

Executive Summary

This paper sets out the actions University Hospitals Bristol NHS Foundation Trust Board of Directors (UH Bristol) has taken to accelerate improvements for patients and support for staff in the context of the second Francis Report, the Keogh Reviews and the Berwick Report.

The Trust Board of Directors has pursued a significant programme of improvements in corporate governance since 2010, with a focus on the role of the Board, and systems of corporate governance and internal control.

In 2011, the Trust launched a comprehensive, organisation-wide change programme, known as Transforming Care. This programme, led by the Chief Executive and supported by a dedicated team of change management specialists, is an integrated approach to service improvement and organisational development under the six themes of Delivering best care, Improving patient flow, Delivering best value, Renewing our hospitals, Building capability and Leading in partnership. The Board's work following the Francis Report, Keogh Review and Berwick Report builds on these original initiatives around corporate governance, service improvement and organisational development.

This paper describes the challenges generated by the Francis Report, the Keogh Reviews and the Berwick Report and the actions the Trust has taken to assess itself against and meet these challenges. This assessment was completed by addressing three strands of work:

1. A detailed self examination of the Trust's system of governance and shared Trust values, including assessing the Board against three searching questions
 - *Are any of the failings in patient care evidenced in the Francis Report (or similar) happening in our hospitals?*
 - *How do we know?*
 - *What type of failure would allow them to happen?*
2. Consideration of the Francis Report recommendations specific for acute Trusts and an assessment of the Trust's performance against each of these.
3. Qualitative analysis of information derived from discussions with Trust staff as well as from other forms of feedback from staff and patients.

The outcome of this process was the emergence of a number of themes where the Trust might expect some benefit from further developmental work. These included addressing perceived variation in attitudes to openness and sharing across the Trust, listening and learning more effectively throughout the Trust and making the process of change easier and more usual within the Trust.

Finally, this report sets out:

- the Trust's interpretation of the information gained and the conclusions it has reached following this searching self-examination.
- the work that is already taking place within the Trust and the work planned to ensure that the Trust's culture of quality, openness and learning is further enhanced in support of its over-arching goal to transform care for patient and staff benefit
- the Trust's commitment to continue to improve care for patients and enhance the openness and transparency of its performance by undertaking the work identified and by continuing to critically self-evaluate itself to identify more opportunities for learning.

Section 1: Background

The Francis Report

The final report by Robert Francis QC into failings at Mid-Staffordshire NHS Foundation Trust provides all NHS providers with an opportunity to reflect deeply and comprehensively on governance, culture and clinical practice.

The Francis Report sets out a number of areas and themes for Trusts to consider whether specific action is required to assure the delivery of safe, effective and compassionate care. Above all, Francis has challenged Trusts to examine the quality of the relationship they have with those who rely on the continuous delivery of high quality care and treatment most - patients.

The Francis Report describes an NHS organisation in which the set of principle guiding values became distorted. Although signs and symptoms of this were judged ultimately as possible to detect, staff at Mid-Staffordshire NHS Foundation Trust generally remained passive and did not bring about the magnitude or quality of response that patients deserved.

The report highlights how, when the focus of a Trust is strongly brought to bear on issues not directly related to patient care, the voice of patients can go largely unheard and the voice of staff can become diminished and fragmented. Under these circumstances the need for a robust and vibrant system of clinical governance is fundamental. The Francis Report details how a poor system of governance did not provide sufficient signals to raise the organisational alarm and for action to be taken.

Francis also describes the difficulties faced by patients and the public when their concerns and legitimate requests for information about care are not met. At Mid-Staffordshire NHS Foundation Trust comments and complaints were not dealt with sufficiently to give even moderate assurance that the Trust understood, cared and wanted to respond. Furthermore, a lack of transparency effectively shielded and insulated the organisation from a system of oversight. Once isolated, further deterioration in compassionate care led inevitably to a deep loss of public trust, the basis on which patients accept care and treatment from professionals.

The Keogh Report

In his report following the Francis Report, Professor Sir Bruce Keogh, NHS England Medical Director, also refers to organisational isolation as a distinguishing feature of those Trusts chosen for detailed investigation as a result of sustained poor mortality rates. By closely examining a number of poorly performing Trusts, Keogh points to the need for a reliable early warning system, so that Trusts needing support and corrective action can be identified long before care has begun to affect patients significantly.

Sir Bruce Keogh explores the place of 'soft intelligence' and contrasts this with an over reliance on quantitative information in the systems of governance designed to detect and prevent deteriorating care. Keogh also describes how a sense of ambition amongst staff to be professional and to excel in the delivery of high quality compassionate care should be palpable in NHS Trusts.

The Berwick Report

In the third major report following the Francis enquiry, Professor Don Berwick emphasises the importance of staff ambition in the generation of a positive, caring and safe culture. He stresses the need for learning at all levels within organisations, highlighting the specific requirement to educate staff in the fields of safety science and safety practice.

Echoing the Francis Report, Berwick is very clear on the fundamental role of transparency in ensuring that patients and public levels of confidence in health care organisations remain high. In the present era, where quantitative metrics are proliferating, Berwick urges caution with their use and interpretation.

Section 2: University Hospitals Bristol NHS Foundation Trust Board of Directors' response

This paper describes the actions the University Hospitals Bristol NHS Foundation Trust Board of Directors has taken to critically examine itself following these three reports into safety in the NHS and provides assurance that the Trust will continue to ensure that all staff place their individual and collective focus on the patient and on the care and treatment that each patient deserves and requires at all times.

In outlining the Trust's response to the reports discussed above, this paper details:

- the actions taken by the Board to critically examine its governance, culture and shared Trust Values;
- how staff have been involved in and contributed to this process;
- how patients have been involved in and contributed to this process;
- how this has helped the Trust learn;
- what it has learnt and;
- the work that is already underway or planned through the Board's governance, systems of internal control and management provisions.
- The measures in place to ensure that the Trust never becomes complacent but continues to critically evaluate itself.

An examination of UH Bristol's Governance, Culture and shared Trust Values.

An examination of the Trust's governance is an essential part of the Board's duty to assure itself of the quality of care it provides and that any issues of concern are appropriately flagged by a system of internal control and management that is sufficiently responsive and fit for purpose. At the same time, an organisation's shared values provide insight into how staff behave within the framework of organisational control and management.

The Board's self-examination

Robert Francis QC sent an unequivocal message to the Boards of Directors of provider trusts: "... *the appalling suffering of many patients was primarily caused by a serious failure on the part of a provider Trust Board*" and asked all commissioning, service provision, regulatory and ancillary organisations in healthcare to consider the findings and recommendations of the Francis Report and decide how to apply them to their own work.

The UH Bristol Trust Board of Directors accept this challenge and asked the first in a series of questions:

- *“Can we truly say that this could not be said about us?”*

The Board examined:

- Board behaviours and the ‘tone at the top’;
- systems and processes for risk management and patient safety;
- the Board assurance framework in its widest meaning, structures and work-plans for Board committees and executive management; and
- efficacy of the Board and Board development, succession planning and Board balance, reporting, monitoring and scrutiny, and resourcing.

The Board also considered the lessons learnt in the Report of the Public Inquiry into children’s heart surgery at the Bristol Royal Infirmary between 1984 and 1995 and the findings of the Independent Inquiry into Histopathology Services in Bristol which took place more recently in 2010.

The Board noted that the lessons learnt in Bristol from Kennedy are seen running through the Francis, Keogh and Berwick reports and that the new Monitor NHS Provider License (‘the License’) incorporates identifiable provisions which support and enshrine the lessons learnt from Kennedy and from Francis.

Looking at three years of records, the Board compared its own actions against the lessons learnt from the past. Taking into account the clear priorities set by the Board and by regulators, and the realistic wider expectations of the general public for a safe and effective health service, the Board concluded the following about its own focus and efficacy:

- The role of the Foundation Trust Council of Governors facilitates the Board’s underpinning principle of acting with openness and accountability whilst listening to the views of local people and patients. Governors hold the Non-executive directors to account for the performance of the Board and provide a constant reminder of the purpose of the Trust, focussing the Board’s deliberations on clinical outcomes, patient safety, and patient experience. Governors also review progress through the Quality Report Project Focus Group.
- The Board has led a concerted and relentless programme of improvements in corporate governance since 2010. The Board identified a series of corporate governance initiatives which provide it with sources of evidence about the Trust’s system of internal control:
 - A restructuring of the Board Committee arrangements to align with Foundation Trust regulations and the quality imperative;
 - Introduction of a Board development programme based on Board performance assessments, to include Board scrutiny, challenge, effectiveness, capacity and capability;
 - Enhancement of the Board annual reporting cycle to focus on quality and outcomes;
 - Designation of a Quality and Outcomes Committee of the Board to enhance the Board’s oversight of quality and performance;
 - Recruitment of non-executive directors with the ability to provide unique experience and to challenge the unitary Board;
 - Independent reviews of risk management and patient safety;
 - Formal assessment of the Trust’s compliance with Monitor’s Quality Governance Framework;
 - Extensive revisions to the Board Quality and Performance reporting matrix;
 - A focus on increased incident reporting, Root Cause Analysis (RCA) and learning from complaints;
 - Enhancing of the Board assurance framework, in its wider meaning, to link with the risk registers, and to include Board strategic direction, vision, values and strategic objectives.

The Trust

The Trust Board of Directors has pursued a significant programme of improvements in corporate governance since 2010, with a focus on the role of the Board, and systems of corporate governance and internal control.

In 2011, the Trust launched a comprehensive, organisation-wide change programme, known as Transforming Care. This programme, led by the Chief Executive and supported by a dedicated team of change management specialists, is an integrated approach to service improvement and organisational development under the six themes of Delivering best care, Improving patient flow, Delivering best value, Renewing our hospitals, building capability and Leading in partnership.

(Figure 1).



The Board of Directors recognises that the success of the programme depends significantly on the ability to engage staff at a time of increasing service and financial pressure. The primary focus of the programme is on quality improvement, in the firm expectation that this is also the route to greater staff engagement, productivity and cost-efficiency, supporting the Board's vision for the Trust as:

- a centre of expertise where patients receive advanced, high quality healthcare from clinicians who are compassionate, sensitive and responsive to the needs of individuals
- an organisation where all staff are passionate about creating a place of welcome and safety for patients and visitors
- an institution that recruits the best and trains and supports all staff to fulfil their personal and professional potential
- a physical environment that is bright, welcoming, accessible, easy to navigate and an aid to recovery
- a pioneer in service innovation and improvement, constantly driving to eliminate waste, inefficiency and the barriers that get in the way of first class care

- a collaborative leader in the design and delivery of an effective and efficient health system for the people of Bristol and the South West of England.

The actions described above are reliable indicators of the Board's intent to continuously place the patient at the centre of its priorities. This process of self-examination is not a one-off exercise and the Board has established a further programme of corporate governance initiatives designed to provide a regular cycle of verification. It is essential that, even with the assurances the Board can draw from this programme of improvements and these indicators, it continues to critically evaluate itself, ensuring that it is never complacent.

Next, the Board asked itself three further questions:

- *Are any of the failings in patient care evidenced in the Francis Report (or similar) happening in our hospitals?*
- *How do we know?*
- *What type of failure would allow them to happen?*

Are any of the failings in patient care evidenced in the Francis Report (or similar) happening in our hospitals?

The Board concluded that it was unlikely that similar failings were typical of our hospitals. The verified System of Internal Control (as tested by the Internal Auditor) is sufficiently comprehensive to alert a vigilant Board of Directors to failings in care and, if it were alerted to failings, the Board would respond appropriately.

How do we know?

The Board looked at:

- the Trust's significant programme of improvements in corporate and quality governance since 2010;
- the overhaul of the senior management arrangements for the clinical divisions which have established a clinical 'triumvirate' to lead every division to drive quality, safety and risk management with clinical care at the heart of every management decision;
- the Trust's work on its risk management strategy and policy, incident reporting, and accountability framework through from the clinical division to the Board; and
- the Trust's complaint handling procedures and the monthly patient experience report received in public at each meeting of the Board.

The Trust's approach to quality governance remains the Monitor Quality Governance Framework and this framework continues to shape the way in which we govern the organisation. The means through which the Board derives its assurance on the quality of our services is considered to be comprehensive when compared to Monitor's best practice guidelines set out in their 'Quality Governance Framework'.

Each year, our five clinical divisions develop specific, measurable quality goals as part of the process of producing their Annual Operating Plans. Progress against these plans is monitored monthly by Divisional Boards and by the Executive Team through the Divisional Performance Review process. Corporate quality ambitions are developed alongside the divisional objectives so that the two processes inform each other - corporate ambitions, for example derived from the NHS Outcomes Framework, may be passed down to Divisions and common patterns in Divisional objectives may be elevated to become corporate objectives.

The choice of quality objectives is also influenced by our governors (and members), by patients (for example through our robust monthly post-discharge survey) and this year with the newly established

HealthWatch, formerly the Local Involvement Networks. This provides a variety of views and challenge to views held by the Trust.

Alongside the tracking of high level objectives, the Board also receives an in-depth monthly quality report, which includes a detailed quality dashboard which monitors progress against corporate quality objectives and other key safety, experience and effectiveness measures. Performance thresholds are set and exception reports are presented if performance falls below expected levels. The exception reports explain why performance has been affected and what actions are being taken to address this.

Monthly Board Quality Reports are prefaced by a 'patient story' – an honest account of a patient's personal experience of our services, usually derived from a complaint but on occasions from a compliment. The purpose is to underline the central importance of excellent patient experience, to demonstrate to the Board how the Trust has responded and learned when things have gone wrong or well, and to share that learning across the organisation in public.

The Board's responsibilities for governing quality are partly discharged by a Board committee established specifically for that purpose. The Quality and Outcomes Committee, comprising Non-executive Director members with Executive Directors in attendance. The committee meets monthly to scrutinise in detail and, where appropriate, challenge the content of the Board Quality Report.

The committee has the authority to request more detailed information on particular topics where further evidence is required and to "deep dive" into any area of concern to it. The committee chair reports the outcome of this detailed scrutiny to the Board in public.

Additionally, the Board's Audit Committee has worked with the Trust's Clinical Audit and Effectiveness team over the past 18 months and has carefully considered evidence that the Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives.

Finally, each quarter, the Board and its committees receive the Board Assurance Framework document which reports high level progress against each of the Trust's corporate objectives (including quality objectives) and any associated risks to their achievement.

The Board concluded that sufficient mechanisms can be shown to be in place to identify and address errors or failings in care in UH Bristol's services, but that this conclusion will be tested through the actions set out in the plan in this report. As already stated, the Trust can draw assurance from the actions it has taken and the assurances it receives, but it is essential that it is never complacent, continues to critically self-evaluate itself and take appropriate action where required.

What type of failure would allow failings in care to happen?

Widespread failures in the standards and quality of care at UH Bristol would amount to a fundamental failure by the Trust Board of Directors and accountability for this would rest with the Board. The Board noted that the NHS, particularly in Bristol, has been aware of the importance of an open and candid culture as was set out in the 2001 'Bristol Royal Infirmary Inquiry' report published on 18 July 2001 by Professor Ian Kennedy.

In addition to its robust governance and system of internal control and management, the Board supported the development of the Trust's shared Values: Respecting everyone, Embracing change, Recognising success, and Working together. These Trust Values were developed by staff from across the Trust and have become increasingly embedded in the Trust since they were developed in 2009.

To accelerate and assist with this, the Trust rolled out 'Living the Values' training during 2012/13, training in excess of 5,500 staff on the meaning, purpose and place of the Trust Values. Results of a qualitative and quantitative survey of staff, which reported in December 2012, confirmed that 94% of respondents were aware of the Trust values, 80% were clear how they related to their role and

29% had changed the way they or their teams work as a result: an increase from 16% in the previous year. These values form an integral part of how the Trust rewards effective behaviours and how it challenges unacceptable behaviours. They are an integral part of the Trust's annual appraisal system for each member of staff. However, it remains essential that the Trust continues to ensure the values become a code by which more and more staff consciously behave towards patients and each other and that on-going measurement of their penetration evidences that they are widely held as definitive cultural values at UH Bristol.

The Board concluded that it would see early warning signs that the culture of the Trust was trending towards one in which unacceptable standards of patient care became acceptable. These would include a decrease in reported incidents, a sense of fear around failure or reporting errors, territorialism between clinicians or departments, dogma and bureaucracy overwhelming transition or transformation, and general stagnation characterised by "that's how we do things here".

Since this critical self-evaluation was conducted, the Care Quality Commission (CQC) published its first Intelligent Monitoring Report. The Trust's strong safety culture and focus on patient safety is reflected in this report which shows the Trust achieved the lowest risk rating (band 6), with an overall risk score of 3 out of a possible 162. Just 37 of the 161 acute and specialist trusts included in the report achieved this level. Despite this external assurance of the Trust's safety focus, the organisation will continue to self-evaluate and look for opportunities to learn and improve.

Section 3: Work undertaken with staff to develop the Trust's response to the Francis report.

The Trust approached this objective in two ways:

- 1 Formally considered the specific recommendations in the Francis Report
- 2 Actively listened and discussed care and quality issues with staff and patients.

The focus of this exercise was to share and understand opportunities for learning and further development, openly discussing examples and areas where the Trust could do better.

Consideration of the specific recommendations in the Francis Report

The executive team conducted a review of all 290 recommendations in the Francis Report, concluded that 83 recommendations were relevant to the Trust as a specialist hospital trust, and mapped the work that is taking place within UH Bristol against each recommendation. In order to validate and confirm this assessment, a half day workshop was then held for multidisciplinary senior clinical teams to review the assessments for each of the 83 recommendations. A number of specific actions have been identified against a number of recommendations for which there was the need for some additional work. This work will be led and mainstreamed through the established governance structures and processes within the Trust and will form part of the business of Divisions and supporting governance bodies. The details of this assessment are included in this paper at appendix 1.

What the Trust heard from patients

A number of events were held to listen to the views of patients regarding their care in our Trust. These included:

- A joint meeting with North Bristol Trust and UHBristol patient representatives
- Individual interviews with UHBristol patients
- Face to face inpatient surveys in July and September 2013

The focus of these events and individual interviews and surveys was to explore what good hospital care looked like, as well the actual experience of care patients had received.

The key themes from the joint meeting indicating what good hospital care looked like to our patients were:

- **Care** – interestingly, good hospital care was seen as something that should start outside of the hospital, indicating the importance of good communication and planning with primary care partners. Good care was also described as consistent, personal and pays attention even to the small details, words such as compassion, kindness and respect for patients and their families were also mentioned frequently.
- **Communication** – the importance of individualising the amount of information and the way it is given was strongly felt, as was the importance of listening and picking up on non-verbal clues. NHS terminology did not always help patients in their understanding of their condition or treatment, nor how the hospital functions. Clear information needs to be available without patients or families having to ask for it.
- **People** – having the right number of staff with the right skills in the right place was raised, so that patients felt confident and able to build relationships with staff to know who to talk to should they have any worries or fears. It was important to be able to recognise the roles staff play and to know which Consultant was in charge of their care. Clear nurse leadership was said to make all the difference, with staff who are friendly and concerned for patients' welfare.
- **Process** – the possibility was raised of having a care passport to avoid patients having to repeat their history to a variety of healthcare professionals. Discharge processes also need to be robust to ensure patients are able to be discharged as safely as possible and in a timely manner.
- **Environment** – the importance of ensuring privacy is given to patients was raised, recognising that this is not always easy on an open ward with few side rooms. A clean and clutter free hospital was seen as saying a great deal about the attitude of the staff working there. More information about parking, transport options and good signage was also raised.

The key findings following the face to face interviews during July and September exploring the care patients received were:

- Overall, the patients reported a good experience with a strong focus on the attitudes and actions of the staff involved in their care. The importance of the personal touch and individual care stood out for a number of the patients interviewed.
- Whilst the majority of patients felt they had sufficient time with the nursing staff some felt they needed to ask and at times felt they had received ambiguous messages about their care.
- The patients interviewed described the kindness and compassion they had received, reflecting the emphasis they placed on the interpersonal skills of the ward staff, especially when patients were at their most vulnerable.
- A lack of consistency regarding the ways patients were involved in decisions about their care was described, with some patients totally involved, others not and some not wanting to be at all.

In conclusion, many of the issues raised by our patients resonate with those of our staff, including; challenges with communication, processes both internal and external, variability and leadership. During the interviews with patients it was also encouraging to hear examples of episodes where care was delivered effectively and efficiently by kind and caring staff. There is however, no room for

complacency, since this should and must be the experience for all our patients and their families whilst receiving care in the Trust.

What the Trust heard from staff

The Trust established a series of 'listening mechanisms' to hear from staff and patients about their experience of the Trust and its services. Mechanisms were loosely based on the thematic structure of the Francis Report but also provided a general opportunity for staff and patients to talk about their view of the organisation and the services provided. A variety of mechanisms were employed including:

- Listening events for staff led by senior clinicians. These were held at different times of day and a variety of venue so that a cross-section of staff could attend.
- A multidisciplinary senior leadership summit led by the chief executive
- Other ways of contributing to the discussion. Those staff who were not able to attend an event and have discussions with colleagues, were able to write in anonymously, email or contribute to a lively discussion on the Trust's bulletin board.

Staff from across the Trust spoke about their commitment to do the best for their patients, the compassion of colleagues and their pride in the services they gave patients. There were examples describing well-functioning teams, with members supported by their line manager, given opportunities to develop and having sufficient time to devote to their patients and deliver good care.

Some staff spoke candidly about times when they considered that their patients had not had a good enough experience, what had contributed towards this and what they and their service had learnt from this. With the focus of the conversations with staff on what the Trust could do better, some areas and themes stood out as key to the organisation and its future development.

- ***The approach to openness is different in different parts of the Trust***

There is a perception amongst some staff that attitudes to openness can vary across the Trust, indicating that the Trust should take steps to ensure that openness is a universal value that is encouraged in all areas.

- ***Divisions do not always share experiences, feedback and learning sufficiently well***

UH Bristol is organised into clinical divisions, and there is a perception amongst some staff that the Trust is not good at learning across divisions. The Trust should examine the mechanisms it has in place for the dissemination of learning based on operational experience, especially in the area of complaints and clinical incidents for example.

- ***Some staff are reluctant to address poor behaviour informally and there is an acceptance that "that is just the way that certain individuals behave"***

This perception varies across the Trust but there is a reliance on leaders of teams to create an environment in which there is a culture of tackling poor behaviour. The Trust is currently developing a Leadership Programme and this issue should be tackled as part of that process – and addressed as part of the overall development of a 'philosophy of leadership' within the Trust.

- ***There is an insufficient culture of working across the system (i.e. with other people, other trusts, other organisations across the city)***

Again, staff said that this varies across the Trust but does in some cases fail to work well across divisions and with external organisations. Again, the Trust does not always sufficiently promote and encourage this approach and this should be addressed.

- **'Being busy' is not a good enough reason for poor care**
Many staff discussed the challenge of providing good care when faced with operational challenges. Staff voiced a challenge for all Trust staff to take responsibility for the care they provide and to challenge themselves to do better and not to blame factors that may make day to day operational life difficult.
- **How does the Trust feel? It varies according to your line manager**
This observation summarises a number of the issues above and highlights the variability of experience that staff have in the Trust. In the very best teams the way they are led promotes openness, learning, personal responsibility and working across boundaries. The Trust should ensure that this culture is promoted and developed uniformly in all areas.

In conclusion, staff did not raise or voice examples of significantly poor or dangerous care. However, staff spoke of variability across the Trust and handed the organisation a number of challenges and opportunities for improvement which it must now address.

These fall into the following groupings:

- The Trust does not always act as a sufficiently proficient example of a 'learning organisation'
- Staff do not always feel well enough supported when dealing with poor behaviour exhibited by colleagues.
- Feedback when concerns are raised or when complaints and incidents are reported is sometimes poor.
- Staff can feel frustrated trying to make small changes.
- Peoples' experiences can vary across the Trust.

The following thematic challenges were also raised:

- **Communication** – The listening mechanisms put in place attracted a relatively small proportion of Trust staff, though this is not unexpected considering the demands of a busy acute Trust. To ensure that staff at all levels are involved, working together and improving care for patients, the issue of how teams communicate effectively needs to be considered and resolved.
- **Variability** – Staff have varied experiences with respect to a number of key issues, and though this is not unexpected across a large and complex organisation, it is perhaps the result of the Trust's reliance on always having the right people with the right behaviour and attitudes in the right roles. In many cases at present this produces good outcomes but the Trust should no longer accept this variability and ensure that staff experience is better across the whole Trust through better selection, training and leadership.
- **Leadership** - The variability in staff experience suggests the need for further development of a commonly understood and promoted philosophy of leadership at UH Bristol. Is the Trust sufficiently clear about what being a leader means in the organisation?

Section 4: Interpretation and next steps

The Trust is committed to address the main issues and challenges that have emerged from its consideration of the Francis Report and from discussions with staff and patients regarding the quality of care. The detail of the Trust's responses, and undertakings to tackle these challenges, is described in the next section of this paper and the table below describes how the messages heard relate to the Trust Values.

Trust Value – RESPECTING EVERYONE	
Area/Issue	Desired Outcome
Acceptance of poor behaviour.	Staff empowered to confront unacceptable behaviour.
Taking personal responsibility	As well as challenging others, we must have a culture where our people challenge themselves.
Engaging our staff and explaining our decisions	To engage staff in the decision making process in a way that they regard as more meaningful, and be more transparent about the decisions we make.
Listen more, listen better	To continue with the listening mechanisms we have set up and embed them in our normal routines.
Trust Value – EMBRACING CHANGE	
Area/Issue	Desired Outcome
Making change easier	To make it easier and easier to make positive changes in the places where our people work.
Communicating in different ways.	The development and utilisation of new ways of communicating across our organisation.
Trust Value – RECOGNISING SUCCESS	
Area/Issue	Desired Outcome
Sharing experience and learning.	We must be a better learning organisation and promote an approach based on sharing, along with the mechanisms to make this easy.
Responding to incident reporting.	More effective responses to incident reporting.
Trust Value – WORKING TOGETHER	
Area/Issue	Desired Outcome
The approach to openness in different parts of the Trust	A more consistent approach across the Trust – based on a shared culture of openness.
Tackling variability.	A consistent experience across the Trust for all our staff.
Working across the system (other people, trusts, organisations across the city).	To be exemplars of partnership and collaborative working, both inside and outside the Trust.
'Getting out more'...	To increase the time our senior leaders spend out and about in the hospital.

Discussion

This section will address the findings of the Trust's listening exercise under two broad headings. Firstly, a number of initiatives, projects and programmes that are underway or in the final stages of planning will be described and related to the themes that have emerged. Some of these projects are well embedded within the Trust and have already had an effect in supporting the development of a culture of caring, compassion and candour, consistent with the underlying themes of Francis. Others are in earlier stages of planning, but have also been designed to support and enhance the development of patient centred, compassionate clinical care. The second section will describe a number of further initiatives and objectives, selected to address areas aligned to the emergent themes and, once achieved, could be viewed as indicative of a deeply ingrained culture of care, learning and transparency.

Current Trust projects and programmes

'Transforming care' as the unifying strategy for improvement

Transforming Care is the overarching programme of transformational change designed to drive us towards our vision for the Trust. Transforming Care is both a set of projects and a structured approach to support the organisation in making change happen and to enable all our staff to improve the services which our patients receive.

The programme is structured under 6 "pillars", described above, which provide focus on the areas we need to address in order to achieve our vision. Two of these pillars particularly support delivery of our response to the themes identified in the Trust's listening exercise: "Delivering Best Care", which is supported by initiatives focused on improving the quality and effectiveness of the care we provide, and "Building Capability", which captures our work to develop our staff and enable them to contribute to their potential to the benefit of our patients. Each of the pillars have specific aims and outcomes defined.

Transforming Care also provides a structured approach that supports the organisation in making change happen. Through this we will strengthen our capability to drive change at all levels and equip teams to lead improvement in the care they provide. The Transforming Care programme is a core and pivotal platform for a significant number of projects and initiatives following the Trust's process of critical self-examination.

The following projects, designated under the "Building Capability" theme, are judged particularly relevant in our response to addressing the issues identified by the Francis Report and in our discussions with staff:

- **'Living the values'**

This programme is being rolled out to all staff (new & existing) across the organisation, using the set of values developed with staff and patients. The values programme enables all staff to consider the impact of their behaviour towards their colleagues and patients and centres around reflection on authentic patient compliments and complaints. The programme is multi-disciplinary and enables staff to develop a specific value-oriented objective which can be used in their appraisal. The programme has incorporated the introduction of the 6 C's from the National Chief Nurse. The values have also been incorporated into all people management policies, recruitment, induction and training across the organisation. Over 5,500 Trust staff have already completed the programme.

- **Leadership development programme**

The core of the Trust's leadership development programme is transformational leadership, an approach that precipitates change in individuals and in the organisation. It uses the NHS leadership academy leadership framework and creates valuable and positive change connecting the values of the organisation with the skills and behaviours of the individual, creating a culture of high performance, continuous improvement and organisational transformation. By using the national framework and ensuring people management training is evaluated regularly we can reduce the variability across the organisation, enabling accountability to be clear across the Trust.

- **Improving Staff Engagement**

University Hospitals Bristol recognises that where organisations truly engage and inspire their employees, they produce the highest levels of innovation, productivity and performance. A comprehensive Staff Engagement Strategy is therefore being developed as part of the Transforming Care Programme. This includes:

- Trust-wide listening events, to better understand what staff believe gets in the way of great patient care and empowering them to make improvements locally;
- Ensuring roles and team objectives are clearly defined and understood;
- Improving the quality of staff recognition and appraisals;
- Commitment to staff health and well-being;
- Encouraging staff to 'speak up' if they have concerns through simplified and transparent processes;
- More regular 'pulse checks' of staff feedback across the Trust.

This work builds on the 'living the values' programme and feedback from the annual staff surveys.

- **Learning from patient experience**

During the last three years, the Trust has committed significant energy and resources to proactively capturing, understanding and responding to patients' experiences of our services. For example, we have introduced comments cards on wards and in outpatient clinics. Completed cards are displayed, including a response and an indication of any action taken, on 'How are we doing?' boards for patients, visitors and staff to see. We carry out bi-monthly ward-based interviews with patients; these are conversations, carried out by a team of volunteers, designed to gather qualitative feedback. We also send out a monthly post-discharge inpatient survey which mirrors the methodology of the National Inpatient Survey; we ask around 30 questions about patient experience and receive feedback from thousands of patients each year. And, since April 2013, we have implemented the NHS Friends and Family Test, achieving response rates and Net Promoter Scores which are better than the national average. Through statistical analysis of patient feedback data, we have been able to identify four 'key drivers' of overall patient satisfaction with our services: being involved in decisions about care and treatment; being treated with respect and dignity; doctors and nurses giving understandable answers to the patients' questions; and ward cleanliness. Each month, our Trust Board receives robust aggregated survey data about these themes, measured against a statistical alarm limit, providing a significant source of assurance about the quality of care our patients are experiencing. All of our survey intelligence is summarised in a quarterly report to the Board and is also shared with our commissioners. Patient feedback is used to determine priorities for locally owned patient experience action plans, progress with which is monitored through our Patient Experience Group.

We are also committed to learning from those occasions when people have cause to complain about our services. Each month, the Trust receives approximately 120 complaints, every one of which is an opportunity for learning. Our Trust Board meetings include patient stories, usually based upon complaints; each story provides a candid assessment of what went wrong and explains what steps the Trust has taken to share learning and avoid a repetition. The Trust has conducted a self-assessment against the recommendations about complaints management contained in the Francis Report, the recent Parliamentary and Health Service Ombudsman's report *Designing good together*, and Ann Clwyd MP's report *Putting patients back in the picture*: the findings will be discussed by the Board in January 2014. We want to ensure that people know how to complain if we get things wrong, that they feel supported through the process of complaining, and that they receive full, honest and timely answers to their questions. We also want to use these key insights into care as core drivers of change and improvement in clinical services.

- **'15 Steps'**

The 15 step challenge is a toolkit with a series of questions and prompts to help guide a team through their first impressions of a ward. The challenge helps staff to gain an understanding of how patients feel about the care they receive. It is one of a number of approaches the Trust and wards can use to gain an understanding and be able to identify the aspects of high quality care that are important to patients and carers from the moment they first step foot on a ward. The challenge team is made up of governors, patients and staff of all grades. Initial feedback is given at the end of the visit to the ward team, with a more detailed discussion held at a later date to identify areas for improvement as well as recognising areas of good practice. The aims of the tool resonate with each of the Trust values in its inclusivity, aim to change practice in response to patient and staff feedback as well as recognise success. Each of these in turn supports a number of the themes identified in this report including opportunities for sharing and learning and working together with patients and governors to highlight areas to improve the experience of our patients.

- **'Back to the floor'**

The back to the floor proposal aims to have all senior nurses/midwives, from the Chief Nurse down, out in clinical areas for a day a fortnight. The day will be structured, and may include working alongside members of the ward team to gain an overview of patient care and team work in that area, focussing on one particular aspect of quality by talking to staff, patients or undertaking an audit such as the Quality in Care tool audit or looking at aspects which the Care Quality Commission (CQC) may look at if undertaking an external inspection. At the end of the day, the team will regroup and discuss what they saw, heard and felt from the visits, with any actions agreed and followed up. The aim of getting back to the floor is to support and recognise the work of our clinical teams in their day to day work and is supported by a number of studies which indicate that an increased level of senior support improves both the quality of care patients receive and the morale of the nurses caring for them. Whilst this is a nursing proposal, there will be the opportunity for Executives and others not directly involved in care but who have a part to play in the quality of care our patients receive to join and contribute to any of the back to the floor days. As with the 15 step challenge, this proposal resonates strongly with the values of the Trust and links closely to a number of themes identified through our listening events including having a stronger presence of senior leaders out in clinical areas as well as a regular opportunity to listen to and talk with our staff, patients and carers, making changes where indicated.

- **Schwartz rounds**

These provide a forum for staff across the hospital to come together once a month (or every other month) to explore together the challenging psychosocial and emotional aspects of caring for patients. With help from a skilled facilitator, discussion focuses on a particular case that is introduced

by a mixed panel of staff, led by a doctor, who were involved in the patient's care. The panel gives a brief summary of the patient's case story and panellists take it in turns to describe their involvement in the case and, in particular, how it made them feel and what sort of challenges it may have raised for them. The discussion then opens up – participants ask questions, share experiences and reflect on the challenges of care. The Rounds are designed to be a safe and confidential environment: patient names are changed to protect confidentiality and all participants are asked to agree that no names or information shared by colleagues are mentioned outside the one-hour Round. An independent evaluation of the Rounds in the United States showed that they have benefited both individuals and teams, and have influenced hospital culture. Rounds participants reported that their ability to provide compassionate care improved and they felt better supported in caring for patients. They reported a better appreciation for the roles and contribution of their colleagues from different disciplines and their levels of stress and isolation declined. The Trust is currently in discussion with the Kings Fund Point of Care programme to arrange for Schwartz rounds to be initiated within the Trust.

- **Revalidation**

The General Medical Council have introduced a new and more robust system of appraisal which supports the process of Revalidation. Each medical practitioner must now demonstrate a greater degree of engagement with clinical governance processes that allows their fitness to practice to be assessed more rigorously than previously. Structured feedback from patients, as well as from colleagues, forms part of this assessment and appraisers are required to identify objectives that relate to this feedback when appropriate. Revalidation has been introduced within the Trust and systems of performance monitoring for Consultant medical staff have been developed and implemented to support this implementation.



In addition to the above, two Trust-wide reviews, designated under the “Delivering best care” theme of the Transforming Care Programme, are deemed highly relevant to the findings of the Francis Report and supplement a range of core activities already proceeding under this heading:

- **Mortality review**

The Trust is currently finalising arrangements for regular reviews of all adult deaths with the Trust. Currently, deaths are reviewed through a number of methods including Morbidity and Mortality meetings and Root Cause Analyses. However, learning from other centres suggests that even though 95% of such deaths are adjudged unavoidable, Trusts can learn important lessons regarding, for example, end of life care in particular, if a systematic review is performed.

- **Patient Safety Review**

A Trust wide review of patient safety is to be conducted with the aim of ensuring that the structure and governance supporting patient safety is optimally organised across the Trust, so that reductions in avoidable harm to patients may continue to be achieved. This review will include the introduction of a systematic programme to measure patient safety culture within clinical teams using a recognised evidence-based tool.

Further initiatives

Although much is currently underway within the Trust regarding action anticipated to nurture the growth of a deeply embedded culture of care, compassion and candour, it would be complacent to consider the cumulative effect of the initiatives already described as sufficient in themselves to bring about systematic cultural development at the pace all would prefer. To this end a number of specific and quantifiable objectives have been identified, the achievement of which could be considered indicative of a culture successfully demonstrating key aspirations of the Francis, Keogh and Berwick reports.

Objective/(Domain)

- **To ensure that every patient within the Trust always has a clearly identified Consultant responsible for their care. (Duty of Care)**

Although this is currently a reality for many patients within the Trust, there are examples of where patients being managed simultaneously across specialities do not always have a lead Consultant explicitly indicated. There should be no ambiguity for patients, relatives or staff regarding the identity of the Consultant with overall responsibility for delivering or coordinating care. Should patients transfer between clinical services within the Trust, this must be associated with the clear transfer of responsibility from named Consultant to named Consultant.

- **To ensure that mistakes in the delivery of care are not repeated. (Learning organisation).**

In his report, Berwick helpfully describes a number of sources of error within healthcare organisations. Error associated with human factors has limited potential for elimination, though specific actions may be designed to limit the opportunity for such error to occur. System error however, should always be regarded as modifiable. It is with this type of error, whether recognised as a result of incident reporting or through the receipt of complaints from patients, that the Trust should endeavour to ensure appropriate learning is effective in preventing mistakes from being repeated. Learning derived from system error in one area of the Trust must also be applied fully across the organisation.

- **To ensure that every patient is appropriately aware of the treatments and care interventions being planned and why these have been chosen. (Communication)**

The timely and straightforward communication of key elements of care plans to patients, relatives and carers, must be achieved consistently across the Trust's clinical services. All patients should be aware of the reasons for their continuing admission and the factors that will help effect their discharge.

- **To ensure that all validated information relating to the quality of services is readily available to patients and the public by including a comprehensive set of appropriate performance indicators within the Trust's website. (Transparency)**

In common with many other Trusts, the potential for the exposition, via the Trust's website, of significant amounts of information derived from performance data has not yet been fully realised. Improved internal processes of data collection and validation, as well as increasing numbers of national audits, will facilitate the ways in which the Trust's performance and achievements can be made more accessible to the public.

As indicated previously, these objectives will be adopted and achieved through the Trust's Transforming Care programme. It is also appropriate to note that the Trust will consider how best to continue the Listening exercise that helped identify the areas and themes that have formed the major part of the Trust's response to the Francis Report. It is recognised that this has been a valuable process of engagement, represents a step-change in our engagement with staff and should become a regular feature of Trust life. Informal feedback from staff involved has clearly underlined the importance of having a space and a time in which reflection can take place, issues can be discussed and learning points can be identified.

Concluding Remarks

This paper has outlined the University Hospitals Bristol NHS Foundation Trust's response to the Francis report, as well as to the reports from Sir Bruce Keogh and Professor Don Berwick. It has described the process of structured self-examination and reflection undertaken through engagement with staff from all Divisions and disciplines as well as with patient representatives. The paper sets out the results of this process and describes the main themes that have emerged from examining report recommendations as well as from listening directly to members of staff. In many areas, these themes align well with previously recognised observations that have themselves already led to work being undertaken currently. In other areas, themes have been described that require further consideration and this paper has indicated how planned work and projects will address these. The Trust will continue to make sure that all areas of work to improve its patients' experience of care, enhance the openness and transparency of its performance and deliver better treatments and services are actively supported and promoted by all, from front-line staff and professional leads to the Trust Board.

Appendix 1: Applicable Francis Report Recommendations

Serial	Report theme	Recommendation	Action/s	Discipline
240	Hygiene	All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.	Maintain current practice.	Directorate of Nursing; Service Delivery Group.
238	Communication with and about patients	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds: <ul style="list-style-type: none"> * All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. * Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. * The NHS should develop a greater willingness to communicate by email with relatives. * The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. * Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled. 	Maintain and develop current practice where necessary. Email communications guidelines required to enable use of email to communicate by email with relatives. Social media policy and use of mobile apps to be considered.	Directorate of Nursing; Service Delivery Group; Clinical Quality Group.
239	Continuing responsibility for care	The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.	Audit of patient discharge plans and discharge lounge staffing.	Directorate of Nursing; Service Delivery Group; Clinical Quality Group.
241	Provision of food and drink	The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.	Maintain current practice.	Directorate of Nursing; Service Delivery Group; Clinical Quality Group.
273	Information to coroners	The terms of authorisation, licensing and registration and any relevant guidance should oblige healthcare providers to provide all relevant information to enable the coroner to perform his/her function, unless a director is personally satisfied that withholding the information is justified in the public interest.	Adopt revised procedures for Inquests as set out by HM Coroner.	Trust Secretariat; Service Delivery Group; Clinical Divisions.
252	Access to data	It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes.	Restructure of data to allow anonymisation (see list number 119). Data warehousing solution required.	Directorate of Finance and Information; Directorate of Strategic Development.
247	Accountability for quality accounts	Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local HealthWatch, and all systems regulators.	Maintain current practice.	Directorate of Nursing; Medical Directorate.
248	Accountability for quality accounts	Healthcare providers should be required to have their quality accounts independently audited. Auditors should be given a wider remit enabling them to use their professional judgement in examining the reliability of all statements in the accounts.	Maintain current practice, taking annual Quality Gap Analysis to Quality and Outcomes Committee.	Directorate of Nursing; Medical Directorate.
245	Board accountability	Each provider organisation should have a board level member with responsibility for information.	Director of Finance and Information.	Trust Board of Directors.
143	Clear metrics on quality	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.	Review of Quality and Performance reporting and dashboards. Data Quality Analysis Report to the Audit Committee annually. Include dashboard requirements in Digital Strategy.	Trust Board of Directors.
244	Common information practices, shared data and electronic records	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: <ul style="list-style-type: none"> * Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. * Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry. * Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered. * Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. * Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements. Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards. 	Assessment of core and future clinical information systems requirements against these criteria by the IM&T Management Group. Review of the work of the Clinical Systems Advisory Group and CSIP. Involve stakeholders, including patients.	Directorate of Finance and Information; Clinical Quality Group; PPI.

Serial	Report theme	Recommendation	Action/s	Discipline
262	Enhancing the use, analysis and dissemination of healthcare information	All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them: * Effective real-time information on the performance of each of their services against patient safety and minimum quality standards; * Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges. 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.	Address within Digital Strategy (dashboards, data warehousing and reporting systems). Feasibility review required for Service Line Reporting. Review Medical Revalidation support management systems for alignment.	Directorate of Finance and Information; Medical Directorate.
263	Enhancing the use, analysis and dissemination of healthcare information	It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.	Consider moving to electronic data collection for monthly safety thermometer audits by front line staff.	Directorate of Nursing; Directorate of Finance and Information.
256	Follow up of patients	A proactive system for following up patients shortly after discharge would not only be good "customer service", it would probably provide a wider range of responses and feedback on their care.	Conduct gap analysis of current processes. Consider live feedback systems such as those used at Birmingham Children's Hospital. Include in Digital strategy.	Directorate of Nursing; Service Delivery Group.
269	Improving and assuring accuracy	The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.	Review Data Quality Policy and use of Internal Audit.	Directorate of Strategic Development.
119	Learning and information from complaints	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.	Ensure anonymised complaints data is available. (See list number 252)	Directorate of Nursing; Directorate of Finance and Information.
120	Learning and information from complaints	Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and their outcomes on as near a real-time basis as possible. This means commissioners should be required by the NHS Commissioning Board to undertake the support and oversight role of GPs in this area, and be given the resources to do so.	Liaise with Commissioners. (See list numbers 252 & 119)	Directorate of Strategic Development.
268	Resources	Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.	Consider moving to electronic data collection for monthly (safety thermometer) audits by front line staff.	Directorate of Strategic Development; Directorate of Nursing.
208	Strengthening identification of healthcare support workers and nurses	Commissioning arrangements should require provider organisations to ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse.	Review uniform design and uniform policy.	Directorate of Nursing.
255	Using patient feedback	Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near "real time" as possible, even if later adjustments have to be made.	Review current business intelligence systems. Consider live feedback systems such as those used at Birmingham Children's Hospital. Review current polling by PPI team.	Directorate of Strategic Development; Directorate of Nursing.
40	Complaints	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	Maintain current practice and enable additional scrutiny by the Quality and Outcomes Committee of incidents.	Trust Board of Directors.
113	Complaints handling	The recommendations and standards suggested in the Patients Association's peer review into complaints at the Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.	Review and implement recommendations and standards suggested in the Patients Association's peer review into complaints at the Mid Staffordshire NHS Foundation Trust.	Trust Board of Directors; Directorate of Nursing.
114	Complaints handling	Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	Maintain current practice; Review for gaps.	Directorate of Nursing.
115	Investigations	Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: * A complaint amounts to an allegation of a serious untoward incident; * Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; * A complaint raises substantive issues of professional misconduct or the performance of senior managers; * A complaint involves issues about the nature and extent of the services commissioned.	Implement regular cross-divisional (peer) investigation of complaints.	Directorate of Nursing; Service Delivery Group; Divisional Management Boards.

Serial	Report theme	Recommendation	Action/s	Discipline
118	Learning and information from complaints	Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.	Review and propose methodology; include PPI group consultation.	Directorate of Nursing.
110	Lowering barriers	Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.	Maintain current practice; review for gaps.	Directorate of Nursing.
111	Lowering barriers	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.	Maintain current practice; review for gaps.	Service Delivery Group; Directorate of Nursing.
112	Lowering barriers	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.	Maintain current practice; review for gaps.	Service Delivery Group; Directorate of Nursing.
116	Support for complainants	Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support.	Maintain current practice; review for gaps.	Service Delivery Group; Directorate of Nursing.
117	Support for complainants	A facility should be available to Independent Complaints Advocacy Services advocates and their clients for access to expert advice in complicated cases.	For ICAS	Not applicable.
109	Support for other agencies	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.	Maintain current practice; review for gaps.	Directorate of Nursing.
185	Focus on culture of caring	There should be an increased focus on 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 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. 	Review recruitment procedures to ensure the values set out in the recommendation are essential criteria for all staff who have face to face contact with patients. Review the approach in use at UWE where students have to obtain patient feedback as part of their assessment. Build this into appraisals for all staff who have face to face contact with patients.	Directorate of Nursing.
279	Death certification	So far as is practicable, the responsibility for certifying the cause of death should be undertaken and fulfilled by the consultant, or another senior and fully qualified clinician in charge of a patient's case or treatment.	Review Trust guidance for Death Certification.	Medical Directorate.
122	Handling large-scale complaints	Large-scale failures of clinical service are likely to have in common a need for: <ul style="list-style-type: none"> * Provision of prompt advice, counselling and support to very distressed and anxious members of the public; * Swift identification of persons of independence, authority and expertise to lead investigations and reviews; * A procedure for the recruitment of clinical and other experts to review cases; * A communications strategy to inform and reassure the public of the processes being adopted; * Clear lines of responsibility and accountability for the setting up and oversight of such reviews. Such events are of sufficient rarity and importance, and requiring of coordination of the activities of multiple organisations, that the primary responsibility should reside in the National Quality Board.	Local arrangements for supporting staff and patients, investigations, communications, etc. as per Independent Inquiry into Histopathology Services in Bristol. Implement 'Schwartz Rounds' where appropriate.	Trust Board of Directors.
236	Identification of who is responsible for the patient	Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.	Review by Clinical Council.	Medical Directorate; Clinical Council.
199	Key nurses	Each patient should be allocated for each shift a named key nurse responsible for coordinating the provision of the care needs for each allocated patient. The named key nurse on duty should, whenever possible, be present at every interaction between a doctor and an allocated patient.	Review guidance and process of communication of key decisions (e.g. order books) and continuity of care.	Medical Directorate; Nursing Directorate.

Serial	Report theme	Recommendation	Action/s	Discipline
198	Measuring cultural health	Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".	Investigate feasibility of using cultural assessment tools, with incentivisation.	Trust Management Executive
242	Medicines administration	In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.	Maintain current practice of audits of clinical practice. Require follow-up review report to Clinical Quality Group.	Nursing Directorate.
195	Nurse leadership	Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.	Maintain current practice; review for gaps.	Nursing Directorate.
197	Nurse leadership	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.	Review consistency of leadership training trust-wide.	Nursing Directorate.
186	Practical hands-on training and experience	Nursing training should be reviewed so that sufficient practical elements are incorporated to ensure that a consistent standard is achieved by all trainees throughout the country. This requires national standards.	Maintain current practice; Await national standards.	Nursing Directorate.
187	Practical hands-on training and experience	There should be a national entry-level requirement that student nurses spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse. Such experience should include direct care of patients, ideally including the elderly, and involve hands-on physical care. Satisfactory completion of this direct care experience should be a pre-condition to continuation in nurse training. Supervised work of this type as a healthcare support worker should be allowed to count as an equivalent. An alternative would be to require candidates for qualification for registration to undertake a minimum period of work in an approved healthcare support worker post involving the delivery of such care.	Maintain current practice; Await national standards.	Nursing Directorate.
243	Recording of routine observations	The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.	Review current procedures; Bedside technologies to be considered in Digital Strategy.	Medical Directorate; Nursing Directorate; Directorate of Finance and Information.
191	Recruitment for values and commitment	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.	Review recruitment procedures to ensure the values set out in the recommendation are essential criteria for all staff who have face to face contact with patients. Review the approach in use at UWE where students have to obtain patient feedback as part of their assessment. Build this into appraisals for all staff who have face to face contact with patients.	Human Resources Directorate; Trust Management Executive.
194	Standards for appraisal and support	As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be countersigned by their appraising manager as being such.	Await NMC guidance.	Nursing Directorate.
202	Strengthening the nursing professional voice	Recognition of the importance of nursing representation at provider level should be given by ensuring that adequate time is allowed for staff to undertake this role, and employers and unions must regularly review the adequacy of the arrangements in this regard.	Review representation of the nursing professional "voice" at Trust Board of Directors, Trust Management Executive, Divisional Management Boards, Clinical Council, etc.	Trust Management Executive; Nursing Directorate.
237	Teamwork	There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.	Review use of the Induction Programme; Consider interactive approach, including collaborative team exercises.	Human Resources Directorate; Trust Management Executive.

Serial	Report theme	Recommendation	Action/s	Discipline
181	Enforcement of the Statutory duties of candour in relation to harm to patients	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.	Include in Duty of Candour in Contracts of Employment, Recruitment, Induction and Appraisal.	Human Resources Directorate; Trust Management Executive.
280	Appropriate and sensitive contact with bereaved families	Both the bereaved family and the certifying doctor should be asked whether they have any concerns about the death or the circumstances surrounding it, and guidance should be given to hospital staff encouraging them to raise any concerns they may have with the independent medical examiner.	Review Trust guidance for Death Certification.	Medical Directorate; Nursing Directorate.
174	Candour about harm	Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	Maintain current practice; review for gaps.	Medical Directorate; Nursing Directorate; Trust Management Executive; Service Delivery Group.
175	Candour about harm	Full and truthful answers must be given to any question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).	Include in Duty of Candour in Contracts of Employment, Recruitment, Induction and Appraisal.	Medical Directorate; Nursing Directorate; Trust Management Executive; Service Delivery Group.
180	Candour about incidents	Guidance and policies should be reviewed to ensure that they will lead to compliance with Being Open, the guidance published by the National Patient Safety Agency.	Maintain current practice; confirm recent policy review remains compliant.	Medical Directorate; Nursing Directorate; Trust Management Executive; Service Delivery Group.
178	Implementation of the duty Ensuring consistency of obligations under the duty of openness, transparency and candour	The NHS Constitution should be revised to reflect the changes recommended with regard to a duty of openness, transparency and candour, and all organisations should review their contracts of employment, policies and guidance to ensure that, where relevant, they expressly include and are consistent with above principles and these recommendations.	Ensure NHS Constitution is included in all Contracts of Employment, Recruitment, Induction and Appraisal.	Trust Secretariat; Human Resources Directorate.
177	Openness in public statements	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	Ensure Duty of Candour is included in all Contracts of Employment, Recruitment, Induction and Appraisal.	Trust Management Executive; Human Resources Directorate.
176	Openness with regulators	Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.	Ensure Duty of Candour is included in all Contracts of Employment, Recruitment, Induction and Appraisal.	Trust Management Executive; Human Resources Directorate.
173	Principles of openness, transparency and candour	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	Ensure Duty of Candour is included in all Contracts of Employment, Recruitment, Induction and Appraisal.	Trust Management Executive; Human Resources Directorate.
179	Restrictive contractual clauses	"Gagging clauses" or non-disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.	Review contracts and compromise agreements for unintended interpretations of clauses.	Trust Management Executive; Human Resources Directorate.
182	Statutory duty of openness and transparency	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.	Ensure Duty of Candour is included in all Contracts of Employment, Recruitment, Induction and Appraisal.	Trust Management Executive; Human Resources Directorate.
160	Training and training establishments as a source of safety information	Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.	Review Trainee induction and openness policy; Identify ways of addressing 'reticence' (where identified e.g. F1, F2).	Human Resources Directorate; Trust Management Executive.
3	Clarity of values and principles	The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	Ubiquitously reference the principles in the NHS Constitution from the formulation of strategy stage throughout operational delivery. Ensure that copies of the NHS Constitution, or a précis of it, are available for all to see in all clinical areas, Voices etc. Include in Contracts, Induction and Appraisal. Ensure consistent messaging across communications.	Trust Board of Directors; Trust Management Executive; Service Delivery Group; Divisional Management Boards.

Serial	Report theme	Recommendation	Action/s	Discipline
4	Clarity of values and principles	The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	Ubiquitously reference the principles in the NHS Constitution from the formulation of strategy stage throughout operational delivery. Ensure that copies of the NHS Constitution, or a précis of it, are available for all to see in all clinical areas, Voices etc. Include in Contracts, Induction and Appraisal. Ensure consistent messaging across communications.	Trust Board of Directors; Trust Management Executive; Service Delivery Group; Divisional Management Boards.
5	Clarity of values and principles	In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: * 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.	Ubiquitously reference the principles in the NHS Constitution from the formulation of strategy stage throughout operational delivery. Ensure that copies of the NHS Constitution, or a précis of it, are available for all to see in all clinical areas, Voices etc. Include in Contracts, Induction and Appraisal. Ensure consistent messaging across communications.	Trust Board of Directors; Trust Management Executive; Service Delivery Group; Divisional Management Boards.
7	Clarity of values and principles	All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	Ubiquitously reference the principles in the NHS Constitution from the formulation of strategy stage throughout operational delivery. Ensure that copies of the NHS Constitution, or a précis of it, are available for all to see in all clinical areas, Voices etc. Include in Contracts, Induction and Appraisal. Ensure consistent messaging across communications.	Trust Board of Directors; Trust Management Executive; Service Delivery Group; Divisional Management Boards.
8	Clarity of values and principles	Contractors providing outsourced services should also be required to abide by these requirements and to ensure that staff employed by them for these purposes do so as well. These requirements could be included in the terms on which providers are commissioned to provide services.	Include quality standards in contracts for preferred agency providers. Evaluate for values, integrity and response to ensuring staff adhere to provisions of the NHS Constitution, particularly for patient-facing staff.	Human Resources Directorate; Trust Management Executive.
249	Accountability for quality accounts	Each quality account should be accompanied by a declaration signed by all directors in office at the date of the account certifying that they believe the contents of the account to be true, or alternatively a statement of explanation as to the reason any such director is unable or has refused to sign such a declaration.	Implement using existing Director's statement and CEO statement in preface.	Nursing Directorate.
79	Accountability of providers' directors	There should be a requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for foundation trusts are, and remain, fit and proper persons for the role. Such a test should include a requirement to comply with a prescribed code of conduct for directors.	Include in recruitment and induction of directors.	Trust Secretariat
80	Accountability of providers' directors	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.	Add to Foundation Trust Constitution.	Trust Secretariat
84	Accountability of providers' directors	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.	Add to Foundation Trust Constitution.	Trust Secretariat
11	Clarity of values and principles	Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.	Review Clinical Effectiveness Group Terms of Reference to issue notice of non-compliance for escalation (with regard to NICE Guidance). Divisional Management Boards to take similar action at Divisional level. Consider Procedural Document Framework provisions for disagreements or non-compliance with guidance/policy/procedure. See Berwick "neglecting to follow guidance". Toft is a good example (Reference: anaesthetics).	Medical Directorate; Nursing Directorate.
12	Clarity of values and principles	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.	Review and consider delivery mechanism for feedback at listening events. Consult and ask staff what this would and should look like? Revisit Mapsaf survey to establish if there are ways to "close the loop" differently or educate as necessary.	Human Resources Directorate; Trust Management Executive.

Serial	Report theme	Recommendation	Action/s	Discipline
246	Comparable quality accounts	Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local HealthWatch.	Maintain current practice; Review for compliance.	Nursing Directorate.
75	Enhancement of role of governors	The Council of Governors and the board of each foundation trust should together consider how best to enhance the ability of the council to assist in maintaining compliance with its obligations and to represent the public interest. They should produce an agreed published description of the role of the governors and how it is planned that they perform it. Monitor and the Care Quality Commission should review these descriptions and promote what they regard as best practice.	Maintain current practice; Review for compliance.	Trust Secretariat.
76	Enhancement of role of governors	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.	Enhance the "Medicine for Members" events to become wider public and patient engagement initiatives, using PPI and Communications teams to support wider engagement and public relations.	Nursing Directorate; Directorate of Strategic Development.
89	Information sharing	Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	Review serious incident policy for alignment (Health and Safety Executive to access STEISS)	Human Resources Directorate; Trust Management Executive.
45	Inquests	The Care Quality Commission should be notified directly of upcoming healthcare-related inquests, either by trusts or perhaps more usefully by coroners.	Discuss with HMC who should do this and how.	Trust Secretariat.
98	National Patient Safety Agency functions	Reporting to the National Reporting and Learning System of all significant adverse incidents not amounting to serious untoward incidents but involving harm to patients should be mandatory on the part of trusts.	Maintain current practice; Review for compliance.	Nursing Directorate.
100	National Patient Safety Agency functions	Individual reports of serious incidents which have not been otherwise reported should be shared with a regulator for investigation, as the receipt of such a report may be evidence that the mandatory system has not been complied with.	Maintain current practice; Review for compliance.	Nursing Directorate.
37	Quality accounts	Trust Boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to the methods used to produce the information. To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.	Review process for publication.	Nursing Directorate.
86	Requirement of training of directors	A requirement should be imposed on foundation trusts to have in place an adequate programme for the training and continued development of directors.	Further training needs analysis to be undertaken by Chairman and Trust Secretary.	Trust Secretariat.
204	Strengthening the nursing professional voice	All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.	Nominations and Appointments Committee to consider recruiting nurse/s as non-executive directors.	Trust Board of Directors; Trust Management Executive; Service Delivery Group; Divisional Management Boards.
205	Strengthening the nursing professional voice	Commissioning arrangements should require the boards of provider organisations to seek and record the advice of its nursing director on the impact on the quality of care and patient safety of any proposed major change to nurse staffing arrangements or provision facilities, and to record whether they accepted or rejected the advice, in the latter case recording its reasons for doing so.	Maintain current practice.	Trust Board of Directors; Trust Management Executive; Service Delivery Group; Divisional Management Boards.
36	Use of information for effective regulation	A coordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in as near real time as possible, and should be capable of use by regulators in assessing the risk of non-compliance. It must not only include statistics about outcomes, but must take advantage of all safety related information, including that capable of being derived from incidents, complaints and investigations.	Trust to consider how data can be warehoused to allow for intelligent interrogation by API. Address in Digital Strategy.	Directorate of Finance and Information; Directorate of Strategic Development.