressed, for example, the need to align trust systems and improve communication of priorities and strategy with the wider workforce.

Our values: PRIDE – passion, respect, integrity, diversity, excellence

2.5. Staff Survey

As part of our commitment to openness and determination to listen to the views of staff we committed to inviting the entire AWP workforce to respond to the Annual Staff Survey. This survey is an independently conducted survey undertaken by all NHS Trusts to assess staff satisfaction and wellbeing on range of measures. Results are published and give an important indication of organisational culture.

In previous years the survey has been sent to a sample of AWP staff (approximately 800), this year we made a commitment to survey the entire workforce and made it possible to respond electronically as well as using paper surveys. Survey results will be considered and cross referenced with the actions described later in this paper that the Board agreed to take in response to Francis.

2.6. Analysis

The Francis report mandates that Boards critically examine their practice, culture, focus on quality, and engagement with their staff, patients, service users and carers. AWP Board has undertaken significant review of strategy, governance, arrangements and requirements for organisational development to address cultural issues. Actions are moving forward as evidenced below in Appendix 1. Outstanding actions will continue through 2014. However, it is important to note that rather than being a fixed term project, these are embedded themes for our trust and we will strive for continual improvement against them. The achievement of Foundation Trust status will enable greater involvement and engagement with members which will also promote continued innovation and progress.

From a **governance** perspective the Board can be assured through independent evaluation that current processes are safe, effective, fit for purpose, open and transparent.

The findings from recent inspections by the CQC across the Trust have been congruent with indicators reported through IQ and other mechanisms, including mock CQC inspections and Quality Improvement Visits by Board members.

The Board can take significant assurance that current **quality performance** reporting and monitoring mechanisms are appropriate and are able to offer early warning of performance issues.

Although there are early signs of improvement, there is, as yet, limited evidence of embedded **cultural change** for better staff experience and engagement. Signs which suggest culture change has begun:

- the second report by Sue Sutherland described significant improvement in openness and clinical engagement,
- the NHS staff survey 2013 shows that our staff see quality as a key driver for the Board
- the Trust Development Authority held focus groups with staff in Bristol, Swindon and North Somerset (January 2014). Feedback suggest that staff value the move to a locality structure. This contributes to a better atmosphere and facilitates reduced bureaucracy and increased local responsiveness. Staff feel more able to 'speak up' and recognise that there will be no judgement or punishment when they do so.

However, the NHS staff survey continues to show that too many staff feel harassed or bullied and experience violence and aggression in the workplace. Staff experience varies between

localities, with higher levels of dissatisfaction in Bristol, where uncertainties persist as a result of the tender process.

We will continue to monitor all sources of feedback, including community and staff surveys, the Friends and Family test, sickness absence and recruitment, to increase our organisational understanding and response as our transformation programme unfolds.

3. Recommendations

The Board is requested to consider the following recommendations:

1. The trust's responses to all six reports should be consolidated and reported together twice yearly, as here.
2. Responsibility for tracking of progress and implementation should be devolved to a senior manager, reporting through the Clinical Executive and working closely with the Programme Director for OD. Actions will be endorsed through Professional Council and will be embedded in the Quality Academy work plan.
3. While the trust's compliance with all aspects of the national reports will continue to be monitored and updated, the main focus through 2014 should be on promoting culture change and improved staff experience. Metrics will include staff survey results, staff sickness and the Friends and Family test, and will be reported through ESEC.
4. A comprehensive response to the Staff Survey Results 2013 will be considered by ESEC. Specific interventions will be developed in response to identified themes from survey results and will target those areas reporting lowest staff satisfaction, for example, Bristol locality, to include an improved communication strategy for all staff around issues relating to the tender process.

Appendix 1

Source	Theme	Trust actions 2012-13	Progress February 2013	Update January 2014
Francis	Putting the patient first Patients must be the first priority	<p>Our motto 'You matter, we care' articulates our emphasis on putting the patient at the heart of our work.</p> <p>We will seek the views of patients, service users and carers through the use of surveys, local and trust-wide forums, the Trust-wide Engagement group, the work of involvement workers and through daily interactions.</p> <p>We have introduced the Friends & Family test as one of our routine indicators.</p> <p>We listen to service user stories and complaints at Board meetings and will introduce them to Quality & Standards committee.</p>	<p>Continue to recruit involvement workers and peer mentors in all localities.</p> <p>Involvement workers and peer mentors should be involved in seeking and responding to patient, service user and carer feedback and complaints.</p>	<p>Peer mentors and Involvement workers in each locality</p> <p>Locality service user forums and carers forums report through the trust-wide forums to the trust-wide engagement group.</p> <p>The Friends & Family test performance is monitored through Q&S committee. Response rates and scores will be benchmarked against other MH trusts once these are available.</p> <p>The effectiveness of steps taken to make patients our first priority will be measured through the Community Survey and Staff surveys (both external and internal).</p>
Berwick & Keogh	Transparency & Learning	<p>We have collaborated with patients, service users and carers to revise our Engagement strategy to improve how we communicate and work.</p>		<p>Professional Council will recommend how we evidence a 'ethic of learning' from all sources of information including complaints. Currently all recommendation from RCAs are reviewed in CIOG and are referenced against the Integrated Quality Plan. This is part of the Quality Academy workplan in 2014.</p>

	<p>The NHS Constitution should be the first reference point for all NHS patients and staff</p> <p>All NHS staff should be required to enter into an express commitment to abide by the NHS values and the constitution, both of which should be incorporated into the contracts of employment.</p>		<p>NHS constitution relevant to all staff. Staff induction, training, documentation & contracts to reference the essential learning points from the NHS constitution.</p> <p>Revise employment contracts</p> <p>Include reference to the NHS constitution in terms for contractors & partners</p>	<p>The NHS constitution (March 2013) has been circulated to all staff and is referenced in all new contracts, in new staff inductions and is a standing item in all contracts with partner organisations</p> <p>We are considering the implementation of Values Based Recruitment and endorse the declarations within the Social Care Compact.</p> <p>Unregistered Practitioners Forum provides an engagement and development opportunity for staff. A code of conduct was developed by the Forum and signed off. The development programme has included training on Risk care planning,</p>
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<p>Francis</p>	<p>Fundamental standards of behaviour</p> <p>and</p> <p>A common culture</p>	<p>We monitor the quality of our services through:</p> <ul style="list-style-type: none"> • CQC mock inspections; • Quality Improvement visits; • The Quality Academy & IQ, which are integral to our revised Quality Assurance framework; • 'Back to the Floor' initiative. 	<p>Consider extending the remit of the Quality Academy to include enabling functions, to ensure all demonstrate 'customer focus' and operate to support clinical care.</p> <p>Invite service user & carer representatives to be part of mock CQC inspections and Quality Improvement visits.</p> <p>Invite non-executive directors to join the 'Back to the Floor' initiative' where possible for individuals.</p> <p>Invite non-executive directors to attend staff induction.</p> <p>Introduce 'Care Mapping' to inpatient settings.</p>	<p>Corporate functions are restructured along locality lines. A Development Programme for corporate colleagues has commenced as part of the Enabling Excellence Programme.</p> <p>The Quality Academy work plan will be formally agreed by the Senior Management Team in February 2014. Non-executive directors are invited to take part in Back to the Floor initiative and regularly attend induction.</p> <p>Care mapping initiative is not being implemented as alternative approaches exist to monitor quality in the inpatient settings.</p> <p>Enhanced CQC Mock Inspections to will invite external partners (including GPs) to join the inspection teams to ensure transparency and rigour.</p>
	<p>Reporting of incidents of concern relevant to patient safety or compliance with fundamental standards to be not only encouraged but insisted upon. Staff members are entitled to receive</p>	<p>We emphasise our desire for a positive safety & reporting culture through Safety Matters, red-top alerts and Quality Improvement visits.</p> <p>We will appoint a named doctor for Safeguarding.</p>	<p>Devise a system to enable acknowledgement and feedback to staff who raise safety concerns</p> <p>Identify high reporting teams for commendation.</p>	<p>Staff are able to report safety concerns including directly to an executive team member. Staff receive a direct response but work is outstanding to ensure that actions and learning can be evidenced.</p> <p>A named doctor for Safeguarding has</p>

	feedback in relation to any report they make, including information about any action taken or reasons for not acting.	<p>We have appointed a senior independent non-executive on the Board.</p> <p>'Ask Iain' questions and staff meetings</p> <p>Open access to CEO and executive team by email and telephone.</p> <p>We have commissioned a review of how we undertake and learn from RCA reports.</p>	Embed patient safety as a theme throughout policy, self-assessment, the Quality Academy and management groups.	<p>been appointed.</p> <p>Levels of reporting are discussed during each quality improvement visit and will become part of the Clinical Intelligence Team Performance report.</p>
Francis	<p>Responsibility for, and effectiveness of, healthcare standards</p> <p>Trust Boards should provide quality accounts in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them.</p>	Quality accounts are audited by external Auditors and are published.	Review formatting in line with national guidance as required.	Complete and will be updated as necessary
	Requirement of training for Directors	Board development is underway.	We will develop training for new directors under a Foundation trust regime.	A Board Development Programme was approved by Board in September 2013. Further work will focus on the induction and development of Member Governors.
Francis & Clywd	<p>Effective complaints handling</p> <p>Patients raising concerns are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their</p>	<p>Service users and carers may contact us by mail, email, telephone, through our website or in person.</p> <p>We monitor our response to complaints through CIOG.</p> <p>PALS attends and supports our open Board</p>	<p>We will publish the main themes underlying the complaints we receive.</p> <p>Devise a system to inform individual complainants what we have learned and what we will do differently as a result of</p>	<p>Information on complaints is reviewed in CIOG and through Q&S to the Board. Themes are identified and held on the CIOG Learning Log for further work through locality governance meetings and through the Quality Academy.</p> <p>Complaints are handled locally and</p>

	<p>expectations; prompt & thorough processing; sensitive, responsive & accurate communication; effective & implemented learning; effective communication of the complaint to those responsible for providing the care.</p>	<p>sessions.</p> <p>We provide details of complaints to doctors for their portfolio. We scrutinise their reflective responses as part of appraisal.</p>	<p>their complaint.</p> <p>Work with patients, service users and carers to review how we handle complaints. Incorporate staff feed back that they would like simpler, compassionate processes and local, face to face handling of complaints.</p> <p>We will proactively introduce a similar system to pre-empt revalidation for nursing staff.</p>	<p>signed off at Board level.</p> <p>A review of the trust's compliance with the Clwyd report is underway, including the involvement of service users and carers.</p> <p>Revalidation processes for nursing staff is a strategic part of the Clinical executive business work-plan 2014-15</p>
	<p>Organisations must constantly promote to the public their desire to receive and learn from comments and complaints</p>		<p>We will seek feedback from 'ward to board' and will make this a focus of service user and carer groups throughout the organisation. We will triangulate service user and carer feedback with other measures of quality for teams and localities.</p>	<p>IQ is embedded in the organisation. Performance is reviewed at team, locality and trust level, though locality governance meetings, QIV, Quality Huddle, Q&S and Board. Qualitative comments from F&F are used in localities at ward and team level with responses displayed publicly (BANES). Triangulation is a function of Clinical Intelligence and the Quality Academy.</p>
	<p>Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation</p>	<p>We commission RCAs to investigate serious incidents and near-misses which threaten patient safety.</p>	<p>Review how we capture and handle information which is a cause for concern.</p>	<p>All comments received through Meridian and Friends and family are fed back to locality triumvirates and on to the teams concerned. Work is needed to describe how we can be more systematic in the collation of all sources of information in each locality for triangulation and learning.</p>
	<p>Advocates and advice</p>	<p>PALS offer support to complainants.</p>	<p>Review need for and</p>	<p>Not complete</p>

	should be readily available to all complainants who want those forms of support.		availability of advocates by service delivery unit	
Francis	Medical training and education Surveys of medical students and trainees should be developed to optimise them as a source of feedback of perceptions of the standards of care provided	The University of Bristol surveys undergraduates at the end of each teaching unit. We respond to their feedback on the quality of the teaching and learning environment.	We will work with our university partners to include feedback from undergraduates on the standards of care we deliver. We will adapt trust exit interviews to assess students' perceptions of care quality.	AWP piloted the F&F test with undergraduate medical students on completion of their attachment. They are also asked for observations on patient safety. The UoB has extended this approach to all providers. We are incorporating this feedback into information sent to localities for their action.
Berwick	Value input from junior doctors			All trainees are invited, at induction, to contact the DME with concerns re patient safety. We have a Business Internship programme which offers a route for trainees to contribute to management. We are revising the support we offer to trainees when they seek to perform audit.
	Proactive steps to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.	We encourage trainees to give informal feedback through forums for foundation, core and advanced trainees. We encourage trainees to give feedback through the GMC annual survey and we make formal responses to issues raised.	Seek further engagement with trainees on this issue, through trainee representatives and Severn Deanery. Encourage Severn Deanery to publish all responses to trainee patient safety concerns.	The Medical Education strategy identifies a programme to encourage greater trainee engagement, including locality trainee representation and trust-wide forums. The trust has a lead for SAS doctors. All trainees are reminded at induction

				of the direct route to the DME to report any patient safety concerns in real time.
	Proficiency in the English language	We informally assess spoken language at interview	<p>We will revise pre-employment information to include a check on language proficiency.</p> <p>We will ask stakeholder groups to comment on English language proficiency during interviews.</p> <p>We will suggest accent reduction coaching if required as part of development or remediation.</p>	Proficiency in English is part of pre-employment checks. Stakeholder groups and panels make a check on English language proficiency.
Francis, Berwick, Keogh	<p>Openness, transparency & candour</p> <p>Guidance and policies should be reviewed to ensure that they will lead to compliance with Being Open, the guidance published by the National Patient Safety Agency.</p>	<p>We hold open Board meetings and respond directly to questions in public when possible. We discuss papers in open session whenever possible. Board meetings and committees rotate through the geography.</p> <p>We produce and share quality information with commissioners.</p> <p>We have identified a senior independent non-executive on the Board.</p>	<p>We will publish our quality plans and quality information so they can be seen on our website.</p> <p>Invite front-line staff to shadow colleagues in corporate functions to increase mutual understanding.</p>	<p>Quality information is shared locally with commissioners. Work is underway to make more information available on the trust website and to allow members of regulatory bodies, e.g .CQC, to access IQ directly.</p> <p>Staff are able to shadow colleagues in corporate functions and vice versa.</p>
Francis & Cavendish	<p>Nursing</p> <p>There should be a focus on: the practical requirements of delivering compassionate care,</p>	<p>We monitor supervision rates and expect all staff to receive monthly supervision.</p> <p>We recognise achievements through Staff Awards and the Hall of Fame.</p>	<p>Review the quality of supervision in all settings.</p> <p>Review recruitment processes to emphasise values and commitment to compassionate care</p>	<p>Supervision practice and reporting is bedding in across the organisation. Quality assurance of supervision content is a focus for the 2014-15 clinical executive business plan.</p> <p>We are considering the implementation of Values Based</p>

	recruitment for values; constant support, incentivisation & recognition, annual appraisal, feedback on performance.		<p>Review our training and support for unregistered staff</p> <p>Review the availability of peer mentoring for nursing staff</p> <p>Mandate annual appraisal for nursing staff, with focus on care and compassion, CPD and leadership capability.</p>	<p>Recruitment and endorse the declarations within the Social Care Compact.</p> <p>Unregistered Practitioners Forum provides an engagement and development opportunity for staff. A code of conduct was developed by the Forum and signed off. The development programme has included training on Risk care planning,</p> <p>Two Consultant nurses are identifying the talent pool for supervision and mentoring to increase the number of nurses who can provide clinical supervision</p>
	<p>Leadership: ward based ward managers, acting as role model, mentor and appraiser. Leadership training should be available for nurses at every level.</p>	<p>The trust has a full time Director for Nursing.</p> <p>We have reviewed the roles of ward managers to ensure they are engaged in clinical settings, offering hands on guidance and role modelling.</p>	<p>Active succession planning and leadership development through NHS leadership academy and others.</p> <p>Review the role and responsibilities of Band 7 team leaders to enable focus on leadership, supervision and role modelling.</p>	<p>The Enabling Excellence Programme includes Leadership as a key development priority.</p> <p>The first Senior Leadership Conference took place in November 2013 and will be replicated for Team Leaders and Ward Managers in May 2014.</p> <p>Coaching and mentoring will be offered more widely to support and develop staff. An initial cohort of multidisciplinary staff have commenced a formal coaching qualification to underpin this commitment.</p>
	Measuring cultural health	<p>We undertake regular staff surveys.</p> <p>We have revised our clinician engagement</p>	We need a new compact with staff, to address staff	The 2013-16 organisational development programme,

		strategy.	dissatisfaction and to improve engagement. Improve 'psychological safety' and support for staff to enable compassionate care –project development underway	Embedding Excellence, addresses staff engagement and will address areas identified through the 2013 staff survey. The AWP Membership Team are working on a staff compact. Staff safety and support will be a fundamental requirement of the review of psychological services. The trauma support service for staff is underway. We will run the Medical Engagement Survey in early 2014.
	Key nurse per patient, per shift, present at each interaction between patient and doctor		Examine how this compares to the system we operate at present in our wards.	We have named nursing in our wards. Current review of nursing establishment and inpatient 'ways of working' for all clinical staff will prioritise face to face patient contact as a key outcome.
	Seek and record the advice of the nursing director on the impact on the quality of care and patient safety of any proposed major change to nurse staffing arrangements or provision of facilities	The clinical executive scrutinises all significant proposals, assessing potential impact on the quality of care & patient safety	The staff establishment for wards and teams should be reviewed annually in the light of changes to caseloads and workload intensity (to be reported via Quality & Standards committee).	A review of nursing establishments is underway, will report to March Board with twice yearly reviews thereafter. There will be monthly monitoring of compliance from April 2014 through Q&S committee.
	Ensure that registered nurses and healthcare support workers are	Staff members wear name badges. Some staff members wear uniforms.	Review through trust-wide engagement group how best to help patients, service users	Not complete. This will be taken as an issue for discussion to the trust-wide service

<p>Clywd</p>	<p>easily identifiable.</p> <p>Information</p> <p>Meal times and visiting and staff on duty should be available to patients</p>		<p>and carers to identify staff.</p> <p>Wards should display names of staff on duty</p>	<p>user group in February 2014.</p> <p>Wards display names of staff on duty and visiting and meal times. Many wards have photographs of the team. Work is underway to standardise the approach .</p>
<p>Francis, Berwick & Keogh</p> <p>Kennedy</p>	<p>Leadership</p> <p>Medical Management</p>	<p>We are identifying individuals at all levels and professions to engage with NHS Leadership Academy courses.</p> <p>We have reviewed the constitution, qualities and capacities of Board members.</p> <p>We are investing in leadership development and coaching for senior management.</p>	<p>We will promote the development of leadership skills among trainees, for example, through the 'SEE, ACT, LEAD' programme.</p>	<p>The Medical Education strategy incorporates leadership development from undergraduate to consultant level. Patient safety and quality improvement skills will be addressed.</p> <p>The DME is working with the Programme Director for OD and Learning & Development on leadership development.</p> <p>A programme to enhance skills for medical leads will improve medical management, align job planning with trust objectives, increase accountability and increase oversight of doctors' professional behaviour. This will be complete by end Q2.</p>
<p>Francis</p> <p>Kennedy</p>	<p>Professional regulation of fitness to practice</p> <p>Managing doctors and concerns after appointment</p> <p>Boards should be satisfied that improper behaviour or poor</p>	<p>We have robust systems in place to assist the Responsible Officer with regard to medical appraisal for revalidation.</p>		<p>Quality assurance of appraisal outputs is a focus for the DME through 2014, including options for lay scrutiny.</p> <p>The Professional Standards and Decision making group is an example of best practice in revalidation, advising the RO of current concerns. The PSDMG also monitors</p>

	performance will be confronted and addressed rather than worked around.			professional behaviour, commissioning investigations, disciplinary procedures and remediation as appropriate.
Francis	Care of the elderly Communication: The NHS should develop a greater willingness to communicate by email with relatives.	We are reviewing IT and mobile working to facilitate work patterns and improve flexibility.	We should consider information governance relating to email, text and other forms of electronic communication with relatives and service users.	Not complete
	The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.	We have introduced NEWS to improve how we monitor and respond to the physical health of our inpatients.	We should review the arrangements we have with regard to the provision of physical healthcare to service users on our inpatient wards.	We are auditing NEWS compliance as part of CQUIN. Findings on the burden of ill health of our inpatient population will inform dialogue with commissioners and acute sector partners on physical health care. RiO enables electronic access to patient records. Electronic access is available to biochemistry results through VPLS. Not all wards have access to electronic radiography results.
Francis	Information All healthcare provider organisations should develop and maintain	IQ provides near real-time information on teams and localities. IQ and the Integrated Quality Plan will be published in various forms and shared with	A project is underway to provide a clinical dashboard for each clinician. This will show caseload and severity	The Clinical Intelligence application displays caseload by individual and team, including information on comparative risk and last CPA.

	systems which give them real-time information on performance of each service, consultant and teams in relation to mortality, morbidity, outcome and patient satisfaction. Information should be published.	commissioners.	indicators. We will need to provide user friendly, real-time access to records to service users.	Team Performance reports will be tailored to include team specific indicators and trust level indicators, against national or trust level benchmarks whenever possible. Access for service users and carers is not available other than through written access requests. National guidance suggests this is a focus for primary care. Procurement
Francis	Coroners & Inquests	Senior clinicians and /or managers attend the coroner's court to support staff and provide information. We are reviewing the way in which, and the extent to which, we approach the sharing of information with coroners, including RCA reports.	We should review our relationships with partner agencies with regard to sharing of information.	Head of Safeguarding is reviewing information sharing agreements with other agencies in line with the second Caldicott recommendations.

