

<p>Green - absence of concerns about practice at the Trust</p> <p>Amber - non- urgent action required for improvement</p> <p>Red - concern about satisfying recommendation</p>																	
Rec No	Section/Heading	Theme	Recommendation	Exec Lead	RAG	1	Action	LEAD	RAG	Q1 Update	RAG	Q2 Update	RAG	Q3 Update	RAG	Q4 Update	RAG
						2											
1	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	Implementing the recommendations	<p>It is recommended that:</p> <ul style="list-style-type: none"> 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; 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; In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations; <p>The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report.</p>	TMB/HF		4										Francis Report on a page document prepared aand approved at QAC for comms purposes. To be uploaded with action plan onto web ste and communicated to staff. Amber to green once uploaded	amber
4	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	Clarity of values and principles	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.	IT/PF	Amber	2	Review trust values/ culture to ensure NHS Constitution values incorporated			TRFT has embedded its own Trust values and does not use the NHS Constitution values. Action to be taken in establishing NHS Constitution values into Trust culture and employee performance.	amber	Trust developed its own trust values. Action to be taken in establishing NHS Constitution values into Trust culture and employee performance Linked to F79/10	amber	Values included in the new appraisal process which is developed. Training across whole Trust is underway (Jan - May) and launch of the new process will be completed Apr- Jun 2014.	amber	No change	amber

5	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	Clarity of values and principles	In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: <ul style="list-style-type: none"> • Staff put patients before themselves; • They will do everything in their power to protect patients from avoidable harm; • They will be honest and open with patients regardless of the consequences for themselves; • Where they are unable to provide the assistance a patient needs, they will direct them where possible to those who can do so; They will apply the NHS values in all their work.	IT/PF Amber	2	1. communication plan for ensuring expectations clarified & reinforced to all staff. 2. Identify measures of achievement		Staff are expected to behave appropriately in line with their relevant professional codes of conduct where it exists. Action required to roll out expectations to all staff as outlined in the NHS Constitution.	amber	TRFT currently operate its own values. These will be reviewed following any changes to NHS Constitution and be linked to the work being undertaken in F79/10	amber	Values included in the new appraisal process which is developed. Training across whole Trust is underway (Jan - May) and launch of the new process will be completed Apr- Jun 2014.	amber	Training schedule on target. TRFT also recognised as one of the NHS Employers pilot sites for the move towards values based recruitment.	green
7	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	Clarity of values and principles	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.	IT/PF Amber	2	review template for employment contracts		Not all contracts reference the NHS Constitution. Further action required for consistency. Contract template of employment already under review.	Amber	TRFT currently operate their own values. These will be reviewed following any changes to NHS Constitution and be linked to the work being undertaken in F79/10 P&OD will be reviewing contracts as part of the overall review into recruitment services; therefore, a new agreed employment contract will be implemented at this point (during Qtr4) Ref. 179/22	amber	Clause will be incorporated into new employment contracts for 2014/15 referencing TRFT values and NHS constitution.	amber	Clause will be incorporated into new employment contracts for 2014/15 referencing TRFT values and NHS constitution.	amber
8	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	Clarity of values and principles	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.	JS Amber	2	Ensure all outsourced specification and contracts reflect NHS Constitution		Current position for existing outsourced contracts unknown. Further review required to ensure NHS Constitution is included in all outsourcing specifications and contracts.	Amber	This action relates to the procurement team (Finance). Procurement services to review the people specification when tendering/ awarding contract (UPDATE AWAITED FROM PROCUREMENT)	AMBER	Update awaited		update awaited	

12	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		Reporting of incidents or 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.	TMB/FM	Amber	2	1. Requirement to escalate known adverse incidents to be incorporated into contracts 2. undertake review of feedback loop re actions taken by organisation			Process incorporated into incident/Datix systems. Whistleblowing Policy and process in place. Failure to escalate known incidents to be incorporated into contracts. More robust feedback loop re action taken by organisation required	Amber	We have a robust incident reporting process in place. A system for ensuring robust feedback to staff requires development	amber	Requirement to meet the duty of candour added as a required field on datix as incidents are reported - requires that patient/relatives are informed of any adverse incident whether they were aware of the incident or not. / volume of incidents currently reported at Trust suggest good culture of reporting - processes being reviewed to ensure staff receive feedback following reports - led by Patient Safety team / amber status to green once fully embedded / trained	amber	improved incident management including feedback to reports and timeliness of response to be added to work plan of patient safety committee April 2014 with associated action plan	Amber
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37	Responsibility for, and effectiveness of , healthcare standards	Use of information about compliance by regulator from: quality accounts	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. 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.	TMB/HF	RED	1	QA data is validated by KPMG. All current QA requirements comply with in terms of national format. ** recommendation is about use of QA information by regulators and relates to potential change at national level to QA format		This has already been identified as an issue via the QG framework review due to the impact of EPR. On-going validation is currently under way and KPMG are conducting further review to ensure that we have a clearer understanding of all data quality impacts. However our Quality Account report does not entirely rely on data from CDS and we have already completed a gap analysis in which the national standards may be the only aspect that is affected. We should have refreshed the data by year end to reduce the impact of EPR on QA. The financial aspects however are less easily resolved and these are likely to be provided with a 'no assurance' rating at year end.	RED	For the last 3 years the Trust annual Quality Account and indicators mandated for 'limited assurance' opinion, have attained 'limited assurance' opinions from KPMG. The last report (in line with previous) is in the exact format prescribed in Monitor's FT Annual Reporting Manual – including nationally mandated indicators in the format prescribed in the NHS (Quality Accounts) Amendments Regulations 2012. The Trust annual Data Assurance Document details source, derivation methodology and data quality rating for all metrics included in the Quality Account excluding mandated indicators (the methodology for deriving that basket of indicators is included in the relevant amendment regulations). For these reasons I assert that the status of this issue should have been green since quarter 1.	Green			Compliant. QA added as per regulations to Patient Choices site - update March 14 to Trust internet. QA 2014-15 will be uploaded also to trust internet June 2014 - have also committed to producing QA in easy read format this year	green
40	Responsibility for, and effectiveness of , healthcare standards	Complaints	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	TMB/AC	Red	1			This will factor into our review of complaints, i.e processes, handling & learning. Specifically how we theme more explicitly in a manner that is meaningful & transparent	RED	Revised complaints process ensures that the narrative is responded to by the relevant Directorate lead	green	Patient Stories continue to be reported to the Board. 6 cs patient story template developed. Complaints datasets to be reported including themes have been reviewed. Complaints and responses reviewed and signed off by CEO.	AMBER	Complaints datasets for complaints reporting including narrative from a sample of complaints discussed at Patient Experience Group 24/3/14. Monthly dataset agreed for use in April. Non Executive Director complaint file quarterly reviews introduced. Patient stories written by the patient planned for the next Quarter.	Green

45	Responsibility for, and effectiveness of , healthcare standards	Inquests	The Care Quality Commission should be notified directly of upcoming healthcare-related inquests, either by trusts or perhaps more usefully by coroners.	DH/FM	Green	3			This is up to Coroner to share information	Green		Green		Green		green
79	Responsibility for, and effectiveness of, regulating healthcare systems governance - Monitor's healthcare systems regulatory functions	Accountability of providers' directors	There 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.	IT/PF	Amber	2	1. Review Code of Conduct		Code of conduct exists but will require review in light of recommendation. Further review required to monitor continued fit and proper practice such as a bespoke appraisal process.	Amber	Review of the code of conduct yet to commence. Needs to be linked in to DRG schedule to ensure it is reviewed and ratified. HF-RECOMMENDATION RELATES TO REGULATOR REQUIREMENTS IN PRESCRIBING THE CODE OF CONDUCT - ? APPROPRIATENESS OF AMBER RATING?	amber	P&OD working with Exec colleagues to establish coaching requirements, assess 360 feedback (external), to support new appraisal process. RECOMMENDATION RELATES TO REGULATOR REQUIREMENTS IN PRESCRIBING THE CODE OF CONDUCT	amber	no change	amber
79	Responsibility for, and effectiveness of, regulating healthcare systems governance - Monitor's healthcare systems regulatory functions	Accountability of providers' directors	There 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.	IT/PF	amber	2	2. Ensure appraisal process effectively monitor fit and proper practice			Amber	In light of recent changes to Exec/Board and governance arrangements the appraisal process for directors will need to be incorporated into the Trust's new governance arrangements with a defined appraisal process/ documentation developed. P&OD work is ongoing at the moment into the development of a trust wide values based appraisal and recruitment process - draft to be finalised by end of Dec 2013	amber	P&OD working with Exec colleagues to explore Coaching options (performance coaching & Leadership Academy), 360 feedback (external). RECOMMENDATION RELATES TO REGULATOR REQUIREMENTS IN PRESCRIBING THE CODE OF CONDUCT	amber		amber
88	Responsibility for, and effectiveness of, regulating healthcare systems governance - Health & Safety Executive functions in healthcare settings	Information sharing	The information contained in reports for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations should be made available to healthcare regulators through the serious untoward incident system in order to provide a check on the consistency of trusts' practice in reporting fatalities and other serious incidents.	TMB/FM	Green	3			We already do this if appropriate to incident	Green		Green	Remain compliant	Green	Compliant	green
89	Responsibility for, and effectiveness of, regulating healthcare systems governance - Health & Safety Executive functions in healthcare settings	Information sharing	Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	TMB/FM	Green	3			We already do this is appropriate to incident	Green		Green		Green	Compliant	green

98	Enhancement of the role of supportive agencies	NPSA functions	Reporting to the National Reporting and Learning System of all significant adverse incidents not amounting to serious untoward incidents but involving harm to patients should be mandatory on the part of trusts.	TMB/FM	Green	3			We already report all incidents to NRLS and are not seen as a significant outlier in any category. When regulators bring this into force then we will respond accordingly.	Green		Green	Compliant	Compliant	green	
109	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 their care.	Complaints	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.	TMB/AC	Amber	2	1. full review of complaints policy and associated processes. 2. review process whereby patients and relatives can register concerns or complaints		A number of methods exists – formal written to the Trust, email to the complaints account, informal at ward / service level, via Patient Opinion and other ways. We will review the process and appropriateness for patients & relatives to register concerns or complaints through the planned review of complaints.	Amber	1. This action will be incorporated into revised complaints policy as detailed above. Due completion October 2013 2. As above. This will consider the possibility of introducing a limited PALS function back into the organisation	Amber	Full review of complaints policy and processes to be completed by end of Q4 and include various methods of registering a comment or complaint. Leaflet and website information to be reviewed in Q4. Posters to be developed in Q4. Patient Services are point of contact for comments, advice and concerns. //and throughout complaints process. / RAG to green on full implementation of these plans - anticipated end Q4	Amber	Policy ratified 28/3/14. Leaflets and posters promoting multiple gateways due to go to print w/c 31/3/14. Patient Experience webpage in development.	green
110	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 their care.	lowering barriers	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.	TMB/AC		4					NEEDS REVIEW - ACTION REQUIRED FROM POLICY REVIEW		This is current Trust policy. Patient Experience Team works in liaison with legal affairs lead and / Covered by Trust policy	green	as Q3	green

111	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 their care.	lowering barriers-complaints	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.	TMB/AC	red	1		There are a number of ways for patients / relatives to give feedback however the Trust has significant work to do to promote & share the lessons learnt back to the complainant & also to the broader Trust population	RED	Actions 1 and 2 In progress- completed by end October 2013	Amber	Full review of complaints policy and processes to be completed by end of Q4 and include various methods of registering a comment or complaint. Leaflet and website information to be reviewed in Q4. Posters to be developed in Q4. Patient Services are point of contact for comments, advice and concerns and throughout complaints process.	Amber	Policy ratified 28/3/14. Leaflets and posters promoting multiple gateways due to go to print w/c 31/3/14. Patient Experience webpage in development.	Green
112	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 their care.	lowering barriers - complaints	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.	TMB/AC	red	1		Currently all informal feedback passed to Patient Services will have a comparable process, including where in agreement with the complainant, written. However this does not assure for local concerns that are not highlighted. Neither are local (service) concerns captured or shared – for theming, awareness and learning. This will be considered as part of the planned review of internal complaints system.	RED	Actions 1 and 2 In progress- completed by end October 2013	Amber	Concerns and comments that are of concern to the Trust will be investigated and responded to. Process included in the Draft policy.	Amber	Policy ratified 28/3/14	Green
113	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 their care.	Complaints handling	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.	TMB/AC	Amber	2	i.	These will be actively reviewed and considered as part of the planned review of the Trust's internal complaints system.	Amber	A local audit of complaints against patients association standards has been completed. Recommendations used to inform revised complaints policy. (HF - RE-CONSIDER GREEN STATUS AS NOT YET FULLY IMPLEMENTED?)	green	Recommendations and standards included in the revised management of concerns and complaints procedure. Briefing sessions delivered to support implementation. Training to be rolled out in Q4. Implementation of learning and communication of complaint to staff to be included in complaint action plans and monitored. Complainant satisfaction survey reintroduced.	Amber	Policy ratified 28/3/14. Training roll out commenced 24/3/14 to support implementation.	Green

114	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 their care.	Complaints handling	Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation	TMB/AC	Green	3			Patient services work closely with patient safety department so that any complaint received that has a requirement to instigate will lead to a patient safety review.	green	Same as Q1	green	As Qtr 1 / fully covered by current trust policy and practice	Green	As Qtr 3	Green
115	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 their care.	Investigations and complaints handling	Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: <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. 	TMB/AC	Green	3			Senior expert investigators are utilised to investigate any such relevant complaints. People implications resulting from Datix and incident reviews are escalated to P&OD for formal action where required. System for sharing learning with clinicians	green	Same as Q1	green	As Q1 and Recommendation now included in the Draft revised Management of comments, compliments, concerns and complaints policy.// practice does happen where necessary - now supported by policy (pending ratification)	green	Policy ratified 28/3/14	Green
116	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 their care.	support for complainants	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.	TMB/AC	Green	3			The Trust actively supports patients to obtain and utilise support from ICAS or a relevant independent individual including other family members. Revised complaints procedures standardised meeting	green	Same as Q1	green	Same as Q1 but advises support from Healthwatch Rotherham / process for establishing meetings covered by policy and full information provided in trust leaflet on how support can be obtained	Green	As Qtr 3	Green

118	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 their care.	Learning and information from complaints	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.	TMB/AC	Red	1		1. develop process which identify if the complaint is upheld 2. develop process for publication of response 3. develop process for sharing response to commissioner/ CQC 4. the above to be incorporated into revised policy		The Trust has significant work to undertake aligned with this recommendation should it be adopted namely - If complaints are upheld or not - Publication of Trust response - Provision of summary response to commissioner	RED	Actions 1 to 4 In progress- completed by end October 2013	Amber	1. Process for identifying upheld complaints included in the Draft policy and to be included in the training roll out in Q4. 2 and 3 still in development.	amber	1. Process to identify upheld complaints included in the reviewed policy. Policy ratified 28.3.14. Training programme commenced to support implementation of the policy. 2 and 3 - process for publication of response and sharing the response with the commissioners and CQC still in development.	amber
142	Performance management and strategic oversight	Clear lines of responsibility supported by good information flows	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.	PB/GH	Amber	2		1. Staff at all levels to have appropriate access to incidents and timely input to support performance management. 2. Performance management process for service/depts where negative variation occurs 3. Include in ToR of Quality Assurance Committee 'has strategic oversight of information relating to quality/ performance 4. development of performance management framework 5. develop of nursing quality dashboard - frontline - Board	Amber	Although we have improved our reporting functions we still need to ensure that from service to Board all relevant staff have the information real time and that they are robustly performance managed in relation to any negative variation. The quality committee needs to have the strategic oversight and time to ensure that the right level of scrutiny ,action and resolution is achieved. This will then provide regulators with assurance that this aspect is being met.This is part of QWG framework but we need to develop a performance management framework around this. Specifically Nurse Directors are being expected to have sight of & deliver Nurse Quality dashboards from frontline to Board (JG)	Amber	Same as Q1	Amber	For futher review and update end Q 4	Amber	1. As per previous recommendation the Performance Management Framework has now been agreed and will be implemented over the upcoming months. 2. This has been left Amber until the PMF has been implemented	Amber

143	Performance management and strategic oversight	Clear metrics on quality	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.	PB/GH	Amber	<p>2 ACTION SAME AS 142</p> <p>1. Staff at all levels to have appropriate access to incidents and timely input to support performance management. 2. Performance management process for service/depts where negative variation occurs 3. Include in ToR of Quality Assurance Committee 'has strategic oversight of information relating to quality/ performance 4. development of performance management framework 5. develop of nursing quality dashboard - frontline - Board</p>		<p>Although we have improved our reporting functions we still need to ensure that from service to Board all relevant staff have the information real time and that they are robustly performance managed in relation to any negative variation. The quality committee needs to have the strategic oversight and time to ensure that the right level of scrutiny ,action and resolution is achieved. This will then provide regulators with assurance that this aspect is being met.This is part of QWG framework but we need to develop a performance management framework around this.</p> <p>Specifically Nurse Directors are being expected to have sight of & deliver Nurse Quality dashboards from frontline to Board (JG)</p>	Amber	Same as Q1	Amber	<p>1. As part of the Performance Management Framework there are a clear set of metrics that are to be monitored. Each metric/group of metrics has a clearly defined assurance Committee and line of responsibility. The metrics are aligned to the 5 NHS Outcomes Domain and linked to Safe, Reliable and Caring</p> <p>2. Performance is also now monitored at Directorate and Specialty level and is led by the relevant Clinical Director</p>	Amber	1. This has been set to green as there have been a key number of KPIs/Metrics that have been monitored through the Trust Board for a some time. These will be aligned and agreed with each Directorate and areas of concern regarding performance etc will be addressed at these meetings	green
152	Medical training and education	Medical training	Any organisation which in the course of a review, inspection or other performance of its duties, identifies concerns potentially relevant to the acceptability of training provided by a healthcare provider, must be required to inform the relevant training regulator of those concerns.	IT/PF	Amber	<p>2 explore alignment of learning & Development and PGME functions, including funding and commissioning models</p>		<p>Medical education delivered by Post Graduate and Medical Education function outside P&OD. Action recommended to explore alignment of learning & development and PGME functions, including funding and commissioning models.</p>	Amber	New Head of L&D (and IJT) to explore alignment of P&OD/PGME with A. Cooper	Amber	This merger will not progress further at this stage. Conversations underway	Amber	No change	Amber

156	Medical training and education	Medical training	The system for approving and accrediting training placement providers and programmes should be configured to apply the principles set out above.	IT/PF	Green	3			Dependent on above. However, QA alignment with HEI providers and LETB in place to ensure quality provision of placements within the requirements of the Learning & Development	green		green		green		green
157	Medical training and education	Matters to be reported to the GMC	The General Medical Council should set out a clear statement of what matters; deaneries are required to report to the General Medical Council either routinely or as they arise. Reports should include a description of all relevant activity and findings and not be limited to exceptional matters of perceived non-compliance with standards. Without a compelling and recorded reason, no professional in a training organisation interviewed by a regulator in the course of an investigation should be bound by a requirement of confidentiality not to report the existence of an investigation, and the concerns raised by or to the investigation with his own organisation.	IT/PF	Green	3			Dependent on GMC statement of intent, a review of local MHPS policy may be required. TRFT currently report concerns to the appropriate training organisations or lead employers as they arise.	green		green		green		green
158	Medical training and education	Training and training establishments as a source of safety information	The General Medical Council should amend its standards for undergraduate medical education to include a requirement that providers actively seek feedback from students and tutors on compliance by placement providers with minimum standards of patient safety and quality of care, and should generally place the highest priority on the safety of patients.	IT/PF	Green	3			PGME to review standards once produced by the GMC	green		green		green		green
160	Medical training and education	Training and training establishments as a source of safety information	Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.	IT/PF	Amber	2	consider development of process for more informal methods of safe escalation.		Whistleblowers policy currently in existence. Process for more informal methods of safety escalation requires consideration.	Amber	Whistleblowers policy is in existence. Other channels available to voice/raise concerns - complaints process, Datix, 121, PDR, Dear Michael (direct e-mail to CEO), Open Forum, Team meetings etc.	Amber	Whistleblowers policy is in existence. Other channels available to voice/raise concerns - complaints process, Datix, 121, PDR, Dear Louise (direct e-mail to CEO), Open Forum, Team meetings etc.	green	Standard Operating Procedure to support students on placements in raising concerns is in development	green
163	Medical training and education	Safe staff numbers and skills	The General Medical Council's system of reviewing the acceptability of the provision of training by healthcare providers must include a review of the sufficiency of the numbers and skills of available staff for the provision of training and to ensure patient safety in the course of training.	IT/PF	Green	3			Deanery, PGME and Medical Workforce and Planning functions to review provision of training and ensure patient safety.	Green		Green	Workforce returns and planning templates now being developed for 2014/15 to assess, identify resources and competencies required. Safeguarding Teams now targeting specific areas across the Trust on a rolling programme.	Green		green

172	Medical training and education	Proficiency in the English language	The Government should consider urgently the introduction of a common requirement of proficiency in communication in the English language with patients and other persons providing healthcare to the standard required for a registered medical practitioner to assume professional responsibility for medical treatment of an English-speaking patient.	IT/PF	Green	3			PLAB tests incorporated in TRFT recruitment and selection process. No immediate action required but dependent on Government review.	Green		Green		green	green	
173	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 provider 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	Principle of openness, transparency and candour	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.	TMB/FM	Amber	2	1. Consider at BoD whether existing practice is adequate 2. identify further action as agreed		We have put in place processes to capture when we are saying sorry and that we have an investigation report for incidents, claims, complaints. We also have our Being Open policy which ensure that patients are informed of incidents . We need to just agree at Board that this process is sufficient. i.e Duty of Candour	Amber	same as q1	Amber	all staff expected to adhere to Trust core values - incorporated into PDR process // Trust has good incident reporting rates suggesting positive //Being Open policy reflects national guidelines // duty of candour field to be added to Datix March 2014 requiring documentation that patients informed of all incidents which have affected them - prompts investigator to do this. //complaints responses required to provide full explanation/apology where appropriate - must include issues which only came to light during investigation // full update review of RAG status due Q4	Amber	as Q3	? Green
174	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 provider 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	Candour about harm	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.	TMB/FM	Amber	2	same action as 173 duty of candour		We have put in place processes to capture when we are apologising and that we have an investigation report for incidents, claims, complaints. -SI reports are offered to patients who are subject to incidents. We also have our Being Open policy which ensure that patients are informed of incidents . For board approval	Amber	same as q1	Amber	recommendation met through Trust processes for responding to complaints & SIs - //patients affected by SI involved in investigation where appropriate and offered full RCA report / patients who were the subject of SI are offered a copy of the full investigation report - meetings offered to discuss	Green		Green

175	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 provider 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	Candour about harm	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).	TMB/FM Amber	2	same action as 173 duty of candour		We have put in place processes to capture when we are saying sorry and that we have an investigation report for incidents, claims, complaints. We also have our Being Open policy which ensure that patients are informed of incidents .	Amber	Same as Q1	Amber	Duty of Candour field developed and to be added to Datix incident investigation template by end March '14. This will require confirmation that patients have been fully informed of incidents that have occurred whether or not they were aware at the time. Being Open policy in place - due for full review and dissemination to all staff. Patients/relatives involved in SI investigations and all are offered the full RCA report	Amber	this is in keeping with Trust ethos in incident and complaint management processes - reinforced in complaints management training being rolled out over Q4. //there is evidence of patients being informed of adverse events when they weren't aware - eg IG letter incidents	green
176	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 provider 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	openness with regulators	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.	KH Amber	2			We have put in place processes to capture when we are saying sorry and that we have an investigation report for incidents, claims, complaints. We also have our Being Open policy which ensure that patients are informed of incidents . We need to just agree at Board that this process is sufficient.	AMBER	All reports and submissions to the CQC and/or Monitor are subject to scrutiny before release.	Green		Green		Green
177	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 provider 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	openness in public statements	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	KH Amber	2	1. Consider at BoD whether existing practice is adequate 2. identify further action as agreed Position statement in Q1 not specific to recommendation		We have put in place processes to capture when we are saying sorry and that we have an investigation report for incidents, claims, complaints. We also have our Being Open policy which ensure that patients are informed of incidents . We need to just agree at Board that this process is sufficient.	Amber	All Board reports are vetted by the lead Executive Director prior to submission to Board. Where reports contain numerical data/information, this data is subject to periodic reviews to ensure the information is accurate.	Green		Green		Green

179	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 provider 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	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.	IT/PF	Amber	2	1. Amend exec contracts to ensure no 'gagging clause' included			Need to amend contract/policy to reflect this clause Need to review Exec contract to ensure compliance. In all other contracts or policies there are no gagging clauses There is a possibility such references are already in our Compromise Agreements and as such need to address the situation going forwards	Amber	There are no explicit gagging clauses in either compromise agreements/ contracts just normal confidentiality clauses. P&OD will be reviewing contracts as part of the overall review into recruitment services; therefore, a new agreed employment contract will be implemented at this point (During Qtr 4).	Amber	There are no explicit gagging clauses in either compromise agreements/ contracts, just normal confidentiality clauses - will be reviewed as part of the new 2014/15 contract.	Amber	No change	Amber
179	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 provider 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	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.	IT/PF	amber	2	2. review compromise agreements to ensure compliance with regulators				Amber	P&OD will be review CA's as part of the overall review into recruitment services; therefore, a new agreed employment contract/CA will be implemented at this point (During Qtr4).	Amber	There are no explicit gagging clauses in either compromise agreements/ contracts just normal confidentiality clauses - will be reviewed as part of the new 2014/15 contract.	green		green

180	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 provider 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	Candour about incidents	Guidance and policies should be reviewed to ensure that they will lead to compliance with <i>Being Open</i> , the guidance published by the National Patient Safety Agency.	TMB/FM	Amber	2 1. Review Being Open policy and develop process to monitor implementation/ compliance		We have put in place processes to capture when we are saying sorry and that we have an investigation report for incidents, claims, complaints. We also have our Being Open policy which ensure that patients are informed of incidents . We need to just agree at Board that this process is sufficient.	Amber	Being Open Policy under review. Expected completion December 2013	Green	FM - all incidents reported on Datix now have a feedback to the reporter to ensure that they are aware their incident has been addressed and is being investigated/ All staff involved in incidents, inquests or serious investigations are supported through the process by their clinical/ department lead and/or the patient safety team until the incident is concluded./ Relevant teams are involved in learning events and specific learning work stream/ Being Open policy reflects national guidance - review and dissemination due as part of policy review process	Green	As Q3 Being Open Policy remains in date but will undergo review and re-launch to reinforce with staff	Green
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185	Nursing	Focus on culture of caring	<p>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. 	TMB/AC	Amber	2	<p>1. Preceptorship and CPD for Registered Practitioner to be reviewed to ensure all appropriate behaviours and attitudes are embedded. 2. Develop process to evidence delivery</p>		<p>Culture of care should be built into programmes of education with HEIs informed by providers. Recruitment practices do assess behavioural competence of newly qualified nurses entering the Trust. Preceptorship and CPD for Registered Practitioners to be reviewed to ensure all appropriate behaviours and attitudes are embedded</p> <p>The ability to evidence delivery of this will be challenging & inform all aspects of N&M work</p>	Amber	<p>same as q1 (SPECIFIC ACTION TO BE IDENTIFIED AND TIMEFRAME)</p>	Amber	<p>Values based recruitment in ddevelopment - full update Q4/</p> <p>Also all staff involved with incidents are reminded of their personal and professional responsibilities in ensuring for patients are aware of their responsibilities for involving patients relatives and carers in investigations // leadership programme developed for band 6& 7 nurses // coaching scheme in development</p>	Amber	<p>UPDATE FROM MH RE VALUES BASED RECRUITMENT</p> <p>New PDR process launched March 2014 linking appraisal with behaviour and Trust values. Mandatory training underway for all managers. New process to commence April 2014. Evaluation of success and impact on culture needed to maintain green status, to provide evidence of impact on culture</p>	green
191	Nursing	Recruitment for values and commitment	<p>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>	TMB/IT	RED	1			<p>Recruitment and Selection need to be reviewed. Behaviour and attitude assessment delivered in pockets throughout the organisation. Development programmes incorporating behaviours attitudes and values to be developed for all staff groups.(eg HCA training)</p>	RED	<p>Recruitment and Selection need to be reviewed. Behaviour and attitude assessment delivered in pockets throughout the organisation. Development programmes incorporating behaviours</p>	Red	<p>Values based recruitment in development to ensure staff recruited with right values, attitude,behaviour. PDR process and template requires confirmation that staff comply with trust core values // training of managers re new PDR process underway over Q3 - to green once completed</p>	Amber	<p>Training deliverd - values based PDR process commencing April '14. Values based recruitment still in development</p>	Amber

195	Nursing	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.	TMB/AC	red	1	1. review of nursing management structure required to free ward mgrs up to do front line duty, incorporating skill mix review 2. approved of additional resource required to implement	(Review of nursing management structure required to free ward managers up to do front line duty, incorporating skill mix review. Ward managers currently work with matrons and business managers on admin duties.) Currently within the Trust no Ward Managers work in such a position – all ward / department areas will require additional resource replacement of circa 0.8wte band 5 to enable this to be implemented.	RED	Review of the ward sisters role is complete. Final stage of implementation is reliant on achieving recruitment to 50 additional nursing posts. Recruitment plan is in place	Amber	recruitment process still underway to achieve full nursing capacity to enable full compliance with this recommendation	Amber	To remain amber until full nursing establishment achieved following ongoing recruitment process allowing this recommendation to be implemented.	Amber
198	Nursing	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".	TMB/AC	Red	1	Requirement to develop team culture consistently across the organisation	Requirement to develop team culture consistently across the organisation. Team development currently delivered in identified areas. Specifically links to the work on "Time to Care" and emotional labour of nursing	RED	Trust is actively engaged in the transparency agenda as part of the Chief Nurse Portfolio.	Amber	As Q2. Staff Champions Forum established / Band 6 patient safety nurse role on wards // consideration over Q4 of options re 'cultural barometer	Amber	Development of Nursing & Midwifery Strategy - values based recruitment / Values based PDR from April '14 - remain amber but review based on progress for Q1 '14/15 / consideration required on how/whether to assess culture	Amber
199	Nursing	key nurses	Each patient should be allocated for each shift a named key nurse responsible for 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.	TMB/AC	red	1	Review establishment and skill mix to enable nurse attending at interaction between Dr and patient	Requires ward establishment & skill mix to be appropriate – to enable attendance/input as ward rounds are undertaken with each patient	RED	This is the standard expected at ward round. It will require full establishment before it is completely embedded into the ward practice. Compliance with this practice forms part of the ward Nurse Assessment Scheme	Amber	As Q2 - ward staffing boards to be implemented detailing numbers of nurses on duty V numbers planned / there remains a requirement for full staff establishment before green status achieved / ongoing recruitment underway	Amber	As per Q3 - full staffing quotas required to fully achieve this. Boards being fitted to each ward over March 2014 which will show staffing against plan information	Amber
202	Nursing	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.	IT/PF	Amber	2	review current allocation of facilities time for TU reps	Currently allow facilities time for TU Reps. The amount of facilities time currently under review.	Amber	Action completed - a new facilities agreement was approved at the 17 Sept 2013 Joint Partnership Forum (staff side/ management meeting).	GREEN	Be safe campaign launched in Jan 2014 with union - TRFT recognised as an early implementer.	GREEN		GREEN

204	Nursing	Strengthening the nursing professional voice	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.	KH/CEO	Green	3			Trust has Chief Nurse as Exec member and a NED who is a Nurse	Green		Green		green	compliant	green
205	Nursing	Strengthening the nursing professional voice	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.	KH	red	1	ensure appropriate discussions at Board are documented and can be evidenced		to ensure appropriate discussions at Board are documented and can be evidenced	red	Following the Review of Board Governance undertaken by Deloitte, the Board has introduced a schedule of reporting that is updated and considered at each Board meeting. This enables forward planning of all Board papers. In addition, the Board agenda includes a monthly report from the Chief Nurse, updating the Board on all aspects of patient safety and experience	Amber	Quality impact assessment process now in place, implemented, available on intranet. Requires all projects submitted as part of CIP programmes to be assessed and signed off by Chief Nurse and Medical Director // Quality Assurance Committee now established as sub-committee of board	Green	As Q3 - compliant/ QIA register established - reports to QAC available - including examples of proposals turned down due to impact on quality	green
208	Nursing	Strengthening identification of healthcare support workers and nurses	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.	IT/PF	green	3	(commissioner action)		Uniform policy in place - however improved publicity would assist	green		green		green		green
231	Professional regulation of fitness to practice	NMC - Coordination with internal procedures	It is essential that, so far as practicable, Nursing and Midwifery Council procedures do not obstruct the progress of internal disciplinary action in providers. In most cases it should be possible, through cooperation, to allow both to proceed in parallel. This may require a review of employment disciplinary procedures, to make it clear that the employer is entitled to proceed even if there are pending Nursing and Midwifery Council proceedings.	IT/PF	Amber	2			Review disciplinary policy and procedure in line with this	Amber	no further action required - this process operates. The vast majority of casework is completed prior to any professional body hearing.	Green		Green		Green
236	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	Identification of who is responsible for the patient	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.	DH	Green	3			The Trust already has a designated senior clinical for each patient	green		green			remains compliant	green

237	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	Teamwork	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.	TMB/AC	Amber	2	1. improve links between social services and elderly care services 2. establishment of effective teamwork			Ongoing work is required to improve links between social services and elderly care services	Amber	Same as Q1	Amber	ability for effective teamwork enhanced due to integration of community and hospital services // led by Board there is an intention to strengthen and develop relationship with providers of social care and local authority	Amber	PERFECT WEEK' March 2014 looking at improved processes and means of collaborative working. Age UK to be involved in supporting discharge processes for elderly patients - settling patients at home etc. Networks created with voluntary and private organisations. Training programme to be rolled out to all trust staff - aim 1000 staff by April 2015. Introduction of forget-me-not in 2014 - help support and identify people.	Amber
238	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	Communication with and about patients	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds: <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. 	TMB/AC	Amber	2	1. review ward layout and identify environmental opportunities 2. Review ward routines to identify best family centred partnership working			Ward layouts need review to consider the environmental opportunities Ward routines and focus specifically within CoE teams requires work to identify best approach to family centred / partnership working	Amber	1. Kings fund Audit tool has been applied in three areas across medicine. Widespread application will take place across the whole hospital once workplan agreed at dementia champions meeting in October 2013	Amber	1. Plan developed for roll out of intentional ward rounds 2.. Monitor patient experience of staff communication skill via surveys and complaints / 3. no capacity in existing estates to set up additional space for patients / relatives to meet 4. discharge letter are detailed and comprehensive - work to be done on timeliness	Amber	Monitored via F&F test, in-patient surveys - task & finish group established to drive improvement in outcome. Staff evaluation via values/behaviour based PDR process from April 2014 3 & \$ as Q3	Amber

239	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	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.	TMB/AC Amber	2	closer links with social care and audits of implementation to ensure enhanced discharge planning			A detailed review in 2012 showed that no elderly patient is discharged from hospital beds in the middle of the night. Careful discharge planning already occurs but would be enhanced by closer links with social care and audits of implementation.	Amber	Same as Q1	Amber	Discharge lounge established to manage and streamline discharge processes // patients of any age are not discharged in middle of night/ /discharge of patients in need of community care facilitated by integration within trust of acute and community services //f for review of RAG status end Q4	Amber	As Q3	Green
240	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	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.	TMB/AC Green	3					Green		Green	Trust compliant with Hygiene code - "Holly" message at main entrance to hospital / posters/ had gels widespread all areas / recent 'stop shift' training to all clinical areas delivered by execs/ directors to reiterate hand hygiene practice / infection control strategy	Green	As Q3 - effectiveness of the approach will be monitored - designed to prevent further incidence of hospital acquired C diff . MANDATORY TRAINING BY LEAFLET TO BE REPLACED BY FACE TO FACE TRAINING IN IIP&C	Amber
241	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	Provision of food and drink	The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.	TMB/AC Amber	2	Further focus on this via the nursing principles/ 6C's workstream and ongoing DANI inspections			Further focus on this via the nursing principles/ 6C's workstream and ongoing DANI inspections	green	Same as Q1	green	Ongoing work on provision of good nutrition for all patients - monitoring of MUST tool & food charts included in ward nursing accreditation scheme - forms regular part of Quality Assurance walk abouts / Nutrition action group established- reports to Patient Experience group - reviews results from local/national patient surveys. Pilot projects led on wards looking at food choice, process for support, range of menus for all palates/protected meal times in place	green	As Q3. In addition: participated in nutrition & hydration week / introduced red jug/beaker scheme to identify those patients in need of additional support with food & drink. / catering provision out to tender - spec includes requirements related to quality of food provided	green

242	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	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.	TMB/AC	RED	1	1. gain assurance of appropriate staffing resource, linked to effective deployment of staff & the ward mgr to be in a supervisory capacity. 2. review the use/re introduction of drug rounds into ward management		This requires assurance of appropriate staffing resource, linked to effective deployment of staff & the ward manager to be in a supervisory capacity To review the use /reintroduction of drug rounds into ward management	RED		Amber	Requirement for this to be incorporated into Trust Transfer SOP - currently under development (lead - Claire Newey) - remain amber until this ratified and disseminated with monitoring arrangements in place	Amber	Task & finish group being established to lead and co-ordinate progress on ratification and roll out of revised handover / transfer / discharge SOPs which will ensure this recommendation is incorporated	Amber
243	Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly	Recording of routine observations	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.	TMB/AC	RED	1	Ensure appropriate staffing resource to enable ward mgr to act in supervisory capacity		In the absence of Meditech effective deployment as a fully functioning EPR this requires as a minimum assurance of appropriate staffing resource, linked to effective deployment of staff & the ward manager to be in a supervisory capacity to support the delivery and recording of timely interactions with patients	RED	Clinical observation audit is undertaken as part of the Ward Nurse accreditation scheme. Action plans are developed as a result of audit. Nursing dashboard in development.	Amber	Means not yet available for electronic recording of observations in all areas - in place where SystmOne is in use (mainly community). Other areas - systems in place whereby results are recorded in paper clinical record - accessible to all staff involved in the care of the patient.	green	Continued compliance with this to be monitored via WNAS process	green

244	Information	Common information practices, shared data and electronic records	<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. <p>Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum</p>	PB/GH	RED	1			All of the work with EPR on-going needs to ensure we meet these requirements - at present very limited	RED	Corporate Informatics Committee now monitoring all new/old systems and databases to ensure unified EPR. Summary care record on systems currently available to patients and will be once Meditech holding full clinical record. Data quality team in new feedback reports developed and ongoing iteration with MT to build in validation checks	Amber	For further review and update end of Q4	Amber	<p>1. The Clinical Portal project which is being led by the Trust in conjunction with the CCG has an ultimate aim to be able to give patients access to their record. This is not anticipated to be in the short-term but will form part of the longer term plan (2/3 years).</p> <p>2. The portal will also include alerts where data may be present on other systems within the Organisation.</p>	Amber
245	Information	Board accountability	Each provider organisation should have a board level member with responsibility for information.	PB/G H	Green	3			within revised Executive Director's portfolio	green		green		Green		green
246	Information	Comparable quality accounts	<p>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 commissioners, overview and scrutiny committees, and Local Health watch.</p>	TMB/HF	Green	3			CR - We have met and been assured that we follow the standard format for QA by KPMG year on year. We inform commissioners and local stakeholders of QA every year.	green		green	Remain compliant	Green	104-15 QA under development - will meet all mandated requirements	green

247	Information	Accountability for quality accounts	Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Health watch, and all systems regulators.	TMB/HF	Green	3			We have met and been assured that we follow the standard format for QA by KPMG year on year. We inform commissioners and local stakeholders of QA every year	green		green	Remain compliant with existing requirements	green	Remain compliant - plans scheduled for 2014/15 QA draft to be shared with all external stakeholders as mandated.	green
248	Information	Accountability for quality accounts	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.	TMB/HF	Green	3			We have met and been assured that we follow the standard format for QA by KPMG year on year. We inform commissioners and local stakeholders of QA every year	green		green	Remain compliant with current arrangements / external audit scheduled for 13/14 report with KPMG	green	External audit by KPMG scheduled for 2014-15 report	green
249	Information	Accountability for quality accounts	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.	TMB/HF	Green	3			We have met and been assured that we follow the standard format for QA by KPMG year on year. We inform commissioners and local stakeholders of QA every year. However currently we have Board approval as the declaration – this will require specific amendment	green		green	remain compliant	green	signed statement by all directors to be incorporated in 2014-15 report	green

255	Information	Using patient feedback - complaints	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.	TMB/AC	RED	1	review processes for analysis and use of patient information			PET we already have in place but need to improve both what, how & when we feed back to patients & the public (web, other mechanisms) This needs to be as close to real time as possible. Follow up mechanisms across the trust at present are ad hoc across services – Matrons will have a key role to play here.	RED	PB - PET /Complaints we already have in place but need to improve both what, how & when we feed back to patients & the public (web, other mechanisms) This needs to be as close to real time as possible. Follow up mechanisms across the trust at present are ad hoc across services – Matrons will have a key role to play here. AC - Friends and Family Results are available to all stakeholders on a monthly basis. And dashboard in development which includes a you said, we did function	Amber	Patient Experience strategy in development // Ward dashboard developed and in use - includes comments from Friends& Family test and actions taken - published on wards / F & F test results available publicly on website - updated monthly - published on board reports in public domain / Meridian system provides immediate notification of negative comments shared with ward managers / developed process for 2014/15 whereby in liaison with Healthwatch, PEG will review H/w reports giving patient feedback - incorporate required action into workplans / processes to be developed for use in new Clinical Directorates when structures established for communicating information eg from complaints/surveys etc to enable appropriate analysis and action at service level - 'green' when processes established and strengthened	Amber	Required action to be incorporated into workplans / processes to be developed for use in new Clinical Directorates when structures established for communicating information eg from complaints/surveys etc to enable appropriate analysis and action at service level - 'green' when processes established and strengthened	Amber
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256	Information	Follow up of patients	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.	TMB/AC	RED	1	developmen tof post discharge care		development of post discharge care that does not interfere with the planned F&FT will be key.	RED	The care co-ordination centre provides post discharge support for a limited number of patients. Evaluation will dictate rollout	Amber	to be updated for year end - obtain outcome of CCC post discharge evaluation	Amber	ADD CCC POST DISCH EVALUATION IF AVAILABLE In patient survey has identified areas for improvement with regards to discharge processes - this has been incorporated into the newly drafted Patient Experience & engagement strategy as a year 1 priority. Task & Finish Group established, reporting to PEG. Widespread uptake of Friends & Family test is indicating positive patient response	Amber
260	Information	Information standards	The standards applied to statistical information about serious untoward incidents should be the same as for any other healthcare information and in particular the principles around transparency and accessibility. It would, therefore, be desirable for the data to be supplied to, and processed by, the Information Centre and, through them, made publicly available in the same way as other quality related information.	PB/GH	Green	3			we include in our quarterly reports this can be sent to IC when requested	GREEN		GREEN		Green		green

262	Information	Enhancing the use, analysis and dissemination of healthcare information	<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>	PB/GH	RED	1	<ol style="list-style-type: none"> 1. integration of IT and Information team 2. development of skills to achieve this objective 		This relates to BI strategy currently on hold due to EPR issues and also clearly includes all data quality issues we are currently experiencing. The whole IT/Information team need to be integrated and working more effectively and resourced with the people who have the necessary skills to take this forward. Currently we are limited in analytical and SQL server skills in the organisation	RED	<ol style="list-style-type: none"> 1. BI strategy now being agreed at October Board . Data quality now improved – CQUIN in place to ensure on-going achievement. Health Informatics directorate now formed and hosted in one area in Woodside. Teams developing work plans that align to integrated Health Informatics Strategy. Recruitment of analytical and SQL skilled staff completed with one more analysts to recruit. 2. TNA undertaken on BI team current PDRs being completed and skills/training directory in development 	Amber	<ol style="list-style-type: none"> 1. Work has commenced with the CCG to develop a clinical portal that will allow the viewing of real-time information from various systems in one place. 2. The Trust have also procured Dr Foster and over the next period will be rolling out access to all Consultants so that they pro-actively review their mortality. 3. The Trusts data warehouse continues to be delivered with a very keen eye on the future. Data is being stored in such a way that future reporting at different levels of detail will be much easier down to Consultant level 4. The HI Directorate have also developed a Ward dashboard that is public facing and shows the staffing levels, Safety Thermometer and other key measures 	Amber	As per quarter 3 - this work is ongoing	Amber
263	Information	Enhancing the use, analysis and dissemination of healthcare information	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.	PB/GH	RED	1	<p>same as 262</p> <ol style="list-style-type: none"> 1. integration of IT and Information team 2. development of skills to achieve this objective 		This relates to BI strategy currently on hold due to EPR issues and also clearly includes all data quality issues we are currently experiencing. The whole IT/Information team need to be integrated and working more effectively and resourced with the people who have the necessary skills to take this forward. Currently we are limited in analytical and SQL server skills in the organisation	RED	BI strategy now being agreed at October Board . Data quality now improved – CQUIN in place to ensure on-going achievement. Health Informatics directorate now formed and hosted in one area in Woodside. Teams developing work plans that align to integrated Health Informatics Strategy. Recruitment of analytical and SQL skilled staff completed with one more analysts to recruit.	Amber	1. The HI Strategy has now been approved by the Board	Amber	as at quarter 3	Amber

264	Information	Enhancing the use, analysis and dissemination of healthcare information	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.	PB/GH	RED	1	same as 262 1. integration of IT and Information team 2. development of skills to achieve this objective		This relates to BI strategy currently on hold due to EPR issues and also clearly includes all data quality issues we are currently experiencing. The whole IT/Information team need to be integrated and working more effectively and resourced with the people who have the necessary skills to take this forward. Currently we are limited in analytical and SQL server skills in the organisation	amber		AMBER	1. The Performance Management Framework has been developed that will support reporting against the Directorate structures	AMBER	1. There is much closer working with Clinicians and the newly established 4 clinical directorates. 2. The Performance Management Framework has also been approved by the Trust Board which will ensure accountability at Directorate and Specialty level	green
269	Information	Resources	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.	PB/GH	RED	1	same as 262		This relates to BI strategy currently on hold due to EPR issues and also clearly includes all data quality issues we are currently experiencing. The whole IT/Information team need to be integrated and working more effectively and resourced with the people who have the necessary skills to take this forward. Currently we are limited in analytical and SQL server skills in the organisation.	RED	Data Quality reports now available more currently being built to share with BSM/services to improve user inputting	Amber	1. Data Quality metrics are now agreed that align to the SUS DQ Dashboard, eg NHS Number Coverage 2. We have also completed numerous audits, both internal and external that look at the quality of clinical coding and data - results have been positive 3. There is a audit programme as part of the Data Theme within the HI Strategy 2014/15	Amber	As per quarter 3 - this work is ongoing We also have an audit plan for 2014/15 and are currently engaging with KPMG on specific items within the Quality Accounts	Amber
273	Information	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.	DH/FM	Amber	2	review process of death certification to ensure consultant take responsibility		Death certification is an issue for us as currently junior doctors record the primary diagnosis instead of cause of death on certificate. The process needs to be more robust and consultants need to take more responsibility for monitoring and agreeing death certification. We had a CQC alert because of JD assigning sepsis to deaths that were not related to sepsis.	Amber	same as q1	Amber	for full review end Q4 (responsibility transferred to acting MD)	Amber	Action plan in place for full review of death certification processes - to remain amber until actions implemented// however this is a recommendation primarily for regulators/external organisations with which TRFT will comply once implemented	Amber

279	Coroners and inquests. Making more of the coronial process in healthcare-related deaths	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.	DH	Amber	2	review process of death certification to ensure consultant take responsibility		Implementation of this recommendation will require a change in SOP's for certificate of death but is practicable.	Amber	Under c/o Dr Michael Critchley/Dr Jo Birdsall – Work Plan/Action Plan in development. Q2 CQUIN target secure for 15/10/2013 + Green	Green	for Q4 update	Amber	full review of death certification process underway led by consultant & Asst Director of Patient Safety 7 Risk - action plan monitored in detail at Clinical effectiveness Group - revert to green with evidence of completion	Amber
280	Coroners and inquests. Making more of the coronial process in healthcare-related deaths	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.	DH/FM	Amber	2	Incorporate recommendation with review of death certification SOP		Currently certifying doctors notify coroners wherever there are concerns. However, the family are often not consulted as to whether they have concerns. This recommendation is practicable with a change in SOP for death certification.	Amber	Under c/o Dr Michael Critchley/Dr Jo Birdsall – Work Plan/Action Plan in development. Q2 CQUIN target secure for 15/10/2013 + Green	Green	HF - further review for end Q4 - update re action plan	Amber	full review of death certification process underway led by consultant & Asst Director of Patient Safety 7 Risk - action plan monitored in detail at Clinical effectiveness Group // revert to green once completed	Amber