

## Francis Report - The Trust's Response

The final report of Robert Francis QC following the Mid Staffordshire NHS Foundation Trust public inquiry was published in February 2013. The report contained 290 recommendations for consideration across the whole of the NHS. All NHS organisations were asked to consider the recommendations and publicly state the extent to which they accepted them.

Liverpool Women's published its response to the recommendations in July 2014. We stated at the time the Trust did not consider this a one-off exercise and was committed to continuing its focus on learning and improving. This document therefore outlines how three years on, in July 2017, we have continued to respond to the recommendations and make changes.

Link to corporate objective	Recommendation	Action	Exec Lead	Status
<b>Efficiency</b>	1.It is recommended that: All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work; Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions;	The Trust has published a summary outlining status against the Francis Recommendations on its Internet site and will continue to annually	Director of Nursing and Midwifery	
<b>Effectiveness</b>	2. The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires: <ul style="list-style-type: none"> <li>• A common set of core values and standards shared throughout the system;</li> <li>• Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards;</li> <li>• A system which recognises and applies the values of transparency, honesty and candour;</li> <li>• Freely available, useful, reliable and full information on attainment of the values and standards;</li> </ul> A tool or methodology such as a cultural barometer to measure the cultural health of all	This is implicit in the Trust's CARE and Learn values. In addition we are currently developing a value based behavioural framework in partnership with staff and considering how this can be integrated into our Performance Development Review process.	Director of Workforce & Marketing	

	parts of the system.			
<b>Workforce</b>	7. All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	All contracts have been reviewed to include an express requirement for all Liverpool Women's staff to abide by the Trust's values CARE and Learn and related behaviours	Director of Workforce & Marketing	
<b>Workforce</b>	11. Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.	The Trust's contracts require all staff to adhere to their relevant code of professional conduct. There are clear processes for the establishment of new ways of working and for raising issues that relate to patient safety through the Trust's Whistleblowing policy	Director of Workforce & Marketing	
<b>Workforce</b>	75. The Council of Governors and the board of each foundation trust should together consider how best to enhance the ability of the council to assist in maintaining compliance with its obligations and to represent the public interest. They should produce an agreed published description of the role of the governors and how it is planned that they perform it. Monitor and the Care Quality Commission should review these descriptions and promote what they regard as best practice.	The Membership Strategy 2017-20 has been agreed by the Council at its meeting in January 2017, this takes account of the Trusts Strategy on Membership and Public Engagement and works with the Trusts overall Communication and Engagement Strategy. Role responsibilities are prescribed within the Trust's Constitution and have been discussed at both Council of Governors meeting and at Council sub-Committee meetings.	Chief Executive	
<b>Workforce</b>	76. Arrangements must be made to ensure that governors are accountable not just to the immediate membership but to the public at large – it is important that regular and constructive contact between governors and the public is maintained.	The Council of Governors' agreed a new Membership Strategy for 2014/17 that includes details of the roles of a governor in this regard.	Chief Executive	
<b>Safety</b>	89. Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	The Trust investigated with Health & Safety Executive and drew up guidance that is now included in Risk Governance manual	Director of Nursing and Midwifery	

<b>Safety</b>	100. 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.	This is included in the Trust's Incident Reporting Policy	Director of Nursing and Midwifery	
<b>Experience</b>	109. 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.	Multiple record of patient feedback includes the Trust's Nursing Indicators, Friends & Family Test, Comment Cards, Website, and Intentional Rounding. There is also a planned review of Patient Experience function	Director of Nursing and Midwifery	
<b>Experience</b>	110. 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.	This is included in the Trust's Claims Policy	Director of Nursing and Midwifery	
<b>Experience</b>	111. Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.	A Head of Patient Experience has been appointed to review strategic and operational customer experience processes, policies and organisational culture to identify any enhancements to the process. There have already been several enhancements made to the Trust website to increase awareness among patients and a re-launch of the Trust's PALS service	Director of Nursing and Midwifery	
<b>Safety</b>	112. Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	The Trust welcomes feedback on its services via any route including Twitter, Facebook and PALS. Improvements have been made to ensure enhanced recording of lessons learnt and key themes via a Patient Experience dashboard	Director of Nursing and Midwifery	

<b>Effectiveness</b>	114. Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	This is included in the Trust's Complaints Policy	Director of Nursing and Midwifery	
<b>Effectiveness</b>	115. Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: <ul style="list-style-type: none"> <li>• A complaint amounts to an allegation of a serious untoward incident;</li> <li>• Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion;</li> <li>• A complaint raises substantive issues of professional misconduct or the performance of senior managers;</li> <li>• A complaint involves issues about the nature and extent of the services commissioned.</li> </ul>	Governance Quality Manager reviewed this to ensure there was sufficient connectivity between Complaints and SUI policies. The Complaints policy has been reviewed to reflect this recommendation. The CCG have a standing invitation to all SUI reviews.	Director of Nursing and Midwifery	
<b>Experience</b>	116. 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.	This is Trust policy, the PALS function within the Trust has been enhanced to further compliance with the recommendation	Director of Nursing and Midwifery	
<b>Experience</b>	117. A facility should be available to Independent Complaints Advocacy Services advocates and their clients for access to expert advice in complicated cases. Na	No action required to become compliant with the Francis Recommendation.	Director of Nursing and Midwifery	
<b>Experience</b>	118. Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related	The Trust Annual Complaints Report is published on its Website. This includes key themes from complaints and lessons that have been learnt and will in future include changes in practice that have been made.	Director of Nursing and Midwifery	
<b>Workforce</b>	152. Any organisation which in the course of a review, inspection or other performance of its duties, identifies concerns potentially relevant to the acceptability of training provided by a healthcare provider, must be required to inform the relevant training regulator of those concerns.	Although this recommendation refers to external organisations who identify concerns reporting these to the relevant regulator, the Trust internal process for tackling any concerns raised has Education Governance committee overview. There is extensive use of feedback from trainees to continually update and improve both training and service delivery.	Director of Workforce & Marketing	

<p><b>Safety</b></p>	<p>160. 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.</p>	<p>Trainees are actively encouraged by the Medical Education Team (internal) to complete their GMC survey and be open and honest about any aspect of their training. All responses are completely anonymous. If any issues are identified through the GMC survey these are discussed at Education Governance and appropriate actions identified. We have additional proactive steps to encourage openness and provide assurances in relation to raising concerns by:</p> <ol style="list-style-type: none"> <li>1) incorporation into junior doctors induction and inclusion of Whistleblowing policy on newly design app for junior doctors</li> <li>2) clear linkage of the Whistleblowing policy to the Supervision of Medical Staff in Training Policy</li> </ol>	<p>Director of Workforce &amp; Marketing</p>	
<p><b>Workforce</b></p>	<p>173. Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.</p>	<p>The "duty of candour" and the "being open" principles are now embedded in all policies. New meeting guidance notes include specific guidance re: duty of candour. A training programme has begun advising staff regarding duty of candour and the importance of being open and honest when a patient has been harmed</p>	<p>Director of Nursing and Midwifery</p>	
<p><b>Workforce</b></p>	<p>174. Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.</p>	<p>The "duty of candour" and the "being open" principles are now embedded in all policies. New meeting guidance notes include specific guidance re: duty of candour. A training programme has begun advising staff regarding duty of candour and the importance of being open and honest when a patient has been harmed</p>	<p>Director of Nursing and Midwifery</p>	

<b>Workforce</b>	175. 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).	The "duty of candour" and the "being open" principles are now embedded in all policies. New meeting guidance notes include specific guidance re: duty of candour. A training programme has begun advising staff regarding duty of candour and the importance of being open and honest when a patient has been harmed	Director of Nursing and Midwifery	
<b>Workforce</b>	176. 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.	All such statements are signed-off by the CEO following review and agreement by the full Executive Team	Chief Executive	
<b>Workforce</b>	177. Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	All such statements are signed-off by the CEO following review and agreement by the full Executive Team	Chief Executive	
<b>Workforce</b>	179. "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.	The Board annually review the issuing of compromise agreements to staff members. Any compromise agreement clearly indicates that the individual is not precluded from disclosing anything that is a relevant concern with regard to patient safety. This is also clearly indicated within the Whistleblowing policy	Director of Workforce & Marketing	
<b>Effectiveness</b>	180. 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.	The "duty of candour" and the "being open" principles are now embedded in all policies. New meeting guidance notes include specific guidance re: duty of candour. A training programme has begun advising staff regarding duty of candour and the importance of being open and honest when a patient has been harmed	Director of Nursing and Midwifery	
<b>Safety</b>	280. 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.	The Trust has reviewed and revised its Coroners SOP	Director of Nursing and Midwifery	

<p><b>Efficiency</b></p>	<p>185. There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires:</p> <ul style="list-style-type: none"> <li>• Training and experience in delivery of compassionate care;</li> <li>• Leadership which constantly reinforces values and standards of compassionate care;</li> <li>• Involvement in, and responsibility for, the planning and delivery of compassionate care;</li> <li>• Constant support and incentivisation which values nurses and the work they do through: <ul style="list-style-type: none"> <li>• Recognition of achievement;</li> <li>• Regular, comprehensive feedback on performance and concerns;</li> </ul> </li> </ul> <p>Encouraging them to report concerns and to give priority to patient well-being.</p>	<p>The Trust's Nursing and Midwifery Strategy is underpinned by the 6c's. Good relation with the Universities, value based leadership programme and participation in the SOS campaign. Good compliance with PDR's</p>	<p>Director of Nursing and Midwifery</p>	
<p><b>Efficiency</b></p>	<p>191. Healthcare employers recruiting nursing staff, whether qualified or unqualified, should assess candidates' values, attitudes and behaviours towards the well-being of patients and their basic care needs, and care providers should be required to do so by commissioning and regulatory requirements.</p>	<p>The Trust was compliant with this recommendation without the need for further action</p>	<p>Director of Workforce &amp; Marketing</p>	
<p><b>Efficiency</b></p>	<p>194. As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process.</p>	<p>The Trust was compliant with this recommendation without the need for further action</p>	<p>Director of Workforce &amp; Marketing</p>	
<p><b>Efficiency</b></p>	<p>195. Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.</p>	<p>The Trust was compliant with this recommendation without the need for further action</p>	<p>Director of Nursing and Midwifery</p>	

<p><b>Efficiency</b></p>	<p>197. 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</p>	<p>No action required to become compliant with the Francis Recommendation.</p> <p>The following will enhance the processes already in place: Going forward, leadership will be delivered in a modular approach which will be flexible and enable staff to access courses throughout the year linked to the outcome of their PDR. In addition, a focus on training around team engagement involvement and communication will include the provision of team coaching. Resilience, complaints and conflict management are new courses being offered in response to feedback from staff and patients, and a health and wellbeing review conducted by Laing O'Rourke.</p>	<p>Director of Workforce &amp; Marketing</p>	
<p><b>Workforce</b></p>	<p>198. Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".</p>	<p>Top 10 issues that are important for staff (informed by staff survey and follow up engagement events) are measured and reported on quarterly basis through the newly implemented PULSE survey. This has been developed by staff for staff as our internal cultural barometer</p>	<p>Director of Workforce &amp; Marketing</p>	
<p><b>Workforce</b></p>	<p>199. 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.</p>	<p>Boards identifying named nurse or midwife are now available for each patient to enhance existing provision</p>	<p>Director of Nursing and Midwifery</p>	
<p><b>Workforce</b></p>	<p>202. Recognition of the importance of nursing representation at provider level should be given by ensuring that adequate time is allowed for staff to undertake this role, and employers and unions must regularly review the adequacy of the arrangements in this regard.</p>	<p>This is seen in the Trust's Nursing and midwifery strategy, the Terms of Reference for CCG meetings and via regular nursing &amp; midwifery feedback sessions</p>	<p>Director of Nursing and Midwifery</p>	



<b>Workforce</b>	207. There should be a uniform description of healthcare support workers, with the relationship with currently registered nurses made clear by the title.	The Trust's Nursing and midwifery strategy outlines this and boards have now been introduced making clear the roles and titles of staff	Director of Nursing and Midwifery	
<b>Workforce</b>	208. Ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse.	The Trust's Nursing and midwifery strategy outlines this and boards have now been introduced making clear the roles and titles of staff. Defined HCA roles have been identified in each area of the Trust	Director of Nursing and Midwifery	
<b>Workforce</b>	236. 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.	Boards identifying named clinicians are now available for each patient to enhance existing provision	Medical Director, Director of Nursing & Midwifery	
<b>Workforce</b>	237. There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.	All team leaders on the Patient Team Leader programme have had access to a full day session on Developing High performing teams and have a workbook to support them to doing this with their teams. We have two fully trained team coaches who can provide enhanced levels of support to teams as required. We have trialled the introduction of a behavioural tool which enables teams to understand how people approach things differently and how best to work with their preferences	Director of Workforce & Marketing	

<p><b>Workforce</b></p>	<p>238. Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:</p> <ul style="list-style-type: none"> <li>• All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors.</li> <li>• Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients.</li> <li>• The NHS should develop a greater willingness to communicate by email with relatives.</li> <li>• The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered.</li> <li>• 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.</li> </ul>	<p>This is an integral part of the Trust's Nursing &amp; Midwifery Strategy. In addition the Trust has seen the implementation of Productive Ward Rounds. The Trust has the canteen open to the public now and the conservatory does have quiet areas for patients and relatives to have privacy. It is also common practice for summary discharge letters followed up some time later with more substantive ones is in agreement with the CCG's. Further actions have been identified that will enhance the current provision even further.</p>	<p>Medical Director, Director of Nursing &amp; Midwifery</p>	
<p><b>Workforce</b></p>	<p>239. The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.</p>	<p>Patients are cared for in main ward areas until discharged at an appropriate time</p>	<p>Medical Director, Director of Nursing &amp; Midwifery</p>	
<p><b>Effectiveness</b></p>	<p>240. 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.</p>	<p>The Trust reminds staff of this obligation through many channels including the Nursing &amp; Midwifery strategy. There are Patient Information boards that remind staff and also inform patients and visitors of the requirements</p>	<p>Medical Director, Director of Nursing &amp; Midwifery</p>	
<p><b>Effectiveness</b></p>	<p>241. The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.</p>	<ul style="list-style-type: none"> <li>• Nursing &amp; Midwifery Strategy</li> <li>• Nutrition policy</li> <li>• Nutrition link/ champion</li> <li>• Nutrition group</li> <li>• Ward Board - white board</li> <li>• Comfort round compliance</li> <li>• Signpost to where to get policy information or audit information to support comfort round compliance.</li> </ul>	<p>Director of Nursing and Midwifery</p>	

<b>Safety</b>	242. 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.	The Trust has an electronic prescribing system and method of identifying whether doses are given or not, daily visit by a pharmacist and in meditech there is the facility for the wards to run reports of omitted medicine.	Medical Director, Director of Nursing & Midwifery	
<b>Effectiveness</b>	243. 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.	The Trust was compliant with this recommendation without the need for further action. To enhance current processes further IT solutions are being explored	Medical Director, Director of Nursing & Midwifery	
<b>Effectiveness</b>	279. So far as is practicable, the responsibility for certifying the cause of death should be undertaken and fulfilled by the consultant, or another senior and fully qualified clinician in charge of a patient's case or treatment	The Trust has reviewed and revised its Coroners SOP	Medical Director	
<b>Safety</b>	216. The leadership framework should be improved by increasing the emphasis given to patient safety in the thinking of all in the health service. This could be done by, for example, creating a separate domain for managing safety, or by defining the service to be delivered as a safe and effective service.	The following action has been identified to enhance the processes already in place: Development of a Quality module with Service leads in discussion to be incorporated into the Management Development programme	Director of Workforce & Marketing	
<b>Workforce</b>	217. A list should be drawn up of all the qualities generally considered necessary for a good and effective leader. This in turn could inform a list of competences a leader would be expected to have.	This was completed as part of nurse & midwifery leadership events. The information from staff informed the design of the leadership development programmes at middle and senior level	Director of Workforce & Marketing	

<b>Workforce</b>	218. Serious non-compliance with the code, and in particular, non-compliance leading to actual or potential harm to patients, should render board-level leaders and managers liable to be found not to be fit and proper persons to hold such positions by a fair and proportionate procedure, with the effect of disqualifying them from holding such positions in future.	Code was published in December 2013 - majority of this sits outside the remit of the Trust. The guidance was reviewed by PPF in Autumn 2014 and assurance given to the Board that Trust processes are in place to meet the requirements.	Director of Workforce & Marketing	
<b>Workforce</b>	204. All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.	It is a statutory requirement that the Board of Directors includes a registered nurse and the Trust fully complies with this requirement	Chief Executive	
<b>Efficiency</b>	<p>244. There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered.</li> <li>• 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.</li> </ul> <p>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.</p>	All actions apart from first bullet are now included in all LWH systems following the IT Right strategic developments. Bullet one will ONLY be delivered once a new Electronic Patient Record is in place which will be 3 years minimum (2018). We are not aware of any Trust in country which currently achieves this.	Finance Director & SIRO	
<b>Workforce</b>	245. Each provider organisation should have a board level member with responsibility for information	The Director of Finance acts as the Trust's Senior Information Risk Officer (SIRO)	Finance Director & SIRO	

<b>Effectiveness</b>	247. Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Health watch, and all systems regulators.	The Trust's Quality Account has been shared with Local Authority & Scrutiny Committees, Health Watch Groups, NHS England and Local CCGs. It is also placed in the public domain via NHS Choices and our own web site	Director of Nursing and Midwifery	
<b>Effectiveness</b>	248. Healthcare providers should be required to have their quality accounts independently audited. Auditors should be given a wider remit enabling them to use their professional judgement in examining the reliability of all statements in the accounts.	The Trust's Quality Account is independently audited prior to publication	Director of Nursing and Midwifery	
<b>Effectiveness</b>	249. 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.	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 is included in the Trust's Quality Account	Director of Nursing and Midwifery	
<b>Efficiency</b>	252. It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes.	The Trust has a complete Data Set (as per CDS 6.2) and internal performance management reports are generated regularly. These form the basis of robust internal management and are shared externally where appropriate.	Finance Director & SIRO	
<b>Effectiveness</b>	255. 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.	Patient Exit Card feedback is integrated with the Nursing Indicators. Nursing teams can view comments in real time, as they arrive and will be able to respond to them.	Director of Nursing and Midwifery	
<b>Experience</b>	256. 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.	Patient Exit Cards are being proactively encouraged and monitored. The Trust has recently reinvigorated its Patient Experience team with furthering "customer services" one of the primary aims	Director of Nursing and Midwifery	

<b>Effectiveness</b>	<p>262. All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:</p> <ul style="list-style-type: none"> <li>• Effective real-time information on the performance of each of their services against patient safety and</li> <li>• minimum quality standards;</li> <li>• Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>The Trust now has a fully developed Data Warehouse connecting to our primary clinical system (meditech) which enables real time reporting via national standards and reporting internally and externally. We report this via an annual benchmarking of safety measures which is externally produced against peers. Internally we monitor performance monthly for all indicators and the deployment of solutions such as e-rostering has enabled automated ward to board reporting and staff staffing metrics. We continue to work with clinicians to enable further reporting as we move forward.</p>	<p>Finance Director &amp; SIRO</p>	
<b>Effectiveness</b>	<p>263. It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.</p>	<p>The Trust set up a Data Quality Group in April 2014 which feeds into its Information Governance Committee</p>	<p>Finance Director &amp; SIRO</p>	
<b>Effectiveness</b>	<p>264. In the case of each specialty, a programme of development for statistics on the efficacy of treatment should be prepared, published, and subjected to regular review.</p>	<p>The Trust set up a Data Quality Group in April 2014 which feeds into its Information Governance Committee</p>	<p>Finance Director &amp; SIRO</p>	
<b>Efficiency</b>	<p>268. Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.</p>	<p>The Trust set up a Data Quality Group in April 2014 which feeds into its Information Governance Committee</p>	<p>Finance Director &amp; SIRO</p>	
<b>Effectiveness</b>	<p>269. The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.</p>	<p>The Information Team have regular reports highlighting any data quality issues and run training targeted appropriately based on any concerns. The Trust set up a Data Quality Group in April 2014 which also assists in this process.</p>	<p>Finance Director &amp; SIRO</p>	