

Board of Directors Meeting

Report

Subject: True for Us -
Government Response to the Francis Inquiry
Hard Truths: The Journey to Putting Patients First

Date: 30th January 2014

Author: Shirley A Clarke, Head of Programme Management

Lead Director: Kerry Rogers, Director Corporate Services/Company Secretary

EXECUTIVE SUMMARY

The Board received a report in respect of the government’s response to the Francis Inquiry, Hard Truths: The Journey to Putting Patients First, in December 2013. The recommendation from this report was for the Trust to adopt a ‘True for Us’ process to the Inquiry to clarify the Trusts position and required actions against the recommendations coming out of the Francis Inquiry.

From this process an action plan has been developed in order to ensure the Trust has plans in place to progress the government’s proposals indicated in their response and also to ensure the Trust is clear on the impact of the inquiry and prepared for the changes it will bring for the Board and the organisation.

The actions have been included in the consolidated Quality Improvement action plan, in order to mitigate duplication

The majority of the actions in The Quality Improvement action plan are monitored through Trust Management Board. However where appropriate some actions have been allocated to more specific committees or boards e.g. Divisional Management Boards for implementation and monitoring. These are indicated on the action plan.

RECOMMENDATION

The Board is asked to note the content of the action plan and approve the monitoring process.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	Regulatory and statutory compliance
Details of additional risks	The Board needs to understand the impact of the inquiry and response on the focus of the Board and its committees in order to identify, monitor and manage risks to the quality of healthcare and ensure systems are in place to respond to

	the actions required, identified in the Governments response
Links to NHS Constitution	Fundamental to compliance with the NHS Constitution is the effectiveness of the Board in leading a values driven Trust that learns from and does not hide its mistakes
Financial Implications/Impact	Increasing burden of regulation and the need to assure will impact on the Trust's capacity although the response from Government promises to reduce bureaucracy
Legal Implications/Impact	Failure to deliver against the Risk Assurance Framework increases the likelihood of Regulatory enforcement action
Partnership working & Public Engagement Implications/Impact	Significant implication for public engagement as much will be required in order to listen and respond to patients and engage them in service delivery and the delivery of their own care
Committees/groups where this item has been presented before	The Quality Committee of the Board and Clinical Quality and Governance Committee of Trust Management Board will play a significant role in assuring and delivering improvements through the True for Us final report.

REPORT

Subject: TRUE FOR US:
HARD TRUTHS: THE JOURNEY TO PUTTING PATIENTS FIRST

Date: 30th JANUARY 2014

Author: SHIRLEY A CLARKE, HEAD OF PROGRAMME MANAGEMENT

Lead Director: KERRY ROGERS, DIRECTOR OF CORPORATE SERVICES/COMPANY SECRETARY

Background

The Board received a report in respect of the government's response to the Francis Inquiry, Hard Truths: The Journey to Putting Patients First, in December 2013. The recommendation from this report was for the Trust to adopt a 'True for Us' process to the Inquiry to clarify the Trusts position and required actions against the recommendations coming out of the Francis Inquiry.

From this process an action plan has been developed in order to ensure the Trust has plans in place to progress the government's proposals indicated in their response and also to ensure the Trust is clear on the impact of the inquiry and prepared for the changes it will bring for the Board and the organisation.

Process

All recommendations from the government's response to the Francis Inquiry, which are relevant to the Trust, have been collated into an action plan (appendix A) each recommendation has been allocated to a responsible director who has completed the trust response with a statement identifying **WHAT** the Trust will do to comply with the recommendation. Each recommendation has also been allocated a Trust lead who have completed the progress update to detail **HOW** the trust will achieve compliance together with the timescale and through RAG rating progress.

The actions have been included in the consolidated Quality Improvement action plan, in order to mitigate duplication.

Monitoring

The majority of the actions in The Quality Improvement action plan are monitored through Trust Management Board. However where appropriate some actions have been allocated to more specific committees or boards e.g. Divisional Management Boards for implementation and monitoring. These are indicated on the action plan.

RECOMMENDATION

The Board is asked to note the content of the action plan and approve the monitoring process.

Accountability for implementation of the recommendations								
These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service.								
		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG Rating
1	<p>Implementing the recommendations</p> <p>All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work;</p>		<p>Accepted</p> <p>The Trust's conclusions were published on its website in December 2013.</p>	CEO	Director of Nursing	Dec-13	Statement published on website December 2013	
	<p>Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions</p>	<p>Accepted</p> <p>Response to Inquiry's conclusions to be published on website by the end of 2013</p>	<p>Accepted</p> <p>The Trust Board will be considering its response to all of the Francis recommendations at its Board meeting on 30th January 2014.</p>	CEO	Director of Corporate Services	Jan-14	Report being presented to January 2014 Trust Board	
2	<p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:</p> <ul style="list-style-type: none"> • A common set of core values and standards shared throughout the system; • Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; • A system which recognises and applies the values of transparency, honesty and candour; • Freely available, useful, reliable and full information on attainment of the values and standards; • A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system. 	<p>Accepted</p> <p>Development of values based recruitment by Health Education England, CQC major consultation on new set of fundamental standards of care, NHS leadership Academy developing wide ranging programme of leadership support, development of cultural barometer. Boards to actively deal with cultural risks and improvement in their organisations culture.</p>	<p>Accepted</p> <p>The Trust has worked with April Consultancy to develop a set of values which are based on the behaviours that it wishes to see adopted by all of its staff. The behaviours have emerged following a comprehensive staff and public engagement programme entitled "Quality for All". These values will be incorporated into all of the Trust's recruitment during 2014.</p>	CEO	Director of Nursing	Jan 14 Trust Board Workshops completed	<p>Values to be discussed at Jan 14 TB.</p> <p>Workshops completed during 2013/14</p> <p>Governance Structures completed May 2014</p> <p>Timescales for implementation of 'Quality for all' in 2014 being defined</p>	

Putting the patient first

The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.

		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
3	Clarity of values and principles The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	<u>Accepted</u> DH to raise profile of NHS Constitution	<u>Accepted</u> Trust Board and Governor Development Programmes being designed for implementation in early 2014 will include significant assessment of Board, Council of Governors, and Trust knowledge and active implementation of the NHS Constitution. The Constitution will gain greater prominence through the Trust website from January 2014 so that the public are kept aware of the Constitution and can judge the Trust against matching its values.	CEO	Director of HR	Jan-14	The OD strategy which is to be submitted to the Trust Board in January 2014, defines the values and behaviours expected of all staff. Board and Governor Development Programmes have been developed and will commence in January 2014	
4	The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	<u>Accepted</u> DH to raise profile of NHS Constitution - Statement of Common Purpose	<u>Accepted</u> The Trust will give greater priority to demonstrating that the core values of the NHS are being adhered to through its public Board meetings. The Keogh Action Plan has already the Trust to demonstrate that quality of service is given a higher priority at the Trust.	CEO	Director of HR	Jan 2014 Feb 2014	The OD strategy includes values and behaviours and is being submitted to TB Jan 2014 An operational plan will be developed to implement the strategy -this will be progressed by the workforce committee during Feb 14	
7	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.	<u>Accepted in principle</u> DH - clear line of sight between NHS values, the Constitution and performance and appraisal systems. Employers must reference the Constitution in local performance arrangements. AfC pay progression dependent on appraisals being undertaken	<u>Accepted</u> The Trust will complete a review of its appraisal processes to ensure NHS Values, the constitution and Trust Values and Behaviours drive performance	Director of HR	Deputy Director of HR	Sep-14	The implementation of the OD strategy will include a review of the appraisal process. AfC progression is already dependent on appraisals being undertaken.	
8	Contractors providing outsourced services should also be required to abide by these requirements and to ensure that staff employed by them for these purposes do so as well. These requirements could be included in the terms on which providers are commissioned to provide services.	<u>Accepted</u> NHS standard contract for 2014-15 to be amended to require providers to ensure their subcontractors fully understand and abide by the values of the Constitution	<u>Accepted</u> The Trust will ensure that the relevant terminology is included in its standard contract documentation for sub-contractors and that service reviews include reference to the NHS Constitution.	Director of Strategic Planning	Head of Procurement	Apr-14	The process is well-advanced and will be completed in the required timescale	

Fundamental standards of behaviour

Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards.

		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
11	Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.	<u>Accepted</u> DoH drawing up new set of standard of care that will sit within the legal requirements that providers must meet to be registered with the CQC.	<u>Accepted</u> The OD strategy is a dynamic document and will be reviewed to take account of national standards of care	Director of HR	Director of Nursing/Medical Director	TBC	The OD strategy will be reviewed once new standards are published	
12	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	<u>Accepted</u> The CQC will develop and inspect against the fundamental standards of which patient safety will be an essential component. Patient safety incidents reports is one of the overarching indicators in Domain 5 of the NHS outcomes Framework	<u>Accepted</u> The Trust has recently approved a 'raising concerns -Whistle blowing policy' which incorporates feedback to staff regarding issues raised.	Director of HR	Deputy Director of HR	Feb-14	The 'Raising concerns - Whistle blowing policy' was approved at Nov 13 TB. Designated officer training scheduled for 19th Feb with Public Concern at Work. Comms plan and cascade training plan currently being developed.	

A common culture made real throughout the system – an integrated hierarchy of standards of service

No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service.
Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.

		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
13	<p>The nature of standards should be divided into:</p> <ul style="list-style-type: none"> • Fundamental standards of minimum safety and quality – in respect of which non-compliance should not be tolerated. Failures leading to death or serious harm should remain offences for which prosecutions can be brought against organisations. There should be a defined set of duties to maintain and operate an effective system to ensure compliance; • Enhanced quality standards – such standards could set requirements higher than the fundamental standards but be discretionary matters for commissioning and subject to availability of resources; • Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness and are more likely to be the focus of commissioners and progressive provider leadership than the regulator. <p>All such standards would require regular review and modification.</p>	<p><u>Accepted</u></p> <p>DH will consult on the draft regulations, these will set in legislation the fundamental standards of care as outcomes that providers must meet. The CQC will issue guidance on meeting the regulations</p>	<p><u>Accepted</u></p> <p>The Trust will further develop its comprehensive and public reporting of safety and quality standards and will demonstrate its lack of tolerance of serious non compliance. Executive Directors will seek quality and safety standards above the minimum prescribed standards and will demonstrate learning by seeking to emulate best practice from other organisations.</p>	CEO	Director of Nursing /Medical Director	TBC	The Trust will adhere to the guidance once published	
14	<p>In addition to the fundamental standards of service, the regulation should include generic requirements for a governance system designed to ensure compliance with fundamental standards, and the provision and publication of accurate information about compliance with the fundamental and enhanced standards</p>	<p><u>Accepted in principle</u></p> <p>The fundamental standards of care will provide a clearer focus on governance arrangements for complying with them. The CQC will publish information about the providers performance. The regulations will come into force in 2014. CQC new approach to hospital inspections : Is the service safe? is the service effective? is the service caring? is the service responsive? is the service well-led?</p>	<p><u>Accepted</u></p> <p>The Trust will adhere to the guidance and regulations being put in place during 2014.</p>	Director of Corporate Services	Director of Nursing /Medical Director	TBC	Awaiting Publication of guidance and regulation. The Trust is developing and internal assurance model which is being built around the CQC 5 domains.	
15	<p>All the required elements of governance should be brought together into one comprehensive standard. This should require not only evidence of a working system but also a demonstration that it is being used to good effect.</p>	<p><u>Accepted in principle</u></p> <p>DH will consult on new regulations and the CQC will issue guidance for providers. The regulations will be put in place during 2014</p>	<p><u>Accepted</u></p> <p>The Trust will adhere to the guidance and regulations being put in place during 2014.</p>	CEO	Director of Corporate Services	TBC	Awaiting Publication of guidance and regulation	

Responsibility for, and effectiveness of, healthcare standards								
		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
37	<p>Use of information about compliance by regulator from:</p> <p>Quality accounts</p> <p>Trust Boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to the methods used to produce the information.</p> <p>To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.</p>	<p>Accepted</p> <p>NHS England will review Quality Accounts before the 2014-15 cycle to ensure they give patients appropriate information and they add value to the quality assurance infrastructure used by trusts, local and national organisations. It is expected that the review will be complete such that guidance can be issued in March 2014 and trusts advised of expected changes in early 2014</p>	<p>Accepted</p> <p>The Trust submits a yearly Quality Account which included the mandatory fields specified by monitor of DoH guidance Limited assurance report received from external auditors which infers mandatory fields accurate Report reflects both successes and areas for improvement Extensive consultation is undertaken prior to sign off Account was reviewed regularly by Audit Committee and Clinical Governance & Quality Committee during its development and final sign off</p>	Director of Nursing /Medical Director	Deputy Director of Nursing	Apr-14	Due to commence 2013/14 report February 2014 following national guidance for format and content. First draft will be prepared for the end of April 14	
40	<p>Complaints</p> <p>It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.</p>	<p>Accepted</p> <p>CQC is making greater use of the information it holds on complaints, in light of the <i>Review of the Handling of Complaints in NHS Hospitals</i> by Rt Hon Ann Clwyd MP</p>	<p>Accepted</p> <p>Complaints data has significantly improved since August 2013. The Trust Board receives regular complaints data updates and a quarterly patient experience report</p>	Director of Nursing	Head of Complaints	On-going	Completed but is consistently reviewed to ensure improvements are always ongoing. The Trust has developed a 'True for Us' in respect of the 'Review of the Handling of Complaints in NHS Hospitals' by Rt Hon Ann Clwyd MP. Recommendations and improvements will be adopted where appropriate	
75	<p>Enhancement of role of governors</p> <p>The Council of Governors and the board of each foundation trust should together consider how best to enhance the ability of the council to assist in maintaining compliance with its obligations and to represent the public interest. They should produce an agreed published description of the role of the governors and how it is planned that they perform it. Monitor and the Care Quality Commission should review these descriptions and promote what they regard as best practice.</p>	<p>Accepted in part</p> <p>Your statutory duties: a guide for NHS foundation Trust Governor s includes guidance on the new statutory duties. Monitor and CQC will not review the descriptions produced by each FT agreed between boards and governors.</p>	<p>Accepted</p> <p>The Trust will comply with guidance in respect of defining and publishing a detailed description of the role of the governors</p>	Director of Corporate Services	Director of Corporate Services	Jan-14	Governors were all sent a copy of Monitor's guide and have undertaken a Skills and Knowledge audit and this has informed the Governor Development Programme which commenced on 8th January 2014 and with that session concentrating specifically on the statutory role of governor and their roles within the FT governance structure, including collective responsibility.	
76	<p>Arrangements must be made to ensure that governors are accountable not just to the immediate membership but to the public at large – it is important that regular and constructive contact between governors and the public is maintained.</p>	<p>Accepted</p> <p>Monitor has set up the Panel for Advising Governors - since May 2013. The CQC will be piloting ways for governors to contribute directly to the new hospital inspections.</p>	<p>Accepted</p> <p>The Trust will promote utilisation of the panel to Governors and ensure compliance with revised CQC hospital inspection process</p>	Director of Corporate Services	Head of Communications			
79	<p>Accountability of providers' Directors</p> <p>here should be a requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for foundation trusts are, and remain, fit and proper persons for the role. Such a test should include a requirement to comply with a prescribed code of conduct for directors.</p>	<p>Accepted in principle</p> <p>Already part of Monitors license conditions. Government developing new fitness test for directors of NHS organisations</p>	<p>Accepted</p> <p>The Trust currently appraise all Directors annually and will revise appraisal process in line with new fitness test when published.</p>	Director of HR	Deputy Director of HR	TBC	Directors appraisals to be revised in line with fitness test once published	
80	<p>A finding that a person is not a fit and proper person on the grounds of serious misconduct or incompetence should be a circumstance added to the list of disqualifications in the standard terms of a foundation trust's constitution</p>	<p>Accepted in principle</p> <p>Already part of Monitors license conditions. Government developing new fitness test for directors of NHS organisations</p>	<p>Accepted</p> <p>The Trusts Constitution will be revised to include this recommendation</p>	Director of HR	Director of Corporate Services	Mar-14	Constitution currently being reviewed by DoCS and will reflect the new fitness test requirements once published	

81	Consideration should be given to including in the criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence.	Accepted Monitors code of governance for FTs sets clear expectation there should be a formal, rigorous and transparent procedure for the appointment of directors. Monitor and the FTN have developed a 2 day induction programme for new NEDS these started in Sept 2013	Accepted The Trust has a rigorous selection process for directors which includes psychometric and occupational testing together with external assessors of each panel	Director of HR	Deputy Director of HR	On-going Jan 2014 On-going	The Trust will utilise FTN induction and development where appropriate to support newly appointed directors. The Trust is undertaking a Board Development Programme led by Foresight an external management company. Board competence is assessed annually by the remuneration and Nominations Committee	
84	Where the contract of employment or appointment of an executive or non-executive director is terminated in circumstances in which there are reasonable grounds for believing that he or she is not a fit and proper person to hold such a post, licensed bodies should be obliged by the term of their licence to report the matter to Monitor, the Care Quality Commission and the NHS Trust Development Authority.	Accepted in principle Rather than use a regulatory intermediary as a register of concerns about a persons fitness of the kind identified by this recommendation, we believe it would be better to make references and recruitment processes more effective.	Accepted The Trust maintains regular communication with the regulator and as such advises of any board issues.	Director of HR	Deputy Director of HR	Oct-14	The Trust will review board selection process to ensure members remain fit for purpose	
86	Requirement of training directors A requirement should be imposed on foundation trusts to have in place an adequate programme for the training and continued development of directors.	Accepted Monitors QGF guidance challenges boards to ensure they have the necessary leadership skills and knowledge to ensure delivery of the quality agenda. It also suggests boards conduct regular self-assessment to test its skills and capabilities and attend training session covering the core elements of quality governance and continuous improvement	Accepted All Executive Directors will agree a Personal Development Plan designed to enhance the leadership skills and knowledge of each individual Executive Director so that collectively the quality agenda is delivered. The skills and knowledge of Non Executive Directors will also be assessed and will be addressed through the Board Development Programme being agreed in January 2014.	CEO	Director of HR	Jan 2014 Mar 2014	Board Development programme commences 23rd January 2014. The Trust will utilise the outputs of this initial workshop to develop an extensive Board Development programme to address any identified skill gaps. Individual competence will be assessed through the appraisal process	
Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare Settings								
		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
89	Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	Accepted in Principle Providers are required to notify the CQC of serious untoward incidents. The CQC uses the intelligence that it receives from these notifications as part of its risk assessment.	Accepted The Trust has a close working relationship with its local CQC compliance manager. All Serious Incidents are reported as required, e.g. recent never event was reported to CQC & monitor with 24 hours of its occurrence	Director of Corporate Services	Director of Nursing / Director of HR	on-going	Completed but ongoing	
Enhancement of the role of supportive agencies								
		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
105	Transparency, use and sharing of information Consideration should be given to whether information from incident reports involving deaths in hospital could enhance consideration of the hospital standardised mortality ratio.	Accepted As part of the Keogh reviews NHS England provided detailed reports from the National Reporting and Learning System. The process was informative and resulted in KLOE for the inspection teams on the ground. It in effect acted as a pilot for a stonger method of utilising the National Report and Learning System data in CQC inspections.	Accepted The Trust has received and acted on the actions identified in the Rapid Review Risk Summit. The Keogh Assurance visit in December 2013 did not find any areas 'not assured'	Medical Director	Associate Medical Director - Patient Safety	Oct-14	The Trust will review and update its Morbidity and Mortality meetings to ensuring learning from incidents etc. is embedded in the culture of the Trust	

Effective complaints handling

Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care.

		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
109	Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust.	<u>Accepted</u> The government wants to see every Trust make clear to every patient from their first encounter with the hospital, how they can complain. The new CQC inspection regime will include complaints handling and how Trusts have learnt from complaints	<u>Accepted</u> New large complaints posters designed and personalised for every ward and department Care and comfort rounding and leadership rounding implemented on all wards Reviewing additional methods	Director of Nursing	Deputy Director of Nursing	Nov-13	Completed. Further work is being progressed to ensure patients are aware of registering concerns or complaints	
110	<u>Lowering barriers</u> Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.	<u>Accepted</u> DH will work with Action Against Medical Accidents and NHS England to clarify that a threat of future litigation should not delay the handling of a complaint.	<u>Accepted</u> Complaints and litigation functions are managed separately by separate departments	Director of Nursing	Head of Complaints	Aug-13	Completed	
111	Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.	<u>Accepted</u> Feedback, of which complaints are an important part, is a strong indicator of patient experience, and serves to assist organisations to improve service delivery. It should be encouraged and welcomed as a matter of good practice.	<u>Accepted</u> Patient Stories monthly at public Trust Board meeting Quarterly Patient Experience Report in public domain In your shoes events facilitated in which over 150 patients contributed Concerns are escalated to Trust staff to deal with (normally same day response) Monthly Quality and Safety papers in public domain	Director of Nursing	Head of Complaints	Aug 13 and ongoing	Completed	
112	Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	<u>Accepted</u> The distinction between a 'concern' and a 'complaint' is artificial. Both indicate some level of dissatisfaction and require a response. It is important that concerns and complaints are handled in accordance with the needs of the individual case, and investigated	<u>Accepted</u> Concerns are logged and escalated to Trust Staff or dealt with instantly by the PAL's Team Concerns are upgraded to complaints where appropriate	Director of Nursing	Head of Complaints	Jun-14	On track but requires further work following integration of Complaints and PAL's	
113	<u>Complaints handling</u> The recommendations and standards suggested in the Patients Association's peer review into complaints at the Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.	<u>Accepted</u> The government has asked the PHSO, Healthwatch England and the DH to develop a patient-led vision and expectations for complaints handling in the NHS. The CQC will include complaint handling in its assessment of Trust performance, looking at how they have learnt lessons and what action they have taken as a result.	<u>Accepted</u> This has been reported to Trust Board in previous papers. Most standards are already met	Director of Nursing	Head of Complaints	TBC	Awaiting further NHS guidance	
114	Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	<u>Accepted</u> A fundamental principle is that complaints should be handled according to the needs of the individual case. The DH agrees that complaints amounting to a serious or untoward incident warrant independent local investigation and want to see all NHS Trusts using their statutory powers to offer this to patients.	<u>Accepted</u> This process is already in place at SFH	Director of Nursing	Head of Complaints	Apr-13	Completed	

115	<p>Investigations</p> <p>Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply:</p> <ul style="list-style-type: none"> • A complaint amounts to an allegation of a serious untoward incident; • Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; • A complaint raises substantive issues of professional misconduct or the performance of senior managers; • A complaint involves issues about the nature and extent of the services commissioned. 	<p>Accepted in part.</p> <p>Investigation of any complaints should be proportionate to the needs of the individual case. NHS England has published a Serious Incident Framework, which sets out the various types of investigation that must be undertaken following a serious incident. The need for independent investigation must be determined in conjunction with the relevant commissioner. Investigations for less severe serious incidents can be undertaken by organisations themselves provided that staff undertaking the investigation are sufficiently removed from the incident. We do not consider it appropriate for independent investigation to take place in all cases, there is an important distinction between an independent investigation and expert clinical opinion. The current NHS England Serious Incident Framework is a working draft and will be updated and clarified in relation to this recommendation.</p>	<p>Accepted</p> <p>The Trust utilises the draft NHS England Serious Incident framework. Local CCG's are informed of all serious incidents by nature of access to the SIRS. Terms of Reference for independent investigations are agreed with commissioners. External Expert Clinical Opinions have been and are utilised to provide an independent distinction on some investigation, particularly where harm or failure to assess or treat has occurred</p>	Director of Nursing	Head of Complaints	Jul-14	Completed in part but awaiting updated NHS England Serious Incident Framework. A recommendation that requires strengthening further through governance to ensure it is embedded and sustained.					
116	<p>Support for complainants</p> <p>Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support.</p>	<p>Accepted</p> <p>Local Authorities are responsible for commissioning NHS complaints advocacy service, DH considers this best practice to provide support that complainants can access easily and meets their needs. PALS within Trusts publicise these arrangements for people who have made a complaint or who are thinking of making one. The DH is to review the patient and liaison services in 2014</p>	<p>Accepted</p> <p>All complainants are given details on how to contact the complaints advocacy POHWER</p>	Director of Nursing	Head of Complaints	Apr-13	Completed					
118	<p>Learning and information from complaints</p> <p>Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.</p>	<p>Accepted in Part</p> <p>The <i>Review of the Handling of Complaints in NHS Hospitals</i> recommends - There should be Board - led scrutiny of complaints. All Boards and CEO should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals. The DH will ensure that each quarter every hospital publishes information on the complaints receive. The Dept wishes to reconsider this recommendation in relation to complaints of a serious nature being made available in a wider range of formats.</p>	<p>Accepted</p> <p>Weekly, Monthly and Quarterly reports are submitted and are readily available</p>	Director of Nursing	Head of Complaints	Apr-13	Completed Need to be aware of any changes in this recommendation.					
119	<p>Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality</p>	<p>Accepted</p> <p>It is important Trusts respect patient confidentiality when releasing information on complaints to outside organisations but, subject to this caveat, we consider that Trusts should seek to provide these organisations with the complaints data that are requested</p>	<p>Accepted</p> <p>The Trust currently provides all information as requested.</p>	CEO	Head of Communications	Apr-14	The Trust will be more proactive in sharing complaints information and will ensure Healthwatch receive regular reports					
120	<p>Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and their outcomes on as near a real-time basis as possible. This means commissioners should be required by the NHS Commissioning Board to undertake the support and oversight role of GPs in this area, and be given the resources to do so.</p>	<p>Accepted in part</p> <p>We accept that commissioning bodies play an important role in ensuring that the organisations from which it commissions services are delivering effective and open complaints arrangements, and delivering their statutory responsibilities. We consider requiring Trust to provide all complaints information will place a significant bureaucratic burden on both the provider and commissioner.</p>	<p>Accepted in Part</p> <p>The Trust currently provides all information as requested.</p>	Director of Nursing	Head of Complaints	On-going	The Complaints Department provides data to many different departments within Sherwood Forest Hospitals NHS Trust covering all aspects of complaints					

	<u>Performance management and strategic oversight</u>						
142	<p><u>Clear lines of responsibility supported by good information flows.</u></p> <p>For an organisation to be effective in performance management, there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality</p>	<p><u>Accepted</u></p> <p>Providers are accountable to their commissioners for the quality of services they deliver. The NHS Standard Contract provides for clarity on information flows between provider and commissioner. NHS England and the NHS TDA have agreed protocols to ensure that there is no uncertainty or duplication in processes for intervening in local health communities where there are concerns about quality or safety</p>	This is a CCG action	Director of Finance	Director of Nursing	On-going	Trust takes part in the CCG's monthly Quality and scrutiny panel which is a key source of information for the CCG to share with CQC and NHSE and would inform any decision for intervention.
143	<p><u>Clear metrics on quality</u></p> <p>Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.</p>	<p><u>Accepted</u></p> <p>From November 2013 NHS England will begin to extend NHS Choices so that it will bring together the most reliable and relevant data from national web services and act as a 'front door' to the best information on health and social care on the intranet</p>	<p><u>Accepted</u></p> <p>Trust will consider the type of information it wishes to publish on NHS Choices in line with national guidance</p>	Director of Finance	Head of Communications	On-going	The Trust will ensure publication of relevant and appropriate data and information on NHS choices in line with National Guidance. Ward assurance matrix developed and monitoring, action planning process implemented. Early warning dashboard devised and monitored via division and Clinical Management Team.
155	<p><u>Medical training and education</u></p> <p>All healthcare organisations must be required to release healthcare professionals to support the visits programme. It should also be recognised that the benefits in professional development and dissemination of good practice are of significant value</p>	<p><u>Accepted</u></p> <p>The GMC has stated its commitment to a thorough and consistent inspection regime, and to building on its quality assurance arrangements to address the issues raised in this recommendation</p>	<p><u>Accepted</u></p> <p>The Trust will continue to proactively encourage staff to support the visits programme.</p>	Director of HR	Deputy Director - Training, Education & Development/ Medical Education Lead	On-going	The Trust will work closely with LETC and communicate potential opportunities for programme visits

Openness, transparency and candour

Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.

Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
173	<p>Principles of openness, transparency and candour</p> <p>Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.</p>	<p>Accepted</p> <p>In <i>Patients First and Foremost</i>, the Government's initial response to the Inquiry, leaders of health and social care organisations signed up to a Statement of Common Purpose that included reaffirming their commitment to putting patients first before the interest of their organisations and to uphold the value that patients are best served where there is a culture of candour, openness, honesty and acceptance of challenge.</p>	<p>Accepted</p> <p>The Trust's Whistleblowing Policy has already been significantly revised as a result of the Keogh Action Plan. Monthly Board meetings are now held in public and the Trust has already shown and will continue to show a determination to create a honest, open and truthful culture in all of its dealings with patients and the public. Previously hidden backlogs of reporting in Radiology, GP correspondence and replies to complaints have already been addressed through the Keogh Action Plan. Monthly public reports of progress against the Keogh Action Plan were instigated in October 2013.</p>	CEO	Director of HR	Feb-14	Establish log in systems for whistle blowing concerns and report annually to the board. Implementation of the OD strategy will promote openness and transparency.	
174	<p>Candour about harm</p> <p>Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.</p>	<p>Accepted</p> <p>NHS England inserted a contractual duty of candour into the NHS Standard Contract in 2013-14. This means that NHS Trusts and Foundation Trusts are contractually required to operate a duty of candour. The Care Bill has a requirements for a statutory duty of candour and this will be included as a new registration requirement for health and social care providers registered with the CQC.</p>	<p>Accepted</p> <p>Included in the development of the Keogh Action Plan were a series of open meetings for staff and public in which those present were encouraged to be open about their experiences of the Trust's service irrespective of how negative those experiences may have been. The subsequent "Quality for All" public engagement programme built on those same principles and the principles are continuously and systematically reinforced by Board members in their Board to Ward relationships.</p>	CEO	Director of Nursing	On-going	As soon as a Serious Incident occurs a rapid response review meeting is convened, facilitated by the Director of Nursing and Medical Director. Duty of Candour is a key action discussed in these meetings	
175	<p>Full and truthful answers must be given to any question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).</p>	<p>Accepted</p> <p>All regulated professionals through the principles that underpin their standards and codes of conduct are required to be open and transparent with patients in respect of discussions about treatment and care.</p>	<p>Accepted</p> <p>This will be reinforced through all of the professional forums within the Trust on a regular basis.</p>	CEO	Director of Nursing	On-going	CEO communicated to all staff their responsibility regarding openness and transparency, when meeting with patients and carers. Staff meet regularly with patients and carers e.g. resolution meetings. We are working with coroners to support sharing of RCA reports prior to inquests	
176	<p>Openness with regulators</p> <p>Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.</p>	<p>Accepted</p> <p>Providers are expected to abide by the values reaffirmed in <i>Patients First and Foremost</i> which committed to openness, honesty and acceptance of challenge and when things go wrong to learn from and not conceal mistakes.</p>	<p>Accepted</p> <p>The Trust holds a regular Performance Review meeting with Monitor through which this principle can be tested.</p>	CEO	Director of Nursing	On-going	We have regular meetings with CCG and CQC. We have an excellent relationship with the CQC compliance manager who is informed immediately of any incidents or risk to reputation. All information is shared as requested.	

177	<p>Openness in public statements Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.</p>	<p>Accepted <i>The Healthy NHS Board 2013 - Principles for Good Governance</i> describes the principles of high quality governance that all care providers should be implementing. The board of a healthcare organisation itself will be held to account by a wide range of stakeholders, for the overall effectiveness and performance of the organisation and the extent to which the board and the organisation operates with openness, transparency and candour.</p>	<p>Accepted All such statements will be maintained on the Trust's website so that its adherence can be tested.</p>	CEO	Head of Communications			
178	<p>Implementation of the duty Ensuring consistency of obligations under the duty of openness, transparency and candour The NHS Constitution should be revised to reflect the changes recommended with regard to a duty of openness, transparency and candour, and all organisations should review their contracts of employment, policies and guidance to ensure that, where relevant, they expressly include and are consistent with above principles and these recommendations.</p>	<p>Accepted in principle <i>The NHS Constitution</i> focuses specifically on setting out the values of the NHS along with the rights and pledges to patients and staff, and their responsibilities. As it is not intended to address organisational reporting processes and interactions with regulatory bodies, it is not considered appropriate to reflect these issues in <i>The NHS Constitution</i></p>	<p>Accepted The OD strategy defines the Trust Values and Behaviours and these will be reflected in our employment practices</p>	Director of HR	Deputy Director of HR	Oct-14	Employment practices to be reviewed to ensure values and behaviours are embedded and reflected in the OD strategy	
179	<p>Restrictive contractual clauses "Gagging clauses" or non disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.</p>	<p>Accepted We are aware that some confidentiality clauses that may make some people feel as though they are being 'gagged' even though they are not. Such clauses, although not illegal, may have what is known as a 'chilling effect' on some people. We now therefore require the inclusion of an explicit clause in the compromise agreement to make it absolutely clear to staff signing an agreement that they can make a disclosure in the public interest in accordance with Public Interest Disclosure Act (PIDA) regardless of what other clauses may be included in the agreement</p>	<p>Accepted the Trusts has reviewed the content of compromise/settlement agreements and they no longer include confidentiality clauses.</p>	Director of HR	Deputy Director of HR	May-13	Completed - approved Remuneration and Nominations Committee 2013	
180	<p>Candour about incidents Guidance and policies should be reviewed to ensure that they will lead to compliance with <u>Being Open</u>, the guidance published by the National Patient Safety Agency</p>	<p>Accepted The intention is to introduce an explicit duty of candour on providers as a CQC registration requirement</p>	<p>Accepted The Trust will ensure processes are in place to adhere to the duty of candour.</p>	Director of Nursing/ Medical Director	Director of Corporate Services	TBC - Requires debate at TMB	Report to TB in Dec 2013 to highlight the requirement of Duty of Candour and prepare the Board and Organisation for the implications. Once the legislation is published further updates will be provided. The Trust will need to ensure it is satisfied there are clear processes aligned to all incidents identified through reporting, through complaints or through claims - as a consistent, standardised and centralised approach will be required to protect the Trust from breach of the duty and the potential compensation costs in the event of a successful negligence claim	
181	<p>ENFORCEMENT OF THE DUTY: Statutory duties of candour in relation to harm to patients A statutory obligation should be imposed to observe a duty of candour: <ul style="list-style-type: none"> On healthcare providers who believe or suspect that treatment or care provided by it to a patient has caused death or serious injury to a patient to inform that patient or other duly authorised person as soon as is practicable of that fact and thereafter to provide such information and explanation as the patient reasonably may request; On registered medical practitioners and registered nurses and other registered professionals who believe or suspect that treatment or care provided to a patient by or on behalf of any healthcare provider by which they are employed has caused death or serious injury to the patient to report their belief or suspicion to their employer as soon as is reasonably practicable. <p>The provision of information in compliance with this requirement should not of itself be evidence of an admission of any civil or criminal liability, but non-compliance with the statutory duty should entitle the patient to a remedy.</p> </p>	<p>Accepted in principle The Care Bill puts a requirement on the Secretary of State to include a duty of candour in the requirements for registration with the CQC. As a further incentive for Trusts to promote a culture of openness across their organisation, the Government will consult on proposals about whether Trusts should reimburse a proportion or all of the NHS Litigation Authority's compensation costs when they have not been open about a safety incident. GMC and Nursing and Midwifery Council and other professional regulators will be working to agree consistent approaches to candour and reporting of errors.</p>	<p>Accepted The Trust will adhere to all legislation in respect of the 'duty of candour' as full guidance is published.</p>	Director of Coporate Services	Director of Nursing/ Medical Director	Dec-13	The report to the TB in respect of the implications of the Francis Inquiry highlighted the possibility of this increase in legislation through 'duty of candour'	

182	<p>Statutory duty of openness and transparency There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it.</p>	<p>Accepted Subject to the passage of the Care Bill, a new criminal offence will be introduced applicable to care providers that supply or publish certain types of information which is false or misleading, where that information is required to comply with a statutory or other legal obligation. The offence will allow for the prosecution of directors and senior individuals, where the offence has been committed with their consent or connivance or through their neglect, and a successful prosecution has been brought against the provider.</p>	<p>Accepted The Trust will fully comply and hold its individual Directors responsible for doing likewise.</p>	CEO	Director of HR	TBC	The Trust will review its Director employment contract in line with statutory provisions once published	
183	<p>Criminal liability It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation:</p> <ul style="list-style-type: none"> • Knowingly to obstruct another in the performance of these statutory duties; • To provide information to a patient or nearest relative intending to mislead them about such an incident; • Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the statement in the performance of their duties. 	<p>Not Accepted, however we agree with the intention behind this recommendation</p>	<p>The Trust will comply with and actively support all legislation whether corporately or individually intended.</p>	CEO	Director of HR	TBC	The Trust will review its Director employment contract in line with statutory provisions once published	

Nursing							
185	<p>Focus on culture of caring There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires:</p> <ul style="list-style-type: none"> • Selection of recruits to the profession who evidence the: <ul style="list-style-type: none"> --- Possession of the appropriate values, attitudes and behaviours; --- Ability and motivation to enable them to put the welfare of others above their own interests; --- Drive to maintain, develop and improve their own standards and abilities; --- Intellectual achievements to enable them to acquire through training the necessary technical skills; • Training and experience in delivery of compassionate care; • Leadership which constantly reinforces values and standards of compassionate care; • Involvement in, and responsibility for, the planning and delivery of compassionate care; • Constant support and incentivisation which values nurses and the work they do through: <ul style="list-style-type: none"> --- Recognition of achievement; --- Regular, comprehensive feedback on performance and concerns; --- Encouraging them to report concerns and to give priority to patient well-being. 	<p>Accepted Building on the actions set out in the Government's initial response to the Inquiry, <i>Patients First and Foremost</i>, and <i>Compassion in Practice</i>, the nursing vision and strategy for England, various actions are underway to address this recommendation</p>	<p>Accepted Nursing and Midwifery Strategy approved by Trust Board December 2013. The Trust will continue to provide Nurse leadership programmes to support implementation of the Strategy</p>	<p>Director of Nursing/Director of HR</p>	<p>Deputy Director of Nursing/ Deputy Director - Training, Education & Development</p>	<p>Oct-14</p>	<p>Evaluate the RCN and band 6 leadership programme to ensure it remains appropriate for the development of our Nurses and Midwives. Review of Nursing and Midwifery Induction Programme.</p>
191	<p>Recruitment for values and commitment Healthcare employers recruiting nursing staff, whether qualified or unqualified, should assess candidates' values, attitudes and behaviours towards the well-being of patients and their basic care needs, and care providers should be required to do so by commissioning and regulatory requirements.</p>	<p>Accepted NHS England is working with Health Education England and NHS Employers to support the introduction of values-based recruitment and appraisal for all registered or unregistered staff.</p>	<p>Accepted One of the key strands of the OD strategy is implementing values based recruitment</p>	<p>Director of HR</p>	<p>Deputy Director of HR</p>	<p>Oct-14</p>	<p>Workforce committee will oversee the development of actions associated with values based recruitment</p>
193	<p>Standards for appraisal and support Without introducing a revalidation scheme immediately, the Nursing and Midwifery Council should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the Nursing and Midwifery Council on their performance on a regular basis.</p>	<p>Accepted in principle In advance of the introduction of revalidation by the Nursing and Midwifery Council, NHS Employers will:</p> <p>Support NHS organisations in ensuring they have a clear link between the values in the NHS Constitution and their own local values</p> <p>Support NHS organisation in developing and improving values based appraisal and performance management having taken steps to improve performance appraisals for the 1.1 million staff on AFC</p> <p>Encourage NHS organisations to make the necessary links with the work the Nursing and Midwifery Council is leading on revalidation as they develop new local performance and appraisal arrangements</p>	<p>Accepted The Trust will continue to use its existing appraisal processes, to drive the values and behaviours identified in the OD strategy</p>	<p>Director of HR</p>	<p>Director of Nursing</p>	<p>TBC</p>	<p>The Trust will participate in NMC consultations and discussions regarding new validation and we will revise our appraisal processes accordingly</p>
194	<p>As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be countersigned by their appraising manager as being such.</p>	<p>Accepted in principle We consider that the aim of the recommendation, which is to have a role that is accountable for providing assurance to the Nursing and Midwifery Council that nurses can show they are keeping themselves up-to-date and fit to practise, is best achieved through the introduction of nursing revalidation. The Government strongly encourages employers to use the full flexibilities in existing pay contracts so that pay progression is linked to quality of care, not time served.</p>	<p>Accepted Process already in place to ensure pay progression is linked to satisfactory appraisal</p>	<p>Director of HR</p>	<p>Director of Nursing</p>	<p>Oct-14</p>	<p>Review the appraisal process to support the implementation of the OD strategy in relation to values and behaviours</p>

195	Nurse leadership Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.	Accepted in principle The government are not mandating that ward nurse managers must operate solely in a supervisory capacity. However, in <i>Patients first and Foremost</i> , The Department of Health gave strong support to supervisory roles for Ward Managers (inc sister, Charge Nurse and Team Leader) in delivering oversight to all aspects of care on a ward for cleanliness to allocation of staff. Having sufficient nurses trained and with the capacity to ensure the delivery of safe, patient focused care is currently a core standard requirement of the CQC	Accepted The Trust has committed to supporting supervisory status	Director of Nursing	Deputy Director of Nursing	Sep-14	Supervisory capacity was included in realigned ward establishments in 2012, but difficult to operate due to low nursing numbers. Trust Board have agreed to £4m investment in nursing which supports supervisory status greater by increasing ward nursing numbers. Leadership rounding has improved visibility and accountability.	
197	Training and continuing professional development for nurses should include leadership training at every level from student to director. A resource for nurse leadership training should be made available for all NHS healthcare provider organisations that should be required under commissioning arrangements by those buying healthcare services to arrange such training for appropriate staff.	Accepted in part Healthcare organisations have a responsibility to ensure that their staff and teams are appropriately trained and continuously developed: having properly trained staff is one of the requirements they have to meet to register with the CQC.	Accepted The Trust currently provides a range of appropriate training programmes for all levels of nursing staff	Director of Nursing/ Director of HR	Deputy Director of Nursing/ Deputy Director - Training, Education & Development	Oct-14	Review training programmes to ensure they remain appropriate for the development of all levels of nursing staff. Forms part of implementation of Nursing & Midwifery 2013-2015	
198	Measuring cultural health Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".	Accepted Organisations should develop ways to measure their cultural health, and act on these measures to improve. Cultural health is a matter for all staff groups. Many tools and methods are available e.g. the Cultural Barometer a case study in the Government's initial response is being developed and piloted - report expected November 2013	Accepted The Trust will consider the recommendations included in the government's initial response to cultural health	Director of HR	Deputy Director of Nursing	TBC	Employment practices will be reviewed where appropriate once recommendations published	
199	Key nurses Each patient should be allocated for each shift a named key nurse responsible for Chief Operating Officer coordinating the provision of the care needs for each allocated patient. The named key nurse on duty should, whenever possible, be present at every interaction between a doctor and an allocated patient.	Accepted The Secretary of State for Health announced his support for patients having a named nurse in July 2013 and we are working with NHS England to support the delivery of this aim. There is professional consensus around the issue of named clinicians and the Academy of Medical Royal Colleges will produce key principles on how this can be implemented in a way that sustains professional support.	Accepted Already in place but requires strengthening and clarification.	Director of Nursing	Deputy Director of Nursing	Apr-14	Will be discussed with ward leaders and appropriate action identified. Pilot of bedside boards across geriatrics, implemented	
202	Strengthening the nursing professional voice Recognition of the importance of nursing representation at provider level should be given by ensuring that adequate time is allowed for staff to undertake this role, and employers and unions must regularly review the adequacy of the arrangements in this regard.	Accepted Implementation is a matter for local employers and unions. The Royal College of Nursing, UNISON and NHS Employers have endorsed this recommendation and will work with providers and commissioners to try to ensure that this is built into workforce and financial planning	Accepted Nursing and Midwifery Strategy incorporates the elements of this recommendation	Director of Nursing	Director of HR	Dec-13	Implementation of the Nursing and Midwifery incorporates establishment of Nursing Forums, Ward leaders days to ensure the views of nurses are heard and actioned	
204	All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.	Accepted in part All provider organisations have at least one executive director who is a registered nurse	Accepted In part The Trust has and will continue to have an Executive Director who is a Registered Nurse and the Trust would welcome but not necessarily prioritise applications from nurses as Non Executive Directors.	CEO	Director of Corporate Services		We are compliant with this recommendation	
205	Commissioning arrangements should require the boards of provider organisations to seek and record the advice of its nursing director on the impact on the quality of care and patient safety of any proposed major change to nurse staffing arrangements or provision facilities, and to record whether they accepted or rejected the advice, in the latter case recording its reasons for doing so.	Accepted in principle <i>Compassion in Practice</i> - Key action areas include: Board to sign off and publish evidence based staffing levels at least every 6 months, linked to quality of care and patient experience Deploying staff effectively and efficiently; identify the impact this has on quality of care and the experience of people in our care	Accepted In principle Commissioning arrangements will be determined by commissioning organisations but irrespective of this, the Board will comply with this recommendation.	CEO	Director of Corporate Services	Mar-14	The nursing establishment is to be agreed by Trust Board in March 2014. A six monthly update will be included in the Trust Board Schedule workplan for September 2014	

208	Commissioning arrangements should require provider organisations to ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse.	<u>Accepted in principle</u> The <i>Cavendish Review</i> does not make a firm recommendation that healthcare assistants and nurses should wear distinct uniforms, because so many Trusts already develop their own. The review does support the need to provide more clarity to patients and relatives about who is looking after them.	<u>Accepted</u> The Trust has recently approved a uniform supplier following a tendering process	Director of Nursing	Deputy Director of Nursing	Commenced January 2014	The Trust has recently commenced a uniform replacement programme for nursing. Registered Nurses are being changed from white uniforms to NHS colours (blue). Upon completion of this first phase, HCA uniforms will be altered to teal. Communication boards also display who's who in order to help visitors identify staff.	
Leadership								
		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
215	<u>Shared code of ethics</u> A common code of ethics, standards and conduct for senior board-level healthcare leaders and managers should be produced and steps taken to oblige all such staff to comply with the code and their employers to enforce it	<u>Accepted</u> The standards produced by the Professional Standards Authority (<i>Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England</i>) provide the basis for standards for senior board-level leaders and managers. In order to support this the Government issued in July 2013 a consultation on <i>Strengthening corporate accountability in health and social care</i> . This proposes a new requirement that all Board Directors (or equivalents) of providers registered with the CQC must meet a new fitness test.	<u>Accepted</u> The Trust will comply with the new fitness test once it is available.	CEO	Director of HR	Jan-14	The Trusts Audit Committee approved a standard of conduct for all staff including Directors in Jan 2014. The Trust will ensure compliance with the new fitness test once available.	
216	<u>Leadership framework</u> The leadership framework should be improved by increasing the emphasis given to patient safety in the thinking of all in the health service. This could be done by, for example, creating a separate domain for managing safety, or by defining the service to be delivered as a safe and effective service.	<u>Accepted</u> The NHS Leadership Academy is developing, with extensive stakeholder involvement, a new healthcare leadership model for the NHS. This will give due emphasis to leading for patient safety.	<u>Accepted</u> The Trust plays an active part with the East Midlands Leadership Academy and will contribute where appropriate to the new leadership model for the NHS..	CEO	Director of HR	On-going	The Trust will continue to provide leadership and management development programmes which define our expected behaviours of leaders. The Trust will consider the new leadership model when available and adapt our current leadership development offering as appropriate	
Caring for the elderly								
Approaches applicable to all patients but requiring special attention for the elderly								
		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
236	<u>Identification of who is responsible for the patient</u> Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.	<u>Accepted</u> The Secretary of State has signalled his support for the practice of hospitals identifying a named consultant who is responsible for a patient's care. The Academy of Medical Royal Colleges will produce key principles on how this can be implemented in a way that sustains professional support.	<u>Accepted</u> The Trust has a named consultant for each patient as this is indicated on the Care and Comfort Board above the patient's bed	Medical Director	Deputy Director of Nursing	Jun-14	Care and Comfort Rounds have been implemented across the Trust and will be further developed to take account of further guidance or principles issued	
237	<u>Teamwork</u> There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.	<u>Accepted</u> All staff should recognise that they impact on patient experience and take responsibility for their contribution to patients having a positive experience of care. Research shows that effective teamwork is crucial to the delivery of improved patient care in a culture of safety and quality. Further delivery is for local consideration and action - The Inquiry made clear that Trusts do not need to wait for a Government response before taking local action. The Royal Wolverhampton Hospitals NHS Trust cited as best practice	<u>Accepted</u> The Trust has undertaken a number of 'In Your Shoes' and 'In our Shoes' patient and staff engagement events to ensure that the Patient Experience Strategy and OD Strategy reflect the real experiences of patients and staff	Director of Operations	Assistant Director of Operations	Jan-14	Patient Experience Strategy and OD Strategy being submitted to Trust Board Jan 2014. Once approved a detailed implementation plan will be executed.	

238	<p>Communication with and about patients</p> <p>Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:</p> <ul style="list-style-type: none"> • All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. • Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. • The NHS should develop a greater willingness to communicate by email with relatives. • The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. • Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled. 	<p>Accepted</p> <p>As part of its Mandate for 2013-2015 the Government has asked Health Education England to work with healthcare providers, regulators and educational institutions to ensure both recruitment and selection for training curricula identify and reinforce the values and behaviours identified in the NHS Constitution.</p> <p>Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. Information about an older patients condition, progress, and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled.</p>	<p>Accepted</p> <p>The wards have day rooms and relative rooms that enable privacy and comfort. 50% side rooms support privacy agenda. Discharge letters will be strengthened with the introduction of PAS</p>	Director of Nursing	Assistant Director of Operations	Dec-14	<p>We will await guidance from HEE and work closely with stakeholders to reinforce expected values and behaviours.</p> <p>Nurse Director to meet new recruits to discuss expectations.</p> <p>Launch of new values (In Your Shoes) provides a platform for relaunching our expectations.</p>	
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239	<p>Continuing responsibility for care The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.</p>	<p>Accepted The current guidance 'Ready to Go' sets out clear steps for local authorities and the NHS to work together to plan the safe and timely discharge of patients. Strong multi-disciplinary discharge teams are vital to ensuring that patients are discharged in a safe and timely manner. The Government is supporting safe and timely discharges through spending £1 billion between 2010 and 2015 on reablement services. In 2015-16 the £3.8 billion Integration Transformation Fund will bring health and social care commissioners together to plan services around people to improve outcomes and experiences. The Government committed to draw up a new set of fundamental standards of care that will sit within the legal requirements that providers of health must meet to be registered with the CQC</p>	<p>Accepted The Trusts current discharge practices follow the principles of the 'Ready to Go' guidance. Underpinned by a multi disciplinary discharge team, supported by good relationships with Social Services.</p>	Director of Operations	Assistant Director of Operations	On-going	The Trust continues to embed the principles of the 'Ready to Go' guidance through implementation of the 3rd quality priority - Improved Patient Flow
240	<p>Hygiene All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.</p>	<p>Accepted Part of a Trust Board's work to focus its organisation around patient safety will include demonstrating behaviours that instil a culture of openness and learning, where junior members of staff feel able to challenge their senior colleagues, and those in authority react appropriately. In April 2013, a new system of Patient-led Assessment of the Care Environment was introduced. This annual inspection is carried out by teams including at least 50% patients or members of the public and includes an assessment of visible cleanliness and prompts an action plan to address any shortcomings. <i>The Code of Practice on the Prevention and Control of Infections and Related Guidance (2010)</i> sets out 10 criteria against which registered providers will be judged.</p>	<p>Accepted The Trust has had a successful PLACE Audit</p>	Medical Director	Nurse Consultant - Infection, prevention and control	On-going	PLACE Audits will continue on a 6 monthly basis. A new group has been developed to identify the themes from these audits and develop actions to act to ensure learning is embedded.
241	<p>Provision of food and drink The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.</p>	<p>Accepted The DoH is awarding grant funding to the Malnutrition Taskforce, led by Age UK, to run stage 1 of a pilot programme to test a framework to reduce Malnutrition among older people in a range of health and care settings. The Malnutrition Taskforce have published a series of guides offering expert advice. Trusts are encouraged to implement Protected Mealtimes which the National Patient Safety Agency issued guidance on in 2007.</p>	<p>Accepted</p>	Director of Nursing	Deputy Director of Nursing	Jun-14	Nutrition has had a high profile for 6 months within the Trust (Making Mealtimes Matters) with good improvements in relation to protected mealtimes, food charts, nutritional support and hydration training. Further work is required to support continuous improvement.
242	<p>Medicines administration In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.</p>	<p>Accepted The Nursing and Midwifery Councils Standards for Medicines Management sets standards for safe practice in the management and administration of medicines expected of registered nurses and midwives. The GMC guidance <i>Good practice in prescribing and managing medicines and devices</i> sets out expectations of registered medical practitioners. The Royal Pharmaceutical Society's <i>Professional Standards for Hospital Pharmacy Services</i> makes clear that the hospital chief pharmacist leads on ensuring that all aspects of medicines used within its organisation are safe. Importantly, local organisations must also encourage a culture and system which supports reporting and learning from medication mistakes and errors. Such systems and processes must be set out in local hospital medicines policies, signed off by the hospital Trust Board, with the board receiving regular reports (eg annually) on implementation and areas for improvement, together with remedial action plans.</p>	<p>Accepted Missed medications has been identified a concern that requires higher priority within our patient safety programme.</p>	Director of Nursing	Chief Pharmacist	TBC	Medicines management actions form part of the Keogh Review and as such are being progressed through the weekly Quality Improvement Group which reports to TMB through the Programme Board

243	<p>Recording of routine observations</p> <p>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 in a form enabling progress to be monitored and interpreted. 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.</p>	<p>Accepted</p> <p>The governments initial reponse to the inquiry, <i>Patients First and Foremost</i>, gave strong support to supervisory roles for Ward Managers in delivering oversight to all aspects of care on a ward. Nurse leadership at ward level provided by a Ward Manager is also important to the delivery of safe, high-quality care to patients. However the Government is not mandating that ward nurse managers must operate in a supervisory capacity.</p> <p>The governments Information Strategy published in May 2012 outlines the use of routine observations in improving the quality of data.</p> <p>In October 2012 the Prime Minister announced the Nursing Technology Fund, an investment for of £100 million spread over 2013-14 and 2014-15. Three key technology types have been identified: digital pens, mobile technology and end of bed monitoring. Full details of how NHS providers will be able to apply for funding funding will be announced shortly.</p>	<p>Accepted</p> <p>This will be strengthened through the implementation of vitalpac, where routine observations will be recorded electronically and immediately accessible to doctors and members of the MDT</p>	Director of Nursing	Deputy Director of Nursing	Dec-14	Vitalpac business case currently being implemented resulting in near bed monitoring and electronic transmission to key staff immediately	
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Information

	Government Response	Trust Response	Director Responsible	Trust Lead	Timescales	Progress Update	RAG rating	
244	<p>Common information practices, shared data and electronic records</p> <p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> • Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. • Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry. • Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered. • Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. • Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements. Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards. 	<p>Accepted</p> <p>Access to the summary care record is being rolled out across England and we will assess options for making them more accessible electronically. We agree that patients should have access to their own records. By spring 2015 every patient will be able to see their records, test results, book appointments and order repeat prescriptions online. See <i>Everyone Counts: Planning for Patients 2013-14</i>.</p> <p>As part of NHS Englands publication <i>Safer Hospitals, Safer Wards: Achieving an Integrated Digital Care Record (July 2013)</i> it announced a £260 million technology fund that can be used by NHS Foundation Trusts to progress their activities to replace paper based systems for patient notes with integrated digital care records. NHS organisation can also apply for funding to support them improve efficiency, quality and safety by introducing ePrescribing systems.</p>	<p>Accepted</p> <p>The Trust has made significant progress in relation to this recommendation and previous guidance.</p> <p>The Trust has developed a 2 year IT programme to implement further elements of the recommendation</p>	Director of Operations	Head of Information	2014-2015	<p>The first section of the government response correlates strongly with Primary Care Services however work including ePrescribing fits within Secondary Care environment. In the interim, the Trust is almost fully rolled out with EPRO which facilitates the ability for clinicians to review historical patient correspondence in clinic and therefore with ICE and PACS the Trust is very close to not requiring hard copy notes in clinic. This is a significant step and with the initial phase of the ICR PAS project beginning January 2014 work is underway to move to a full electronic patient record. The Board will have been previously sighted on the programme content which includes ePrescribing, clinical documentation, electronic requesting, information sharing between Primary and Secondary care etc. The full project will take place over 2 years. Further work is required with IT in relation to patient access.</p>	

245	Board accountability Each provider organisation should have a board level member with responsibility for information.	Accepted in principle It is for Trusts to agree the roles and responsibilities of individual Board members locally. The CQC new inspection process includes an assessment of whether a provider is well led in <i>A New Start</i> the CQC stated that 'well led' providers will have effective leadership that listens and learns from information about services such that they are able to have open discussions about the quality of services that are evidenced based. The CQC will start inspecting all acute service providers from 2014 using this new process.	Accepted The Trust has developed an Accountability Matrix which details the roles and responsibilities of the Exec team.	Director of Operations	Head of Information	On-going	Information Services Department, covering the production of key statistics & mandated submissions etc., currently falls with Corporate Services under the Assistant Director of Operations. The overall Executive Lead is the Director of Operations. However, given the strong contextual elements of this recommendation linking to quality of services this covers a much wider area. The Trust actively participates in national clinical audits, local service reviews and national clinical data collections where outputs are shared with the clinical teams and recommendations taken on board. Areas like PROMs needs further embedding into the Trust to ensure results are understood and shared with a wider audience.
246	Comparable quality accounts Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioner, overview and scrutiny committees, and Local Healthwatch.	Accepted While Quality Accounts provide information about local providers performance and should be flexible enough to support reporting at that level, they should also contain key information in a common form, that allows direct comparisons to be made. The <i>National Health Service (Quality Accounts Regulations) 2010, National Health Service (Quality Accounts) Amendment Regulations 2011 and National Health Service (Quality Accounts) Amendment Regulations 2012</i> set out prescribed information that must be included within Part 2 of the Quality Accounts.	Accepted Previous Quality Accounts report as prescribed by mentioned documents.	Director of Nursing	Director of Corporate Services	Completed and remains ongoing	Currently reviewing other organisations 2012/13 quality accounts to enable 2013/14 report to be published using common forms DoCS Response The development of Quality Accounts will form part of the Trust Board and sub committee workplan to ensure scrutiny and approval at appropriate levels within the Trusts. The DoN will compile the accounts in accordance with statute and regulation and the DoCS leading on the Annual Report will validate that position
247	Accountability for quality accounts Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.	Accepted Quality Accounts must be published by 30 June following the end of the reporting period. Prior to publication and within 30 days of 1 April following the end of the reporting period, each provider is required to make a copy of the draft Quality Accounts available to the appropriate Local Healthwatch organisation, Overview and Scrutiny Committee and CCG	Accepted SFH has previously and has continuing plans to consult with mentioned stakeholders	Director of Nursing	Director of Corporate Services	Completed and remains ongoing	2013/14 Quality Account currently being commenced. Already attended Overview and Scrutiny Committee to discuss 2014/15 priorities DoCS Response The Quality account will be published in line with legislation
248	Healthcare providers should be required to have their quality accounts independently audited. Auditors should be given a wider remit enabling them to use their professional judgement in examining the reliability of all statements in the accounts.	Accepted Quality accounts are independently audited by external auditors of Foundation and non-Foundation Trusts. Auditors also provide a signed limited assurance on a small number of indicators and provide assurance on the number of patient safety incidents that occurred within the FT. The Trust must produce an Annual Governance Statement, the content of which is determined by the Trust, which refers to the steps taken to assure themselves that their Quality Account is reliable and accurate. Quality Accounts also include local information specific to services, priorities and needs of patients locally, this cannot be audited externally. Instead, Quality Accounts are verified locally for their accuracy and a declaration is signed by order of the Board by the Chairman and CEO. The Government will review Quality Accounts before the 2014-15 cycle to ensure they give patients appropriate information and add value to the quality assurance infrastructure used by trusts. The review will consider whether the audit process could be extended further and will report in early 2014.	Accepted SFH quality accounts are independently audited by external auditors and audit opinion of limited assurance given. The audit committee and Trust Board oversee the production and 'sign off' of the Quality account, as specified by the guidance	Director of Nursing	Director of Corporate Services	Completed as specified by government timescales	2013/14 Quality Account currently being commenced. DoCS Response The Annual Governance statement will provide assurance the Quality Account is accurate and reliable, through a robust scrutiny process. An Action plan has been developed to ensure the Annual Governance Statement and Quality Account are produced and consulted in line with guidance. KPMG have confirmed the Annual Report audit plan at the Jan14 meeting of Audit Committee which includes a limited opinion on the Quality Accounts

249	<p>Each quality account should be accompanied by a declaration signed by all directors in office at the date of the account certifying that they believe the contents of the account to be true, or alternatively a statement of explanation as to the reason any such director is unable or has refused to sign such a declaration.</p>	<p>Accepted in part 2012-13 Detailed Guidance for External Assurance on Quality Reports states that for 2012-13 FTs will be required to sign a Statement of Directors' Responsibilities in respect to the Quality Report that states that performance information reported in the Quality Report is reliable and accurate. This is signed by order of the Board by the Chairman and the CEO. We will review Quality Accounts before the 2014-15 cycle. While the review is yet to complete we anticipate that NHS England will implement this recommendation and include it within guidance that it intends to issue by end of March 2014. NHS England will advise Trusts of expected changes in early 2014 to support them to plan for the 2014-15 cycle.</p>	<p>Declaration currently performed as specified within guidance</p>	<p>Director of Nursing</p>	<p>Director of Corporate Services</p>	<p>May 2013 and ongoing</p>	<p>Progress against 2013/14 quality priorities are reported in detail to Trust Board every quarter to enable Board members to track and be aware of progress against specified objectives. Trust Board receives a monthly patient safety and quality report and non exec chairs Clinical Governance and Quality committee - enables Board members to DoCS Response The 'Statement of Directors' responsibilities will be identified on the Trust Board workplan as part of the DoN presentation of the Quality Report & Account. With sign off prior to publication of the Quality Account</p>				
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250	<p>It should be a criminal offence for a director to sign a declaration of belief that the contents of a quality account are true if it contains a misstatement of fact concerning an item of prescribed information which he/she does not have reason to believe is true at the time of making the declaration.</p>	<p>Accepted in principle We will use the consultation on False or Misleading Information to consider whether the False or Misleading Information offence should be applied to the information on quality accounts. The Care Bill proposes a new offence where care providers give false or misleading information. The offence will allow for the prosecution of directors and senior individuals, where the offence has been committed with their consent or connivance or through their neglect, and a successful prosecution has been brought against the provider. Our current intention is that regulations will limit the application of this offence in the first instance to providers of NHS funded secondary care and, more specifically, to the patient level information on outpatient, elective and accident and emergency activity that they are required to provide to the Health and Social Care Information Centre.</p>	<p>Quality account is independently overseen by Audit Committee and Trust Board</p>	<p>Director of Nursing</p>	<p>Director of Corporate Services</p>	<p>May 2013 and ongoing</p>	<p>Progress against 2013/14 quality priorities are reported in detail to Trust Board every quarter to enable Board members to track and be aware of progress against specified objectives. Trust Board receives a monthly patient safety and quality report and non exec chairs Clinical Governance and Quality committee - enables Board members to DoCS response The Board of Directors received a report from the DoCS at its Dec13 meeting outlining the obligation and need to be reasonably assured of the quality of information on which the Board relies. The Board will need to consider a programme of internal audits of data quality, which Audit committee have already commenced discussions about with 360Assure as part of the 14/15 IA plan, and Board will need to understand the effectiveness of the new Data</p>			
252	<p>Access to data It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes.</p>	<p>Accepted The Health and Social Care Information Centre will publish its <i>Code of Practice for the management of Confidential Information</i> later this year outlining principles for managing confidential data that all NHS bodies must comply with. The Code will also clarify patients rights to know how data about them is being used and to object to the Health and Social Care Information Centre having access to that data should they wish to.</p>		<p>Director of Operations</p>	<p>Head of Information</p>	<p>May-14</p>	<p>Within the Code of Practice for the management of Confidential Information the Trust adheres to the non-provision of patient identifiable patient information to non S.251 approved organisations. Internally within the organisation there is the availability of a tool that can fully anonymise or pseudonymise patient identifiable information inline with national guidance. Additional work is required internally to review data sharing between departments to ensure full compliance</p>			
254	<p>Access for public and patient comments While there are likely to be many different gateways offered through which patient and public comments can be made, to avoid confusion, it would be helpful for there to be consistency across the country in methods of access, and for the output to be published in a manner allowing fair and informed comparison between organisations.</p>	<p>Accepted The NHS Constitution (26 March 2013) pledges that the NHS will encourage and welcome feedback on your health and care experiences and use this to improve services. Similarly, <i>The Mandate</i> for NHS England states that NHS England will consider how to make it easier for patients and carers to give feedback and see reviews by other people so that timely, easy to review feedback on NHS Services becomes the norm.</p>	<p>Accepted The Trust's website will give clear and easily accessible advice on how its users can give feedback on its services in a way that suits the users purposes.</p>	<p>CEO</p>	<p>Head of Communications</p>					
255	<p>Using patient feedback Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near "real time" as possible, even if later adjustments have to be made.</p>	<p>Accepted Many local Trusts are devising innovative ways to take this forward. The friends and family test is currently in use in all acute inpatient services. A number of organisations already exist that enable patients, carers and the public to provide online feedback about their care. NHS England will make such comments accessible in a coherent and consistent way through NHS Choices and from November 2013 as part of a national Health and Social Care Digital Service that will begin to bring together the most reliable and relevant data from national web services and act as a 'front door' to the best information on health and social care on the internet.</p>	<p>Accepted. The Trust continues to demonstrate its commitment through the development of its patient experience and engagement strategy, in our shoes events and implementation of public facing ward comms boards</p>	<p>Director of Nursing</p>	<p>Deputy Director of Nursing</p>	<p>On-going</p>	<p>F & F's test published on all wards each month via public comms boards. NHS choices and Trust Comments available to all stakeholders. Patient Experience report presented to Trust Board every quarter (public report) In our shoes has provided rich patient experience data which has informed the newly devised patient experience and engagement strategy</p>			

256	<p>Follow up of patients</p> <p>A proactive system for following up patients shortly after discharge would not only be good "customer service", it would probably provide a wider range of responses and feedback on their care.</p>	<p>Accepted</p> <p>A good trust will take every opportunity to seek patient feedback. A good complaints system will recognise that some people will give fuller feedback once they have had time to reflect and therefore it is worth making arrangement to follow-up with patients once they have been discharged. Trusts will need to work how they do this. The CQC will be assessing complaints as part of its inspection process. Northumbria Healthcare cited as best practice.</p>	<p>Accepted</p> <p>There are a number of specialties in the Trust which already undertake follow up after discharge.</p>	Director of Operations	Assistant Director of Operations	On-going	Follow up after discharge will be implemented across the Trust to support patients post discharge and gain feedback from patients regarding their care and treatment whilst in hospital.	
262	<p>Enhancing the use, analysis and dissemination of healthcare information</p> <p>All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:</p> <ul style="list-style-type: none"> • Effective real-time information on the performance of each of their services against patient safety and minimum quality standards; • Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. <p>In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges.</p> <p>The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.</p>	<p>Accepted</p> <p>Timely, accurate and robust data should be used by every provider to determine the quality of the services that they provide and identify whether there are any risks to patient safety. Wherever possible, such information should be available to commissioners, regulators and the public to drive improvement and support choice.</p> <p>Some national standards have already been set, including the use of the NHS number, and further standards, such as interoperability of patient records, will be outlined in NHS England's Technology Strategy, which is due to be published in early 2014.</p>	<p>Accepted</p> <p>The Trust has established a Data Quality Committee, which will be further enhanced to adopt the principles of NHS England's Technology Strategy once published.</p>	Director of Operations	Head of Information	Oct-14	To ensure ongoing improvement in data capture and accuracy an internal data quality audit programme is to be developed covering agreed areas and key performance indicators. The Trusts Data Quality Committee will agree the programme annually, submitting outcomes to the relevant groups and provide within the reports submitted to the Board a RAG rating of the quality of the data utilised. Currently, the Trust requires significant works towards having the resources available to perform the required levels of audit covering not only performance areas but quality indicators too. A key development is a Trust Data Quality Team and it is considered that there is an opportunity to do this by converting existing information resources to this responsibility with implementation of ICR reducing manual information processes. The Trust full ICR programme will support the interoperability of the patient record with Primary Care and other NHS organisations.	
							To ensure ongoing improvement in data capture and accuracy an internal data quality audit programme is to be developed covering agreed areas and key performance indicators. The Trusts Data Quality Committee will agree the programme annually, submitting outcomes to the relevant groups and provide within the reports submitted to the Board a RAG rating of the quality of the data utilised. Currently, the Trust requires significant works towards having the resources available to perform the required levels of audit covering not only performance areas but quality indicators too. A key development is a Trust Data Quality Team and it is considered that there is an opportunity to do this by converting existing information resources to this responsibility with implementation of ICR reducing manual information processes. The Trust full ICR programme will support the interoperability of the patient record with Primary Care and other NHS organisations.	

263	<p>It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.</p>	<p>Accepted The Government stated in <i>Patients First and Foremost</i> that from 2015, NHS England will ensure that data on services at specialty level is increasingly available. To do this they will work with providers, patient groups and specialty level organisations and those bodies such as the Health and Social Care Information Centre and the CQC. It is important for healthcare professionals to provide information of this kind which will act as a catalyst for improvements in audit quality, participation and analysis that will enable fuller transparency. The publication of this data has already stimulated specialist societies to take ownership of the setting and monitoring of clinical standards.</p>	<p>Accepted The Trust actively participates in clinical audits and as new developments emerge through 2015 though the Patient First and Foremost recommendation would look implementing within the stipulated timescales.</p>	Director of Operations	Head of Information	by December 2014	<p>Development of robust specialty level statistics that can be utilised within the Trust and wider health economy requires a timeframe linked with phase one of the Trust ICR PAS implementation with clinical and senior manager engagement being key. The Trust already provides a significant amount of service level information to specialties however this is currently being reviewed to ensure it is being utilised to ensure this is utilised to improve quality and efficiency.</p>	
264	<p>In the case of each specialty, a programme of development for statistics on the efficacy of treatment should be prepared, published, and subjected to regular review.</p>	<p>Accepted <i>The Mandate</i> NHS England states that 'The NHS should measure and publish outcome data for all major services by 2015, broken down by CCG where patient numbers are adequate, as well as by those teams and organisations providing care'</p>	<p>Accepted The Trust will comply with the relevant elements of NHS Englands 'The Mandate'</p>	Director of Operations	Head of Information		<p>The Trust needs to actively engage and work with clinical colleagues to devise an approach to quantify how to evaluate outcomes. This should include for example mortality data, re-admissions, best practice guidance, facilitating robust services 7 days a week and patient related outcomes measures which will be driven by national agendas.</p>	
268	<p>Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.</p>	<p>Accepted Where collections are mandated, resources are allocated to the provider as part of their overall budgets, by the relevant commissioning body via the NHS Standard Contract, to ensure their collection. It is the responsibility of all providers to ensure that resources are allocated internally to ensure that data are collected and made available as appropriate</p>	<p>Accepted The Trust will review the resources available to ensure compliance with this recommendation</p>	Director of Operations	Head of Information	On-going	<p>Where a nationally mandated Information Standards Board Notice is issued the Trust strives to comply with stipulated implementation deadlines, these are often reliant on system supplier developments which can cause delay. Resources for collection of mandated datasets at a robust and accurate level is a risk, this would be across a variety of departments.</p>	
269	<p>Improving and assuring accuracy The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.</p>	<p>Accepted It is the role of local providers to ensure that the accuracy of the data it generates and submits into the system. As such, existing requirements for local audit of clinical records and the external audit of clinical coding data quality are important and will continue. However, the Health and Social Care Information Centre also has an important role to play regarding the assurance of the quality of the data it receives. It will assess the extent to which the information it collects meets the information standards and publish its findings routinely when it publishes data or statistics.</p>	<p>Accepted The Trust has established a Data Quality Committee, which will develop a robust data quality audit programme and respond to audits undertaken by external organisations.</p>	Director of Operations	Head of Information	by December 2014	<p>To ensure ongoing improvement in data capture and accuracy an internal data quality audit programme is to be developed covering agreed areas and key performance indicators. The Trusts Data Quality Committee will agree the programme annually, submitting outcomes to the relevant groups and provide within the reports submitted to the Board a RAG rating of the quality of the data utilised. Currently, the Trust requires significant works towards having the resources available to perform the required levels of audit covering not only performance areas but quality indicators too. The Trust has external bodies routinely auditing Clinical Coding accuracy which take place bi-annually, from an internal clinical coding perspective the Trust is due to appoint to the role of a Clinical Coder Trainer and</p>	

the JD for Clinical Coder Auditor is being developed. A key development is a Trust Data Quality Team and work is ongoing linked to the ICR programme in relation to the release of resources to facilitate this team.

Coroners and inquests

Making more of the coronial process in healthcare-related deaths

		Government Response	Trust Response	Director Responsible	Trust Lead	Timescale	Progress Update	RAG rating
273	<p>Information to coroners. The terms of authorisation, licensing and registration and any relevant guidance should oblige healthcare providers to provide all relevant information to enable the coroner to perform his function, unless a director is personally satisfied that withholding the information is justified in the public interest.</p>	<p>Accepted in principle All relevant information should be shared with coroners to ensure that they are able to perform their roles fully. The Government does not agree, however, that this should be required in terms of the registration of providers by the CQC the function of which is to ensure that providers meet a much wider set of basic requirements to ensure patients' effective and safe treatment and care.</p>	<p>Accepted The Trust will provide all information as required by the Coroner in line with guidance.</p>	Director of Corporate Services	Director of Corporate Services	On-going	The Trust will provide all information required by the Coroner in line with guidance but current risks exist regarding roles and responsibilities concerning RCA Reports on which coroners rely and the confidence that families have been appropriate informed and engaged regarding any incidents in advance of the inquest. The DoCS is awaiting a meeting with the Claims Manager and the Governance Support Unit staff member to establish a standardised approach which will also require the support of the DoN	
279	<p>Death certification So far as is practicable, the responsibility for certifying the cause of death should be undertaken and fulfilled by the consultant, or another senior and fully qualified clinician in charge of a patient's case or treatment.</p>	<p>Accepted Existing guidance that is provided with medical certificates of cause of death states that death certification should be completed by a consultant or senior clinician, although this could be delegated to a junior doctor who was in attendance but only where they are closely supervised. The DoH intends to publish draft death certification regulations that states that an attending practitioner is a registered medical practitioner who: attended the deceased in the last 28 days for the condition or disease that caused their death. To support those certifying the cause of death: The Chief Medical Officer will issue guidance on how death certification forms are completed in 2014 that will replace existing guidance.</p>	<p>Accepted The Trust will adopt and comply with the revised guidance once published</p>	Medical Director	Director of Nursing	TBC	The Trust will ensure compliance with the revised guidance once published. The Trust already includes Death Certification in its teaching and training of Junior doctors	
280	<p>Appropriate and sensitive contact with bereaved families - both the bereaved family and the certifying doctor should be asked whether they have any concerns about the death or the circumstances surrounding it, and guidance should be given to hospital staff encouraging them to raise any concerns they may have with the independent medical examiner.</p>	<p>Accepted The DoH intends to publish draft death certification regulations that requires medical examiners to make arrangements to speak to anyone they consider necessary to discuss the circumstances and causes of death and to provide them with the opportunity to mention any matter that might cause a senior coroner to think that the death should be investigated. This includes the family of the deceased and/or the provider of care services.</p>	<p>Accepted The Trust will work with medical examiners to ensure compliance with the revised death certification regulations</p>	Medical Director	Director of Nursing	TBC	The Trust's current process is for PALS to report any concerns raised by families of the deceased. This will be enhanced to reflect the revised death certification regulations.	