

YAS Quality Governance Action Plan v25 May 2013

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> <div style="width: 15%; height: 15px; background-color: green; border: 1px solid black;"></div> No concern/on track <div style="width: 15%; height: 15px; background-color: yellow; border: 1px solid black;"></div> Concern under control <div style="width: 15%; height: 15px; background-color: red; border: 1px solid black;"></div> Concern requires TEG attention <div style="width: 15%; height: 15px; background-color: lightblue; border: 1px solid black;"></div> Actions completed <div style="width: 15%; height: 15px; background-color: lightgrey; border: 1px solid black;"></div> Actions due </div> </div>																			
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Recommendations from external review Quality Governance Jan 2013 assessment																			
1	Work should continue to ensure that the Clinical Leadership Framework is embedded and that the Performance Management and Service Line Management Strategies are fully implemented.	H	Fully implement SLM strategy	DoF															
			Embed Performance Management Strategy	DoF															
			Embed the clinical leadership framework	DoF															
2	Reporting and governance arrangements around visits by Board members and senior managers to services should be strengthened to ensure that action and learning takes place.	M	Strengthen the governance arrangements for the listening watch programme	TEG															
			Ensure the IPR contains an overarching dashboard or heat-map. Ensure there is better use of forecasting and benchmarking in the IPR plus a more consistent use of narrative.	DoF															
3	The IPR would benefit from an overarching dashboard which indicates key performance hotspots (to include patient experience / performance / workforce / finance). This high-level view should be supported by a chairs key messages.		Review the IPR	DoF															
	Improve benchmarking in the IPR and use year on year benchmarking where appropriate.			DoF															
	The Board must be able to demonstrate improvements in performance in an on-going and sustained way.			DoF															
4	Complete the implementation of the new risk management system in line with plan and ensure that its use is embedded during 2013.	M	Launch new Risk Management System																
			Complete training plan June 13	Exec Dir of S&C															
			Monitor input to Datix and act on issues																
6	The Trust should fully implement its 'Bright Ideas Scheme' to broaden its initiatives to encourage staff innovation.	H	Launch the bright ideas scheme with IBP and transformation programme	Exec Dir of Workforce and Strategy															
7	The Trust should take steps to ensure that accountability and reporting arrangements are clarified to avoid duplication, and that clinical governance arrangements are fully embedded at CBU level.	H	Ensure governance arrangements are fully embedded at CBU level	Exec Dir of Ops															
Recommendations from Mid Staffordshire Enquiry																			
1	These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service. 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; Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions; In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report 		Board presentation to summarise overarching themes	Exec Dir S&C															
			Report to Clinical Governance Group - Review of recommendations and action plan.	Exec Dir S&C															
			Report to Quality Committee - Review of recommendations and action plan.	Exec Dir S&C															
			Continue monitoring through CGG and Quality Committee quarterly	Exec Dir S&C															
	Refresh Clinical Quality Strategy																		
2	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: <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. 		Fully Embed Clinical Leadership Framework- further detail to be taken from paper 9.3	Director of Ops															
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.		Review NHS Constitution against YAS Core Values and make recommendations for change.	Exec Dir Workforce and Strategy															
5	In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: <ul style="list-style-type: none"> Staff put patients before themselves; They will do everything in their power to protect patients from avoidable harm; They will be honest and open with patients regardless of the consequences for themselves; Where they are unable to provide the assistance a patient needs, they will direct them where possible to those who can do so; They will apply the NHS values in all their work. 		Embed Clinical Leadership Framework	Director of Ops															
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		HR to review requirements to add adendum to contract/job description to reflect a commitment to NHS values and constitution.	Exec Dir Workforce and Strategy															

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	which should be incorporated into the contracts of employment.		Review recruitment processes and techniques making changes where identified.	Exec Dir Workforce and Strategy														
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.		Review the governance arrangements for all outsourced services.	Exec Director Ops														
12	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.		Fully implement Clinical Leadership Framework as above.	Exec Director Ops														
			Identify the way in which Datix can support the feedback and reporting processes to staff.	Exec Director of S&C														
13	Standards should be divided into: • 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. All such standards would require regular review and modification.		Review Clinical Quality Strategy in light of Francis recommendations	Exec Medical Director, Associate Director of Quality														
37	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.		Review the content of the IPR as above	DoF														
	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.		The Quality Accounts to be signed off by the Quality Committee and Trust Board.	Exec Dir S&C														
40	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.		Further work will focus on how reporting can include greater use of narrative.	Exec Dir S&C														
75	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		Review proposed Governor role															
76	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.																	
111	Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.		Review current complaints policy	Exec Dir S&C														
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.																	
113	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.		Review the Patients Association peer review into complaints at the Mid Staffordshire NHS Foundation Trust	Exec Dir S&C														
			Make recommendations to the Quality Committee regarding the complaints process upon publication of the findings of the national complaint review.	Exec Dir S&C														
118	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.		Engage in discussion with other ambulance services regarding action against this recommendation.	Exec Dir S&C														
			Liaise with corporate communications to agree format and process for sharing patient complaint information on the website.															

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119	Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality		Liaise with Healthwatch to determine and agree the level of information required regarding complaints ensuring any action remains compliant with information governance.	Exec Dir S&C													
120	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.		Liaise with commissioners	Exec Dir S&C													
143	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.		Review of IPR and dashboards as above														
174	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.																
175	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		Review of being open policy to be completed.	Exec Dir S&C													
180	Guidance and policies should be reviewed to ensure that they will lead to compliance with <i>Being Open</i> , the guidance published by the National Patient Safety Agency.																
181	A statutory obligation should be imposed to observe a duty of candour: • 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. 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.		Complete Clinical Leadership Framework and review of the being open policy as above.	Exec Dir of Ops													
185	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: • Selection of recruits to the profession who evidence the: <input type="checkbox"/> Possession of the appropriate values, attitudes and behaviours; <input type="checkbox"/> Ability and motivation to enable them to put the welfare of others above their own interests; <input type="checkbox"/> Drive to maintain, develop and improve their own standards and abilities; <input type="checkbox"/> 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: <input type="checkbox"/> Recognition of achievement; <input type="checkbox"/> Regular, comprehensive feedback on performance and concerns; <input type="checkbox"/> Encouraging them to report concerns and to give priority to patient well-being		Complete clinical leadership framework	Exec Dir of Workforce and Strategy													
			Develop themes of professionalism through Trust education and	Exec Dir of Workforce and Strategy													
191	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.		Pilot values based recruitment	Exec Dir of Workforce and Strategy													
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.		Application of the PDR process through all levels of the organisation.	Exec Dir of Workforce and Strategy													
			Monitor compliance and uptake of PDR on a monthly basis reporting through CGG to Quality Committee.	Exec Dir of Workforce and Strategy													
195	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.		Complete clinical leadership framework as above														
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.		Deliver the policy deployment matrix for the culture and capability project group as part of the service transformation programme.	Exec Dir of Workforce and Strategy													
198	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".		Consider undertaking regular culture survey.														

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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		Review membership at management and development groups.	Exec Dir of Ops													
216	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		Clinical Leadership Framework as above	Exec Dir of Ops													
237	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		Deliver the Service Transformation Programme through the multi-disciplinary project groups and the implementation of the clinical leadership framework.	Exec Dir of S&C													
238	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds: <input type="checkbox"/> All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. <input type="checkbox"/> Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. <input type="checkbox"/> The NHS should develop a greater willingness to communicate by email with relatives. <input type="checkbox"/> The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. <input type="checkbox"/> 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.		Deliver the engagement and communication elements of the Culture and Capability Project Group.	Exec Dir of Workforce and Strategy													
239	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.		Monitor the frequency and numbers of patients who require transport for discharge home from hospital between the hours of 2100 and 0900 and provide feedback to acute providers.	Exec Dir of Ops													
244	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: <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		Explore options for releasing patient information (especially in line with Caldicott 2)	Exec Medical Director													
			Make recommendations to Quality Committee in July 2013	Exec Medical Director													
248	Healthcare providers should be required to have their quality accounts independently audited. Auditors should be given a wider remit enabling them to use their professional judgement in examining the reliability of all statements in the accounts		Complete current plan to external assessor for publication	Exec Dir of S&C													
262	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; Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. 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.		Review the IPR and dashboards														
267	All such statistics should be made available online and accessible through provider websites, as well as other gateways such as the Care Quality Commission.		Review current information and make recommendations to Quality Committee in July 2013	DoF													