

Salisbury NHS Foundation Trust action plan – updated February 2014

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
Accountability for implementation of the recommendations						
These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service						
1	Implementing the recommendations Government accepted	<p>It is recommended that:</p> <ul style="list-style-type: none"> All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work; Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions; 	Yes	<ul style="list-style-type: none"> Trust wide CEO briefings. CG half day patient experience Trust Board report overview presented & actions to be taken to share learning/ act on recommendations Preliminary discussion of the report at CGC 12/3/13 & action taken to share learning. Directorate presentations to teams Putting Pride into Practice event – making every contact count Report against accepted recommendations to be presented to CGC, Trust Board and commissioners in July 13 and annually thereafter. 6 focus groups held on Trust values and behaviours between Feb and March 13. Further work required to embed in day 	<p>CEO DON 16/5/13 Medical Director 11/3/13 Medical Director 12/3/13</p> <p>All DMTs DoN 4/3/13</p> <p>DoN Medical Director July 13 July 14</p> <p>Deputy Director of HR</p>	<p>The Trust held a number of listening events between March to July 2013 to hear staff views and what we have learnt from the findings.</p> <p>Trust values and behaviours published and will be embedded within staff</p>

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
2	<p>Government accepted</p> <ul style="list-style-type: none"> 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. <p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires</p> <ul style="list-style-type: none"> A common set of core values and standards shared throughout the system; Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; A system which recognises and applies the values of transparency, honesty and candour; 	<p>N/A</p> <p>N/A</p> <p>Yes</p>	<p>N/A</p> <p>N/A</p>	<p>to day practice and appraisals.</p> <ul style="list-style-type: none"> CG half day 14 November on learning from incidents and complaints <p>Complete work on Trusts values and behaviours and share widely to embed in practice</p> <p>See action plan in recommendation 1</p> <p>Continue to actively encourage adverse incident reporting, learning and acting on themes.</p>	<p>March 14</p> <p>DoN 14/11/13</p> <p>Deputy Director of HR March 14</p> <p>Head of Risk Management ongoing</p>	<p>appraisals from 1/4/14.</p> <p>Completed 14/11/13 well evaluated.</p> <p>Revised Trust values and behaviours for approval at Trust Board in April 14 and will be embedded within staff appraisals from 1/4/14.</p> <p>Adverse incident reporting actively & continuously promoted. Anticipated increase in</p>

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> Improve learning from complaint/concerns responses, learning and acting on themes Once values and behaviours work completed embed in practice Undertake an annual staff safety culture survey and take action on themes 	Head of Patient Experience ongoing Deputy Director of HR 30/3/14 Head of Risk Management 13/14	<ul style="list-style-type: none"> reporting with Datix web. PPI/Customer care review completed and changes implemented to improve learning and improvement To be progressed later in 2014 to evaluate the impact of Datix web
Putting the patient first						
The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.						
3	Clarity of values and principles Government accepted	The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	Yes	<i>NHS Constitution was published on 26 March 2013</i>		
4	Government accepted	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.	Yes	<i>NHS Constitution aspires to put patients at the heart of everything it does.</i> <ul style="list-style-type: none"> Complete work on Trusts values and behaviours and share widely to embed in practice 	Deputy Director of HR 31/3/14	<ul style="list-style-type: none"> Revised Trust values and behaviours for approval at Trust Board in April 14 and will be embedded within staff appraisals from 1/4/14

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
5	Government accepted	<p>In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that:</p> <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 	Yes	<p><i>NHS Constitution sets out staff responsibilities</i></p> <ul style="list-style-type: none"> • Complete work on Trusts values and behaviours and share widely to embed in practice 	Deputy Director of HR 31/3/14	<ul style="list-style-type: none"> • Revised Trust values and behaviours for approval at Trust Board in April 14 and will be embedded within staff appraisals from 1/4/14
6	Government accepted	The handbook to the NHS Constitution should be revised to include a much more prominent reference to the NHS values and their significance.	Yes	<i>A revised handbook to the NHS Constitution was published on 26 March 13. It sets out the principles, values, rights and pledges.</i>		
7	Government accepted in principle	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.	Partial	<ul style="list-style-type: none"> • Review contracts of employment and job descriptions to ensure values and behaviours are expressly stated 	Deputy Director of HR 31/12/13	<ul style="list-style-type: none"> • Revised Trust values and behaviours for approval at Trust Board in April 14 and will be embedded within staff appraisals from 1/4/14 • Work started as to how we recruit to our values and included in job descriptions. • Appraisal system has been strengthened and

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
8	Government accepted	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	Yes	<ul style="list-style-type: none"> Add a clause in to our Supplementary Terms and Conditions. Suppliers will then be aware of our values and behaviours expectations/their obligations when a tender is issued. 		<p>linked to behaviours and performance for pay progression.</p> <p>Work completed with a line in the Terms and Conditions that all contractors must work within the NHS Constitution.</p>
Fundamental standards of behaviour						
Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards.						
9	Government accepted in principle	The NHS Constitution should include reference to all the relevant professional and managerial codes by which NHS staff are bound, including the Code of Conduct for NHS Managers.	Yes	<i>NHS Constitution sets out staff responsibilities</i>		<i>At the next update of the NHS Constitution the DoH will consider how best to reflect the codes of conduct and relevant professional and managerial codes.</i>
10	Government accepted in principle	The NHS Constitution should incorporate an expectation that staff will follow guidance and comply with standards relevant to their work, such as those produced by the National Institute for Health and Clinical Excellence and, where relevant, the Care Quality Commission, subject to any more specific requirements of their employers.	Yes	<i>NHS Constitution sets out staff responsibilities</i>		<i>At the next update of the NHS Constitution the DoH will consult on how to best reflect an expectation that staff will have regard to guidance, standards and codes relevant to their role.</i>
11	Government accepted	Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional	Yes	Governance process in place to approve and ratify guidelines/protocols through CMB, OMB & published on ICID & the intranet.		<ul style="list-style-type: none"> Ongoing process

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
12	Government accepted	<p>disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.</p> <p>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</p>	Yes	<p>Extensive Trust wide audit programme in place, outcomes monitored and acted upon through assurance committees.</p> <ul style="list-style-type: none"> • Enable timely reporting, deeper learning from themes and contributory factors with the introduction of Datix web. • Continue to actively encourage adverse incident reporting, learning and acting on themes. • Ensure MDT risk meetings are held in key departments so staff feel involved and are aware of actions taken. • Ratify raising concerns or whistleblowing policy and publicise widely. 	<p>Trust wide 30/3/14</p> <p>Head of Risk Management ongoing</p> <p>Head of Risk Management ongoing</p> <p>Head of Clinical Effectiveness 30/9/13</p>	<ul style="list-style-type: none"> • Progress of annual audit programme published in Quality Account 13/14. • Adverse incident reporting actively promoted and encouraged. Anticipated rise in reporting with Datix web. Datix web implementation in progress and should be completed by March 14. Feedback on incident reports at departmental meetings. • Raising concerns policy reviewed and ratified at JBD August 13. Widely publicised.
<p>A common culture made real throughout the system – an integrated hierarchy of standards of service No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.</p>						

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
15	Government accepted in principle	All the required elements of governance should be brought together into one comprehensive standard. This should require not only evidence of a working system but also a demonstration that it is being used to good effect.	Yes	SFT have a quality governance strategy which sets out the structure and outcomes. The effectiveness of the system is reviewed annually.		SFT were inspected by the CQC under the old inspection regime in Feb 13 – 5 out of 7 standards were met. There were minor concerns about staffing and records which were met at a subsequent inspection in Oct 13.
Responsibility for, and effectiveness of, healthcare standards						
26	Government accepted	In policing compliance with standards, direct observation of practice, direct interaction with patients, carers and staff, and audit of records should take priority over monitoring and audit of policies and protocols. The regulatory system should retain the capacity to undertake in-depth investigations where these appear to be required.	Yes	SFT had a CQC unannounced routine inspection in Feb 13 – 5 out of 7 standards met. Minor concerns about staffing and records – see separate action plan. Revisit in October 13 CQC were satisfied with progress.		SFT were inspected by the CQC under the old inspection regime in Feb 13 – 5 out of 7 standards were met. There were minor concerns about staffing and records which were met at a subsequent inspection in Oct 13.
37	Use of information about compliance by regulator from: • Quality accounts Government accepted	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	Yes	Quality account 2012 – 2013 explains outcome of the CQC inspection in Feb 13. Progress against quality priorities is supported by data and improvements needed to be made. External audit opinion was of limited assurance.		<ul style="list-style-type: none"> • The Trust Quality Account 2013-14 represents a balanced view of quality in the progress of our quality priorities. • Key stakeholder engagement has occurred with Age Uk,

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
76	Government accepted	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. 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.	Yes	board on concerns and seek assurance that actions are being take to address them. There is a role description for members of the council of governors. Governors newsletters go out to the membership. Governors holds constituency meetings supported by the Execs. Governors are the active 'eyes and ears' of the organisation.		<i>to prescribe how governors should work day to day so as to preserve the autonomy of individual Trusts.</i> <i>Monitor, DOH, CQC, FTN are planning a series of good practice guides to support governors in carrying out their duties including representing the interests of members and the public.</i>
79	Accountability of providers' directors Government accepted in principle	There should be a requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for foundation trusts are, and remain, fit and proper persons for the role. Such a test should include a requirement to comply with a prescribed code of conduct for directors.	Yes	SFT Board directors comply with the fit and proper person test. Standards adopted by each Board member in January 2013		<i>The Government issued in July 2013 a consultation 'Strengthening corporate accountability in health and social care'. A new fitness test is required for all Board Directors.</i>
80	Government accepted in principle	A finding that a person is not a fit and proper person on the grounds of serious misconduct or incompetence should be a circumstance added to the list of disqualifications in the standard terms of a foundation trust's constitution	Yes	SFT Board directors comply with the fit and proper person test and included in Board member and chairman's job description		<i>The Government issued in July 2013 a consultation 'Strengthening corporate accountability in health and social care'. A new fitness test is required for all Board Directors.</i>
81	Government accepted	Consideration should be given to including in the criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence.	Yes	SFT Board directors comply with the fit and proper person test and included in Board member and chairman's job description		<i>Open and transparent procedure in place for the appointment of Directors.</i>

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
84	Government accepted in principle	Where the contract of employment or appointment of an executive or non-executive director is terminated in circumstances in which there are reasonable grounds for believing that he or she is not a fit and proper person to hold such a post, licensed bodies should be obliged by the terms of their licence to report the matter to Monitor, the Care Quality Commission and the NHS Trust Development Authority.	Yes	A board member who is not a fit and proper person to hold a post would be reported to MONITOR and the CQC.		<i>The Government issued in July 2013 a consultation 'Strengthening corporate accountability in health and social care'. A new fitness test is required for all Board Directors.</i>
86	Requirement of training of directors Government accepted	A requirement should be imposed on foundation trusts to have in place an adequate programme for the training and continued development of directors.	Yes	Training and development programme in place for Board members and governors.		<i>The Healthy NHS Board 2013 sets out a number of measures for the development of directors and Boards including 360 feedback, structured induction, peer learning, IPR and whole board performance assessment.</i>
Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare settings						
88	Information sharing Government accepted in principle	The information contained in reports for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) should be made available to healthcare regulators through the serious untoward incident system in order to provide a check on the consistency of trusts' practice in reporting fatalities and other serious incidents	Yes	SII are reported to STEIS There are close working relationships between risk and Health and Safety.		Ongoing process within the Trust's governance system.
89	Government accepted in	Reports on serious untoward incidents involving death of or serious injury to patients or employees	Yes	Mandatory		Mandatory requirement.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
	principle	should be shared with the Health and Safety Executive				
Enhancement of the role of supportive agencies						
98	Government accepted in principle	Reporting to the National Reporting and Learning System of all significant adverse incidents not amounting to serious untoward incidents but involving harm to patients should be mandatory on the part of trusts.	Yes	SFT routinely report to NRLS. The NRLS report is shared with commissioners, CRG and CGC. Incident reporting is actively promoted within the Trust and patients are involved in being provided with information and support in SIRI.		<i>The Government policy is not to introduce a mandatory reporting system. It expects Trusts to do more to be candid with patients and to promote the reporting of adverse incident amongst staff.</i>
Effective complaints handling						
Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care						
109	Government accepted	Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust	Yes	There are 2 patient information leaflets on how to raise a concern or complaint, one of which is easy read. Also posters in wards and departments on how to raise a concern/complaint. Patients/relatives can attend, ring or email the customer care help desk. 0800 telephone number, feedback forms on website and annual survey undertaken.		<ul style="list-style-type: none"> • PPI/Customer care service review completed and implemented to ensure more face to face or telephone meetings to response as quickly as possible to patients and to learn and improve. • Recommendations from the Clwyd report reviewed and incorporated within the service review.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
110	Lowering barriers Government accepted	Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.	Yes	Complaint always investigated first. Our aim is to promote openness, transparency and candour offer an apology and a full explanation where appropriate.		Ongoing
111	Government accepted	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.	Yes	Page on website encourages patients to raise concerns, also through the customer care helpdesk, posters, letters. Concerns always investigated as a means of learning and improvement.		Improve style complaints report received quarterly by Trust Board.
112	Government accepted	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	Yes	All concerns investigated in the same way as complaints and answered by the DMTs		Ongoing
113	Complaints handling Government accepted	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	Yes	<ul style="list-style-type: none"> Review the recommendations from the Patients Association. 	Head of Patient Experience 30/9/13	Review completed in August 13 compliant with recommendations. Continue use of QUIS observational tool of patient staff interactions.
114	Government accepted	Comments or complaints which describe events amounting to an adverse or serious untoward	Yes	SII or clinical reviews may be triggered by a complaint. Equally, a		Ongoing.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
115	Investigations Government accepted in part	incident should trigger an investigation Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: <ul style="list-style-type: none"> • A complaint amounts to an allegation of a serious untoward incident; • Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; • A complaint raises substantive issues of professional misconduct or the performance of senior managers; • complaint involves issues about the nature and extent of the services commissioned 	Yes	complaint may occur when a SII or clinical review is underway. The complaints process links into the risk process. Panels set up for SIIs include people who are not directly linked with the investigation or complaint. Where appropriate 2 nd opinions are requested from clinicians in other Trusts. In relation to misconduct these are dealt with through HR processes. Complaints about commissioned services are answered in collaboration with the CCG or other provider.		Ongoing
116	Support for complainants Government accepted	Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support	Yes	Advice is given to complainants about advocacy services and access to them. Advocates regularly attend complaint meetings to support patients and their families.		Ongoing
117	Government accepted in part	A facility should be available to Independent Complaints Advocacy Services advocates and their clients for access to expert advice in complicated cases	Yes	Advocates have access to advice at the meetings or if need be through individual discussion with a Consultant.		Ongoing
118	Learning and information from complaints Government accepted in part	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,	Partial	An annual patient experience report and quarterly complaints report is presented to the Trust Board and is available on the Trust website. Commissioners have access to	Head of Patient Experience	Report redesigned to give more narrative about learning and improvement actions.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
119	Government accepted	<p>the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission</p> <p>Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality</p>	Partial	<p>complaints and responses during their walk rounds.</p> <ul style="list-style-type: none"> Review and implement the recommendations of the independent complaints review later in the year (2013) <p>An annual patient experience report and quarterly complaints report is presented to the Trust Board and is available on the Trust website. Commissioners have access to complaints and responses during their walk rounds.</p> <ul style="list-style-type: none"> Review and implement the recommendations of the independent complaints review later in the year (2013). 	<p>Head of Patient Experience</p> <p>Head of Patient Experience</p>	<ul style="list-style-type: none"> PPI/Customer care service review completed and implemented to improve learning. Recommendations from the Clwyd report reviewed and incorporated within the service review. PPI/Customer care service review completed and implemented to improve learning. Recommendations from the Clwyd report reviewed and incorporated within the service review.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
120	Government accepted in part – they consider requiring Trusts to provide all complaint information will place a significant bureaucratic burden on both the Trust and CCG and did not support it.	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.	Yes	An annual patient experience report and quarterly complaints report is presented to the Trust Board and is available on the Trust website. Commissioners have access to complaints and responses during their walk rounds.		<ul style="list-style-type: none"> Report redesigned to give more narrative about learning and improvement actions. Joint CCG/SFT safety and quality walk rounds included in 14/15 quality requirement schedule in the contract.
Commissioning for standards						
Local scrutiny						
Performance management and strategic oversight						
139	The need to put patients first at all times Government accepted	The first responsibility for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	Yes	Trust values and behaviours are to provide every patient with an outstanding experience. Patient safety, quality and experience are continuously monitored through reports and improvement actions reported to assurance committees and CCGs, & supplemented by Exec walkrounds, patient stories.		<ul style="list-style-type: none"> Quality requirements set out in the quality schedule and reported to CCG every month with improvement actions where needed.
140	Performance managers working constructively with regulators	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its	Yes	SFT received an unannounced CQC routine inspection in Feb 13. 5 out of 7 standards met with minor concerns about staffing and records management. Action plan in place		<ul style="list-style-type: none"> SFT were inspected by the CQC under the old inspection regime in Feb 13 – 5 out of 7 standards were met.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
141	<p>Government accepted</p> <p>Taking responsibility for quality</p> <p>Government accepted in principle</p>	<p>judgement as to the safety of patients of the healthcare provider</p> <p>Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety</p>	Yes	<p>and progress monitored by assurance committees. MONITOR governance rating. A review visit took place in October 13 and the CQC were satisfied with the progress made.</p> <p>As above.</p>		<p>There were minor concerns about staffing and records which were met at a subsequent inspection in Oct 13.</p> <ul style="list-style-type: none"> • Quality requirements set out in the quality schedule and reported to CCG every month with improvement actions where needed. • CQC quarterly intelligent monitoring report enables the Trust and CCG to identify areas of risk or elevated risk and provide information on improvement actions.
142	<p>Clear lines of responsibility supported by good information flows</p> <p>Government accepted</p>	<p>For an organisation to be effective in performance management, there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality.</p>	Yes	<p>Quality strategy in place with clear roles and responsibilities for quality from ward to Board.</p> <p>The Trust meets with CCG monthly to discuss quality and safety issues and actions being taken to improve.</p>		Ongoing
143	<p>Clear metrics on quality</p> <p>Government accepted</p>	<p>Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed</p>	Yes	<p>Monthly key quality indicators and performance reports presented along with improvement actions to assurance committees and commissioners.</p>		Ongoing

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
Patient, public and local scrutiny						
Medical training and education						
152	Government accepted	Any organisation which in the course of a review, inspection or other performance of its duties, identifies concerns potentially relevant to the acceptability of training provided by a healthcare provider, must be required to inform the relevant training regulator of those concerns	Yes	Juniors and trainees are encouraged to report on the quality of their placements through ARCP and GMC training surveys. The deanery/LETB inspect all departments which offer training posts and make recommendations which the Trust considers.		Feedback from trainees in this Trust is positive and items raised for improvement have been acted upon. As a consequence feedback has improved.
160	Government accepted	Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns	Yes	Trainees are given information both at Trust induction and departmental induction on how to raise concerns and report adverse incidents		The Director of Medical Education actively seeks their feedback and takes action to improve.
Openness, transparency and candour						
Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.						
Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.						
Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.						
173	Principles of openness, transparency and candour Government accepted	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	Yes	Openness and transparency is actively encouraged. NRLS reports indicate the Trust are in the mid to top quartile. Board reports are balanced. Commissioners perceive the Trust as open and honest.		Ongoing

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
174	Candour about harm Government accepted	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.	Yes	Risk management actively contacts patients and families when the Trust is aware it has caused harm. SII, clinical reviews reports are shared with patients. • Enable timely reporting, deeper learning from themes and contributory factors through the introduction of Datix web. • Encourage/ensure good documentation on Datix web on whether the patient/family were informed and if not, the reason.	Trust wide 30/4/14 Head of Risk Management 30/4/14	• Patients and families actively contacted where harm is caused. • As Datix web becomes embedded more timely reporting and deeper learning anticipated.
175	Government accepted	Full and truthful answers must be given to any question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).	Yes.	See actions in 174		As above in 174
176	Openness with regulators Government accepted	Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.	Yes	See section 173		Information to commissioners and regulators is full and transparent.
177	Openness in public statements Government accepted	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission	Yes	Press statements give a balanced account.		Press statements give a balanced account. Board papers available on website
179	Restrictive contractual clauses Government accepted	"Gagging clauses" or non disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public	Yes	<i>A ban on clauses intended to prevent public interest disclosures and compliance with whistleblowing policies.</i>		In the very few compromise agreements with the Trust there have been no 'gagging clauses' to stop staff speaking out about safety or

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
180	Candour about incidents Government accepted	interest issues of patient safety and care 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	Yes	The Trust has a 'Being Open' policy which is followed. • Consider further training on 'Being Open'	Head of Risk Management	quality concerns. Being progressed as part of education programme and roll out of Datix web.
181	Enforcement of the duty Statutory duties of candour in relation to harm to patients Government accepted in principle	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	Yes	See section 174. Patients contacted as part of the SII/CR process Most of the SII/CR are reported by clinicians. • Ratify the whistleblowing policy at the JBD and communicate it widely • Work on 'what constitutes an incident' so staff are clear what needs to be reported and learning from complaints	Head of Clinical Effectiveness 30/9/13 Head of Risk Management CG half day 14/11/13	See section 174. • Raising concerns policy ratified by JBD in August 13 and widely publicised across the Trust. • Presented at CG half day in November 2013 and reinforced at departmental risk meetings.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
182	Statutory duty of openness and transparency Government accepted	There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it	Yes	Board reports provide a balanced & open account supplemented by verbal information. Commissioners receive quality assurance reports monthly and have commenced a joint programme of 'quality walk rounds'.		Ongoing
Nursing						
185	Focus on culture of caring Government accepted	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: <ul style="list-style-type: none"> • Selection of recruits to the profession who evidence the: <ul style="list-style-type: none"> - Possession of the appropriate values, attitudes and behaviours; - Ability and motivation to enable them to put the welfare of others above their own interests; - Drive to maintain, develop and improve their own standards and abilities; - Intellectual achievements to enable them to acquire through training the necessary technical skills; • Training and experience in delivery of compassionate care; • Leadership which constantly reinforces values and standards of compassionate care; • Involvement in, and responsibility for, the 	Yes	Continue with values based recruitment, Pride into Practice Every Contact Counts annual event, annual awards, well structured appraisals, personal development plans and leadership programme		<ul style="list-style-type: none"> • Moved to cohort recruitment in which values are assessed. • Pride into Practice event in October 14 planned which will focus on delivery of the nursing strategy. • Pride into practice awards established and two winners already identified. • Development of preceptorship programme. • Appraisals rates improved alongside the quality of appraisals.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
191	Recruitment for values and commitment Government accepted	<ul style="list-style-type: none"> planning and delivery of compassionate care; Constant support and incentivisation which values nurses and the work they do through: <ul style="list-style-type: none"> - Recognition of achievement; - Regular, comprehensive feedback on performance and concerns; - Encouraging them to report concerns and to give priority to patient well-being. <p>Healthcare employers recruiting nursing staff, whether qualified or unqualified, should assess candidates' values, attitudes and behaviours towards the well-being of patients and their basic care needs, and care providers should be required to do so by commissioning and regulatory requirements.</p>	Yes	Continue with values based recruitment.		<ul style="list-style-type: none"> Leadership programme being accessed by all bands of nursing staff. <p>Ongoing</p>
195	Nurse leadership Government accepted in principle	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	Partial	<ul style="list-style-type: none"> Continue ward sisters having 2 days a week supervisory time. <p>Safety briefings in place in most wards three times a day, daily whiteboard MDT rounds, bedside handover, annual appraisal and personal development plan.</p>	Ward sisters, charge nurses.	Ongoing

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
197	Government accepted in part	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	Yes	Band 5 and Band 6 leadership programme in place, coaching available, MLE mandatory modules along with blended learning. • Nominate/advertise for staff to apply for the Mary Seacole, Elizabeth Garrett-Anderson, Nye Bevan leadership programme via the NHS Leadership Academy	Head of Learning July 13	• Staff from a number of disciplines are undertaking these programmes.
198	Measuring cultural health Government accepted	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".	Partial	<ul style="list-style-type: none"> • Continue with the annual staff safety culture survey and EWRs • Progress staff survey action plan 2012 • Implement the cultural barometer being piloted in London • Complete the evaluation of the SOTT and introduce the new tool across the Trust 	Head of Risk Management t 30/3/14 Deputy Director of HR 30/3/14 DON 31/12/13	<ul style="list-style-type: none"> • Weekly EWR continue to focus on safety and patient experience as well as staff being able to raise concerns about safety. • Action plan progressed. The 2013 staff survey results will be reported to the Board in April 14 with an action plan in June 14. Quarterly staff Friends and Family test will commence in 14/15. • SFT need to progress. • New redesigned SOTT in regular use with actions taken to improve quality.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
199	Key nurses Government accepted	Each patient should be allocated for each shift a named key nurse responsible for coordinating the provision of the care needs for each allocated patient. The named key nurse on duty should, whenever possible, be present at every interaction between a doctor and an allocated patient	Partial	<ul style="list-style-type: none"> Handover and communication is part of the Patient Safety work programme in 13/14. Nurses allocated to patients on each shift and recorded on the whiteboard or at bedside handover. 	Patient Safety Programme Lead 30/7/14	Tracey – more here
202	Government accepted	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	Yes	The Trust supports RCN and RCM representatives and gives them time to do the job		Ongoing
204	Government accepted in part	All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.	Yes	Director of Nursing, Non-Executive Director previously CNO for England		Director of Nursing & a Non-Executive Director previously CNO for England on Trust Board
205	Government accepted in principle	Commissioning arrangements should require the boards of provider organisations to seek and record the advice of its nursing director on the impact on the quality of care and patient safety of any proposed major change to nurse staffing arrangements or provision facilities, and to record whether they accepted or rejected the advice, in the latter case recording its reasons for doing so	Yes	<ul style="list-style-type: none"> Report to commissioners annually on assurance regarding Trust Board/Director of Nursing discussions (in 13/14 contract quality schedule) 	DoN Feb 14	<ul style="list-style-type: none"> Annual skill mix review Will be reported to the Board in April 14. Staffing levels will be reported to the commissioners in the contract 14/15
207	Strengthening identification of healthcare support workers and nurses Government	There should be a uniform description of healthcare support workers, with the relationship with currently registered nurses made clear by the title	Yes	Staff consultation exercise in 2010 decided the title of nursing assistant or therapy assistant. Job descriptions adjusted accordingly		We have a consistent approach to the title nursing or therapy assistant.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
208	accepted in principle Government accepted in principle	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.	Yes	<ul style="list-style-type: none"> Introduce new smart suit colour tops (green for nursing assistants, navy blue for ward sisters/charge nurses, mid blue for RNs, maroon for AHPs and silver for CNSs) 	Deputy Director of Nursing 30/11/13	Full implementation by 31/3/14.
Leadership						
Professional regulation of fitness to practise						
Caring for the elderly						
Approaches applicable to all patients but requiring special attention for the elderly						
236	Identification of who is responsible for the patient Government accepted	Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care	Partial	All patients have a named consultant. <ul style="list-style-type: none"> Improve recording of consultant attribution by speciality and responsibility for the patient 	Data quality subgroup	Ongoing
237	Teamwork Government accepted	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	Yes	Good team work in place, daily whiteboard rounds, MDT meetings, bed meetings attended by housekeeping.		Ongoing
238	Communication with and about patients Government	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:	Yes.	Whiteboard rounds, bedside handover, doctors rounds in place. Some wards have quiet rooms, texting communication with some patients		Ongoing. Newly refurbished ward opened which has separate sitting areas for patients and is designed to

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
	accepted	<ul style="list-style-type: none"> All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. The NHS should develop a greater willingness to communicate by email with relatives. The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled 		<p>about appointments.</p> <ul style="list-style-type: none"> Introduce the electronic discharge summary throughout the Trust Improve learning and take action on complaints that relate to poor communication 	<p>Project Team leader 30/3/14</p> <p>Head of Patient Experience</p>	<p>be dementia friendly with a plan for further roll out of this design to other wards.</p> <p>Full roll out expected by the summer 2014.</p> <p>Changes made to the Patient Experience team which will help to identify themes and improvement actions.</p>
239	Continuing responsibility for care Government accepted	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	Yes	<p>The discharge centre is staffed, patients are not routinely discharged in the middle of the night. Discharge times are monitored.</p> <p>Integrated discharge team in place to support patients with complex discharge needs.</p> <p>Root cause analysis is undertaken for some poor quality discharges.</p>		<p>Ongoing</p> <p>Ongoing</p> <ul style="list-style-type: none"> Develop an RCA tool for poor quality discharges.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
240	Hygiene Government accepted	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.	Yes	<ul style="list-style-type: none"> Hand gel dispensers and notices all over the Trust. The ward and departments conduct regular audits of compliance monthly which are shared at the matrons monitoring meetings. Hand hygiene sessions and compliance are regular events. DIPC report indicates how the Trust complies with the Code of Practice on the Prevention and Control of Infection. PLACE assessment undertaken annually. 		Outcomes – low infection rates. 13/14 to M10 – 2 MRSA blood stream infections (both found to be contaminants). 19 cases of C Difficile against a target of 21 to 31/1/14
241	Provision of food and drink Government accepted	The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation	Yes	Driven through the Food and Nutrition Steering Group. Protected meal times in place, senior staff volunteer feeding rota, well rated in real time feedback, national patient surveys and Patient Association observations.		Ongoing
242	Medicines administration Government accepted	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	Partial	<p>All patients have a prescription chart and there is a medicines safety annual work programme. PIRYS reporting system in place.</p> <ul style="list-style-type: none"> Undertake a missed doses audit of high risk medicines 	DSN	Audit to be undertaken in March 14 and improvement actions monitored via the Medicines Safety Group.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
243	Recording of routine observations Government accepted	The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded	Yes	At least an annual audit of EWSS recording and escalation is undertaken which has shown a year on year improvement with increased calls to CCOT and a decrease in the number of cardiac arrests		Ongoing – upward trend in calls to the Outreach Team and downward trend in the number of cardiac arrest calls.
Information						
244	Common information practices, shared data and electronic records Government accepted	<p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> • Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. • Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry. • Systems should include a facility to alert supervisors where actions which might be 	Yes	<ul style="list-style-type: none"> • Progress work to enable electronic patient access to secondary care health care records in time following national guidance. <p>Patients have access to their health care record through an access to health care records request. Data quality process in place with the ethos of getting it right first time. Stated in Informatics Strategy.</p> <p>Data quality electronic notification</p>	Director of Corporate Development	<p>Ongoing</p> <p>Ongoing</p> <p>Routine practice</p>

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
		<p>expected have not occurred, or where likely inaccuracies have been entered.</p> <ul style="list-style-type: none"> Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements. <p>Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards</p>		<p>process in place. Performance discussed at 3 to 3 meetings quarterly.</p> <p>Use of integration engines in place with an ongoing active update programme in place.</p> <p>This is work in progress. Medical revalidation includes patient experience feedback.</p> <p>PAS and other in house systems are frequently updated to provide information in an often changing environment.</p>		<p>Ongoing</p> <p>Established practice. Increased % of doctors revalidated in 13/14.</p> <p>Information and Informatics strategy in place with clinician led informatics development group.</p>
245	Board accountability Government accepted in principle	Each provider organisation should have a board level member with responsibility for information	Yes	Director of Corporate Development and Informatics.		Director of Corporate Development and Informatics in post.
246	Comparable quality accounts Government accepted	Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information	Yes	Quality account written in compliance with the DH toolkit and Monitor guidance. Overall progress of quality priorities described including mortality data and other outcomes. Wiltshire, Hampshire, Dorset CCGs, local		Quality account 13/14 written to include information required by the Quality Account regulations. The CCG, Healthwatch, the local authority Overview

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
247	Accountability for quality accounts Government accepted	about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local Healthwatch Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.	Yes	authority and Healthwatch all invited to comment on the account. External assurance of the quality account gave limited assurance. Comments from commissioners and Healthwatch within the quality account.		and Scrutiny Committee all to be asked to provide statements to support the Quality Account The CCG, Healthwatch, the local authority Overview and Scrutiny Committee all to be asked to provide statements to support the Quality Account.
248	Government accepted	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	Yes	KPMG commissioned to give an independent opinion on SFTs quality account – limited assurance		KPMG commissioned to give an independent opinion on SFTs quality account in 13/14.
249	Government accepted in part	Each quality account should be accompanied by a declaration signed by all directors in office at the date of the account certifying that they believe the contents of the account to be true, or alternatively a statement of explanation as to the reason any such director is unable or has refused to sign such a declaration	Yes	Approved by the Trust Board 24/5/13 and signed by the CEO and chairman		Quality Account to the Trust Board for final approval 23/5/14
252	Access to data Government accepted	It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes	Yes	SFT audit of data quality indicators high level of compliance. IG toolkit compliance 83% in 12/13 green includes matters related to anonymised data.		SFT audit of data quality indicators high level of compliance. IG toolkit compliance 83% in 12/13 green includes matters

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
255	Using patient feedback Government accepted	Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near “real time” as possible, even if later adjustments have to be made	Yes	SFT have real time feedback, national survey results, complaints, concerns, Friends and Family test in place and act on themes that emerge. Reports regularly to the Board		related to anonymised data. Continue to act on the feedback and report to Trust Board
256	Follow up of patients Government accepted	A proactive system for following up patients shortly after discharge would not only be good “customer service”, it would probably provide a wider range of responses and feedback on their care	Yes	Friends and Family Test introduced on 1/4/13 in all wards and ED. Roll out to maternity services on 1/10/13. FFT monitored monthly by Trust Board. High % of ‘extremely likely’ responses received. • Consider being an early adopter in OPD.	Head Clinical Effectiveness 30/7/13	FFT established in wards, ED and maternity services. CQUIN 14/15 requires early roll out to OPD and day cases.
262	Enhancing the use, analysis and dissemination of healthcare information Government accepted	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.	Yes	Monthly quality indicators including patient real time feedback, Friends and Family Test and performance report reported to OMB, CMB, CGC and Trust Board. Dr Foster access is available to all consultants. Local mortality exception tool red flag death rates by speciality and are acted upon. Access to CQC intelligent monitoring report and NHS clinical indicators red flags are		Ongoing Ongoing and monitored through the Mortality Working Group.

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
263	Government accepted	<p>In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges.</p> <p>The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment. It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties</p>	Yes	<p>investigated and acted upon where appropriate. Consultant treatment outcomes data now published.</p> <p>Data quality policy process in place, and a process to respond to change notices including staff training. Via the Data Quality Improvement Group.</p> <p>SUS, local reporting to commissioners, national reporting to the centre all takes place routinely.</p> <ul style="list-style-type: none"> Actively engage clinicians in LOS and other quality outcomes improvements 	Head of Informatics Clinicians	<p>Ongoing</p> <p>Routine practice.</p> <p>All consultants now have access to Dr Foster's information. Progress achieved in the roll out of information to clinicians for revalidation. Work progressed with AMU to improve their data collection and analysis used to design patient flow and improve patient experience. Theatre using their data to review performance daily and improve patient flow through theatre.</p>
264	Government accepted	In the case of each specialty, a programme of development for statistics on the efficacy of treatment should be prepared, published, and	Partial	<ul style="list-style-type: none"> Work with clinicians when data on surgical outcomes is published (Consultant Treatment Outcomes) 	Clinicians ongoing	<ul style="list-style-type: none"> Publication started. 7 out of 10 specialties provided at SDH

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
		subjected to regular review				reported to CCG. Outliers discussed with Medical Director
268	Resources Government accepted	Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry	Full	<ul style="list-style-type: none"> Work with clinicians to take more ownership of the data ie consultant responsible for the patient and speciality recorded accurately. Progress work in specific systems eg chemotherapy database 	Head of Informatics Clinicians	<ul style="list-style-type: none"> Has improved but still need further works
269	Improving and assuring accuracy Government accepted	The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved	Yes	Data quality notification process in place and compliance monitored through the 3 to 3 meeting process	Head of Informatics Transformation & Cancer Services Directorate Manager Information Services	<ul style="list-style-type: none"> Good progress made in populating the National Cancer Datasets for all site specific tumour groups. Ongoing
Coroners and inquests						
Making more of the coronial process in healthcare-related deaths						
279	Government accepted	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	Yes	SFT have a very good system in place and it is felt causes of death are recorded accurately.		Ongoing
280	Appropriate and sensitive contact with bereaved	Both the bereaved family and the certifying doctor should be asked whether they have any concerns about the death or the circumstances surrounding	Yes	<ul style="list-style-type: none"> To undertake a trial of asking bereaved families directly whether they have any concerns 	Consultant Pathologist 1/7/13	Now part of routine practice. Any relative with concerns about care the information is

Rec no.	Theme & Government accepted, accepted in principle or accepted in part in Volume 2 'Hard Truths The Journey to Putting Patients First'	Recommendation	Complaint yes/no or n/a	Action plan (items in italics are information from the Governments response in 'Hard Truths The Journey to Putting Patients First') Statements without a bullet point are descriptions only. • = actions for SFT	By whom/when	Progress update – February 2014
	families. Government accepted	it, and guidance should be given to hospital staff encouraging them to raise any concerns they may have with the independent medical examiner.		about the death and if possible address them at the time ensuring it is documented in the health care record.		shared with the Patient Experience team and addressed as it occurs.
Department of Health leadership						

Initially in June 13 overall, in the Francis Report 200 recommendations are not applicable to SFT, 72 are compliant, 16 partially compliant, 2 were not compliant.

The plan was updated in February 2014 of of the 90 recommendations relevant to SFT, 80 are complaint and 10 are partially compliant.

Overall, in Hard Truths, the Journey to Putting Patients First, of the 90 recommendations applicable to SFT the Government accepted 64 recommendations , accepted 18 recommendations in principle and partly accepted 8 recommendations. SFT consider we have a sound governance process in place to prevent, detect and act on problems promptly.

HARD TRUTHS THE JOURNEY TO PUTTING PATIENTS FIRST – the Government response to the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

No	Recommendations	Compliant Yes, No, NA	Action plan <i>Text in italics are actions required by external organisations or is a statement of actions SFT are already taking in respect of the recommendations</i> • = SFT action points required	Person responsible By when	Progress update February 2014
Volume 1					
Ch 1 Preventing problems					
	<p>Culture:</p> <ul style="list-style-type: none"> • Make a reality of compassionate, patient centred care and making people partners in their own care. Built on candour, honesty and openness • Introduce 6Cs – care, compassion, competence, communication, courage and commitment. • Build a culture committed to patient safety and compassionate care. 	Yes	<ul style="list-style-type: none"> • Monitor and act on patient real time feedback, Friends and Family test, Executive Walk Rounds and national survey results. • RN and nursing assistant job descriptions revised to encompass care and compassion as essential requirements for the job. • Develop a nursing, midwifery and AHP strategy which will incorporate the 6C's • Introduce awards for staff based on compliance with the 6 Cs. • Hold an annual Putting Pride into Practice – making every contact count event. • Reintroduce the apprenticeship programme. 	<p>Ongoing</p> <p>Director of Nursing (DON) 30/9/13</p> <p>Deputy Director of Nursing (DDoN) Quarterly</p> <p>DON March 13</p> <p>DDON 30/9/13</p> <p>Deputy</p>	<p>Ongoing</p> <p>Completed – all job descriptions reflect the 6 Cs</p> <p>Nursing, midwifery and AHP strategy presented to the AGM in Sept 14.</p> <p>Quarterly Pride and Practice awards introduced.</p> <p>Annual event in October 14</p> <p>First cohort started on 17/2/14.</p>

	<ul style="list-style-type: none"> Support staff to care through staff wellbeing, values based recruitment and safe staffing 		<ul style="list-style-type: none"> Progress outcomes of values and behaviours focus groups and embed in practice. Progress staff survey action plan 2012 Introduction and implementation of Datix web will enable all staff to have easy access, with better reporting, theming and feedback to staff. Continue the staff support audit annually and act on themes 	<p>Director of HR (DDofHR) March 14</p> <p>DDofHR 31/3/14</p> <p>Head of Risk Management 30/4/14</p> <p>Head of Risk Management annually</p>	<ul style="list-style-type: none"> Trust values and behaviours published and to be embedded within appraisals from 1/4/14 Progress reported to the Board. Full implementation expected by 1/9/14 Audit deferred until Datix web fully implemented. by 1/9/14
	<p>Patient safety – the Berwick review</p> <ul style="list-style-type: none"> Never events need to be deep learning and lasting change events. Practice promotes safer care and avoids risk and harm. Safe staffing levels, good nursing handover, empowered clinical staff, good clinical governance, listening to staff and patients and intervention. NRLS will be a one stop shop GMC & other regulators shape the culture in defining behaviour and values. Must raise concerns if they have them. Not to sign contracts that prevent the raising of concerns. Publishing our quality data 	Yes	<ul style="list-style-type: none"> Introduction and implementation of Datix web will enable deeper learning through RCA and recommendations followed up through compliance reports. Complete the evaluation of the Salisbury Organisational Trigger Tool (SOTT) and embed in practice Ratify the whistleblowing policy at JBD and communicate widely Review staff contracts to ensure staff are actively encouraged to raise concerns if they have them. Trust quality indicator report reported at each Board and published on website 	<p>Trust wide 30/3/14</p> <p>DoN Patient Information Lead 30/9/13</p> <p>Head of CE 30/9/13</p> <p>DDof HR 30/12/13</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Full implementation expected by 1/4/14 Completed and reported to Clinical Governance Committee Feb 14 Policy ratified in Augu 13 and widely publicised Ongoing

	<p>Openness and candour</p> <ul style="list-style-type: none"> Strengthen whistleblowing Strengthen NHS annual staff survey on disclosure of matters of public interest Compromise agreements should not stop people speaking out on matters of public interest. Duty of candour 	Yes	<ul style="list-style-type: none"> Approve revised raising concerns policy at JBD in Sept 13. Cascade information on whistleblowing as set out in the policy communication plan. Progress SFT staff survey 2012 action plan as set out in SFT TB paper 3376 April 13 <p>SFT do not have gagging clauses in compromise agreements in respect of matters of public interest.</p> <ul style="list-style-type: none"> To enable timely reporting and actions on themes introduce and implement Datix web to capture the evidence of discussions with patients and families. Consider further 'Being Open' training 	<p>Head of CE 30/9/13</p> <p>Head of CE 30/9/13</p> <p>DDofHR 30/3/14</p> <p>Trust wide 30/3/14</p> <p>Head of Risk Management</p>	<ul style="list-style-type: none"> Policy ratified in August 13 and widely publicised Reported to Board Full implementation expected by 1/4/14 Will form part of training of Datix roll out.
	<p>Listening to patients</p> <ul style="list-style-type: none"> Ensure we are listening to patients, their carers and families, responding to their views, involving them in decisions about their treatment and care. Each patient has an identified senior clinician 	Yes	<ul style="list-style-type: none"> Continue national patient surveys, real time feedback, Friends and Family Test and act on complaint themes, patient stories, patient and public initiatives, patient support groups, governors, others, Patients Association – QUIS & Healthwatch. Introduction of the name above the bed of the consultant and nurse responsible for their care 	<p>Ongoing</p> <p>Medical Director and DoN 31/3/14</p>	<p>Ongoing</p> <p>The Trust continues to explore the best way to implement this initiative.</p>
	<p>Safe staffing</p>	Yes			

	<ul style="list-style-type: none"> Right staff with the right values, skills and training available in the right numbers dependent on the needs of each patient on each ward. Skill mix determined locally but NICE, CQC, NHS England to develop evidence based guidance and tools to inform local decision making. 		<ul style="list-style-type: none"> Continue with an annual skill mix review signed off by the Director of Nursing and the Board. Continue with value competency recruitment Re-introduce the apprenticeship scheme 	<p>DoN/DDoN</p> <p>All recruiters</p> <p>DDoN 30/9/13</p>	<ul style="list-style-type: none"> Annual skill mix review completed to be reported to the Board in April 14. Will be followed up following publication of NICE standards into safe staffing due to be published in the summer. First cohort started 17/2/14.
Ch 2	Detecting problems quickly				
	<ul style="list-style-type: none"> Fundamental standards of care A new inspection regime Enhanced quality standards Quality Surveillance Groups 	Yes	<ul style="list-style-type: none"> Continue with effective governance arrangements to monitor and detect problems early and take action as needed. Plan a Keogh style review with key lines of enquiry and 'action learning sets' Continue to undertake a baseline assessment against compliance with Quality Standards and ensure actions are completed. Continue to work collaboratively with commissioners on areas of quality concerns. 	<p>Ongoing structure</p> <p>Medical Director Head of CE</p> <p>Ongoing</p>	<p>Ongoing</p> <ul style="list-style-type: none"> In the planning stage Progress reported to Clinical Governance Committee every 6 months. Monthly meetings against a quality reporting schedule and exceptions.
	<p>Keogh review of mortality outliers</p> <ul style="list-style-type: none"> SHMI and HSMR must be used to identify risks to patients and review performance. Review the investigations of 14 Trusts who are mortality outliers 	Partial	<ul style="list-style-type: none"> Ongoing work through the mortality steering group and clinical pathway work and End of Life Care Strategy Steering Group. Implement the recommendations of the Keogh review. 	<p>Mortality Working Group Lead</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Ongoing work. See separate Keogh report action plan

Ch 3	Taking action promptly				
	<ul style="list-style-type: none"> Ensure a responsive governance system which acts to ensure quality and safety are maintained 	Yes	<ul style="list-style-type: none"> Continue with effective governance arrangements to monitor and detect problems early and act promptly to resolve/mitigate risk. 	Ongoing	<ul style="list-style-type: none"> Ongoing. Evidence available through Clinical Governance Committee and Trust Board papers on the website.
Ch 4	Ensuring robust accountability				
	<p>The Board – critical for a compassionate culture</p> <ul style="list-style-type: none"> Ensure the Trust is well governed and delivers the strategic objectives Fit and proper person test Shapes a culture that promotes safety, effectiveness, compassion, ambition, openness and innovation Constant monitoring of best care from Board to ward. Monitor will ensure that governors and NEDs have support to hold the Trust to account effectively and build the right culture 	Yes	<p>Fully established Board with regular agenda on patient experience, safety, effectiveness which includes care and compassion. Strategic objectives monitored. CGC assuring committee includes NEDs. Training for governors to enable effective challenge in place & lead governor training on Board Leadership.</p> <ul style="list-style-type: none"> Review the revised 'Healthy NHS Board' when published 	Head of Corporate Governance	<ul style="list-style-type: none"> Self assessment against Monitor criteria for a Healthy Board completed – Feb 14.
	<p>Barring system for health care assistants</p> <ul style="list-style-type: none"> Barring of unsuitable HCAs via the Home Office barring regime (Chief Inspector) 	Partial	<ul style="list-style-type: none"> Implement guidance when published. In meantime continue with value based recruitment and pre-employment checks 	DD of HR ongoing	Ongoing
Ch 5	Ensuring staff are trained and motivated				
	<p>Listening to staff</p> <ul style="list-style-type: none"> Listening to staff and enable them to influence decisions. Actively use the information in the national staff survey to improve staff experience so staff can 	Yes	<ul style="list-style-type: none"> Progress SFT staff survey 2012 action plan as set out in SFT TB paper 3376 April 13. 	DDof HR 30/3/14	Progress reported to the Board regularly.

	<p>provide better care</p> <ul style="list-style-type: none"> - Improve continuous professional development and appraisal - Support staff to work effectively in MDTs 				
	<p>Making time to care</p> <ul style="list-style-type: none"> - Continue to implement compassion in practice and the 6 C's - Foster excellent nurse leadership - Nurse revalidation - Caring for older people - A new care certificate for health care assistants 	<p>Partial</p>	<ul style="list-style-type: none"> • RN and nursing assistant job descriptions revised to encompass care and compassion as essential requirements for the job. • Develop a nursing, midwifery and AHP strategy which will incorporate the 6C's. • Introduce awards for staff based on compliance with the 6 Cs • Hold an annual Putting Pride into Practice – making every contact count event. • Reintroduce the apprenticeship programme. • Promote participation in the Nye Bevan, Mary Seacole, Elizabeth Garrett-Anderson leadership programmes • Trust to put forward nurses for national leadership awards. <p><i>NMC developing a model of effective revalidation</i></p> <p><i>HEE/PHE developing an older persons's post graduate training programme</i></p> <p><i>HEE/Skills Council developing a new Care</i></p>	<p>DoN & DDoN</p>	<ul style="list-style-type: none"> • Completed • Strategy presented to the AGM in September 13. Progress report to CGC in Feb 14. • Quarterly awards introduced. • Next event in October 14. • First cohort started 17/2/14 • A range of staff on these programmes • One charge nurse runner up in the national awards.

	<p>- Reduce bureaucracy to release time to care.</p>		<p><i>Certificate</i></p> <ul style="list-style-type: none"> • Implement the redesigned nursing assessment documentation • Continue to adopt emerging technologies through the work of the Emerging Technology Board. 	<p>Nurse Consultant Sept 13 ETB ongoing</p>	<ul style="list-style-type: none"> • Ready for implementation 1/4/14 • A number of schemes progressed through the High Impact Innovations.
--	--	--	---	---	--