

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.

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
1	Implementing the recommendations							
	It is recommended that:							
	<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; 	Chief Executive Officer	Director of Nursing, Midwifery & Quality	Agreed - The Board and Board of Governors will review the Francis Report and its recommendations.	In place	Completed		Full Trust wide action plan devised and reviewed regularly
	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	Chairman	Director of Nursing, Midwifery & Quality/Head of Corporate Affairs/Director of Communications & Marketing	Agreed - The Board has resolved to undertake quarterly reporting internal and externally to commissioners		Board response has been agreed and reporting is included in BoD agenda. Trust action plan published on our website. Quarterly updates will be published there too.		Trust issued a statement to staff and key external stakeholders explaining its response. Also published on the Trust website and updated quarterly.
2 * Keogh	<p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:</p> <ul style="list-style-type: none"> A common set of core values and standards shared throughout the system; Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; A system which recognises and applies the values of transparency, honesty and candour; Freely available, useful, reliable and full information on attainment of the values and standards; A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system. 	Board	Director of Nursing, Midwifery & Quality	Agreed - detailed proposals under each heading later. Cultural barometer recommendation is at System Level	Summary recommendation - each element of which has its own timescales under the designated individual recommendations	Progress is documented under the individual recommendations	A	

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.

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
3	<p>Clarity of values and principles The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.</p>	Director of People and Organisational Development	Head of Education	Agreed - Incorporate in Trust Values programme	Mar-14	Work ongoing, and reported to the Board awaiting feedback. Values and the NHS Constitution are both discussed at induction this will be strengthened with ongoing work to improve Trust Induction	G	
4	The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	Director of People and Organisational Development	Head of Education	Agreed - Incorporate in Trust Values programme	Mar-14	Work ongoing, and reported to the Board awaiting feedback. Values and the NHS Constitution are both discussed at induction this will be strengthened with ongoing work to improve Trust Induction	G	
7	All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	Director of People and Organisational Development	Head of Human Resources Services	Agreed for future contracts - consider retrospective action with staff side as required	Dec-13	On track for inclusion in future contracts. Discussion with Staff Side on retrospective action on track and depending on outcome will agree timetable for any retrospective action we agree	G	
8	Contractors providing outsourced services should also be required to abide by these requirements and to ensure that staff employed by them for these purposes do so as well. These requirements could be included in the terms on which providers are commissioned to provide services.	Director of Finance, Information and Procurement	General Manager - Supplies & Procurement/ Commercial General Manager	Agreed in principle - consider practical application	Feb-14	To be included in the NHS Standard Contract for 2014/15. Consideration also being given to pre-printing a statement on all orders to reflect these requirements	A	

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.

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
11	Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.	Executive Directors	Director of Nursing, Midwifery & Quality	Agreed for Trust actions. Professional bodies to respond to evidence based standard procedures	In place	All professionally regulated staff are required to comply with this as part of professional registration, and that staff who report to them must also do so.		All professionally regulated staff are required to comply with standard procedures
12 * Keogh	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	Head of Risk & Legal Services	Head of Risk & Legal Services/ Deputy Director of Nursing & Quality	Agreed - Consider reinforcing actions and clarifying within the new Serious Incident Policy.	In place	Policy went to the November Policy Approval Group. It has been approved and is now in place. Substantial changes have been made and it will be reviewed in 6 months.		Improvement to the timeliness of the investigation of Serious Incidents, and to the learning from such incidents.

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

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

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
13	<p>The nature of standards should be divided into:</p> <ul style="list-style-type: none"> Fundamental standards of minimum safety and quality – in respect of which non-compliance should not be tolerated. Failures leading to death or serious harm should remain offences for which prosecutions can be brought against organisations. There should be a defined set of duties to maintain and operate an effective system to ensure compliance; Enhanced quality standards – such standards could set requirements higher than the fundamental standards but be discretionary matters for commissioning and subject to availability of resources; Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness and are more likely to be the focus of commissioners and progressive provider leadership than the regulator. <p>All such standards would require regular review and modification.</p>	Director of Nursing, Midwifery & Quality	Deputy Director of Nursing & Quality/ General Manager - Compliance	Regulator Decision	Apr-14	System in place to maintain compliance with existing CQC standards. New CQC standards awaited. Enhanced quality standards and developmental standards to be discussed locally.	G	

Responsibility for, and effectiveness of, healthcare standards

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
37	<p>Use of information about compliance by regulator from:</p> <ul style="list-style-type: none"> Quality accounts <p>Trust Boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to the methods used to produce the information. To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.</p>	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	DH Decision re legislative framework. DH Decision re nationally consistent format. DH decision re standards approach. Local decision on balance of Quality Reports	28/05/2013	Quality Account completed		
40 * Keogh	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	Include in Complaints System Review ,all complaints are signed off by a Chief Executive Officer /Director of Nursing, Midwifery & Quality. Two random complaints and responses are circulated to NEDS and Ends on a monthly basis	In place	Completed		

45	Inquests The Care Quality Commission should be notified directly of upcoming healthcare-related inquests, either by trusts or perhaps more usefully by coroners.	Head of Risk & Legal Services	Head of Risk & Legal Services	Trust will inform CQC, if coronial system is not set up	TBC	The CQC, the Coroners' Society of England and Wales, and the Office of the Chief Coroner are establishing a Memorandum of Understanding concerning working relationships and the sharing of information.	
75 * Keogh	The Council of Governors and the board of each foundation trust should together consider how best to enhance the ability of the council to assist in maintaining compliance with its obligations and to represent the public interest. They should produce an agreed published description of the role of the governors and how it is planned that they perform it. Monitor and the Care Quality Commission should review these descriptions and promote what they regard as best practice.	Chair	Head of Corporate Affairs	Agreed - Consider for future "Time Out" session	Dec-13	Governor survey has been undertaken (covering governor effectiveness, training, engagement, support etc). An action plan is being agreed following the survey, which will be circulated this month.	G
76 * Keogh	Arrangements must be made to ensure that governors are accountable not just to the immediate membership but to the public at large – it is important that regular and constructive contact between governors and the public is maintained.	Chair	Head of Corporate Affairs	Governor accountability is set out in statute. Methods of contact with the Public to be reviewed at Future Time out session, prior to possible public consultation	Dec-13	Governor survey has been undertaken (covering governor effectiveness, training, engagement, support etc). An action plan is being agreed following the survey, which will be circulated this month.	G
86	Requirement of training directors A requirement should be imposed on foundation trusts to have in place an adequate programme for the training and continued development of directors.	Director of People and Organisational Development	Head of Education	Requirement is a DH Decision. Trust agree local action re training programme for Directors	Mar-14	Work is ongoing and is reported to the Board. Tracey Gray is discussing it with the Director of People and Organisational Development	A

Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare Settings

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
89 * Keogh	Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	Head of Risk & Legal Services	Head of Risk & Legal Services	Review Criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting Very Serious Incidents reporting	In place	All incidents are appropriately reported via National Reporting and Learning System. The CQC access this and can share it with the Health and Safety Executive.		System for reporting SIs to the CQC is in place. CQC to share with HSE.

Enhancement of the role of supportive agencies

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
105 * Keogh	Consideration should be given to whether information from incident reports involving deaths in hospital could enhance consideration of the hospital standardised mortality ratio.	Head of Risk & Legal Services	Head of Risk & Legal Services	DH Decision. Locally, Incident Reports involving deaths will be included in Review Of Mortality work	TBC	The Keogh Review used data from the NRLS to inform their lines of inquiry. This learning is being reviewed and a national decision is awaited.		

Effective complaints handling

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

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
109 * Keogh	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.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	New national guidance due to be published in "summer." Trust policy will be updated following this publication	Nov-13	The new Trust Complaints Policy is now in its second draft, and is being circulated for second round comments. The conclusion and full implementation of this has been delayed by the implementation of DATIXWEB and the publication of the National Review of Complaints.	A	An extension of the deadline to February 2014 is requested by the Director of Nursing, Midwifery & Quality
110	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.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	Agreed - Include in Complaints System Review	Sep-13	In place		Policy states compliant still to be investigated even though complainant has stated they will be making a legal claim or if a claim has already been received by the Trust
111 * Keogh	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.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	Agreed - Include in Complaints System Review. Friends & Family Test (FFT) commenced April 1st and publicised widely	Nov-13	The new Trust Complaints Policy is now in its second draft, and is being circulated for second round comments. The conclusion and full implementation of this has been delayed by the implementation of DATIXWEB and the publication of the National Review of Complaints.	A	An extension of the deadline to February 2014 is requested by the Director of Nursing, Midwifery & Quality

112	Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	Agreed - Include in Complaints System Review. PALS team and Complaints Management Team (CMT) now combined.	Nov-13	The new Trust Complaints Policy is now in its second draft, and is being circulated for second round comments, The conclusion and full implementation of this has been delayed by the implementation of DATIXWEB and the publication of the National Review of Complaints.	A	An extension of the deadline to February 2014 is requested by the Director of Nursing, Midwifery & Quality
113	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.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	DH Decision for national recommendations. Include review of PA recommendations in local complaints system review	Nov-13	The new Trust Complaints Policy is now in its second draft, and is being circulated for second round comments, The conclusion and full implementation of this has been delayed by the implementation of DATIXWEB and the publication of the National Review of Complaints.	A	An extension of the deadline to February 2014 is requested by the Director of Nursing, Midwifery & Quality
114	Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	Agreed - Current policy	In place	Completed		DATIX checked to see whether an incident is recorded for each complaint. If complaint suggestive of an SI, then the risk management dept. are informed.

115	<p>Investigations Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply:</p> <ul style="list-style-type: none"> • A complaint amounts to an allegation of a serious untoward incident; • Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; • A complaint raises substantive issues of professional misconduct or the performance of senior managers; • A complaint involves issues about the nature and extent of the services commissioned. 	<p>Director of Nursing, Midwifery & Quality/Head of Risk & Legal Services/Director of People and Organisational Development</p>	<p>Assistant Director Of Nursing - Patient Experience & Quality/ Head of Human Resources Services</p>	<p>Agreed that Independent Investigation is part of the range of responses to a complaint, but that guidance relating to its use should be contained within the Complaints/SI and Disciplinary policies respectively. Complaints involving issues about the nature and extent of services commissioned should be directed to commissioners, except where the complaint is relating to a provider failure to provide the specified services.</p>	Nov-13	<p>The new Trust Complaints Policy is now in its second draft, and is being circulated for second round comments, The conclusion and full implementation of this has been delayed by the implementation of DATIXWEB and the publication of the National Review of Complaints.</p>	A	<p>An extension of the deadline to February 2014 is requested by the Director of Nursing, Midwifery & Quality</p>
116	<p>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.</p>	<p>Director of Nursing, Midwifery & Quality</p>	<p>Assistant Director Of Nursing - Patient Experience & Quality</p>	<p>Agreed - Current policy</p>	In place	Completed		<p>Very active PALS dept. who support complainants as and when needed. Also good relationships have been forged with Healthwatch, who will also provide support for complainants if required.</p>

<p>118 * Keogh</p>	<p>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.</p>	<p>Director of Nursing, Midwifery & Quality</p>	<p>Assistant Director Of Nursing - Patient Experience & Quality</p>	<p>Review practicality of recommendation as part of the Review of Complaints System. In the event of that review considering this recommendation impractical, consider how qualitative information regarding complaints may be placed in the public domain and made available to commissioners and regulators</p>	<p>TBC</p>	<p>The Government has accepted this recommendation in part and will ensure that hospitals publish a quarterly report on complaints including the number of complaints as a percentage of hospital interventions, the number of complaints referred to the Ombudsman, and lessons learned and improvements made as a result of complaints. The Department of Health will determine the mechanism through which to achieve this.</p>	<p>A</p>	
<p>120</p>	<p>Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and their outcomes on as near a real-time basis as possible. This means commissioners should be required by the NHS Commissioning Board to undertake the support and oversight role of GPs in this area, and be given the resources to do so.</p>	<p>Director of Nursing, Midwifery & Quality</p>	<p>Assistant Director Of Nursing - Patient Experience & Quality</p>	<p>The Trust will comply with the Requirements of the NHS Standard contract with commissioners.</p>	<p>In place</p>	<p>Completed. Complaints reported to commissioners monthly.</p>		<p>Complaints report provided to commissioners every month. Discussed at the Care Quality Review Group (CQRG) monthly. CCG member sits on Patient Safety Review Group and CGSC. Bassetlaw Clinical Commissioning Group carry out twice yearly complaints management review.</p>

Openness, transparency and candour

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

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

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

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
173 * Keogh	<p>Principles 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.</p>	Chief Executive Officer	Assistant Director Of Nursing - Patient Experience & Quality/Head of Risk & Legal Services	Agreed - Review Openness Policy	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in November. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	
174	<p>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.</p>	Head of Risk & Legal Services	Assistant Director Of Nursing - Patient Experience & Quality/Head of Risk & Legal Services	Agreed - Review Openness Policy /SI Policy and implications for Clinical Audit Programme	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in November. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	
175	<p>Full and truthful answers must be given to any question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).</p>	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality/Head of Risk & Legal Services	Agreed - Review Openness Policy and any exemptions where disclosure may not be in the best interests of the Patient.	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in November. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	

176	<p>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.</p>	Chief Executive Officer	Assistant Director Of Nursing - Patient Experience & Quality/Head of Risk & Legal Services	Agreed - Review Openness Policy	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in November. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	
177	<p>Openness in public statements Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.</p>	Chief Executive Officer	Director of Communications & Marketing	Agreed - Look to include in the Openness Policy, and put system in place.	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in November. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	

178	<p>Implementation of the duty Ensuring consistency of obligations under the duty of openness, transparency and candour</p> <p>The NHS Constitution should be revised to reflect the changes recommended with regard to a duty of openness, transparency and candour, and all organisations should review their contracts of employment, policies and guidance to ensure that, where relevant, they expressly include and are consistent with above principles and these recommendations.</p>	Director of People and Organisational Development	Head of Human Resources Services	Agreed - Review Contracts of Employment to ensure consistency with NHS Constitution principles where relevant	TBC	Although awaiting national decision, we will begin implementation of duty in employment contracts (linking with changes in rec 7) and through on-going review of policies/guidance reflect the recommended changes. Following national decision we may need to reflect further changes.	G	
179	<p>Restrictive contractual clauses</p> <p>"Gagging clauses" or non disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.</p>	Director of People and Organisational Development	Head of Human Resources Services	Agreed - Specific reference to be made in appropriate policies for example "Being Open" policy	Dec-13	Such clauses not used by this Trust.		No such clauses in this Trust
180	<p>Candour about incidents</p> <p>Guidance and policies should be reviewed to ensure that they will lead to compliance with Being Open, the guidance published by the National Patient Safety Agency</p>	Director of Nursing, Midwifery & Quality	Head of Risk & Legal Services	Agreed - Specific reference to be made in appropriate policies for example Whistle blowing Policy	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in October. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	
181	<p>A statutory obligation should be imposed to observe a duty of candour:</p> <ul style="list-style-type: none"> On healthcare providers who believe or suspect that treatment or care provided by it to a patient has caused death or serious injury to a patient to inform that patient or other duly authorised person as soon as is practicable of that fact and thereafter to provide such information and explanation as the patient reasonably may request; On registered medical practitioners and registered nurses and other registered professionals who believe or suspect that treatment or care provided to a patient by or on behalf of any healthcare provider by which they are employed has caused death or serious injury to the patient to report their belief or suspicion to their employer as soon as is reasonably practicable. <p>The provision of information in compliance with this requirement should not of itself be evidence or an admission of any civil or criminal liability, but non-compliance with the statutory duty should entitle the patient to a remedy.</p>	Director of Nursing, Midwifery & Quality - Being Open Head of Risk & Legal Services - Responsibilities for reporting of death for serious injury	Head of Risk & Legal Services	Agreed - Specific reference to be made in appropriate policies for example "Being Open" policy and Incident reporting policy	Jan-14	Current Being Open Policy complies with the National Patient Safety Agency guideline. This will be finalised once the Serious Incident Policy is approved in October. Decision needs to be made on whether patients/family should be at Root Cause Analysis	G	

182	<p>Statutory duty of openness and transparency</p> <p>There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it.</p>	Director of People and Organisational Development	Head of Human Resources Services	Government Decision. Locally consider an amendment to Directors contracts of employment to this effect.	TBC	Although awaiting national decision, we will begin implementation of duty in employment contracts (linking with changes in rec 7)	G
183	<p>Criminal liability It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation:</p> <ul style="list-style-type: none"> • Knowingly to obstruct another in the performance of these statutory duties; • To provide information to a patient or nearest relative intending to mislead them about such an incident; • Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the statement in the performance of their duties. 	Director of People and Organisational Development	Head of Human Resources Services	Government decision regarding criminal liability and statutory nature of duties. Locally consider amendments to trust contracts of employment/disciplinary policies	TBC	Although awaiting national decision, we will begin implementation of in employment contracts (linking with changes in rec 7) and revision of disciplinary policy	G
185	<p>Focus on culture of caring There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires:</p> <ul style="list-style-type: none"> • Selection of recruits to the profession who evidence the: <ul style="list-style-type: none"> -- Possession of the appropriate values, attitudes and behaviours; -- Ability and motivation to enable them to put the welfare of others above their own interests; -- Drive to maintain, develop and improve their own standards and abilities; -- Intellectual achievements to enable them to acquire through training the necessary technical skills; • Training and experience in delivery of compassionate care; • Leadership which constantly reinforces values and standards of compassionate care; • Involvement in, and responsibility for, the planning and delivery of compassionate care; • Constant support and incentivisation which values nurses and the work they do through: <ul style="list-style-type: none"> -- Recognition of achievement; -- Regular, comprehensive feedback on performance and concerns; -- Encouraging them to report concerns and to give priority to patient well-being. 	Director of People and Organisational Development/Director of Nursing, Midwifery & Quality	Head of Human Resources Services	Agreed - Director of People and Organisational Development to lead on values based recruitment and training approaches. Director of Nursing, Midwifery & Quality to Lead on 6Cs programme to include recommended features.	Launch of Trust Strategic values to include 6cs April 2013	Work on-going through lead on values based recruitment. This work is part of the Values Project which is monitored by the Management Board	G
191	<p>Recruitment for values and commitment</p> <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>	Director of People and Organisational Development advised by Director of Nursing, Midwifery & Quality	Head of Human Resources Services	Director of People and Organisational Development to introduce values based recruitment policy	Mar-14	Work on-going and reported to Board	G

193	Standards for appraisal and support Without introducing a revalidation scheme immediately, the Nursing and Midwifery Council should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the Nursing and Midwifery Council on their performance on a regular basis.	Director of People and Organisational Development/Director of Nursing, Midwifery & Quality		NMC Decision. Locally the Trust is ensuring this year that all applicable staff will receive an Appraisal and individual or Team Objectives.	Apr-15	NMC revalidation scheme to be put in place. Trust lead to be identified.	A	
194	As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be countersigned by their appraising manager as being such.	Director of People and Organisational Development advised by Director of Nursing, Midwifery & Quality	Deputy Director Of Nursing & Quality	Government Decision. Locally Director of Nursing, Midwifery & Quality will set appropriate standards for inclusion in Trust appraisal processes.	Review of Personal Development Appraisal template to be completed by July 1st. All Personal Development Appraisals to be completed by 1st April 2014.	Continuing education, matron and ward manager forums are being used to address this, under the theme of professional accountability. New Personal Development Appraisal template completed by People and Organisational Development.	G	
195	Nurse leadership Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.	Director of Nursing, Midwifery & Quality		Agreed - Review of ward managers Job descriptions and training requirements and review of establishments.	Dec-13	Acuity and dependency reviews are now being carried out on a quarterly basis and the results from the first one will be available in February 14. This will inform the debate around whether it is possible to implement this recommendation, which is not mandated in the Government response to Francis.	A	An extension to the deadline is requested to March 14 in order that the acuity and dependency review results can be taken into account in the decision on implementation
197	Training and continuing professional development for nurses should include leadership training at every level from student to director. A resource for nurse leadership training should be made available for all NHS healthcare provider organisations that should be required under commissioning arrangements by those buying healthcare services to arrange such training for appropriate staff.	Director of People and Organisational Development advised by Director of Nursing, Midwifery & Quality	Education Lead for Nursing/Deputy Director Of Nursing & Quality	Commissioner Decision, to be discussed with Chief Operating Officer Coordinating Commissioner by Trust.	TBC	The leads have met and Commissioner decision awaited. Information on leadership training is being disseminated to all levels.	A	

198	Measuring cultural health Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".	Director of People and Organisational Development advised by Director of Nursing, Midwifery & Quality	Head of Human Resources Services/Deputy Director Of Nursing & Quality	Agreed - Consider the introduction of a "Cultural Barometer" or equivalent that builds on existing assessment methods, e.g. national staff survey but not restricted to nursing staff.	In place	Cultural health will be measured through the annual NHS staff survey and pulse surveys throughout the year. We will continue with a full census approach to the annual survey ensuring that all nursing and front line teams are covered and supplement that with two further pulse surveys in March and July. Decisions on the population for the pulse surveys will be driven by outcomes from the annual survey, but if we decide that a sample rather than census approach is more appropriate, the chosen population will include a representative sample of nursing and front-line teams. Implementation of this will require some year on year cyclical activity.		Ongoing cycle of "cultural barometer" surveys now in place.
199	Key nurses Each patient should be allocated for each shift a named key nurse responsible for Chief Operating Officer coordinating the provision of the care needs for each allocated patient. The named key nurse on duty should, whenever possible, be present at every interaction between a doctor and an allocated patient.	Director of Nursing, Midwifery & Quality	Deputy Director Of Nursing & Quality	Agreed - consider as part of the 6Cs programme within the Trust. Reliant on establishing appropriate nursing establishments	Dec-13	The named nurse concept will be reintroduced. Workforce initiatives to improve staff to patient ratios are in place but need to be further advanced to support this. Red staff badges have been ordered to identify named key staff. Photo boards and signage to be put in place at ward level.	A	in the Government response to Francis, it is made clear that each patient's bed must have a sign with a named consultant and named nurse above it. This will take longer to implement because of the need to fund, order and fix the signs, so an extension is requested to March 14.
202	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.	Director of Nursing, Midwifery & Quality	Director of Nursing, Midwifery & Quality	Agreed - review Nursing representation within decision making processes of the Trust and within management structures		Following the appointment of a new Director of Nursing, Midwifery and Quality review of senior nursing posts within the organisation has commenced.	G	

204	All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.	Chair	Head of Corporate Affairs	All NHS Trusts are already required to have a nursing Director. Non Executive skill sets will be reviewed to include how this recommendation may be enacted	In place	Completed	Executive Nursing Director in place. The Appointments Committee making ongoing efforts to recruit a NED with a clinical background
205	Commissioning arrangements should require the boards of provider organisations to seek and record the advice of its nursing director on the impact on the quality of care and patient safety of any proposed major change to nurse staffing arrangements or provision facilities, and to record whether they accepted or rejected the advice, in the latter case recording its reasons for doing so.	Director of Nursing, Midwifery & Quality	Director of Nursing, Midwifery & Quality	NHSCB Decision. Locally, the Board agrees this recommendation voluntarily	In place	Completed	Under Foundation Trust rules all CIPs are appropriately assessed by the MD and DNMQ and advice is given to the Board.
208	Commissioning arrangements should require provider organisations to ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse.	Director of Nursing, Midwifery & Quality	Deputy Director Of Nursing & Quality/ Matron's	NHSCB Decision. Locally, this recommendation is in place.	In place	Completed	All nursing groups and grades identified by distinctive uniform colours and name badges as well as photo id.

Leadership

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
216 * Keogh	Leadership framework The leadership framework should be improved by increasing the emphasis given to patient safety in the thinking of all in the health service. This could be done by, for example, creating a separate domain for managing safety, or by defining the service to be delivered as a safe and effective service.	Director of People and Organisational Development	Head of Education	Government Decision. Locally, the Trust will ensure that patient safety features as a prominent part of all trust leadership/management programmes	Mar-14	Work is ongoing and is reported to the Board. The leadership framework is currently under review by the Leadership Academy, and the new framework will be released in early 2014.	A	

Caring for the elderly

Approaches applicable to all patients but requiring special attention for the elderly

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
236	<p>Identification of who is responsible for the patient</p> <p>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.</p>	Head of Risk & Legal Services		Agreed - this is current trust policy	In place	Completed		Identified and named consultant led care for each patient.
237	<p>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.</p>	Chief Operating Officer	Clinical Director - Care of the Elderly	Agreed - review Head of Risk & Legal Services working in all settings where elder care is delivered	Apr-14	<p>MDTs are in place in almost all relevant areas and we are working towards getting them into place on Ward 25. Extending the inclusivity of MDTs - to include relatives and patients. Working with support services around the provision of appropriate catering arrangements - cooked breakfast and buffet tea. Housekeepers are an integral part of the wards in the Care of Older People CSU at DRI.</p>	G	

238	<p>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:</p> <ul style="list-style-type: none"> • All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. • Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. • The NHS should develop a greater willingness to communicate by email with relatives. • The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. • Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled. 	Director of Nursing, Midwifery & Quality	Deputy Director Of Nursing & Quality	Agreed - Director of Nursing, Midwifery & Quality to review current communication practice with patients to incorporate these features.	In place	Cultural health will be measured through the annual NHS staff survey and pulse surveys throughout the year. We will continue with a full census approach to the annual survey ensuring that all nursing and front line teams are covered and supplement that with two further pulse surveys in March and July. Decisions on the population for the pulse surveys will be driven by outcomes from the annual survey, but if we decide that a sample rather than census approach is more appropriate, the chosen population will include a representative sample of nursing and front line teams. Implementation of this will require some year on year cyclical activity.		Ongoing cycle of "cultural barometer" surveys now in place
239	<p>Continuing responsibility for care The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.</p>	Director of Nursing, Midwifery & Quality	Chief Operating Officer	Agreed - Discharge policy to be reviewed to incorporate these requirements		Policy currently being reviewed. Internal audit of discharge planning has been completed and recommendations agreed with timescales. New operational system has commenced which aims to effect discharge much earlier in the day.	G	
240	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.	Director of Nursing, Midwifery & Quality	Deputy Director Infection Prevention And Control	Agreed- Existing Trust Policy	In place	Completed. Ward accreditation.		Compliance in place. Audited through the use of ward accreditation.

241	<p>Provision of food and drink The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.</p>	Director of Nursing, Midwifery & Quality	Consultant Dietician in Clinical Nutrition, Nutrition and Dietetic Services/ Matron - Medical Federation Speciality	Agreed - review existing trust polices for nutrition and hydration	Dec-13	The key elements of the recommendations have been mapped against current Trust policies and evidence. Action points have been highlighted and this was discussed with the Nutrition Link Nurses at their August meeting. Actions have been agreed and are being implemented. Dining companions will be trained and ready to start in January. An audit timetable is in place and the link nurses are all involved in implementing this.	A	Training for the dining companions was planned for November/ early December but has been delayed and will now take place in January an extension is therefore requested to Jan 14.
242	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.	Director of Nursing, Midwifery & Quality	Deputy Director Infection Prevention And Control/Clinical Director - Pharmacy	Agreed - review existing trust policies for Medicines administration with particular emphasis on regular audit, possibly as part of ward accreditation	TBC	Online audit system developed for 3 questions re medicine storage to be piloted in Medical Federation.	A	
243	<p>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.</p>	Director of Nursing, Midwifery & Quality	Deputy Director of Nursing & Quality/ Consultant Nurse	Agreed. All nursing and medical staff to be held accountable for completing accurately and contemporaneously early warning score (EWS) for pts in their care. Review observations policy. Review iHospital plans for automatic recording of, and acting on, routine observations and make any required recommendations.	In place	A manual system is in place for recording routine observations. A case is also being pursued to implement an electronic system.		Routine observations carried out and recorded.

Information

		Director Responsible	Trust Lead	Trust Response	Timescales	Progress Update	RAG rating	Outcome
244 * Keogh	<p>Common information practices, shared data and electronic records</p> <p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> • Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. • Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry. • Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered. • Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. • Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements. Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards. 	Director of Finance, Information and Procurement	Head of Applied Information/ Deputy Director of ICT	Agreed - The trusts Information strategy, IT strategy, Data Quality approach and I Hospital programme will be reviewed for inclusion of these features	iHospital timescales as set out in progress update.	<p>Part of the iHospital Programmes Key projects include:</p> <p>PAS/A&E System business case procurement approved by Trust Board and contracts signed Oct 13.</p> <p>Interfaces for the EPR Portal are being completed and a draft view will be available Oct 13.</p> <p>White Board Solution was installed in Sept 13. Live data will be available to see shortly. Pilot Sept 13</p> <p>Bed Observations Mar 14</p> <p>Full business case for iHospital programme going to Trust Board in November 13.</p>	G	
245 * Keogh	Board accountability Each provider organisation should have a board level member with responsibility for information.	Director of Finance, Information and Procurement	Director of Finance, Information and Procurement	Agreed - This is in place.	In place	Completed		Representation at Board level.

247 * Keogh	Accountability for quality accounts Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	DH Decision, Locally, The Trust will voluntarily implement this recommendation	In place	Completed		Final draft Quarterly Accounts is sent via Secretary to the Board to commissioners, Healthwatch and Health Overview and Scrutiny committees.
248 * Keogh	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.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality/Head of Corporate Affairs	Agreed - External audit scrutiny is a requirement of Monitor. Quality account audit will be reviewed by Audit & Non-Clinical Risk Sub-Committee (ANCRSC).	In place	Full process in place		Quality Account is independently audited and this audit is reviewed annually by ANCRSC
249 * Keogh	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.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality/Head of Corporate Affairs	Agreed In principle - mechanism is Board approval of the Quality Account	In place	Full Board of Directors is required to approve the Quality Account		Quality Account has the full knowledge and approval of the Board of Directors.
250 * Keogh	It should be a criminal offence for a director to sign a declaration of belief that the contents of a quality account are true if it contains a misstatement of fact concerning an item of prescribed information which he/she does not have reason to believe is true at the time of making the declaration.	Director of Nursing, Midwifery & Quality	Head of Corporate Affairs	Government Decision	TBC	National decision awaited.		
252 * Keogh	Access to data It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes.	Director of Finance, Information and Procurement	Head of Applied Information/Roy Underwood	Agreed - Trust will comply with DH economisation and data sharing requirements	In place	Completed		Business as usual - Trust has an information government framework, policies and procedures (including monitoring) in place which include the use of anonymised data for managerial and regulatory purposes. All evidenced through the Information Governance Toolkit
254	Access for public and patient comments While there are likely to be many different gateways offered through which patient and public comments can be made, to avoid confusion, it would be helpful for there to be consistency across the country in methods of access, and for the output to be published in a manner allowing fair and informed comparison between organisations.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	DH Decision	TBC	All patient and public comments to be made accessible through NHS choices. Timescale awaited from NHS England.		

255 * Keogh	Using patient feedback Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near "real time" as possible, even if later adjustments have to be made.	Director of Nursing, Midwifery & Quality	Assistant Director Of Nursing - Patient Experience & Quality	Agreed - this will be a feature of the Trust patient experience strategy. Friends & Family Test (FFT) commenced April 1st	Process in place	Completed		Monthly reports to Commissioners and also more in depth reports quarterly and annually to Commissioners
256	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.	Chief Operating Officer	Assistant Director Of Nursing - Patient Experience & Quality/Chief Operating Officer	Agreed - This is in place for some services but review required for universal approach, In addition to Friends and Family test.	In place	This is a CQUIN. The Safe and Well check has been implemented as appropriate.		All high risk patients followed-up after discharge, and all patients encouraged to complete the Friends and Family Test on discharge
262	<p>Enhancing the use, analysis and dissemination of healthcare information</p> <p>All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:</p> <ul style="list-style-type: none"> • Effective real-time information on the performance of each of their services against patient safety and minimum quality standards; • Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. <p>In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges.</p> <p>The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.</p>	Director of Finance, Information and Procurement	Head of Applied Information	Agreed - The Trust will continue to maintain systems on clinical performance and share information as mandated or under voluntary agreement with commissioners and regulators as required. The Trust will publish results in common with other healthcare providers as set out in DH plans	iHospital timescales as set out in progress update.	<p>Part of the iHospital Programmes Key projects include:</p> <p>PAS/A&E System business case procurement approved by Trust Board and contracts signed Oct 13.</p> <p>Interfaces for the EPR Portal are being completed and a draft view will be available Oct 13.</p> <p>White Board Solution was installed in Sept 13. Live data will be available to see shortly.</p> <p>Pilot Sept 13</p> <p>Bed Observations Mar 14</p> <p>Full business case for ihospital programme going to Trust Board in November 13.</p>	G	

263	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.	Head of Risk & Legal Services	Deputy Medical Director For Clinical Standards/ Clinical Lead Summary Care Records	Agreed - The Trust will consider contractual requirements for collaboration of information requirements regarding efficacy of treatments.	In place	Participation in National Audits is a contractual requirement for Trust medical staff. This is taken up in the appraisal systems and the Trust's contribution to National Audits is monitored on a quarterly basis by the Clinical Audit and Effectiveness Committee. It also appears on the Quality Account.		Trust medical staff take part in National Audits and other audits concerning the efficacy of treatment.
264	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.	Head of Risk & Legal Services	Head of Risk & Legal Services	Agreed - This is part of the Trust existing programme, but consideration will be given to how this information may be more deeply and easily disseminated and adverse results acted upon	In place	Quality measures reported on a monthly basis to the Board and the Commissioners. Specialties also participate in national and local audits. NHS England are rolling out the collection and publication of specialty level data.		The Trust is fully engaged in and contributes to the specialty level data programme.
268 * Keogh	Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.	Director of Finance, Information and Procurement	Head of Applied Information	Agreed - The Trust will regularly review its compliance with Audit and registry requirements	TBC	Allocated resources are in place. There is no additional funding available from central sources to fund this recommendation	G	

269	<p>Improving and assuring accuracy The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.</p>	<p>Director of Finance, Information and Procurement /Head of Risk & Legal Services</p>	<p>Head of Applied Information</p>	<p>Agreed - The Trust will review its Data Quality on a regular basis, for both corporate information and speciality based audit</p>	<p>In place</p>	<p>Corporate information - all systems processes in place. Completed.</p>	<p>Business as usual - Part of Information Governance Requirements for rolling audits of data sets which are carried out and evidenced through IG toolkit scores. Data Quality team continually audit and validate key data on behalf of the Trust to improve data quality and to also feedback to users to promote "right first time". Results are shared through the Trust Data Quality Group, Information Group with Commissioners, PTL meetings etc. Regular audits of clinical coding are undertaken.</p>
			<p>Clinical Audit Manager</p>				

Coroners and inquests

Making more of the coronial process in healthcare-related deaths

		Director Responsible	Trust Lead	Trust Response	Timescale	Progress Update	RAG rating	Outcome
273	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.	Head of Risk & Legal Services	Head of Risk & Legal Services	DH Decision. Locally, the policy of the Trust is to comply with all relevant Coronial requests.	In place	The policy went to the November Policy Approval Group. It has been approved and is now in place.		Inquests will be managed according to the Chief Coroner's expectations. The Trust will engage with families throughout the process. On conclusion of all inquests an outcome report will be provided to ensure that learning takes place.
279	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.	Head of Risk & Legal Services	Head of Risk & Legal Services	Agreed - this is current Trust policy	In place	Completed		Undertaken by the consultant responsible for the patient.

Key: Black Completed
 Green On track to be achieved
 Amber significant work to be done
 Red Obstacles to achievement