Quality Governance Assurance Framework Review – Quarter 1
1 April – 30 June 2014

Agenda Item:	10	Reference:	WCT14/15-105
Meeting Name:	Trust Board	Meeting Date:	4 August 2014
Lead Director:	Ewen Sim Sandra Christie		
Job Title:	Medical Director Director of Quality and Nursing		

Link to Business Plan:	Ensures essential levels of quality and safety are met and drives forward continuous improvement for: • Patient, Community and Commissioners • Care Delivery • People and Resources • Enabling Functions
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes [ ] No [✓] N/A [ ]
Has the Public & Stakeholders been consulted?	Yes [ ] No [✓] N/A [ ]
To Approve [✓]	**To Note** [ ] **To Assure** [ ]

Financial Implications:
E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.

None

Overall Cost / Pressure:	£	Overall Income:	£
Additional Funding Required:	£	Funding Already Ring Fenced:	£

Identified Risks:

The Quality Governance Assessment Framework is part of the assessment process for aspirant NHS foundation trusts

Assurance to Board:

The essential standards of quality and safety are being delivered by the organisation and the processes for the governance of quality are being embedded throughout the organisation.

Publish on Website: Yes [✓] No [ ] **Private Business:** Yes [ ] No [✓]

Report History		
Submitted to	**Date**	**Brief Summary of Outcome**
Trust Board	6 January 2014	Update on action plan and score agreed
Trust Board	7 April 2014	Update on action plan and score agreed

Wirral Community NHS Trust

Quality Governance Assurance Framework Review – Quarter 1
1 April – 30 June 2014

Purpose

1. The Quality Governance Assurance Framework (QGAF) is an assessment tool for Boards to review their governance arrangements to ensure essential levels of quality and safety are met and to drive forward continuous improvement.

Executive Summary

2. The Quality Governance Assurance Framework was developed by Monitor and has been embedded into the assessment process for aspirant NHS foundation trusts from August 2010.

3. The Quality Governance Assurance Framework raises the profile of quality for the boards of organisations.

4. Quality governance is the combination of structures and processes at and below board level to deliver trust-wide quality services. If implemented effectively, assessment against the Framework should provide boards with assurance over the effective and sustainable management of quality throughout their organisation. It should also enable them to approve assurances to Monitor on quality governance with confidence.

Rationale and Implications

5. The framework sets out 10 key questions in four areas of quality governance which Boards should use to help develop their quality governance processes;

Category	Questions	
Strategy	Q1	Does quality drive the Trusts strategy?
	Q2	Is the board sufficiently aware of potential risks to quality?
Capabilities and culture	Q3	Does the board have the necessary leadership skills and knowledge to ensure delivery of the quality agenda?
	Q4	Does the board promote a quality focused culture throughout the Trust?
Process and structure	Q5	Are there clear roles and accountabilities in relation to quality governance?
	Q6	Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?
	Q7	Does the board actively engage, patients, staff and other key stakeholders on quality?
Measurement	Q8	Is appropriate quality information being analysed and challenged?
	Q9	Is the board assured of the robustness of the quality information?

Category	Questions	
	Q10	Is quality information used effectively?

6. Against each question the framework includes a number of good practice examples for Boards to use in assessing their practice and then assign a risk rating to each of the key questions using the Monitor Quality Governance Rating Scale:

Risk Rating (Score)	Definition	Evidence
Green (0)	Evidence meets or exceeds expectations	Many elements of good practice and there are no major omissions
Amber/green (0.5)	Partially meets expectations but confident in managements capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, has no major omissions and robust action plans in place to address perceived shortfalls and proven track record of delivery
Amber/red (1.0)	Partially meets expectations but some concerns on management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, has no major omissions Action plans to address perceived shortfalls are in early stage of development and limited evidence of delivery in the past
Red (4)	Does not meet expectations	Major omissions in Quality Governance identified. Significant volume of action plans required and concerns on management capacity to deliver

7. Wirral Community NHS Trust board has assessed itself against the QGAF in March, September and December 2012, July, October and December 2013, January and April 2014

8. A summary of these assessments can be found below:

Date of Assessment	Actual Overall Score
March 2012	6.0
September 2012	4.5
November 2012	3.5
December 2012	3.5
July 2013	3.0
October 2013	2.5
January 2014	2.0
April 2014	2.5

9. The QGAF action plan (**Appendix 1**) has been reviewed and all actions due for completion in the reporting period 1 April – 30 June 2014 are complete.

10. All actions due for completion in next reporting period 1 July – 30 September 2014 are on track for completion.

11. The board is asked to note a change in date for the action:

- Develop a leadership framework the organisation drawing on all external sources of support e.g. Leadership Academy Programmes

    This date then reflects the date in the Human Resource strategy agreed at board.

12. On 21 July 2014 the board reviewed the QGAF scores as part of a board development session, reviewing the assurance and evidence they had to support the score in each section of the QGAF.

13. After reviewing the evidence the board agreed that there many elements of good practice and are no major omissions in the following areas of the QGAF:

- 1A
- 2A
- 3A
- 3B
- 4A

14. The board then agreed that while there were no major omissions and a robust action plan in place there are still some areas of development required in the following areas of the QGAF:

- 1B
- 2B
- 3C
- 4B
- 4C

15. As a result the following QGAF scores have been agreed by the board as part of the quarterly review process:

Domain	Questions		April Score	July Score
Strategy	1A	Does quality drive the Trusts strategy?	(0)	(0)
	!B	Is the board sufficiently aware of potential risks to quality?	(0.5)	(0.5)
Capabilities and culture	2A	Does the board have the necessary leadership skills and knowledge to ensure delivery of the quality agenda?	(0)	(0)
	2B	Does the board promote a quality focused culture throughout the Trust?	(0.5)	(0.5)
Process and structure	3A	Are there clear roles and accountabilities in relation to quality governance?	(0)	(0)
	3B	Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?	(0)	(0)
	3C	Does the board actively engage, patients, staff and other key stakeholders on quality?	(0.5)	(0.5)
Measurement	4A	Is appropriate quality information being analysed and challenged?	(0)	(0)
	4B	Is the board assured of the robustness of the quality information?	(0.5)	(0.5)
	4C	Is quality information used effectively?	(0.5)	(0.5)
Total			2.5	2.5

Conclusion

16. A robust governance framework for quality is essential throughout every NHS organisation.

17. The QGAF will continue to be reviewed as part of the Board development programme quarterly.

18. The Medical Director and Director of Quality and Nursing will continue to monitor the implementation of the QGAF action plan.

Board action

19. The Board is asked to approve the revised QGAF score and be assured that the essential standards of quality and safety are being delivered by the organisation and the processes for the governance of quality are being embedded throughout the organisation.

Ewen Sim, Medical Director
Sandra Christie, Director of Quality and Nursing

29 July 2014

Wirral Community NHS
NHS Trust

Appendix 1 QGAF Action Plan July 2014

Action Plan
KEY (Change status)

1   Recommendation agreed but not yet actioned
2   Action in progress
3   Recommendation fully implemented
4   Recommendation never actioned (please state reasons)
5   Other (please provide supporting information)

Action plan lead	Medical Director Director of Quality and Governance

QGAF Domain	QGAF Question	Actions required	Action by date	Person responsible	Comments/action status	Change stage (see Key)
Strategy	1A Does quality drive the trusts strategy	Launch quality strategy and quality goals at the quality forum	30/06/2014	Head of Quality and Nursing	**Complete**	3
	1A Does quality drive the trusts strategy	Produce and distribute a short summary leaflet to ensure all staff are aware of the quality goals	30/06/2014	Head of Quality and Nursing	**Complete**	3
	1A Does quality drive the trusts strategy	Embed use of the quality goals dashboard at each level of the organisation	31/03/2015	Director of Quality and Nursing		2
	1A Does quality drive the trusts strategy	Present a quarterly update on progress against the quality strategy and goals for trust members	31/07/2014	Head of Quality and Nursing		2
	1A Does quality drive the trusts strategy	Present a quarterly update on progress against the quality strategy and goals for Health Watch	31/10/2014	Director of Quality and Nursing		2

	1A Does quality drive the trusts strategy	Present a quarterly update on progress against the quality strategy and goals for the Local Authority Quality and Performance Group	31/01/2015	Director of Quality and Nursing		2
	1A Does quality drive the trusts strategy	Present a quarterly update on progress against the quality strategy and goals for the quality lead in the CCG	31/03/2015	Director of Quality and Nursing		2
	1B Is the board aware of the potential risks to quality	Develop a clear pathway for staff to feedback quality issues and concerns and for them to receive feedback on their concerns	31/07/2014	Head of Quality and Nursing		2
	1B Is the board aware of the potential risks to quality	Complete a post implementation quality impact review of the 2013/14 CIPs and share findings with the board	30/09/2014	Director of Quality and Nursing Medical Director		1
	1B Is the board aware of the potential risks to quality	Commission Mersey Internal Audit Agency to review the quality processes within the organisation	31/08/2014	Director of Quality and Nursing Medical Director		1
	1B Is the board aware of the potential risks to quality	Develop an electronic CIP dashboard which links to the electronic quality dashboard	31/03/2015	Director of Finance and Performance		1
Added 30/06/14	1B Is the board aware of the potential risks to quality	Publish the Open and Honest Report on the public website	31/08/2014	Head of Quality and Nursing		2
Added 30/06/14	1B Is the board aware of the potential risks to quality	Refresh and revise the TOR for the resuscitation group to become the mortality review group	31/08/2014	Medical Director		2
Added 30/06/14	1B Is the board aware of the potential risks to quality	Review and strengthen the proactive use of the QIA monitoring tool	31/03/2015	Director of Quality and Nursing Medical Director		1
Capabilities and culture	2A Does the board have the necessary leadership skills and knowledge to ensure delivery of the quality agenda?	Complete a review of the board development programme for 2013/14 to identify key learning and areas for future development	31/07/2014	Trust Board Secretary		2

	2A Does the board have the necessary leadership skills and knowledge to ensure delivery of the quality agenda?	Identify support required from the NTDA for leadership as part of the business plan submissions	30/09/2014	Director of Finance and Performance		1
	2B Does the board promote a quality focused culture throughout the Trust?	Develop a leadership framework the organisation drawing on all external sources of support e.g. Leadership Academy Programmes **Updated to reflect action plan in HR strategy approved by Board**	~~31/07/2014~~ **30/11/2014**	Director of Human Resources and Organisational Development		2
	2B Does the board promote a quality focused culture throughout the Trust?	Complete a post implementation review of the leadership development programme	31/03/2015	Director of Human Resources and Organisational Development		1
	2B Does the board promote a quality focused culture throughout the trust?	Develop an implementation plan for the NTDA development support for clinical leadership	31/08/2014	Director of Quality and Nursing Medical Director		1
Added from the 2013/14 action plan	2B Does the board promote a quality focused culture throughout the trust?	Present Workforce Plan to Board with Director of Nursing and Medical Director sign off	31/08/2014	Director of Human resources and Organisational Development		2
Added from the 2013/14 action plan	2B Does the board promote a quality focused culture throughout the Trust?	Implement recommendations on European directive on use of sharps	31/07/2014	Medical Director Director of Quality and Nursing	**Complete**	**3**
Added 30/06/14	2B Does the board promote a quality focused culture throughout the Trust?	Introduce the staff Friends and Family test	30/06/14	Director of Human Resources and Organisational Development	**Complete**	3
Added 30/06/14	2B Does the board promote a quality focused culture throughout the trust?	Develop a research and innovation strategy	30/03/2015	Medical Director		2

Process and structure	3A Are there clear roles and accountabilities in relation to quality governance	Review the role and membership of the divisional governance groups and the Quality, Patient Experience and Risk group to ensure there clearly defined and well understood processes for escalating and resolving issues and managing quality performance	30/06/2014	Head of Quality and Nursing	**Complete**	3
	3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance	Embed use of the performance dashboard at each level of the organisation	31/03/2015	Director of Finance and Performance		1
	3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance	Embed performance management into the appraisal process	30/06/2015	Director of Human Resources and Organisational Development		2
	3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance	Develop service line reporting	31/03/2015	Director of Finance and Performance		1
	3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance	Continue to develop the learning culture of the organisation and ensure staff all receive feedback on learning from: • Incidents • Complaints • Concerns	31/08/2014	Head of Quality and Nursing		2
	3C Does the board actively engage,	Refresh and implement the clinical strategy and engagement model	31/03/2015	Director of Quality and Nursing		2

				Medical Director		
Added from the 2013/14 action plan	3C Does the board actively engage, patients, staff and other key stakeholders on qua	Engagement plan to be developed to engage with clinical staff in different ways to suit their hours of work and shift patterns	31/07/2014	Medical Director Director of Quality and Nursing	To be part of the clinical strategy	2
Added from the 2013/14 action plan	3C Does the board actively engage, patients, staff and other key stakeholders on qua	Develop interactive Board connections summary of discussions at Board As part of the board engagement calendar	31/07/2014	Trust Board Secretary		2
Added from the 2013/14 action plan	3C Does the board actively engage, patients, staff and other key stakeholders on qua	The communications strategy should be revised to include reference to feedback to staff as part of consultation exercises.	31/08/2014	Director of Human Resources and Organisational Development		2
Added from the 2013/14 action plan	3C Does the board actively engage, patients, staff and other key stakeholders on qua	The Trust should implement the agreed action to include the board engagement calendar on Staff Zone.	31/07/2014	Trust Board Secretary		2
Added from the 2013/14 action plan	3C Does the board actively engage, patients, staff and other key stakeholders on qua	Board library for key quality and patient safety papers and to be developed	31/12/2014	Trust Board Secretary		2
	3C Does the board actively engage, patients, staff and other key stakeholders on qua	Increase patient feedback through the use of IT as part of gathering data for the Friends and Family test	31/03/2015	Head of Quality and Nursing		2
Added 30/06/14	3C Does the board actively engage, patients, staff and other key stakeholders on	Review and strengthen how we systematically collect feedback data from external stakeholders and particularly GPs and use it to improve services.	31/12/2014	Director of Human Resources and Organisational Development		1

	qua					
Measurement	4 A Is appropriate quality information being analysed and challenged	Develop and embed the quality reporting process to the quality and governance committee using the new quality dashboard	31/03/2015	Director of Quality and Nursing Medical Director		2
	4B Is the board assured of the robustness of the quality information	Develop robust definitions for all Quality Indicators Reported in Quality Dashboard 14/15	30/06/2014	Head of Quality and Nursing	**Complete**	**3**
Added 30/06/14	4B Is the board assured of the robustness of the quality information	Introduce a data quality group	31/08/2014	Director of Finance and Performance		2
Added from the 2013/14 action plan	4C Is quality information used effectively	Benchmarking of quality goal data by team using DeCapo to understand variation in data and identify any quality hot spots	31/03/2015	Medical Director Director of Quality and Nursing		2

Complaints and Concerns Report
June 2014

Agenda Item:	11	Reference:	WCT14/15-106
Meeting Name:	Trust Board	Meeting Date:	4 August 2014
Lead Director:	Sandra Christie		
Job Title:	Director of Quality and Nursing		

Link to Business Plan:	Meets NHSLA/CQC requirements. Provision of high quality services	
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes ☐ No ☐ N/A ☑	
Has the Public & Stakeholders been consulted?	Yes ☐ No ☐ N/A ☑	
To Approve ☐	**To Note** ☐	**To Assure** ☑

Financial Implications:
E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.

None identified

Overall Cost / Pressure:	£	Overall Income:	£
Additional Funding Required:	£	Funding Already Ring Fenced:	£

Identified Risks:

None identified

Assurance to Board:

The monthly Complaints & Concerns Report provides assurance to the Trust Board of the delivery of safe, effective and quality services across the organisation.

Publish on Website: Yes ☑ No ☐	**Private Business:** Yes ☐ No ☑

Wirral Community NHS Trust

Complaints and Concerns Report
June 2014

Purpose

1. The purpose of the monthly Complaints & Concerns Report is to provide assurance to the Trust Board of the delivery of safe, effective, quality services during the reporting periods 1 June to 30 June 2014.

Executive Summary

2. Wirral Community NHS Trust Board recognises that quality is an integral part of their business strategy and for the trust to be most effective; quality must become the driving force of the organisation's culture.

3. We are committed to ensuring that quality forms an integral part of its philosophy, practices and business plans and that responsibility for driving this is accepted at all levels of the organisation.

4. The organisation's Quality Strategy represents Wirral Community NHS Trust's philosophy towards quality improvement and is built on these principles. Included in the Quality Strategy are four quality themes:

   - Our Patients and Communities
   - Our Services
   - Our People
   - Our Sustainability

5. This report provides the Trust Board with assurance regarding trends and theme analysis relating to quality and patient experience and demonstrates how the organisation is performing in relation to the quality outcome goals relating to:

   - Our Patients and Communities
   - Our Service

6. The reporting period for this monthly Complaints & Concerns Report is 1 June to 30 June 2014.

Board Action

7. Wirral Community NHS Trust Board is asked to be assured of the delivery of safe, effective, quality services across the organisation for the reporting period 1 June – 30 June 2014.

Sandra Christie
Director of Quality and Nursing

Contributors:
Sylvia Reynolds
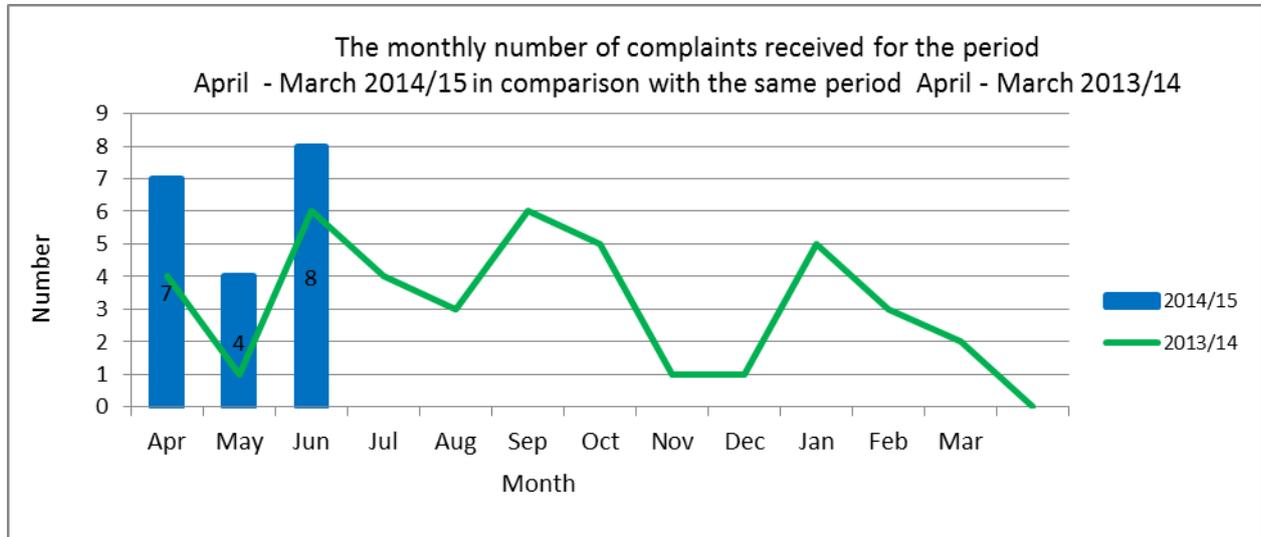Complaints and Claims Manager

29 July 2014

Number of Formal Complaints Registered with the Complaints Team

Complaints

1.   For the reporting period (1- 30 June 2014):
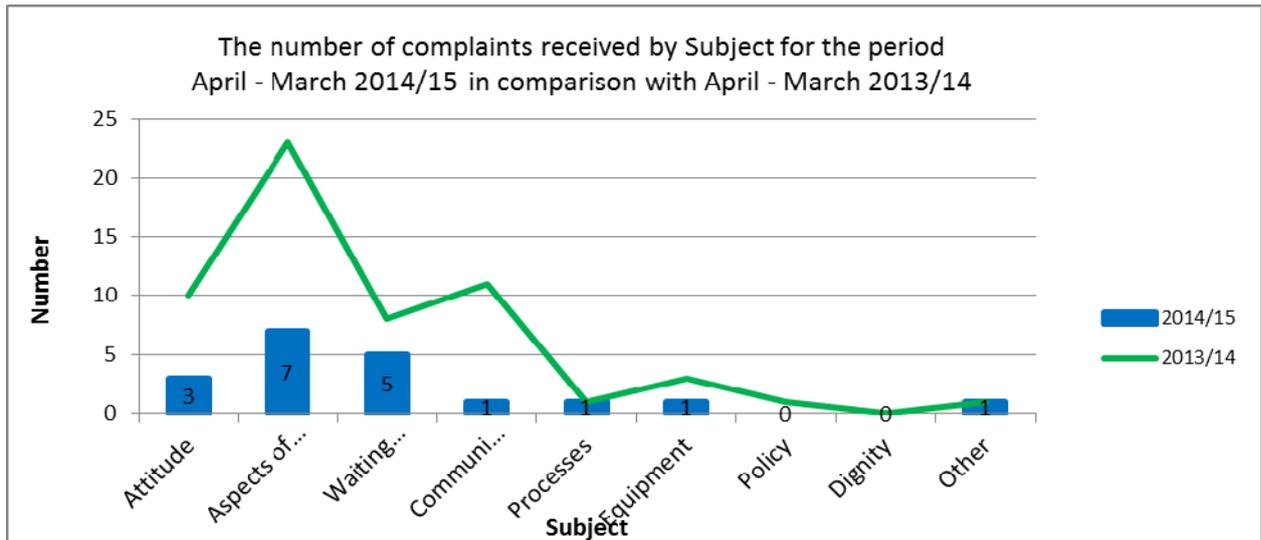
- 8 complaints were received.

The above graph demonstrates an increase in the number of complaints received in June 2014/15 (8) when compared to June 2013/14 (6).

Complaints should be acknowledged within 3 working days. 100% of complaints received in June 2014/15 were acknowledged within 3 working days of receipt. Where possible the complaint is discussed with the complainant by telephone, this helps to clarify the issues, establish the complainant's expected outcome and agree a time scale for response.

2.   The graphs below show a breakdown in complaints received by division and subject matter.

3.

The number of complaints received by Subject for the period April - March 2014/15 in comparison with April - March 2013/14
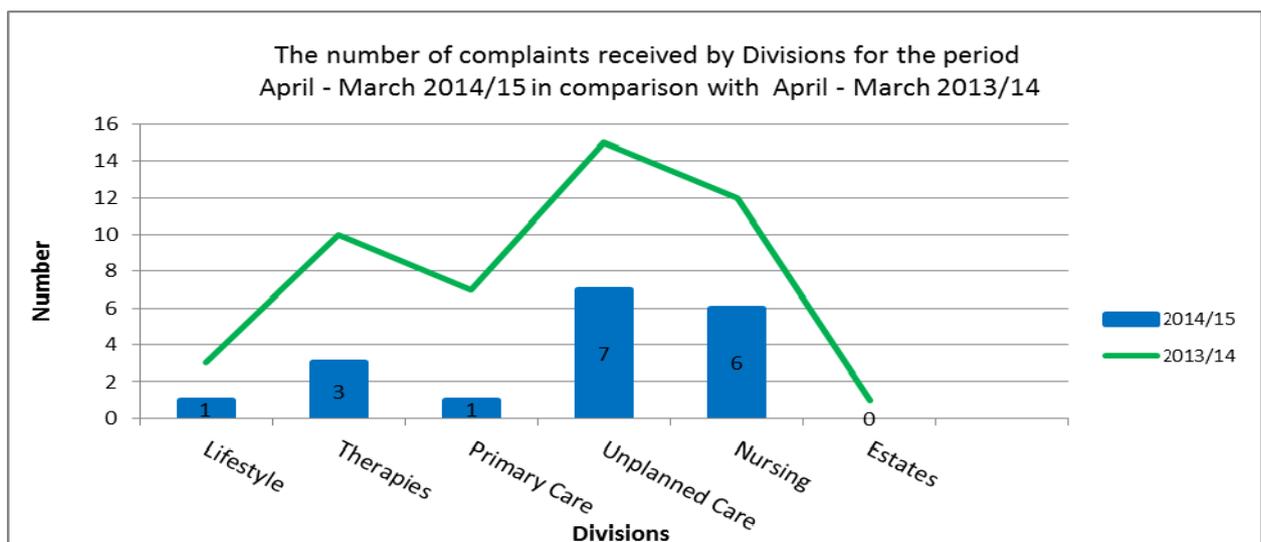
4. All complaints received in May 2014 at the time of compiling the report for the 2 June 2014 Board meeting 2 had been completed and 2 were being investigated. These investigations have now been concluded. Of the 4 complaints received in May 2014, 2 complaints were not upheld and 2 complaints were upheld, wholly or partially. Details of those complaints upheld are set out in appendix 1.

5. The 8 complaints received in June 2014 at the time of compiling the report 6 have been completed and 2 are currently being investigated. Of the 6 investigations concluded all 6 complaints were upheld. Details of the complaints upheld are set out in appendix 1.

6. Patients or relatives raising a complaint are offered the opportunity of sharing their story with the Trust Board.

7. **Parliamentary and Health Service Ombudsman**

    Trusts are expected to resolve complaints locally were possible; however, if a complainant remains dissatisfied with the trust's response they have the right to refer the matter to the Parliament and Health Service Ombudsman (PHSO).

    No communications were received from the PHSO in June 2014.

Number of Concerns Registered with the Patient Experience Service

8. For the reporting period (01-30 June 2014):

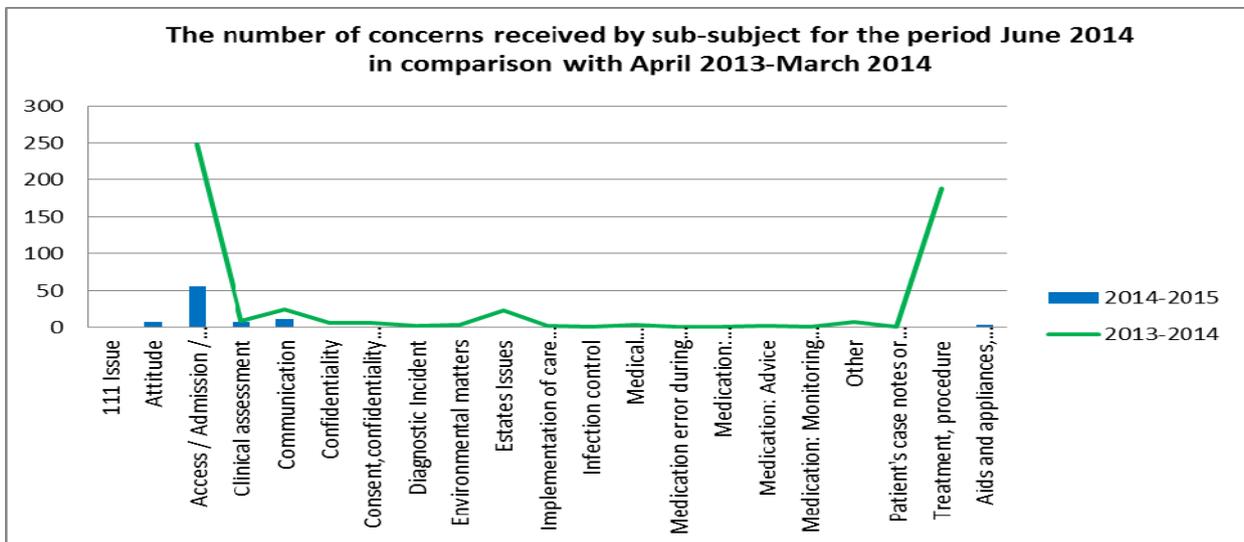   *   91 concerns were received in June 2014.
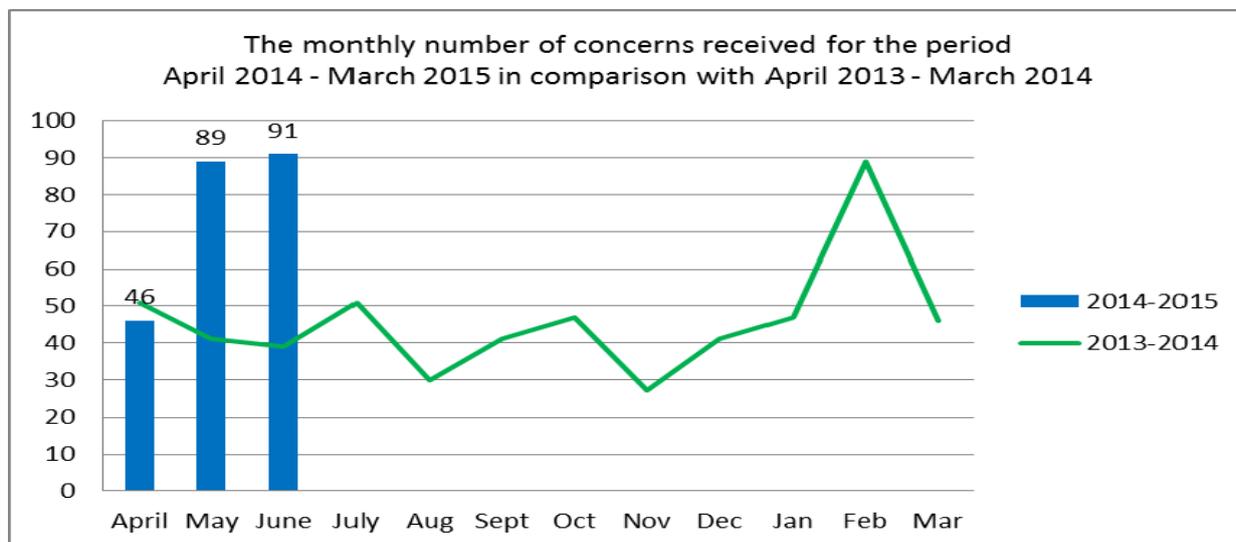
The above graph demonstrates an increase in the number of concerns recorded in June 2014/15 (91) compared to June 2013/14 (40).

9. Concerns should be acknowledged within 3 working days. 100% of concerns received in June 2014/15 were acknowledged within 3 working days of receipt. Where possible the concern is discussed with the service user by telephone, this helps to clarify the issues, establish the service user's expected outcome and agree a time scale for response.

10. The graph below shows a breakdown of the number of concerns received in comparison with the number of contacts made to the Patient Experience Service.
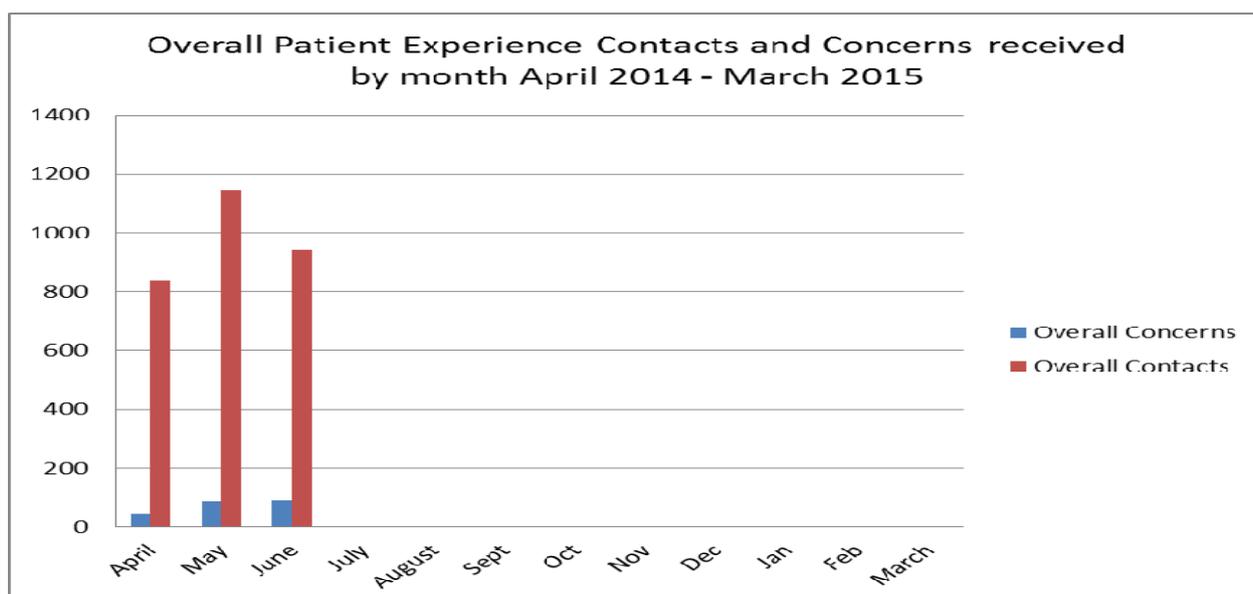
11. The graphs below show a breakdown in the concerns received by division and subject.

The number of concerns received by divisions for the period June 2014 in comparison with April 2013-March 2014

The number of concerns received by sub-subject for the period June 2014 in comparison with April 2013-March 2014
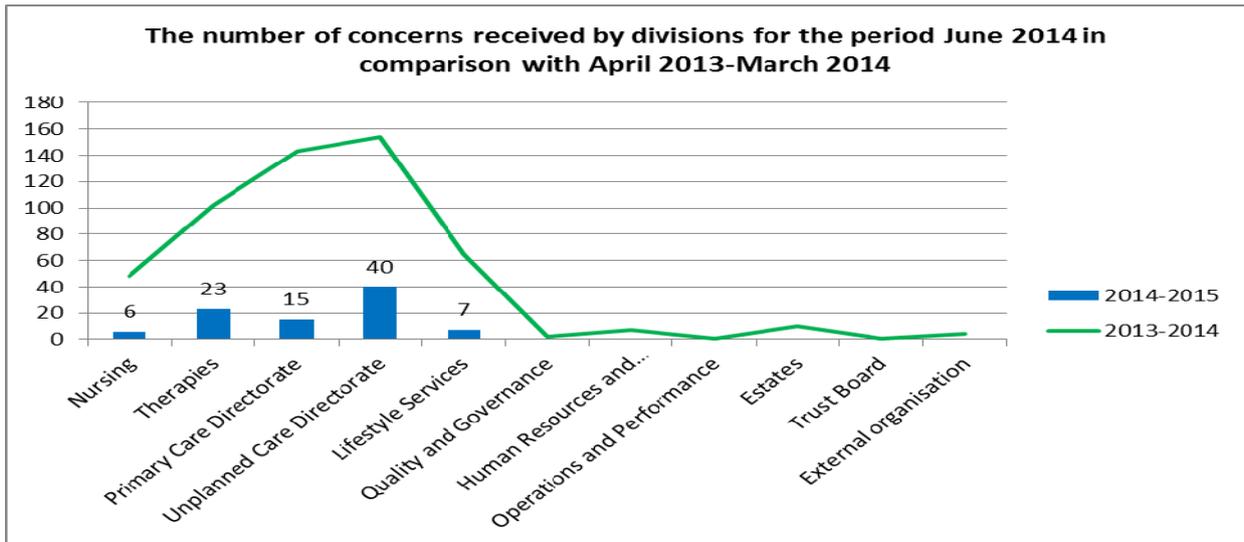
12. All concerns are scored using the Trust's Risk Scoring Matrix. Each score in the matrix is assigned a colour (Red – 15-25, Orange – 5-12, and Green – 0-4). If a concern has been risk scored 'red' will immediately be brought to the attention of the Chief Executive and appropriate Director. For the purpose of this report concerns risk rated above 12 will be reported.

Risk Grade for Concerns received June 2014
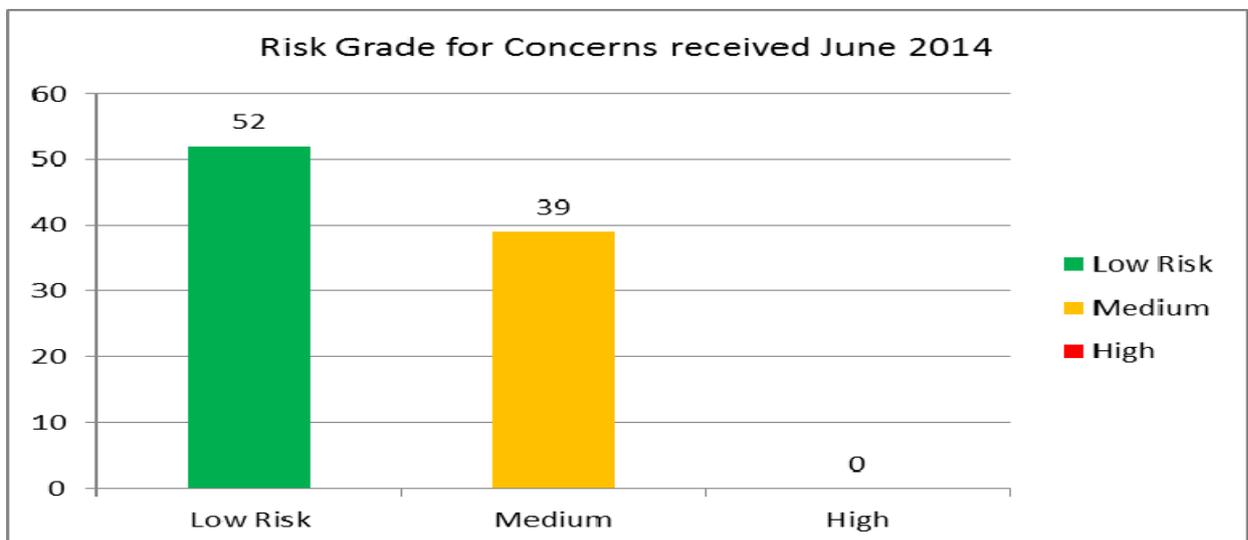
13.   Of the 91 concerns received in June 2014 none were risk rated 12 and above.

14. The learning and actions resulting from concerns are discussed at the divisional governance groups and monitored at the Quality, Patient Experience and Risk Group.

15. Patients or relatives raising a concern are offered the opportunity of sharing their story with the Trust Board.

16. **Correspondence from Members of Parliament**

    Correspondence was received by the Trust in June 2014 from Angela Eagle, Member of Parliament, on behalf of a constituent, regarding the waiting time for appointment at the Wheelchair Service.

Sandra Christie
Director of Quality and Nursing

Contributors:
Sylvia Reynolds
Complaints and Claims Manager

29 July 2014

Appendix 1

Details of complaints upheld, wholly or partially, in the period May 2014

233 – Unplanned Care – (VCH, Walk-in-centre) – Aspects of clinical treatment.

Complaint relates to aspects of care provided to complainant's son by two Wirral Community NHS Trust Services: Unplanned Care Walk-in-centre (lead service) and Primary Care (Out of hours service).

Learning:

Appropriate clinical assessment undertaken, however, further exploration of presenting symptoms could have been conducted.

Actions:

- Learning points from investigation will be shared across both services to maximise learning from experience.

- Learning from complaint will be disseminated to Nursing Services across the Trust.

305 – Unplanned Care – (Phlebotomy) – Appointment/Attitude

Complaint relates to two appointments being cancelled upon attendance and attitude of staff member.

Learning:

- Service provided fell below standard expected of staff.

- Changes that were being implemented in the service as part of a new contract caused disruption.

Action:

- Staff member to attend Patient Excellence (Customer Care) training session.

Details of complaints upheld, wholly or partially, in the period June 2014

372 – Unplanned Care – (Centralised Booking Service) – Appointments, delay.

Complaint relates to the process for booking appointments.

Learning:

Phlebotomy service booking system was being upgraded and changes to the new system together with increased demand led to a temporary disruption to the service.

376 – Unplanned Care – (Phlebotomy) – Attitude of staff.

Complaint relates to communication and attitude of staff.

Learning:

Call handler did not ascertain sufficient information to establish patient had correct paperwork.

Actions:

- Staff member to attend Patient Excellence (Customer Care) training session.

407 – Therapies (Podiatry) – Admission/discharge/transfer.

Complaint relates to re-arranged appointments times.

Learning:

Service did not provide a service at a standard expected in respect of appointments being rescheduled.

Actions:

- Learning points from investigation will be shared across both services to maximise learning from experience**.**

409 – Therapies (Podiatry) – Appointments, delay.

Patient is of the view that 17 weeks is too long to wait between appointments.

Learning:

Changes to the way patients are re-booked for their next appointment after each consultation led to increased working times and less flexibility in the way clinics provided.

Actions:

- Recruiting additional staff.

- Discussions with commissioners regarding specifications relating to the rebooking patients proposals.

417 – Nursing (Community Nursing) – Equipment.

Mattress not ordered for disability bed.

Learning:

Delay in contacting patient's carer regarding arranging delivery of equipment.

Actions:

- Re-enforced with staff the importance of entering information regarding the ordering of equipment on to a patient's records to ensure relevant information is available when required.

428 – Lifestyle Services (Health Visiting) – Environmental

Foster carer concerned about the 'untruths' reported about the conditions in her home for a young person and baby.

Learning:

Appropriate action taken by the practitioner, but the matter was not handled appropriately between the trust and local authority.

Actions:

- The trust and local authority agreed to look at how communication between the organisations can be improved**.**

Quality Dashboard
1 July – 26 July 2014

Agenda Item:	13	Reference:	WCT14/15-108
Meeting Name:	Trust Board	Meeting Date:	4 August 2014
Lead Director:	Sandra Christie		
Job Title:	Director of Quality and Nursing		

Link to Business Plan:	Ensures essential levels of quality and safety are met and drives forward continuous improvement for: • Patient, Community and Commissioners • Care Delivery • People and Resources • Enabling Functions
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	**Yes** ☐ **No** ☐ **N/A** ☑
Has the Public & Stakeholders been consulted?	**Yes** ☐ **No** ☐ **N/A** ☑
To Approve ☑	**To Note** ☐ **To Assure** ☑

Financial Implications:
E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.

None Identified at present.

Overall Cost / Pressure:	£	Overall Income:	£
Additional Funding Required:	£	Funding Already Ring Fenced:	£

Identified Risks:

The continued reporting of community acquired grade 3 and 4 pressure ulcers has been identified as a risk by the Community Nursing Service; this has been appropriately escalated to the risk register.
A Pressure Ulcer action plan has been submitted to the July 2014 Quality and Governance Committee to provide assurance regarding the actions being implemented in relation to this identified risk. Following analysis of triangulated data, a programme of 'deep dives' will be conducted, initially focusing on two community nursing teams to identify areas for quality improvement.

Assurance to Board:

The Quality dashboard provides assurance to the board of the delivery of safe, effective and quality services and a monthly high level summary of achievement against the organisations quality goals.

Publish on Website: Yes ☑ No ☐	**Private Business:** Yes ☐ No ☑

Wirral Community NHS Trust
Quality Dashboard
1 July – 26 July 2014

Purpose

1. The purpose of this monthly report is to present the organisaitons quality dashboard to the board and to provide assurance of the delivery of safe, effective and quality services in a monthly high level summary of achievement against the organisations quality goals for the reporting period 1 July – 26 July 2014.

Executive Summary

2. Wirral Community NHS Trust Board recognises that quality is an integral part of their business strategy and for the Trust to be most effective; quality must become the driving force of the organisation's culture.

3. We are committed to ensuring that quality forms an integral part of its philosophy, practices and business plans and that responsibility for driving this is accepted at all levels of the organisation.

4. The five year quality strategy is structured around the organisations strategic priorities which are; Our Patients, Our People, Our Services and Our Sustainability.

5. The quality goals which ar ealigined ot each of those strategic priorites are:

Our Patients
Implement Safe Staffing Programme
95% of complaints and concers responded to in 3 days
10% increase in patient experience
Friends and Family Score of 60 or above
Staff confident to raise concerns about patient safety and NHS fraud

Our Services
95% CQUIN Milestones Achieved
95% Clinical Audits completed
NICE standards implemented
60 Front Line Focus Visits completed
95% Harm Free Care

Quality Goals 14/15

Our People
95% staff to have annual appraisal and development plan
Implement staff Friends and Family Test
95% staff to attend corporate and local induction
95% staff to attend core mandatory training
Decrease in staff sickness rates to 4.2%
75% eligible staff to receive flu vaccine

Our Sustainability
95% staff to complete Information Governance training
Achieve level 2 on IG toolkit
Implement PDRPP*
Establish funding stream for Innovation and Research
Implement Continuous Quality Improvement Programme

6. The Quality and Governance Committee is the responsible committee for ensuring trends identified in the quality daschboard are monitored and the appropriate action taken to improve patient care.

7. The quality dashboard will be tabled at the board to ensure the information is current and any current quality concerns raised.

Board Action

8. The board is asked to approve the quality dashboard for the reporting period 1 July – 26 July 2014 and be assured of the delivery of safe, effective, quality services across the organisation.

Sandra Christie
Director of Quality and Nursing

Contributors:
Paula Simpson
Head of Quality and Nurisng

22 July 2014

Wirral Community NHS

NHS Trust

Update report on the implementation of the action plan
(following the Mid-Staffordshire NHS Foundation Trust public inquiry)
Quarter 1, 1 April – 30 June 2014

Agenda Item:	14	**Reference:**	WCT14/15-109
Meeting Name:	Trust Board	**Meeting Date:**	4 August 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

Link to Business Plan:			
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes ☐	No ☐	N/A ☑
Has the Public & Stakeholders been consulted?	Yes ☐	No ☐	N/A ☑

To Approve ☐	**To Note** ☐	**To Assure** ☑

Financial Implications:
E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.

None identified at present

Overall Cost / Pressure:	n/a	**Overall Income:**	n/a
Additional Funding Required:	n/a	**Funding Already Ring Fenced:**	n/a

Identified Risks:

None identified at present a full risk assessment of individual action plans will be completed in due course.

Assurance to Board:

This paper provides assurance to the Trust Board of what actions the Trust will take to ensure implementation of appropriate recommendations contained in the Robert Francis report (2013) across Wirral Community NHS Trust and the process for monitoring.

Publish on Website: Yes ☐ No ☑	**Private Business:** Yes ☐ No ☑

Report History		
Submitted to	**Date**	**Brief Summary of Outcome**
Trust Board	4 March 2013	Initial report presented and approved
Trust Board	2 April 2013	Report action plan presented and agreed
Trust Board	5 August 2013	Updated action plan presented and agreed
Trust Board	2 December 2013	Updated action plan presented and agreed
Trust Board	3 March 2014	Updated action plan presented and agreed
Trust Board	5 May 2014	Updated action plan presented and agreed

Wirral Community NHS Trust

Update report on the implementation of the action plan
(following the Mid-Staffordshire NHS Foundation Trust public inquiry)
Quarter 1, 1 April – 30 June 2014

Purpose

1. At the March 2013 Trust Board, the recommendations of the Francis Inquiry Report (2013) and revised and validated the actions required by Wirral Community NHS Trust were discussed. These were categorised into the following 4 areas:

    •   Those that require action by the Trust and will have clear and direct implications for the Trust and the services it provides.
    •   Those that require action by other NHS Providers e.g. Acute Trusts but should be reviewed by the Trust to ensure that they do not apply to the Trust e.g. Ward Managers.
    •   Those that require a Government response – these will require additional review following this response as subsequent action by the Trust may be required.
    •   Those that relate to regulatory bodies e.g. CQC/Monitor/Professional Bodies these will require additional review as subsequent action by the Trust may be required.

2. This paper presents an update on the action plan agreed for those recommendations which have clear and direct implications for the Trust and the services it provides for the reporting period quarter 1, 1 April – 30 June 2014.

Introduction

3. The Trust Board is fully committed to responding to the Francis Inquiry Report (2013) and will continue to build on the work achieved to date and will specifically undertake to:

    •   Ensure patients and staff are genuinely at the heart of the way we do our business.
    •   Ensure our common values are explicit and shared with all staff and patients.
    •   Identify and promote a set of core fundamental standards that underpin all we do.
    •   Be open and transparent in the way we do business and that we identify quickly and clearly with patients and their families what could be improved.
    •   Ensure that all our staff are equipped to discharge their responsibilities and are caring and compassionate.
    •   Sustain visibility across all areas and support leadership at all levels of the organisation through leadership safety walks and patient experience events
    •   Ensure all the above is underpinned by robust and useful information that tells us what is happening.

4. Part of this commitment is ensuring the recommendations of the Francis Inquiry Report (2013) have clear and direct implications for the Trust and the services it provides are implemented and progress on these, and the actions required from the subsequent Cavendish, Keogh and Berwick reports, can be found in **Appendix 1**.

5. The board is asked to note:

    •   Action 1 in relation to introducing the staff Friends and Family test in the organisation is now complete
    •   Action 48 in relation to introducing a performance framework as part of annual appraisal process is now complete
    •   Action 50 in relation to developing a patient safety strategy has been extended to allow for staff consultation

6. All actions due for completion in quarter two 1 July – 30 September 2014 have been reviewed to ensure that they remain on track to be implemented within the agreed timescales.

Recommendations

7. The Board is asked to receive this report and be assured that there are adequate and effective processes in place to ensure implementation of the appropriate recommendations contained in the Robert Francis report (2013) across Wirral Community NHS Trust and a process for monitoring them.

Simon Gilby
Chief Executive

29 July 2014

Appendix 1 Wirral Community NHS Trust Action Plan

Action Plan in Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report, 2013)						
KEY (Change Status)						
Not Applicable – recommendation identifies national body to lead						
Further Information required – recommendation may in part apply to Wirral Community NHS Trust						
Title:	**Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report, 2013)**					
Action Plan Lead:	**Chief Executive**					

Revised Number	Report Theme	Recommendations	Local action required (if any)	Action by Date	Person Responsible	Comments/action status
1	**Implementation of the recommendations**	A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.	~~Monthly Mini staff surveys to be completed and published on website as a local tool to measure cultural health~~ Review of the most effective way to measure the cultural health of the organisation This will be in the form of the national staff friends and family test which will is a national CQUIN for 2014/15 and will be implemented in April 2014 and the first data published in July 2014 for quarter 1	~~On-going~~ ~~31 March 2014~~ 31 July 2014	Director of HR & Corporate Affairs/Director of Quality and Nursing	**Complete**

2		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	To be added to contracts of employment and communicated to staff in the staff bulletin and on the staff zone	~~30-Apr-13~~ ~~31 Oct 2013~~ 31 December 2013	Director of HR & Corporate Affairs	**Complete**
3	**A common culture made real throughout the system – an integrated hierarchy of standards of service**	It should be an offence for death or serious injury to be caused to a patient by a breach of these regulatory requirements, or, in any other case of breach, where a warning notice in respect of the breach has been served and the notice has not been complied with. It should be a defence for the provider to prove that all reasonably practicable steps have been taken to prevent a breach, including having in place a prescribed system to prevent such a breach	The Being Open Policy should be reviewed to include Root Cause Analysis investigations to be carried out by a reviewer independent of the service/Division for all incidents which cause serious harm or death and the findings to be reviewed by the Director of Operations and Performance/Executive Nurse and Medical Director who will decide if further action needs to be considered for any individual involved.	30 September 2013	Director Operations/Director of Quality and Nursing/Medical Director	**Complete**

4		The healthcare regulator must be free to require or recommend immediate protective steps where there is reasonable cause to suspect a breach of fundamental standards, even if it has yet to reach a concluded view or acquire all the evidence. The test should be whether it has reasonable grounds in the public interest to make the interim requirement or recommendation	A process to be put in place to ensure that all incidents involving serious harm or death of a patient or service user to be reported to the CQC by the Responsible Person	30 September 13	Director Operations/Director of Quality and Nursing/Medical Director	**Complete**
5		The Care Quality Commission should ensure as a matter of urgency that it has reliable access to all useful complaints information relevant to assessment of compliance with fundamental standards, and should actively seek this information out, probably via its local relationship managers. Any bureaucratic or legal	A process to be put in place to ensure Mandated returns about patterns of complaints, how they were dealt with and outcomes to be submitted as requested to the CQC	30 September 13	Director Operations/Director of Quality and Nursing/Medical Director	**Complete**

		obstacles to this should be removed.				
6		The Care Quality Commission should introduce a mandated return from providers about patterns of complaints, how they were dealt with and outcomes.	A process to be put in place to ensure Mandated returns about patterns of complaints, how they were dealt with and outcomes to be submitted as requested to the CQC	30 September 13	Director Operations/Director of Quality and Nursing/Medical Director	**Complete**
7		Patient safety alerts should continue following the transfer of the Patient Safety Agency's functions in June 2012 to the NHS Commissioning Board.	A process should be put in place to ensure all none compliance with action plans or decisions not to implement a patient safety alert is to be escalated to the Quality and Governance Committee.	30 September 13	Director of Quality and Nursing	**Complete**

8		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.	Development plan to be agreed once the Council is in place	**Date to be agreed once the Council is in place**	Director of HR & Corporate Affairs	
9		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	Public meeting timetable to be agreed once the Council is in place	**Date to be agreed once the Council is in place**	Director of HR & Corporate Affairs	

		and the public is maintained.				
10		Monitor and the NHS Commissioning Board should review the resources and facilities made available for the training and development of governors to enhance their independence and ability to expose and challenge deficiencies in the quality of the foundation trust's services.	Development plan to be agreed once the Council is in place	**Date to be agreed once the Council is in place**	Director of HR & Corporate Affairs	

11		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.	Review of nursing representation to be undertaken	~~31 March 2014~~ **30 September 2014 Partnership agreement review underway**	Director of HR & Corporate Affairs and Director of Quality and Nursing	
12		There should be a uniform description of healthcare support workers, with the relationship with currently registered nurses made clear by the title.	Implications from the Cavendish review to be added to the action plan when available	~~31 March 2014~~ **30 September 2014 Revised as part of work for divisional restructure**	~~Director of HR & Corporate Affairs and~~ Director of Quality and Nursing/**Director of Operations**	
13		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.	New Uniform for all nursing staff which ensures that a healthcare support worker is easily distinguishable from that of a registered nurse to be introduced	31 ~~December~~ January 2014	Director of Operations	**Complete**

14		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.	Model for Integrated Care to be developed for the organisation	31 March 2014	Director of Operations	**Complete**
15		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.	Posters to be developed for all bases to remind staff and patients of our obligations and how to raise concerns where this does not happen	31 December 2013	Director of Infection Prevention and Control	**Complete**

| 16 | | 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. | A yearly plan of medication audits to be agreed at Board and results presented for assurance | 31 March 2014 | Medical Director | **Complete** |

17	**Information**	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:	Shared database for information reporting to be developed (**data warehouse**)	31 March 2014	Director of Finance	**Complete**
		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.	Post of records manager to review the process in place currently and make recommendations for improvement	31 March 2014	Director of Quality and Nursing	**Complete**

			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.	A process to be introduced which includes a governance review of all new systems introduced	31 December 2013	Director of Finance	**Complete**
			Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered.	A process to be introduced which includes a governance review of all new systems introduced	31 December 2013	Director of Finance	**Complete**
			Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct	A process to be introduced which includes a governance review of all new systems introduced	31 December 2013	Director of Finance	**Complete**

		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.	A process to be introduced which includes a governance review of all new systems introduced	31 December 2013	Director of Finance	**Complete**
		Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards.	A process to be introduced which includes a governance review of all new systems introduced	31 December 2013	Director of Finance	**Complete**
18		All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:				

		Effective real-time information on the performance of each of their services against patient safety and minimum quality standards;	Service based quality metrics to be developed and published on staff zone **Prodecapo/quality goals**	31 March 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**
		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.	Service based quality metrics to be developed and published on website **Prodecapo/quality goals**	31 March 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**
19		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.	Service based quality metrics to be developed and published on staff zone **Prodecapo/quality goals**	31 March 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**

20		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.	Service based quality metrics to be developed and published on staff zone and the Clinical Forum to be used to review and update annually **Prodecapo/quality goals**	31 March 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**
21		All such statistics should be made available online and accessible through provider websites, as well as other gateways such as the Care Quality Commission.	Service based quality metrics to be developed and published on staff zone/web site **Prodecapo/quality goals**	31 March 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**
22		Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.	Quality and Governance Service and Information Team to work closely on data collection/presentation **Prodecapo/quality goals**	31 March 2014	Director of Finance and Performance /Director of Quality and Nursing	**Complete**
23		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	Quality and Governance Service and Information Team to work closely on data collection/presentation/validation **Prodecapo/quality goals**	31 March 2014	Director of Finance/Director of Quality and Nursing	**Complete**

		possible improved.				
24	**Coroners and inquests making more of the coronial process in healthcare-related deaths**	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.	Procedure to be introduced to ensure Information requested by the coroner to be provided in a timely manner	30 September 2013	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**
25		There is an urgent need for unequivocal guidance to be given to trusts and their legal advisers and those handling disclosure of information to coroners, patients and families, as to the priority to be given to openness	Procedure to be introduced to ensure Information requested by the coroner to be provided in a timely manner	30 September 2013	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**

		over any perceived material interest.				
26		It is of considerable importance that independent medical examiners are independent of the organisation whose patients' deaths are being scrutinised.	Procedure to be introduced to ensure Information requested by the coroner to be provided in a timely manner	30 September 2013	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**
27		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.	To train 50%of the Band 6 practitioners on the verification of death	31 March 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**

			To train 50%of the Band 6 practitioners on the verification of death	31 March 2015	Medical Director/Director of Quality and Nursing/Director of Operations	
28		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.	Procedure to be introduced to ensure Information requested by the coroner to be provided in a timely manner	30 September 2013	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete**

29	Statutory Duty of Candour The duty is for the NHS and its staff to make sure that they tell patients, families, carers and/or advocates if something goes wrong with their care (this is set out in the NHS Constitution).	Being Open Policy to be reviewed to ensure it meets the requirements of the duty of candour and	Revised Being Open Policy to included how RCA training is provided and how disclosures are made under FOI requests and policy be presented to the Quality and Governance Committee for approval	30 October 2013	Director of Quality and Nursing	**Complete**
New actions following the Government response to the report						
30		Terms of reference for the Board and Committees to be reviewed to ensure terms of reference to make sure that they include a requirement to capture instances where the Duty of Candour is applied; and where there may be breaches of that duty	Revised Terms of Reference to be agreed	31 ~~October~~ December 2013	Board Secretary	**Complete**

31		Lead Executive for the duty of candour to be identified	To be agreed at the September Board	September 2013	Board Secretary	**Complete**
32		Trained Lead Officer to be identified as family liaison for complex complaints and investigations	To be identified in Being Open Policy and training provided	30 October 2013	Director of Quality and Nursing	**Complete**

33		Raising Concerns policy to reflect this duty	Revised policy to be presented to the Education and Workforce Committee for approval	30 October 2013	Director of HR and OD	**Complete**
34		Corporate Induction presentation to raise the NHS constitution and duty of candour	Corporate Induction presentation to be reviewed to ensure staff understand the NHS constitution and duty of candour	~~30 October 2013~~ 31 December 2013	Director of HR and OD	**Complete**

35		Essential Learning presentation to raise the NHS constitution and duty of candour	Essential learning presentations to be reviewed to ensure staff understand the NHS constitution and duty of candour	30 October 2013	Director of Quality and Nursing	**Complete**
36	**Cavendish Review An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings**	Certificate and Higher Certificate of Fundamental Care for healthcare assistants to be developed by NMC and sector skills bodies	Learning and Development Group to advise Educational and Workforce Committee on the implementation locally of the certificate	Quarterly update to Committee	Director of Quality and Nursing	**Complete**

37		NHs Employers/HEE/Skills for Care to work with employees to set out a robust development framework for health and social care support staff	When national guidance is available the following should be reviewed: • Job roles • Job title (nursing assistant) • Job descriptions • Core competencies	~~30 April 2014~~ **30 September 2014 Revised as part of work for divisional restructure**	Director of Quality and Nursing/**Director of Operations**	
38 **New actions which relate to other reports about quality and patient safety which have been published since 2 April 2013**	**Keogh Report Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report**	**Ambition 1** We will have made demonstrable progress towards reducing avoidable deaths in our hospitals, rather than debating what mortality statistics can and can't tell us about the quality of care hospitals are providing.	Review the use of an early warning system and clinically appropriate escalation procedures for deteriorating, high-risk patients - in particular at weekends and out of hours – to help understand the causes of and reduce avoidable deaths. Deteriorating Patient policy based on national best practice and incidents reported on datix reviewed by QGS and if appropriate RCA completed	30 October 2013	Medical Director/Director of Quality and Nursing	**Complete**

39		**Ambition 2** The boards and leadership of provider and commissioning organisations will be confidently and competently using data and other intelligence for the forensic pursuit of quality improvement. They, along with patients and the public, will have rapid access to accurate, insightful and easy to use data about quality at service line level.	The Board must take collective responsibility for quality within their organisation and across each and every service line they provide. They should ensure that they have people with the specific expertise to know what data to look at, and how to scrutinise it and then use it to drive tangible improvements. A Board development session will be provided to discuss data for quality improvement and to assure the Board that board members have someone with the breadth of skills required to scrutinise data.	31 March 2014 Completed on 9 Dec 2013	Medical Director/Director of Quality and Nursing	**Complete**
40		**Ambition 3** Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.	The Trust should forge strong relationships with local Healthwatch who will be able to help them engage with patients and support their journey to ensuring more comprehensive participation and involvement from patients, carers and the public in their daily business	31 December 2013	Medical Director/Director of Quality and Nursing	**Complete**

41		**Ambition 4** Patients and clinicians will have confidence in the quality assessments made by the Care Quality Commission, not least because they will have been active participants in inspections.	The Trust should apply aspects of the methodology used for this review to their own organisations in quality visits to help them in their quest for improved quality **Mock CQC inspections**	31 March 2014	Medical Director/Director of Quality and Nursing	**Complete**
42		**Ambition 5** No hospital, however big, small or remote, will be an island unto itself. Professional, academic and managerial isolation will be a thing of the past	The Trust to promote releasing staff to support improvement across the wider NHS, including future CQC hospital inspections, peer review and education and training activities, including those of the Royal Colleges, recognising the benefits this will bring to improving quality in their own organisations	31 December 2013	Chief Executive	**Complete**

43		**Ambition 6** Nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients they are caring for and be transparently reported by trust boards	Director of Quality and Nursing should use evidence-based tools to review staffing levels for all clinical areas on a shift-by-shift basis. Boards should sign off and publish evidence-based staffing levels at least every six months, providing assurance about the impact on quality of care and patient experience.	31 March 2014	Director of Quality and Nursing	**Complete On – going work in safe staffing action plan**
44		**Ambition 7** Junior doctors in specialist training will not just be seen as the clinical leaders of tomorrow, but clinical leaders of today. The NHS will join the best organisations in the world by harnessing the energy and creativity of its 50,000 young doctors	Directors of Quality and Nursing and Medical Director to harness the loyalty and innovation of medical students, junior doctors and student nurses, who move between placements, so they become ambassadors for the Trust, promoting innovative practice and knowing how to raise concerns about the quality of care provided This will be through the Clinical Forum	31 March 2014	Medical Director/Director of Quality and Nursing	**Complete**

45		**Ambition 8** All NHS organisations will understand the positive impact that happy and engaged staff have on patient outcomes, including mortality rates, and will be making this a key part of their quality improvement strategy	Clinical Forum to be introduced to engage staff from every service in the quality goals and strategy development	31 March 2014	Medical Director/Director of Quality and Nursing	**Complete**
46 **New actions which relate to other reports about quality and patient safety which have been published since 2 April 2013**	**A promise to learn – a commitment to act. Improving the Safety of Patients in England**	**Recommendation 1** The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning	The wording of quality goals should be reviewed for the quality strategy in 2014/15 and the words zero harm replaced with the goal of continual reduction as patient safety is a continually emerging property	31 March 2014	Medical Director/Director of Quality and Nursing	**Complete**

47			**Recommendation 2** All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.	The skills required to be able to identify and help to reduce risks to the safety of patients to be included in the following learning and development opportunities: • Corporate induction • Essential Learning • Management Skills Programme • Risk Management Training	30 September 2014	Director of Quality and Nursing	**Complete**
48				All leaders and managers within the organisation should have the skills to address poor teamwork and poor practice of individuals. Individual skills gaps should be should be identified and addressed through the annual appraisal/revalidation system and should focus on: • Learning • Support • Listening • Continual improvement Performance framework introduced as part of annual appraisal process	30 June 2014	Director of Human Resources and OD	**Complete**

49			Once developed the NHS England safety leadership behaviours should be used during: • Recruitment • Appraisals • Leadership development	~~30 April 2014~~ **When developed nationally**	Director of Human Resources and OD/Director of Quality and Nursing	
50			A Patient Safety Strategy should be developed that clearly describes the organisations patient safety goals which can be measured and regularly reviewed Time extended to allow for staff consultation: 1. Draft strategy to QPER August 2. QGC 18 for comments 3. Staff Council 21 for comments 4. Board 3 September for approval 5. Clinical Forum 16 September for information	~~31 March 2014~~ ~~30 June 2014~~ 30 September 2014	Director of Quality and Nursing	

51		**Recommendation 3** Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of Trusts	A Patient Engagement Strategy should be developed clearly describe how patients are involved in: • Care planning including risks and alternatives • Decision making • Care design • Quality goal setting • Quality improvement • Patient and Staff Quality Groups • Measuring and monitoring patient safety • Giving general feedback	31 March 2014	Director of Quality and Nursing	**Complete**
52		**Recommendation 4** Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS's needs now and in the future. Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported	A six monthly clinical staffing report should be presented to the Board to support them in taking responsibility for ensuring that clinical areas are adequately staffed. This will be a monthly board report from April 2014	~~31 March 2014~~ 30 April 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete On – going work in safe staffing action plan**

53			The report should take account of varying levels of patient acuity and dependency and based on best evidence and NICE guidance. To support this the following tools need to be developed/implemented: • Workforce assurance tool • Patient acuity tool • Safe staffing levels tool based on nurse to patient ratios and skill mix between registered and unregistered staff by team This will be a monthly board report from April 2014	~~31 March 2014~~ 30 April 2014	Medical Director/Director of Quality and Nursing/Director of Operations	**Complete On – going work in safe staffing action plan**
54			Staff should work in well-structured teams. This should be measured annually through the NHS staff survey.	31 December 2013	Director of Human Resources and OD	**Complete**
55			Staff should feel supported through having managers who : • Deliver excellent human	~~31 March 2014~~ 31 July	Director of Human Resources and OD/Director of Quality and Nursing	

				resources and who have completed the Management Skills Programme	2015		
				• Deliver the wellbeing agenda in their team			
				• Cultivate a positive organisational culture			
				• Involve staff in decision making and innovation			
				• Provide staff with helpful feedback			
				• Recognise good performance			
				• Address systems performance			
				• Make sure staff feel safe, supported, respected and valued at work			
				• Set challenging and measurable team objectives			
				• Facilitate good communication within and about teams			
				This should be measured by using a cultural barometer for the organisation and the results and any action plans being shared at the Education and Workforce Committee This will be in the form of the national staff friends and family test which will is a national CQUIN for 2014/15 and will be implemented in April 2014 and			

			the first data published in July 2014 for quarter 1			
56			The organisation should implement any systems recommended by professional regulators for assessing performance and revalidation Nurse revalidation will be introduced in December 2014 for full implementation by December 2015	~~31 March 2014~~ 30 December 2015	Medical Director/Director of Quality and Nursing	
57		**Recommendation 5** Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives **Recommendation 6** The NHS should become a learning organisation. Its leaders should create and support the capability for learning, and therefore change, at scale, within the NHS	Invest in building capacity to enable all staff to contribute to improving quality and safety by Quality and Patient Safety Science (including the principles and practice of patient safety, on measurement of quality and patient safety and skills for engaging patients actively) being developed at every level of the organisation: • As part of Essential Learning programme by E learning • As part of the Management Skills Programme Complete • Using the IHI Open School **Complete** • Through the lead nurses/lead clinicians forum **Complete** • Through the Board Development	~~31 March 2014~~ **31 March 2015 Revised to take account of local CQUIN 2014/15**	Director of Quality and Nursing	

			programme • Through working with partners e.g. Royal Colleges, HEE, North West Leadership Academy, AQUA and IHI to equip expert quality leaders with an in-depth understanding of safety and improvement **Complete** This wilj also form part of a local CQUIN in 2014/15			
58		**Recommendation 7** Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public. **Recommendation 8** All organisations should seek out the patient and carer voice as an essential	All data on quality of care and patient safety that is collected should be shared with anyone who requests it in a timely fashion with due protection for individual patient confidentiality and published on staff zone and website.	~~31 March 2014~~ **30 July 2014 Revised as Trust now part of the open and honest reporting programme with first data to be published in July**	Medical Director/Director of Quality and Nursing	**Complete**

			asset in monitoring the safety and quality of care.			
59			A peer review system of the organisations quality and patient safety formal systems should be developed through partnership with another organisation to facilitate learning and use of best practice	31 March 2015	Medical Director/Director of Quality and Nursing	
60			An agreed set of local early warning signs of quality and patient safety problems should be developed and include: • The voice of the patient • The voice of the staff • Staffing levels • The reliability of critical processes • Quality metrics These should be routinely collected, analysed and responded to by the Quality and Governance Committee and escalated to the Board as appropriate	31 March 2014	Medical Director/Director of Quality and Nursing	**Complete**
61			In addition to the current aggregated quality and patient safety data being reported to the Committees and Board data on the CQC fundamental standards should be reported at team level **Prodecapo/Quality Goals**	31 March 2014	Medical Director/Director of Quality and Nursing	**Complete**

62			**Recommendation 9** Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff. All incentives should point in the same direction.	A system to be introduced to ensure all Patient Safety alerts which are relevant to the organisation should be reported to the Quality and Governance Committee with evidence they have been implemented promptly. Any problems with implementation should be escalated to the Board	30 September 2013	Director of Quality and Nursing	**Complete**
63				The CQC fundamental Standards for Community Trusts should be fully implemented within the organisation and evidence of compliance with these standards monitored at the Compliance group with escalation of any compliance issues through the Quality and Governance Committee to the Board This action has been updated to reflect the national timescale for the introduction of the fundamental standards July 2014 The consultation on fundamental standards has now closed. The fundamental standards will come in to force for all providers in April 2015, and at the same	~~30 April 2014~~ ~~31 July 2014~~ 30 April 2015	Medical Director/Director of Quality and Nursing	

			time, subject to Parliament, the fit and proper person requirement and the duty of candour will be extended so they also cover all providers from then on.		
64		**Recommendation 10** We support responsive regulation of organisations, with a hierarchy of responses. Recourse to criminal sanctions should be extremely rare, and should function primarily as a deterrent to wilful or reckless neglect or mistreatment.	Support for staff around the implementation of the Being Open Policy and the reporting of serious incidents should be included as part of implementing the reviewed policy	31 March 2014	Director of Quality and Nursing	**Complete**