



# **Francis Inquiry**

**Reflection and Action**  
**May 2013**  
**Updated May 2014**

## 1. Introduction

Robert Francis QC was first commissioned in July 2009 to chair an inquiry into the poor care delivered at Mid Staffordshire NHS Trust. The descriptions of what had happened shocked those who read the initial report, which was published in February 2010.

It was not within the Terms of Reference at that time to review the wider system to determine what had gone so badly wrong, therefore the Government commissioned Robert Francis to conduct a second investigation into the wider system to determine why issues had not surfaced earlier and to ensure that any lessons were learnt on a national basis. During this Public Inquiry, patients, relatives and staff had the opportunity to voice their concerns and to consider how the trust had got into such a position.

The second report was published on 6 February 2013, consisting of 1700 pages and 290 individual recommendations, covering aspects of healthcare provision, commissioning and regulation.

The first recommendation requires all NHS organisations to consider the findings and decide how to apply them:

### *Recommendation One*

- 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.

This paper describes how Lincolnshire Community Health Services has considered the report, both at Trust Board Development sessions and formal Trust Board meetings. It sets out a response and self-assessment against the entire suite of recommendations, (please refer to appendix one) and recommends 5 key areas of focus for the organisation over the coming months.

## 2. Organisational Response

As an 'arm's length' provider, Lincolnshire Community Health Services embraced findings of the initial report published in 2010.

Following the publication of the second report in 2013, the organisation has taken the following steps to ensure all staff are aware of the further recommendations and actions being taken by the Trust to further embed a culture of care and compassion.

The report has been reviewed and debated in number of forums within the trust over recent months including:

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- Trust Board Development session - February 2013
- Trust Board Meeting - February 2013
- Clinical Governance and Risk Committee - March 2013
- Trust Executive Group - March 2013
- Community Foundation Trust Steering Group - March 2013
- Senior Management Time Out session - March 2013
- Midlands and East Clinical Summit – March 2013
- Staff Team Brief - March 2013
- Business Unit Clinical Governance meetings – held throughout March 2013
- Clinical Governance and Risk Committee - April 2013
- General Manager Time Out session - April 2013
- Trust Board - April 2013
- Queens Nurse Forum – April 2013

In addition the Chief Nurse has attended the following national / regional meetings where the report has been debated, reviewed and discussed:

- a) LAT Nurse / Medical Director time out session – February 2013
- b) Foundation Trust Network Clinical Leads meeting - March 2013
- c) Kings Fund meeting February 2013 – Robert Francis QC delivered presentation
- d) LAT Nurse Directors Meeting – April 2013

## 3. Gap Analysis – self assessment

The Chief Nurse has undertaken a comprehensive gap analysis against all 290 recommendations to identify key areas for focus for the Trust over the coming months – please refer to Appendix 1 for details.

As a result the following 5 areas have been identified for additional priority and focus within the organisation:

1. Strengthening the Patient Voice
2. Harm Free care
3. Additional Time to care
4. Practitioner Performance
5. Excellence in Clinical leadership

A draft action plan was presented at Trust Board in April 2013, outlining the proposed actions to be taken. The plan (Appendix 2) was approved and the Clinical Governance and Risk Committee given delegated authority to monitor progress in relation to the actions.

## 4. Conclusion

Lincolnshire Community Health Services have reviewed and widely debated the main themes of the second Francis Report published in 2013. As a consequence of the report poor practice, behaviour and lack of compassion will no longer be accepted in any health or social care environment.

It is imperative that every single member of our organisation, from ward to board, practice care and compassion throughout their working day and that all clinical staff embed the principles of harm free care at all times.

Senior Managers within the Trust have the responsibility to listen to what patients, relatives and staff have to say. They will need to display courage and commitment when taking any actions required. The philosophy of an open and transparent culture needs to be further embedded to ensure all staff feel they have a voice and they are listened to.

The Trust has made a commitment to further enhancing the quality of service provision it delivers and it will continue over the coming months to respond and enhance the 5 specific priority areas detailed in this paper.

## Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (January 2013) Recommendations

Rec No/Chapter	Theme	Recommendation	LCHS Response	Position
<b>Accountability for implementation of the recommendations. These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service</b>				
1. Intro	Implementing the recommendations	<p>It is recommended that:</p> <p>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;</p> <p>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;</p> <p>In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations;</p> <p>The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report.</p>	<p>Trust Board discussions in March April and May 2013</p> <p>Delegated authority in respect of Quality action plan given to Clinical Governance and Risk Committee (CG and RC )</p> <p>Quarterly updates on progress to be provided to the Trust Board via the Quality and risk committee</p> <p>Review to be presented as part of the Annual General Meeting.</p>	Accepted
2. Ch20	Implementing the recommendations	<p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:</p> <ul style="list-style-type: none"> <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; <ul style="list-style-type: none"> <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> <li>• A tool or methodology such as a cultural barometer to measure the</li> </ul> </li> </ul>	<p>Already incorporated into Trust 'Vision and Values'</p> <p>Included at Induction / Mandatory training</p> <p>Await national tool for culture barometer and review / implement when available</p>	Accepted

		cultural health of all parts of the system.		
<b>Putting the patient first. The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights</b>				
3. Ch21	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.	To be placed on Trust website accessible for patients and staff  Further strengthen message at Induction / Mandatory training sessions  To be reflected in job descriptions, contracts and appraisals.	Accepted
4. Ch21	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.	To be reinforced in leadership, recruitment and Induction programmes	Accepted
5. Ch21	Clarity of Values and principles	In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: <ul style="list-style-type: none"> <li>• Staff put patients before themselves;</li> <li>• They will do everything in their power to protect patients from avoidable harm;</li> <li>• They will be honest and open with patients regardless of the consequences for themselves;</li> <li>• Where they are unable to provide the assistance a patient needs, they will direct them where possible to those who can do so;</li> <li>• They will apply the NHS values in all their work.</li> </ul>	As above	Accepted
6. Ch21	Clarity of Values and principles	The handbook to the NHS Constitution should be revised to include a much more prominent reference to the NHS values and their significance.	No internal action required	Accepted
7 Ch21	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.	Contracts to include a commitment to uphold the NHS constitution	Accepted
8 Ch21	Clarity of Values and principles	Contractors providing outsourced services should also be required to abide by purposes do so as well. These requirements could be included in the terms on	To be built into subcontracts and service level agreements.	Accepted

		which providers are commissioned to provide services.		
<b>Fundamental standards of behaviour. Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards</b>				
9 Ch21		The NHS Constitution should include reference to all the relevant professional and managerial codes by which NHS staff are bound, including the Code of Conduct for NHS Managers.	No internal action required .	Accepted
10 Ch21		The NHS Constitution should incorporate an expectation that staff will follow guidance and comply with standards relevant to their work, such as those produced by the National Institute for Health and Clinical Excellence and, where relevant, the Care Quality Commission, subject to any more specific requirements of their employers.	To incorporate into implementation of Nice Guidelines and clinical audit cycle	Accepted
11 Ch20		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 will ensure compliance with all standard operating procedures / policies and ensure clinical supervision is embedded in order to support staff to deliver best practice interventions  Clinical supervision now part of appraisal framework, policy in place and monitored across the organisation	Accepted
12 Ch2		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.	The trust will strengthen anonymous processes for staff to report concerns and review / audit the feedback loop.  The trust has a whistleblowing policy and is signed up to 'Speak Out Safely'	Accepted
<b>A common culture made real throughout the system - an integrated hierarchy of standards and service. No provider shall provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.</b>				
13 Ch21	The nature of standards	Standards should be divided into: <ul style="list-style-type: none"> <li>• Fundamental standards of minimum safety and quality – in respect of which non-compliance should not be tolerated. Failures leading to death</li> </ul>	Full support for this recommendation and the trust will actively seek to contribute to the development of fundamental standards in for	Accepted

		<p>or serious harm should remain offences for which prosecutions can be brought against organisations. There should be a defined set of duties to maintain and operate an effective system to ensure compliance;</p> <ul style="list-style-type: none"> <li>Enhanced quality standards – such standards could set requirements higher than the fundamental standards but be discretionary matters for commissioning and subject to availability of resources;</li> <li>Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness and are more likely to be the focus of commissioners and progressive provider leadership than the regulator</li> </ul> <p>All such standards would require regular review and modification.</p>	community based care.	
14 Ch9	The nature of standards	In addition to the fundamental standards of service, the regulations should include generic requirements for a governance system designed to ensure compliance with fundamental standards, and the provision and publication of accurate information about compliance with the fundamental and enhanced standards.	Publication of assurance will continue to be reported via existing mechanisms with the trust .	Accepted
15 Ch11	The nature of standards	All the required elements of governance should be brought together into one comprehensive standard. This should require not only evidence of a working system but also a demonstration that it is being used to good effect.	No internal actions required	Accepted
16 Ch21	Responsibility for setting standards	The Government, through regulation, but after so far as possible achieving consensus between the public and professional representatives, should provide for the fundamental standards which should define outcomes for patients that must be avoided. These should be limited to those matters that it is universally accepted should be avoided for individual patients who are accepted for treatment by a healthcare provider.	The Trust supports this recommendation	Accepted
17 Ch21	Responsibility for setting standards	The NHS Commissioning Board together with Clinical Commissioning Groups should devise enhanced quality standards designed to drive improvement in the health service. Failure to comply with such standards should be a matter for performance management by commissioners rather than the regulator, although the latter should be charged with enforcing the provision by providers of accurate information about compliance to the public.	Further work to be undertaken with CCG's to ensure existing governance processes meet requirements	Accepted
18 Ch21	Responsibility for setting standards	It is essential that professional bodies in which doctors and nurses have confidence are fully involved in the formulation of standards and in the means of measuring compliance.	All senior clinicians will be encouraged to participate in the development of standards where applicable	Accepted

	<b>Responsibility for, and effectiveness of , healthcare standards</b>			
19 Ch10	Gaps between the understood functions of separate regulators	There should be a single regulator dealing both with corporate governance, financial competence, viability and compliance with patient safety and quality standards for all Trusts.	The Trust awaits further clarity	Accepted
20 Ch21	Responsibility for regulating and monitoring compliance	The Care Quality Commission should be responsible for policing the fundamental standards, through the development of its core outcomes, by specifying the indicators by which it intends to monitor compliance with those standards. It should be responsible not for directly policing compliance with any enhanced standards but for regulating the accuracy of information about compliance with them.	The Trust awaits further clarity and will conduct discussion with local CQC assessors	Accepted
21 Ch21	Responsibility for regulating and monitoring compliance	The regulator should have a duty to monitor the accuracy of information disseminated by providers and commissioners on compliance with standards and their compliance with the requirement of honest disclosure. The regulator must be willing to consider individual cases of gross failure as well as systemic causes for concern.	No internal action required	Accepted
22 Ch21	Responsibility for regulating and monitoring compliance	The National Institute for Health and Clinical Excellence should be commissioned to formulate standard procedures and practice designed to provide the practical means of compliance, and indicators by which compliance with both fundamental and enhanced standards can be measured. These measures should include both outcome and process based measures, and should as far as possible build on information already available	No internal actions required	Accepted
23 Ch21	Responsibility for regulating and monitoring compliance	The measures formulated by the National Institute for Health and Clinical Excellence should include measures not only of clinical outcomes, but of the suitability and competence of staff, and the culture of organisations. The standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix. This should include nursing staff on wards, as well as clinical staff. These tools should be created after appropriate input from specialties, professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios.	The Trust awaits further clarity	Accepted
24 Ch21	Responsibility for regulating and	Compliance with regulatory fundamental standards must be capable so far as possible of being assessed by measures which are understood and accepted	The Trust awaits further clarity	Accepted

	monitoring compliance	by the public and healthcare professionals.		
25 Ch21	Responsibility for regulating and monitoring compliance	It should be considered the duty of all specialty professional bodies, ideally together with the National Institute for Health and Clinical Excellence, to develop measures of outcome in relation to their work and to assist in the development of measures of standards compliance.	The Trust awaits further clarity	Accepted
26 Ch9	Responsibility for regulating and monitoring compliance	In policing compliance with standards, direct observation of practice, direct interaction with patients, carers and staff, and audit of records should take priority over monitoring and audit of policies and protocols. The regulatory system should retain the capacity to undertake in-depth investigations where these appear to be required.	Existing mechanisms to be strengthened Enhanced back to the floor	Accepted
27 Ch9	Responsibility for regulating and monitoring compliance	The healthcare systems regulator should promote effective enforcement by: use of a low threshold of suspicion; no tolerance of non-compliance with fundamental standards; and allowing no place for favourable assumptions, unless there is evidence showing that suspicions are ill-founded or that deficiencies have been remedied. It requires a focus on identifying what is wrong, not on praising what is right.	Fully supported and await clarity	Accepted
28 Ch21	Responsibility for regulating and monitoring compliance	Zero tolerance: A service incapable of meeting fundamental standards should not be permitted to continue. Breach should result in regulatory consequences attributable to an organisation in the case of a system failure and to individual accountability where individual professionals are responsible. Where serious harm or death has resulted to a patient as a result of a breach of the fundamental standards, criminal liability should follow and failure to disclose breaches of these standards to the affected patient (or concerned relative) and a regulator should also attract regulatory consequences. Breaches not resulting in actual harm but which have exposed patients to a continuing risk of harm to which they would not otherwise have been exposed should also be regarded as unacceptable.	Fully supported	Accepted
29 Ch21	Sanctions and interventions for non-compliance	It should be an offence for death or serious injury to be caused to a patient by a breach of these regulatory requirements, or, in any other case of breach, where a warning notice in respect of the breach has been served and the notice has not been complied with. It should be a defence for the provider to prove that all reasonably practicable steps have been taken to prevent a breach, including having in place a prescribed system to prevent such a	The Trust awaits further clarity	Accepted

		breach.		
30 Ch9	Interim Measures	The healthcare regulator must be free to require or recommend immediate protective steps where there is reasonable cause to suspect a breach of fundamental standards, even if it has yet to reach a concluded view or acquire all the evidence. The test should be whether it has reasonable grounds in the public interest to make the interim requirement or recommendation.	The Trust awaits further clarity	Accepted
31 Ch10	Interim Measures	Where aware of concerns that patient safety is at risk, Monitor and all other regulators of healthcare providers must have in place policies which ensure that they constantly review whether the need to protect patients requires use of their own powers of intervention to inform a decision whether or not to intervene, taking account of, but not being bound by, the views or actions of other regulators.	The Trust awaits further clarity	Accepted
32 Ch10	Interim Measures	Where patient safety is believed on reasonable grounds to be at risk, Monitor and any other regulator should be obliged to take whatever action within their powers is necessary to protect patient safety. Such action should include, where necessary, temporary measures to ensure such protection while any investigation required to make a final determination is undertaken.	The Trust awaits further clarity	Accepted
33 Ch10	Interim Measures	Insofar as healthcare regulators consider they do not possess any necessary interim powers, the Department of Health should consider introduction of the necessary amendments to legislation to provide such powers.	The Trust awaits further clarity	Accepted
34 Ch9	Interim Measures	Where a provider is under regulatory investigation, there should be some form of external performance management involvement to oversee any necessary interim arrangements for protecting the public.	The Trust awaits further clarity	Accepted
35 Ch9	Need to share information between regulators	Sharing of intelligence between regulators needs to go further than sharing of existing concerns identified as risks. It should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern. Work should be done on a template of the sort of information each organisation would find helpful.	The Trust awaits further clarity	Accepted
36	Use of information for	A coordinated collection of accurate information about the performance of	The Trust awaits further clarity	Accepted

Ch9	effective regulation	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.		
37 Ch11	Use of information about compliance by regulator from 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.	Ensure that the quality account provides a , balanced and comprehensive view of all fundamental standards	Accepted
38 Ch11	Complaints	The Care Quality Commission should ensure as a matter of urgency that it has reliable access to all useful complaints information relevant to assessment of compliance with fundamental standards, and should actively seek this information out, probably via its local relationship managers. Any bureaucratic or legal obstacles to this should be removed.	For further discussion with local CQC assessors	Accepted
39 Ch11	Complaints	The Care Quality Commission should introduce a mandated return from providers about patterns of complaints, how they were dealt with and outcomes.	As above	Accepted
40 Ch11	Complaints	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	The Trust will review the content of current complaint reporting to Clinical Governance and Risk Improved complaints reporting and learning	Accepted
41 Ch11	Patient Safety Alerts	The Care Quality Commission should have a clear responsibility to review decisions not to comply with patient safety alerts and to oversee the effectiveness of any action required to implement them. Information-sharing with the Care Quality Commission regarding patient safety alerts should continue following the transfer of the National Patient Safety Agency's functions in June 2012 to the NHS Commissioning Board.	The Trust awaits clarity	Accepted

42 Ch11	Serious Untoward Incidents	Strategic Health Authorities/their successors should, as a matter of routine, share information on serious untoward incidents with the Care Quality Commission.	The Trust awaits clarity	Accepted
43 Ch6	Media	Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.	The Trust already monitors media interest internally	Accepted
44 Ch11	Media	Any example of a serious incident or avoidable harm should trigger an examination by the Care Quality Commission of how that was addressed by the provider and a requirement for the trust concerned to demonstrate that the learning to be derived has been successfully implemented.	For further d/w local CQC assessors	Accepted
45 Ch11	Inquests	The Care Quality Commission should be notified directly of upcoming healthcare-related inquests, either by trusts or perhaps more usefully by coroners.	Internal process already in place with local CQC assessors	Accepted
46 Ch11	Quality and Risk Profiles	The Quality and Risk Profile should not be regarded as a potential substitute for active regulatory oversight by inspectors. It is important that this is explained carefully and clearly as and when the public are given access to the information.		Accepted
47 Ch11	Foundation Trust Governors, Scrutiny Committees	The Quality and Risk Profile should not be regarded as a potential substitute for active regulatory oversight by inspectors. It is important that this is explained carefully and clearly as and when the public are given access to the information.	Await establishment of Governor body	Accepted
48 Ch11	Foundation trust Governors, scrutiny committees	The Care Quality Commission should send a personal letter, via each registered body, to each foundation trust governor on appointment, inviting them to submit relevant information about any concerns to the Care Quality Commission.	Await establishment of Governor body	Accepted
49 Ch11	Enhancement of monitoring and the importance of	Routine and risk-related monitoring, as opposed to acceptance of self-declarations of compliance, is essential. The Care Quality Commission should consider its monitoring in relation to the value to be obtained from:	The Trust awaits clarity	Accepted

	inspection	<ul style="list-style-type: none"> <li>• The Quality and Risk Profile;</li> <li>• Quality Accounts;</li> <li>• Reports from Local Healthwatch;</li> <li>• New or existing peer review schemes;</li> <li>• Themed inspections.</li> </ul>		
50 Ch11	Enhancement of monitoring and the importance of inspection	The Care Quality Commission should retain an emphasis on inspection as a central method of monitoring non-compliance.		Accepted
51 Ch11	Enhancement of monitoring and the importance of inspection	The Care Quality Commission should develop a specialist cadre of inspectors by thorough training in the principles of hospital care. Inspections of NHS hospital care providers should be led by such inspectors who should have the support of a team, including service user representatives, clinicians and any other specialism necessary because of particular concerns. Consideration should be given to applying the same principle to the independent sector, as well as to the NHS.	Agreed that this recommendation should apply to all care providers and that inspectors should be of credible quality	Accepted
52 Ch11	Enhancement of monitoring and the importance of inspection	The Care Quality Commission should consider whether inspections could be conducted in collaboration with other agencies, or whether they can take advantage of any peer review arrangements available.	The trust awaits clarity	Accepted
53 Ch11	CQC independence, strategy and culture	Any change to the Care Quality Commission's role should be by evolution – any temptation to abolish this organisation and create a new one must be avoided.		Accepted
54 Ch11	CQC independence, strategy and culture	Where issues relating to regulatory action are discussed between the Care Quality Commission and other agencies, these should be properly recorded to avoid any suggestion of inappropriate interference in the Care Quality Commission's statutory role.	The Trust awaits clarity	Accepted
55	CQC	The Care Quality Commission should review its processes as a whole to	The Trust awaits clarity	Accepted

Ch11	independence, strategy and culture	ensure that it is capable of delivering regulatory oversight and enforcement effectively, in accordance with the principles outlined in this report.		
56 Ch11	CQC independence, strategy and culture	The leadership of the Care Quality Commission should communicate clearly and persuasively its strategic direction to the public and to its staff, with a degree of clarity that may have been missing to date.	Fully support and await clarity	Accepted
57 Ch11	CQC independence, strategy and culture	The Care Quality Commission should undertake a formal evaluation of how it would detect and take action on the warning signs and other events giving cause for concern at the Trust described in this report, and in the report of the first inquiry, and open that evaluation for public scrutiny.	Fully support and await clarity	Accepted
58 Ch11	CQC independence, strategy and culture	Patients, through their user group representatives, should be integrated into the structure of the Care Quality Commission. It should consider whether there is a place for a patients' consultative council with which issues could be discussed to obtain a patient perspective directly.	User groups to be fully established Working with Healthwatch	Accepted
59 Ch11	CQC independence, strategy and culture	Consideration should be given to the introduction of a category of nominated board members from representatives of the professions, for example, the Academy of Medical Royal Colleges, a representative of nursing and allied healthcare professionals, and patient representative groups.	The Trust awaits clarity	Accepted
<b>Responsibility for, and effectiveness of, regulating healthcare systems governance - Monitor's healthcare systems regulatory functions</b>				
60	Consolidation of regulatory functions	The Secretary of State should consider transferring the functions of regulating governance of healthcare providers and the fitness of persons to be directors, governors or equivalent persons from Monitor to the Care Quality Commission.	The Trust awaits clarity	Accepted
61 Ch10/11	Consolidation of regulatory functions	A merger of system regulatory functions between Monitor and the Care Quality Commission should be undertaken incrementally and after thorough planning. Such a move should not be used as a justification for reduction of the resources allocated to this area of regulatory activity. It would be vital to retain the corporate memory of both organisations.	The Trust awaits clarity	Accepted

62 Ch10/11	Improved patient focus	For as long as it retains responsibility for the regulation of foundation trusts, Monitor should incorporate greater patient and public involvement into its own structures, to ensure this focus is always at the forefront of its work.	The Trust awaits clarity	Accepted
63 Ch10/11	Improved transparency	Monitor should publish all side letters and any rating issued to trusts as part of their authorisation or licence.	Clarity awaited	Accepted
64 Ch10	Authorisation of FTs	The authorisation process should be conducted by one regulator, which should be equipped with the relevant powers and expertise to undertake this effectively. With due regard to protecting the public from the adverse consequences inherent to any reorganisation, the regulation of the authorisation process and compliance with foundation trust standards should be transferred to the Care Quality Commission, which should incorporate the relevant departments of Monitor.	Clarity awaited	Accepted
65 Ch4	Quality of care and a precondition for FT applications	The NHS Trust Development Authority should develop a clear policy requiring proof of fitness for purpose in delivering the appropriate quality of care as a pre-condition to consideration for support for a foundation trust application.	Clarity awaited	Accepted
66 Ch4	Improving contribution of stakeholder options	The Department of Health, the NHS Trust Development Authority and Monitor should jointly review the stakeholder consultation process with a view to ensuring that: <ul style="list-style-type: none"> <li>Local stakeholder and public opinion is sought on the fitness of a potential applicant NHS trust for foundation trust status and in particular on whether a potential applicant is delivering a sustainable service compliant with fundamental standards;</li> <li>An accessible record of responses received is maintained;</li> <li>The responses are made available for analysis on behalf of the Secretary of State, and, where an application is assessed by it, Monitor.</li> </ul>	Clarity awaited	Accepted
67 Ch4	Focus on compliance with fundamental standards	The NHS Trust Development Authority should develop a rigorous process for the assessment as well as the support of potential applicants for foundation trust status. The assessment must include as a priority focus a review of the standard of service delivered to patients, and the sustainability of a service at	Clarity awaited	Accepted

		the required standard.		
68 Ch4	Focus on compliance with fundamental standards	No NHS trust should be given support to make an application to Monitor unless, in addition to other criteria, the performance manager (the Strategic Health Authority cluster, the Department of Health team, or the NHS Trust Development Authority) is satisfied that the organisation currently meets Monitor's criteria for authorisation and that it is delivering a sustainable service which is, and will remain, safe for patients, and is compliant with at least fundamental standards.		Accepted
69 Ch4	Focus on compliance with fundamental standards	The assessment criteria for authorisation should include a requirement that applicants demonstrate their ability to consistently meet fundamental patient safety and quality standards at the same time as complying with the financial and corporate governance requirements of a foundation trust.		Accepted
70 C 4	Duty of utmost good faith	A duty of utmost good faith should be imposed on applicants for foundation trust status to disclose to the regulator any significant information material to the application and to ensure that any information is complete and accurate. This duty should continue throughout the application process, and thereafter in relation to the monitoring of compliance.	The Trust Board will continue to provide information relating to its FT application in an open and transparent manner	Accepted
71 Ch4	Role of Secretary of State	The Secretary of State's support for an application should not be given unless he is satisfied that the proposed applicant provides a service to patients which is, at the time of his consideration, safe, effective and compliant with all relevant standards, and that in his opinion it is reasonable to conclude that the proposed applicant will continue to be able to do so for the foreseeable future. In deciding whether he can be so satisfied, the Secretary of State should have regard to the required public consultation and should consult with the healthcare regulator.		Accepted
72 Ch4	Assessment process for authorisation	The assessment for an authorisation of applicant for foundation trust status should include a full physical inspection of its primary clinical areas as well as all wards to determine whether it is compliant with fundamental safety and quality standards.	These inspections will need to be consistent with other regulatory inspections and the implications of being an 'asset light' organisation be taken into account	Tentatively accepted
73	Need for	The Department of Health's regular performance reviews of Monitor (and the		Accepted

Ch10	constructive working with other parts of the system	Care Quality Commission) should include an examination of its relationship with the Department of Health and whether the appropriate degree of clarity of understanding of the scope of their respective responsibilities has been maintained.		
74 Ch10	Enhancement of role of governors	Monitor and the Care Quality Commission should publish guidance for governors suggesting principles they expect them to follow in recognising their obligation to account to the public, and in particular in arranging for communication with the public served by the foundation trust and to be informed of the public's views about the services offered.	Await clarity and will implement when body of Governors are elected	Accepted
75 Ch10	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.	Await clarity and will implement when body of Governors are elected	Accepted
76 Ch10	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.	This concept is supported and will await election of body of Governors	Accepted
77 Ch10	Enhancement of role of governors	Monitor and the NHS Commissioning Board should review the resources and facilities made available for the training and development of governors to enhance their independence and ability to expose and challenge deficiencies in the quality of the foundation trust's services.	This concept is supported and will await election of body of Governors	Accepted
78 Ch10	Enhancement of role of governors	The Care Quality Commission and Monitor should consider how best to enable governors to have access to a similar advisory facility in relation to compliance with healthcare standards as will be available for compliance issues in relation to breach of a licence (pursuant to section 39A of the National Health Service Act 2006 as amended), or other ready access to external assistance.	Will await clarity and election of body of Governors	Accepted

79 Ch10	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.		Accepted
80 Ch11	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		Accepted
81 Ch11	Accountability of providers' directors	Consideration should be given to including in the criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence.	The Trust awaits clarity	Accepted
82 Ch10	Accountability of providers' directors	Provision should be made for regulatory intervention to require the removal or suspension from office after due process of a person whom the regulator is satisfied is not or is no longer a fit and proper person, regardless of whether the trust is in significant breach of its authorisation or licence.	The Trust awaits clarity	Accepted
83 Ch10	Accountability of providers' directors	If a "fit and proper person test" is introduced as recommended, Monitor should issue guidance on the principles on which it would exercise its power to require the removal or suspension or disqualification of directors who did not fulfil it, and the procedure it would follow to ensure due process.	The Trust awaits clarity	Accepted
84 Ch10	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.	The Trust awaits clarity	Accepted
85 Ch10	Accountability of providers'	Monitor and the Care Quality Commission should produce guidance to NHS and foundation trusts on procedures to be followed in the event of an executive	The Trust awaits clarity	Accepted

	directors	or nonexecutive director being found to have been guilty of serious failure in the performance of his or her office, and in particular with regard to the need to have regard to the public interest in protection of patients and maintenance of confidence in the NHS and the healthcare system.		
86 Ch10	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	The Trust awaits clarity	Accepted
<b>Responsibility for, and effectiveness of, regulating healthcare systems governance - Health &amp; Safety Executive functions in healthcare setting</b>				
87 Ch13	Ensuring the utility of a health and safety function in a clinical setting	The Health and Safety Executive is clearly not the right organisation to be focusing on healthcare. Either the Care Quality Commission should be given power to prosecute 1974 Act offences or a new offence containing comparable provisions should be created under which the Care Quality Commission has power to launch a prosecution.	The Trust feels that the Health and Safety at Work Act should continue to apply to all workplace incidents	Not accepted
88 Ch13	Information sharing	The information contained in reports for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations should be made available to healthcare regulators through the serious untoward incident system in order to provide a check on the consistency of trusts' practice in reporting fatalities and other serious incidents.	The Trust is committed to sharing this information	Accepted
89 Ch13	Information sharing	Reports on serious incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	The Trust is committed to sharing this information	Accepted
90 Ch13	Assistance in deciding on prosecutions	In order to determine whether a case is so serious, either in terms of the breach of safety requirements or the consequences for any victims, that the public interest requires individuals or organisations to be brought to account for their failings, the Health and Safety Executive should obtain expert advice, as is done in the field of healthcare litigation and fitness to practise proceedings.		Accepted
<b>Enhancement of the role of supportive agencies</b>				
91	NHSLA -	The Department of Health and NHS Commissioning Board should consider	The Trust believes that any standards applied	Accepted

Ch15	Improvement of risk management	what steps are necessary to require all NHS providers, whether or not they remain members of the NHS Litigation Authority scheme, to have and to comply with risk management standards at least as rigorous as those required by the NHS Litigation Authority.	need to be consistent as a Trust we were compliant with existing standards	
92 Ch15	NHSLA - Improvement of risk management	The financial incentives at levels below level 3 should be adjusted to maximise the motivation to reach level 3.	The Trust awaits clarity	Accepted
93 Ch15	NHSLA - Improvement of risk management	The NHS Litigation Authority should introduce requirements with regard to observance of the guidance to be produced in relation to staffing levels, and require trusts to have regard to evidence-based guidance and benchmarks where these exist and to demonstrate that effective risk assessments take place when changes to the numbers or skills of staff are under consideration. It should also consider how more outcome based standards could be designed to enhance the prospect of exploring deficiencies in risk management, such as occurred at the Trust.	The Trust welcomes this recommendation and awaits clarity	Accepted
94 Ch15	NHSLA - Evidence based assessment	As some form of running record of the evidence reviewed must be retained on each claim in order for these reports to be produced, the NHS Litigation Authority should consider development of a relatively simple database containing the same information.		Accepted
95 Ch15	NHSLA - Information sharing	As the interests of patient safety should prevail over the narrow litigation interest under which confidentiality or even privilege might be claimed over risk reports, consideration should also be given to allowing the Care Quality Commission access to these reports.	The Trust would comply with this action	Accepted
96 Ch15	NHSLA - Information sharing	The NHS Litigation Authority should make more prominent in its publicity an explanation comprehensible to the general public of the limitations of its standards assessments and of the reliance which can be placed on them.	Fully supported	Accepted
97	NPSA functions	The National Patient Safety Agency's resources need to be well protected and defined. Consideration should be given to the transfer of this valuable function	The Trust awaits clarity	Accepted

Ch17		to a systems regulator.		
98 Ch17	NPSA 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.	The Trust believes there should be a consistent approach to all care providers	Accepted
99 Ch17	NPSA functions	The reporting system should be developed to make more information available from this source. Such reports are likely to be more informative than the corporate version where an incident has been properly reported and invaluable where it has not been.	The Trust awaits clarity	Accepted
100 Ch17	NPSA 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.	The Trust would comply with this action	Accepted
101 Ch17	NPSA functions	While it may be impracticable for the National Patient Safety Agency or its successor to have its own team of inspectors, it should be possible to organise for mutual peer review inspections or the inclusion in Patient Environment Action Team representatives from outside the organisation. Consideration could also be given to involvement from time to time of a representative of the Care Quality Commission.	Fully supported and await clarity	Accepted
102 Ch17	NPSA functions - Transparency, use and sharing of information	Data held by the National Patient Safety Agency or its successor should be open to analysis for a particular purpose, or others facilitated in that task.		Accepted
103 Ch17	NPSA functions - Transparency, use and sharing of information	The National Patient Safety Agency or its successor should regularly share information with Monitor	The Trust awaits clarity	Accepted
104	NPSA functions -	The Care Quality Commission should be enabled to exploit the potential of the		Accepted

Ch17	Transparency, use and sharing of information	safety information obtained by the National Patient Safety Agency or its successor to assist it in identifying areas for focusing its attention. There needs to be a better dialogue between the two organisations as to how they can assist each other.		
105 Ch17	NPSA functions - Transparency, use and sharing of information	Consideration should be given to whether information from incident reports involving deaths in hospital could enhance consideration of the hospital standardised mortality ratio.	The Trust supports this recommendation The Trust awaits clarity although recognises that this may not apply to Community Hospitals	Accepted
106 Ch16	HPA - Coordination and publication of providers' information on healthcare associated infection	The Health Protection Agency and its successor should coordinate the collection, analysis and publication of information on each provider's performance in relation to healthcare associated infections, working with the Health and Social Care Information	The Trust awaits clarity	Accepted
107 Ch16	HPA - Sharing concerns	If the Health Protection Agency or its successor, or the relevant local director of public health or equivalent official, becomes concerned that a provider's management of healthcare associated infections is or may be inadequate to provide sufficient protection of patients or public safety, they should immediately inform all responsible commissioners, including the relevant regional office of the NHS Commissioning Board, the Care Quality Commission and, where relevant, Monitor, of those concerns. Sharing of such information should not be regarded as an action of last resort. It should review its procedures to ensure clarity of responsibility for taking this action.		Accepted
108 Ch16	HPA - Support for other agencies	Public Health England should review the support and training that health protection staff can offer to local authorities and other agencies in relation to local oversight of healthcare providers' infection control arrangements.		Accepted
<b>Effective complaints handling. Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing their care</b>				
109 Ch3		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	New complaints procedure in place in response to Clwyd Hart report, independent investigation of serious complaints, improved complaints	Accepted

		should trigger a uniform process, generally led by the provider trust.	handling, staff training, kpi monitoring, increased contact with complainants	
110 Ch3	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.		Accepted
111 Ch3	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.	Patient and public information / literature to be reviewed to reflect this action	Accepted
112 Ch3	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.	The Trust already has a process in place to manage verbal complaints / comments, which is reported to the Q and R Committee and any appropriate lessons learnt	Accepted
113 Ch3	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.	The recommendations have already been adopted by the trust	Accepted
114 Ch3	Complaints handling	Comments or complaints which describe events amounting to an adverse or serious incident should trigger an investigation.	The Trust already risk assesses and grades as a matter of routine all complaint that are received. Those deemed high risk are escalated and a monthly report is received by the Q and R Committee	Accepted
115 Ch3	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 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.	The Trust will review its current processes in order to comply with recommendation  Clwyd hart report recommendations incorporated into new complaints process	Accepted

116 Ch3	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.	This option is already available within LCHS and built into complaints process	Accepted
117 Ch3	Learning and information from complaints	A facility should be available to Independent Complaints Advocacy Services advocates and their clients for access to expert advice in complicated cases.	The Trust will review its current processes in order to comply with recommendation	Accepted
118 Ch3	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.	The Trust will work with commissioners and CQC to review our complaints processes to ensure that appropriate complaints are made available to the public.	Accepted
119 Ch3	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.	The Trust will work with the OSC and Healthwatch to ensure that anonymised complaints are reviewed.	Accepted
120 Ch3	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.	The Trust will work closely with the CCG's to ensure timely information is received in relation to complaints. The lead CCG Chief Nurse attends the monthly Q and R Committee	Accepted
121 Ch3	Learning and information from complaints	The Care Quality Commission should have a means of ready access to information about the most serious complaints. Their local inspectors should be charged with informing themselves of such complaints and the detail underlying them.	The Trust already has a process in place to share information with local CQC assessors	Accepted
122 Ch3	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"> <li>• Provision of prompt advice, counselling and support to very distressed</li> </ul>		Accepted

		<p>and anxious members of the public;</p> <ul style="list-style-type: none"> <li>• Swift identification of persons of independence, authority and expertise to lead investigations and reviews;</li> <li>• A procedure for the recruitment of clinical and other experts to review cases;</li> <li>• A communications strategy to inform and reassure the public of the processes being adopted;</li> <li>• Clear lines of responsibility and accountability for the setting up and oversight of such reviews.</li> </ul> <p>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.</p>		
<b>Commissioning for standards</b>				
123 Ch7	Responsibility for monitoring delivery of standards and quality	<p>GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.</p>	The Trust welcomes the opportunity for ongoing dialogue with local GPs about the delivery of high quality safe care and patient experience	Accepted
124 Ch7	Duty to require and monitor delivery of fundamental standards	<p>The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider whether it would incentivise compliance by requiring redress for individual patients who have received substandard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.</p>	The Trust awaits further clarity on how this would be achieved .	Accepted
125 Ch7	Responsibility for requiring and monitoring	<p>In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher</p>	The Trust is committed to working with commissioners to ensure compliance with higher standards of care is achieved	Accepted

	delivery of enhanced standards	standards. They can incentivise such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the organisations for which they work		
126 Ch7	Preserving corporate memory	The NHS Commissioning Board and local commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure the information conveyed is both candid and comprehensive. This code should cover both transitions between commissioners, for example as new clinical commissioning groups are formed, and guidance for commissioners on what they should expect to see in any organisational transitions amongst their providers.	The Trust awaits further clarity	Accepted
127 Ch7	Resources for scrutiny	The NHS Commissioning Board and local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its providers' services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide.		Accepted
128 Ch7	Expert support	Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement expertise. When groups are too small to acquire such support, they should collaborate with others to do so.		Accepted
129 Ch7	Ensuring assessment and enforcement of fundamental standards through contracts	In selecting indicators and means of measuring compliance, the principal focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained. This requires close engagement with patients, past, present and potential, to ensure that their expectations and concerns are addressed.	The Trust is committed to working closely with commissioners and the public in order to achieve a higher quality of safe care for patients	Accepted
130 Ch7	Relative position of commissioner and provider	Commissioners – not providers – should decide what they want to be provided. They need to take into account what can be provided, and for that purpose will have to consult clinicians both from potential providers and elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.	The Trust will work closely with supports this recommend commissioners to help develop best practice	Accepted

131 Ch7	Development of alternative sources of provision	Commissioners need, wherever possible, to identify and make available alternative sources of provision. This may mean that commissioning has to be undertaken on behalf of consortia of commissioning groups to provide the negotiating weight necessary to achieve a negotiating balance of power with providers.		Accepted
132 Ch7	Monitoring tools	Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period: Such monitoring may include requiring quality information generated by the provider. Commissioners must also have the capacity to undertake their own (or independent) audits, inspections, and investigations. These should, where appropriate, include investigation of individual cases and reviews of groups of cases. The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to effective regulation. Monitoring needs to embrace both compliance with the fundamental standards and with any enhanced standards adopted. In the case of the latter, they will be the only source of monitoring, leaving the healthcare regulator to focus on fundamental standards.		Accepted
133 Ch7	Role of commissioners in complaints	Commissioners should be entitled to intervene in the management of an individual complaint on behalf of the patient where it appears to them it is not being dealt with satisfactorily, while respecting the principle that it is the provider who has primary responsibility to process and respond to complaints about its services.	The Trust will continue to work closely with commissioners on specific complaints as required	Accepted
134 Ch7	Role of commissioners in provision of support for complainants	Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.		Accepted
135 Ch7	Public accountability of commissioners and public engagement	Commissioners should be accountable to their public for the scope and quality of services they commission. Acting on behalf of the public requires their full involvement and engagement: <ul style="list-style-type: none"> <li>• There should be a membership system whereby eligible members of the public can be involved in and contribute to the work of the</li> </ul>	The Trust awaits clarity	Accepted

		<p>commissioners.</p> <ul style="list-style-type: none"> <li>• There should be lay members of the commissioner's board.</li> <li>• Commissioners should create and consult with patient forums and local representative groups. Individual members of the public (whether or not members) must have access to a consultative process so their views can be taken into account.</li> <li>• There should be regular surveys of patients and the public more generally.</li> <li>• Decision-making processes should be transparent: decision-making bodies should hold public meetings.</li> </ul> <p>Commissioners need to create and maintain a recognisable identity which becomes a familiar point of reference for the community.</p>		
136 Ch7	Public accountability of commissioners and public engagement	Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support. Effective local commissioning can only work with effective local monitoring, and that cannot be done without knowledgeable and skilled local personnel engaging with an informed public.		Accepted
137 Ch7	Intervention and sanctions for substandard or unsafe services	Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm. In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service.		Accepted
<b>Local scrutiny</b>				
138 Ch7 .		Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found that they are at risk from substandard or unsafe services.		Accepted
<b>Performance management and strategic oversight</b>				

139 Ch8	The need to put patients first at all times	The first priority for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	CCG Chief Nurse attends Q& R Committee and has access to wide range of quality / patient safety data related to the trust	Accepted
140 Ch8	Performance managers working constructively with regulators	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	The Trust will continue to work closely with the lead CCG and local CQC assessors on all aspects of quality / safety	Accepted
141 Ch 8	Taking responsibility for quality	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	As above	Accepted
142 Ch8	Clear lines of responsibility supported by good information flows	For an organisation to be effective in performance management there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality		Accepted
143 Ch8	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.	The Trust is currently participating in a national forum looking at a suite of metrics for community providers.	Accepted
144 Ch8	Need for ownership of quality metrics at a strategic level	The NHS Commissioning Board should ensure the development of metrics on quality and outcomes of care for use by commissioners in managing the performance of providers, and retain oversight of these through its regional offices, if appropriate.		Accepted
<b>Patient, public and local scrutiny</b>				

145 Ch6	Structure of local Healthwatch	There should be a consistent basic structure for Local Healthwatch throughout the country, in accordance with the principles set out in <i>Chapter 6: Patient and public local involvement and scrutiny</i> .		Accepted
146 Ch6	Finance and oversight of local Healthwatch	Local authorities should be required to pass over the centrally provided funds allocated to its Local Healthwatch, while requiring the latter to account to it for its stewardship of the money. Transparent respect for the independence of Local Healthwatch should not be allowed to inhibit a responsible local authority – or Healthwatch England as appropriate – intervening.		Accepted
147 Ch6	Coordination of local public scrutiny bodies	Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.		Accepted
148 Ch6	Training	The complexities of the health service are such that proper training must be available to the leadership of Local Healthwatch as well as, when the occasion arises, expert advice.		Accepted
149 Ch6	Expert assistance	Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks		Accepted
150 Ch6	Inspection powers	Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.		Accepted
151 Ch8	Complaints to MPs	MPs are advised to consider adopting some simple system for identifying trends in the complaints and information they received from constituents. They should also consider whether individual complaints imply concerns of wider significance than the impact on one individual patient.		Accepted
<b>Medical training and education</b>				

152 Ch18	Medical training	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.		Accepted
153 Ch18	Medical training	The Secretary of State should by statutory instrument specify all medical education and training regulators as relevant bodies for the purpose of their statutory duty to cooperate. Information sharing between the deanery, commissioners, the General Medical Council, the Care Quality Commission and Monitor with regard to patient safety issues must be reviewed to ensure that each organisation is made aware of matters of concern relevant to their responsibilities.	The Trust awaits clarity	Accepted
154 Ch18	Medical training	The Care Quality Commission and Monitor should develop practices and procedures with training regulators and bodies responsible for the commissioning and oversight of medical training to coordinate their oversight of healthcare organisations which provide regulated training.	The Trust awaits clarity	Accepted
155 Ch18	Medical training	The General Medical Council should set out a standard requirement for routine visits to each local education provider, and programme in accordance with the following principles: The Postgraduate Dean should be responsible for managing the process at the level of the Local Educational Training Board, as part of overall deanery functions. The Royal Colleges should be enlisted to support such visits and to provide the relevant specialist expertise where required. There should be lay or patient representation on visits to ensure that patient interests are maintained as the priority. Such visits should be informed by all other sources of information and, if relevant, coordinated with the work of the Care Quality Commission and other forms of review. The Department of Health should provide appropriate resources to ensure that an effective programme of monitoring training by visits can be carried out. All healthcare organisations must be required to release healthcare professionals to support the visits programme. It should also be recognised that the benefits in professional development and dissemination of good practice are of significant value.	The Trust supports this recommendation and awaits clarity	Accepted
156 Ch18	Medical training	The system for approving and accrediting training placement providers and programmes should be configured to apply the principles set out above.		Accepted

157 Ch18	Matters to be reported to the GMC	The General Medical Council should set out a clear statement of what matters; deaneries are required to report to the General Medical Council either routinely or as they arise. Reports should include a description of all relevant activity and findings and not be limited to exceptional matters of perceived non-compliance with standards. Without a compelling and recorded reason, no professional in a training organisation interviewed by a regulator in the course of an investigation should be bound by a requirement of confidentiality not to report the existence of an investigation, and the concerns raised by or to the investigation with his own organisation.	The Trust already has a mechanism to report issues to the GMC via the Medical Director / Practitioner Performance team	Accepted
158 Ch18	Training and training establishments as a source of safety information	The General Medical Council should amend its standards for undergraduate medical education to include a requirement that providers actively seek feedback from students and tutors on compliance by placement providers with minimum standards of patient safety and quality of care, and should generally place the highest priority on the safety of patients.	Recommendation 158 to 169 are not applicable to LCHS	Accepted
159 Ch18	Training and training establishments as a source of safety information	Surveys of medical students and trainees should be developed to optimise them as a source of feedback of perceptions of the standards of care provided for patients. The General Medical Council should consult the Care Quality Commission in developing the survey and routinely share information obtained with healthcare regulators.		Accepted
160 Ch18	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.		Accepted
161 Ch18	Training and training establishments as a source of safety information	Training visits should make an important contribution to the protection of patients: <ul style="list-style-type: none"> <li>• Obtaining information directly from trainees should remain a valuable source of information – but it should not be the only method used.</li> <li>• Visits to, and observation of, the actual training environment would enable visitors to detect poor practice from which both patients and trainees should be sheltered.</li> <li>• The opportunity can be taken to share and disseminate good practice</li> </ul>		Accepted

		<p>with trainers and management.</p> <p>Visits of this nature will encourage the transparency that is so vital to the preservation of minimum standards.</p>		
162 Ch18	Training and training establishments as a source of safety information	The General Medical Council should in the course of its review of its standards and regulatory process ensure that the system of medical training and education maintains as its first priority the safety of patients. It should also ensure that providers of clinical placements are unable to take on students or trainees in areas which do not comply with fundamental patient safety and quality standards. Regulators and deaneries should exercise their own independent judgement as to whether such standards have been achieved and if at any stage concerns relating to patient safety are raised to the, must take appropriate action to ensure these concerns are properly addressed.		Accepted
163 Ch18	Safe staff numbers and skills	The General Medical Council's system of reviewing the acceptability of the provision of training by healthcare providers must include a review of the sufficiency of the numbers and skills of available staff for the provision of training and to ensure patient safety in the course of training.		Accepted
164 Ch18	Approved practice settings	The Department of Health and the General Medical Council should review whether the resources available for regulating Approved Practice Setting are adequate and, if not, make arrangements for the provision of the same. Consideration should be given to empowering the General Medical Council to charge organisations a fee for approval.		Accepted
165 Ch18	Approved practice settings	The General Medical Council should immediately review its approved practice settings criteria with a view to recognition of the priority to be given to protecting patients and the public.		Accepted
166 Ch18	Approved practice settings	The General Medical Council should in consultation with patient interest groups and the public immediately review its procedures for assuring compliance with its approved practice settings criteria with a view in particular to provision for active exchange of relevant information with the healthcare systems regulator, coordination of monitoring processes with others required for medical education and training, and receipt of relevant information from registered practitioners of their current experience in approved practice settings approved establishments.		Accepted

167 Ch18	Approved practice settings	The Department of Health and the General Medical Council should review the powers available to the General Medical Council in support of assessment and monitoring of approved practice settings establishments with a view to ensuring that the General Medical Council (or if considered to be more appropriate, the healthcare systems regulator) has the power to inspect establishments, either itself or by an appointed entity on its behalf, and to require the production of relevant information.		Accepted
168 Ch18	Approved practice settings	The Department of Health and the General Medical Council should consider making the necessary statutory (and regulatory changes) to incorporate the approved practice settings scheme into the regulatory framework for post graduate training.		Accepted
169 Ch18	Role of the DH and the NQB	The Department of Health, through the National Quality Board, should ensure that procedures are put in place for facilitating the identification of patient safety issues by training regulators and cooperation between them and healthcare systems regulators.		Accepted
170 Ch18	Health Education England	Health Education England should have a medically qualified director of medical education and a lay patient representative on its board.		Accepted
171 Ch18	Deans	All Local Education and Training Boards should have a post of medically qualified postgraduate dean responsible for all aspects of postgraduate medical education.		Accepted
172 Ch18	Proficiency in the English language	The Government should consider urgently the introduction of a common requirement of proficiency in communication in the English language with patients and other persons providing healthcare to the standard required for a registered medical practitioner to assume professional responsibility for medical treatment of an English-speaking patient.		Accepted
<b>Openness, transparency and candour. Openness - enabling concerns and complaints to be raised freely without fear and questions asked to be answered. Transparency - allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. Candour- any patient harmed by the provider of a healthcare service is informed of the fact and an appropriate remedy offered,</b>				

regardless of whether a complaint has been made or a question asked about it				
173 Ch22	Principle 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.	The Trust already operates an open and honest culture but will review a range of areas such as Induction, Appraisal, Mandatory training and contractual documentation to ensure the recommendation is fully reflected	Accepted
174 Ch22	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	The Serious Incident policy will be reviewed to reflect this recommendation	Accepted
175 Ch22	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)	The Trust remains committed to ensuring full and honest disclosure is continued.	Accepted
176 Ch22	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.	The Trust remains committed to the continuation of current practice	Accepted
177 Ch22	Openness in public statements	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	The Trust remains committed to the continuation of current practice	Accepted
178 Ch22	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	The Trust awaits clarity	Accepted
179 Ch22	Restrictive contractual	"Gagging clauses" or non-disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and	The Trust will review all contracts of employment to ensure this recommendation is achieved	Accepted

	clauses	commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.		
180 Ch22	Candour about incidents	Guidance and policies should be reviewed to ensure that they will lead to compliance with <i>Being Open</i> , the guidance published by the National Patient Safety Agency.	The Trust will review its compliance with 'Being Open' in all aspects of its dealings with the public, patients and staff.	Accepted
181 Ch22	Enforcement of the duty - statutory duties of candour in relation to harm to patients	<p>A statutory obligation should be imposed to observe a duty of candour:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul> <p>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.</p>	The Trust will review its guidance to staff in respect of their duty to report concerns in respect of poor practice.	Accepted
182 Ch22	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.	The Trust will ensure this recommendation is Included in the Directors declaration process.	Accepted
183 Ch22	Criminal liability	<p>It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered The Trust supports the role of the professional regulators in this regard healthcare organisation:</p> <ul style="list-style-type: none"> <li>Knowingly to obstruct another in the performance of these statutory duties;</li> <li>To provide information to a patient or nearest relative intending to mislead them about such an incident;</li> <li>Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the</li> </ul>	The trust fully supports the role of the professional regulators in relation to this recommendation .	Accepted

		statement in the performance of their duties.		
184 Ch22	Enforcement by the CQC	Observance of the duty should be policed by the Care Quality Commission, which should have powers in the last resort to prosecute in cases of serial non-compliance or serious and wilful deception. The Care Quality Commission should be supported by monitoring undertaken by commissioners and others.	The Trust is committed to working with the CQC and commissioners to ensure compliance with this recommendation.	Accepted
<b>Nursing</b>				
185 Ch23	Focus on culture of caring	<p>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>• Selection of recruits to the profession who evidence the: <ul style="list-style-type: none"> <li>-- Possession of the appropriate values, attitudes and behaviours;</li> <li>-- Ability and motivation to enable them to put the welfare of others above their own interests;</li> <li>-- Drive to maintain, develop and improve their own standards and abilities;</li> <li>-- Intellectual achievements to enable them to acquire through training the necessary technical skills;</li> </ul> </li> <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> <li>-- Encouraging them to report concerns and to give priority to patient wellbeing.</li> </ul> </li> </ul>	<p>The Trust will re-evaluate it's systems of practice in relation to Nurse education and professional development.</p> <p>This ethos will be embedded to all personnel within the organisation who have a role in caring for patients</p> <p>The Chief Nurse and other senior clinical colleagues are currently working with the Director of Nursing at Lincoln University to ensure the adult nurse training curriculum accurately reflects this recommendation</p>	Accepted
186 Ch23	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.	Senior Nursing colleagues in Lincolnshire await further clarity / guidance to be released	Accepted
187	Practical hand-son	There should be a national entry-level requirement that student nurses spend	The Trust is committed to working with the local	Accepted

Ch23	training and experience	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.	University to provide appropriate placements to accommodate this recommendation and await clarity on national guidance.	
188 Ch23	Aptitude test for compassion and caring	The Nursing and Midwifery Council, working with universities, should consider the introduction of an aptitude test to be undertaken by aspirant registered nurses at entry into the profession, exploring, in particular, candidates' attitudes towards caring, compassion and other necessary professional values.	As above	Accepted
189 Ch23	Consistent training	The Nursing and Midwifery Council and other professional and academic bodies should work towards a common qualification assessment/examination.	The Trust awaits clarity	Accepted
190 Ch23	National standards	There should be national training standards for qualification as a registered nurse to ensure that newly qualified nurses are competent to deliver a consistent standard of the fundamental aspects of compassionate care.	The Trust awaits clarity but will review its preceptor ship policy in the interim to ensure it fully reflects the fundamental aspects of compassionate care	Accepted
191 Ch23	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.	The Trust will review its recruitment, selection appraisal and disciplinary processes to reflect this recommendation.	Accepted
192 Ch23	Strong nursing voice	The Department of Health and Nursing and Midwifery Council should introduce the concept of a Responsible Officer for nursing, appointed by and accountable to, the Nursing and Midwifery Council.		Accepted
193 Ch23	Standards for appraisal and support	Without introducing a revalidation scheme immediately, the Nursing and Midwifery Council should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the Nursing and Midwifery Council on their performance on a regular basis.	The Trust will review its appraisal documentation to ensure it reflects this recommendation whilst waiting for further guidance to be released.  Review started	Accepted

194 Ch23	Standards for appraisal and support	<p>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>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.</p>	The Trust will review current appraisal processes to ensure this recommendation is achieved.	Accepted
195 Ch23	Nurse leadership	<p>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 fully supports this recommendation and will work to accommodate the principles across the community setting with all clinicians in a leadership role.</p> <p>The principles have been discussed with ward managers, care pathways are now in place, some leadership changes have been made, the number of nurse manager offices has been reduced</p>	Accepted
196 Ch23	Nurse leadership	<p>The Knowledge and Skills Framework should be reviewed with a view to giving explicit recognition to nurses' demonstrations of commitment to patient care and, in particular, to the priority to be accorded to dignity and respect, and their acquisition of leadership skills.</p>	The Trust awaits further national guidance	Accepted
197 Ch23	Nurse leadership	<p>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.</p>	The Trust supports this recommendation and whilst waiting for further national guidance will ensure the fundamental principles of care, compassion and candour are embedded in all current developmental programmes..	Accepted
198 Ch23	Measuring cultural health	<p>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</p>	Whilst the Trust awaits national guidance in respect of a 'cultural barometer', it will continue to enhance its internal mechanisms for	Accepted

		nursing staff using a robust methodology, such as the “cultural barometer”.	ascertaining feedback on the culture demonstrated by staff. CQUIN continues 2014/15	
199 Ch23	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.	The ‘Key Worker’ policy has recently been revamped and re launched within the Trust. It will be reviewed to ensure it fully reflects this recommendation.. On wards, named nurse and therapist has been re-introduced	Accepted
200 Ch23	Key nurses	Consideration should be given to the creation of a status of Registered Older Person’s Nurse.	The Trust will review adoption of the role within existing resources	Accepted
201 Ch23	Strengthening the nursing professional voice	The Royal College of Nursing should consider whether it should formally divide its “Royal College” functions and its employee representative/trade union functions between two bodies rather than behind internal “Chinese walls”.	The Trust awaits further clarity	Accepted
202 Ch23	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.	The Trust already has adequate arrangements in place	Accepted
203 Ch23	Strengthening the nursing professional voice	A forum for all directors of nursing from both NHS and independent sector organisations should be formed to provide a means of coordinating the leadership of the nursing profession.	The Directors of Nursing in Lincolnshire have already established a local forum to take nursing leadership forward in the county  The Chief Nurse is working closely with the Queens Nurses within the organisation to further embed aspects of leadership associated with care and compassion	Accepted
204 Ch23	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.	The Trust already meets this recommendation in respect of Executive Director. It will review and consider non-executive recruitment	Accepted
205 Ch23	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	The Chief Nurse and Medical Director are already responsible for the final approval of all quality impact assessments related to service change. This process has recently been refined	Accepted

		they accepted or rejected the advice, in the latter case recording its reasons for doing so.	in relation to additional comment from the CCG	
206 Ch23	Strengthening the nursing professional voice	The effectiveness of the newly positioned office of Chief Nursing Officer should be kept under review to ensure the maintenance of a recognised leading representative of the nursing profession as a whole, able and empowered to give independent professional advice to the Government on nursing issues of equivalent authority to that provided by the Chief Medical Officer.	The Chief Nurse in LCHS is fully committed to working with any additional guidance that may be disseminated from the Chief Nursing Officers Office and is embedded the principles of the 6C's throughout the organisation .	Accepted
207 Ch23	Strengthening identification of healthcare support workers and nurses	There should be a uniform description of healthcare support workers, with the relationship with currently registered nurses made clear by the title.	The Chief Nurse is to chair a regional group in relation to the regulation / standardisation of care delivered by non-qualified personnel and is working closely with the LAT lead for the CNO Strategy. Outputs will be fed into the HR and OD Committee for consideration / adoption	Accepted
208 Ch23	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.	The Trust believes its uniform policy clearly distinguishes between qualified / non-qualified staff.	Accepted
209 Ch23	Registration of healthcare support workers	A registration system should be created under which no unregistered person should be permitted to provide for reward direct physical care to patients currently under the care and treatment of a registered nurse or a registered doctor (or who are dependent on such care by reason of disability and/or infirmity) in a hospital or care home setting. The system should apply to healthcare support workers, whether they are working for the NHS or independent healthcare providers, in the community, for agencies or as independent agents. (Exemptions should be made for persons caring for members of their own family or those with whom they have a genuine social relationship.)	Please refer to comments for recommendation 207. .	Accepted
210 Ch23	Code of conduct for healthcare support workers	There should be a national code of conduct for healthcare support workers	Please refer to comments for recommendation 207.	Accepted
211 Ch23	Training standards for	There should be a common set of national standards for the education and training of healthcare support workers.	Please refer to comments for recommendation 207.	Accepted

	healthcare support workers			
212 Ch23	Training standards for healthcare support workers	The code of conduct, education and training standards and requirements for registration for healthcare support workers should be prepared and maintained by the Nursing and Midwifery Council after due consultation with all relevant stakeholders, including the Department of Health, other regulators, professional representative organisations and the public.	The Trust awaits further national guidance and will work with colleagues across the regional team to adopt a standardised approach to training conduct and education the trust has now developed its own competency and development framework	Accepted
213 Ch23	Training standards for healthcare support workers	Until such time as the Nursing and Midwifery Council is charged with the recommended regulatory responsibilities, the Department of Health should institute a nationwide system to protect patients and care receivers from harm. This system should be supported by fair due process in relation to employees in this grade who have been dismissed by employers on the grounds of a serious breach of the code of conduct or otherwise being unfit for such a post.	Please refer to comments for recommendation 212	Accepted
<b>Leadership</b>				
214 Ch24	Shared training	A leadership staff college or training system, whether centralised or regional, should be created to: provide common professional training in management and leadership to potential senior staff; promote healthcare leadership and management as a profession; administer an accreditation scheme to enhance eligibility for consideration for such roles; promote and research best leadership practice in healthcare.	The Trust awaits further guidance nationally but in the interim is working with senior colleagues in Lincolnshire to adopt a standardised approach	Accepted
215 Ch24	Shared code of ethics	A common code of ethics, standards and conduct for senior board-level healthcare leaders and managers should be produced and steps taken to oblige all such staff to comply with the code and their employers to enforce it.	The Trust will review and adopt future guidance on conduct, ethics and standards for all Board members.	Accepted
216 Ch24	Leadership framework	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 Trust can already demonstrate that quality and safety of patients is paramount and will continue to review all data received to ensure that standards are maintained at a high level.	Accepted
217 Ch24	Common Selection Criteria	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.	The Trust is exploring the use of selection tools to identify effective leaders / role models and is reporting progress to the HR and OD Committee	Accepted

218 Ch24	Enforcement of standards and accountability	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.	The Trust fully supports this recommendation and awaits clarity on how this will be enforced.	Accepted
219 Ch24	A regulator as an alternative	An alternative option to enforcing compliance with a management code of conduct, with the risk of disqualification, would be to set up an independent professional regulator. The need for this would be greater if it were thought appropriate to extend a regulatory requirement to a wider range of managers and leaders. The proportionality of such a step could be better assessed after reviewing the experience of a licensing provision for directors.		Accepted
220 Ch24	Accreditation	A training facility could provide the route through which an accreditation scheme could be organised. Although this might be a voluntary scheme, at least initially, the objective should be to require all leadership posts to be filled by persons who experience some shared training and obtain the relevant accreditation, enhancing the spread of the common culture and providing the basis for a regulatory regime.	The Trust awaits further guidance / clarity .	Accepted
221 Ch24	Ensuring common standards of competence and compliance	Consideration should be given to ensuring that there is regulatory oversight of the competence and compliance with appropriate standards by the boards of health service bodies which are not foundation trusts, of equivalent rigour to that applied to foundation trusts.	The Trust recognises the current processes in place to assess the competency of our Board .	Accepted
<b>Professional regulation of fitness to practice</b>				
222 Ch12	GMC - systematic investigation where needed	The General Medical Council should have a clear policy about the circumstances in which a generic complaint or report ought to be made to it, enabling a more proactive approach to monitoring fitness to practise.	The Trust awaits further guidance / clarity.	Accepted
223 Ch12	GMC - enhanced resources	If the General Medical Council is to be effective in looking into generic complaints and information it will probably need either greater resources, or better cooperation with the Care Quality Commission and other organisations such as the Royal Colleges to ensure that it is provided with the appropriate		Accepted

		information.		
224 Ch12	GMC - information sharing	Steps must be taken to systematise the exchange of information between the Royal Colleges and the General Medical Council, and to issue guidance for use by employers of doctors to the same effect.		Accepted
225 Ch12	GMC - peer reviews	The General Medical Council should have regard to the possibility of commissioning peer reviews pursuant to section 35 of the Medical Act 1983 where concerns are raised in a generic way, in order to be advised whether there are individual concerns. Such reviews could be jointly commissioned with the Care Quality Commission in appropriate cases.		Accepted
226 Ch12	NMC - investigation of systemic concerns	To act as an effective regulator of nurse managers and leaders, as well as more frontline nurses, the Nursing and Midwifery Council needs to be equipped to look at systemic concerns as well as individual ones. It must be enabled to work closely with the systems regulators and to share their information and analyses on the working of systems in organisations in which nurses are active. It should not have to wait until a disaster has occurred to intervene with its fitness to practise procedures. Full access to the Care Quality Commission information in particular is vital.		Accepted
227 Ch12	NMC - investigation of systemic concerns	The Nursing and Midwifery Council needs to have its own internal capacity to assess systems and launch its own proactive investigations where it becomes aware of concerns which may give rise to nursing fitness to practise issues. It may decide to seek the cooperation of the Care Quality Commission, but as an independent regulator it must be empowered to act on its own if it considers it necessary in the public interest. This will require resources in terms of appropriately expert staff, data systems and finance. Given the power of the registrar to refer cases without a formal third party complaint, it would not appear that a change of regulation is necessary, but this should be reviewed.	The Trust believes that improved communication with providers will need to be considered as part of this recommendation	Accepted
228 Ch12	NMC - administrative reform	It is of concern that the administration of the Nursing and Midwifery Council, which has not been examined by this Inquiry, is still found by other reviews to be wanting. It is imperative in the public interest that this is remedied urgently. Without doing so, there is a danger that the regulatory gap between the Nursing and Midwifery Council and the Care Quality Commission will widen rather than narrow.	As per recommendation 227	Accepted

229 Ch12	NMC - revalidation	It is highly desirable that the Nursing and Midwifery Council introduces a system of revalidation similar to that of the General Medical Council, as a means of reinforcing the status and competence of registered nurses, as well as providing additional protection to the public. It is essential that the Nursing and Midwifery Council has the resources and the administrative and leadership skills to ensure that this does not detract from its existing core function of regulating fitness to practise of registered nurses.	Whilst the Trust accepts this recommendation it is conscious of the additional resource required to achieve	Accepted
230 Ch12	NMC - profile	The profile of the Nursing and Midwifery Council needs to be raised with the public, who are the prime and most valuable source of information about the conduct of nurses. All patients should be informed, by those providing treatment or care, of the existence and role of the Nursing and Midwifery Council, together with contact details. The Nursing and Midwifery Council itself needs to undertake more by way of public promotion of its functions. The Trust supports this recommendation, and the trust will explore ways of ensuring that such information concerning professional regulation is made available.		Accepted
231 Ch12	Coordination with internal procedures	It is essential that, so far as practicable, Nursing and Midwifery Council procedures do not obstruct the progress of internal disciplinary action in providers. In most cases it should be possible, through cooperation, to allow both to proceed in parallel. This may require a review of employment disciplinary procedures, to make it clear that the employer is entitled to proceed even if there are pending Nursing and Midwifery Council Proceedings.	The Trust will work with the guidance when available from the NMC and review internal policies as indicated.	Accepted
232 Ch12	NMC - employment liaison officers	The Nursing and Midwifery Council could consider a concept of employment liaison officers, similar to that of the General Medical Council, to provide support to directors of nursing. If this is impractical, a support network of senior nurse leaders will have to be engaged in filling this gap.		Accepted
233 Ch12	Joint - Profile	While both the General Medical Council and the Nursing and Midwifery Council have highly informative internet sites, both need to ensure that patients and other service users are made aware at the point of service provision of their existence, their role and their contact details.		Accepted
234	Joint -	Both the General Medical Council and Nursing and Midwifery Council must		Accepted

Ch12	Cooperation with the CQC	develop closer working relationships with the Care Quality Commission – in many cases there should be joint working to minimise the time taken to resolve issues and maximise the protection afforded to the public.		
235 Ch12	Joint - Joint proceedings	The Professional Standards Authority for Health and Social Care (PSA) (formerly the Council for Healthcare Regulatory Excellence), together with the regulators under its supervision, should seek to devise procedures for dealing consistently and in the public interest with cases arising out of the same event or series of events but involving professionals regulated by more than one body. While it would require new regulations, consideration should be given to the possibility of moving towards a common independent tribunal to determine fitness to practise issues and sanctions across the healthcare professional field.		Accepted
<b>Caring for the elderly. Approaches applicable to all patients but requiring special attention for the elderly</b>				
236 Ch25	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.	This is already in place in in-patient areas and the Key Worker policy has been re launched for community patients	Accepted
237 Ch 25	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.		Accepted
238 Ch25	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: 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.	Further review of discharge information to be undertaken  Continuation of observation visits and back to the floor sessions by senior manager	Accepted

239 Ch25	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.	Discharge lounge concept not currently in use  The Trust will consider expansion of joint posts between community and in-patient areas	Accepted
240 Ch25	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.	Robust arrangements already in place and monitored frequently	Accepted
241 Ch25	Provision of food and drink	The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation	The Trust regularly reviews standards in relation to nutrition and hydration and will continue to do so	Accepted
242 Ch25	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.	Medicines Management lead regularly reviews administration of medication across the trust . E-prescribing about to be introduced in the community hospital setting	Accepted
243 Ch25	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.	Electronic patient records already in place throughout the organisation  Regular audit undertaken of vital signs monitoring  Track and Trigger functions in place to identify patients whose condition deteriorates	Accepted
<b>Information</b>				
244 Ch26	Common information practices, shared	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	The Trust has an approved Informatics Strategy  Access to records for patient / relatives is	Accepted

	data and electronic records	<p>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> <li>• 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.</li> <li>• Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards.</li> </ul>	<p>already in place but process will be reviewed</p> <p>SystemOne Management Group oversee the regulation , development and use of the electronic record</p>	
245 Ch26	Board accountability	Each provider organisation should have a board level member with responsibility for information.	This is the responsibility of the Medical Director	Accepted
246 Ch26	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.	The Trust is already compliant with this recommendation	Accepted
247	Accountability for	Healthcare providers should be required to lodge their quality accounts with all	The Trust is already compliant with this	Accepted

Ch26	quality accounts	organisations commissioning services from them, Local Healthwatch, and all systems regulators.	recommendation	
248 Ch26	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.	LCHS's quality account is already subject to external scrutiny	Accepted
249 Ch26	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.	The Trust will sign a declarations for future quality accounts	Accepted
250 Ch26	Accountability for quality accounts	It should be a criminal offence for a director to sign a declaration of belief that the contents of a quality account are true if it contains a misstatement of fact concerning an item of prescribed information which he/she does not have reason to believe is true at the time of making the declaration.		Accepted
251 Ch26	Regulatory oversight of quality accounts	The Care Quality Commission and/or Monitor should keep the accuracy, fairness and balance of quality accounts under review and should be enabled to require corrections to be issued where appropriate. In the event of an organisation failing to take that action, the regulator should be able to issue its own statement of correction.		Accepted
252 Ch26	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.	The Trust is already complaint with this recommendation	Accepted
253 Ch26	Access to quality and risk profile	The information behind the quality and risk profile – as well as the ratings and methodology – should be placed in the public domain, as far as is consistent with maintaining any legitimate confidentiality of such information, together with appropriate explanations to enable the public to understand the limitations of this tool.	The Trust will review its current arrangements to ensure full compliance	Accepted
254 Ch26	Access for public and patient comments	While there are likely to be many different gateways offered through which patient and public comments can be made, to avoid confusion, it would be helpful for there to be consistency across the country in methods of access,		Accepted

		and for the output to be published in a manner allowing fair and informed comparison between organisations.		
255 Ch26	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.	This area has been identified as a priority for the organisation	Accepted
256 Ch26	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.	The Trust will review its process against this recommendation	Accepted
257 Ch26	Role of the Health & Social Care information centre	The Information Centre should be tasked with the independent collection, analysis, publication and oversight of healthcare information in England, or, with the agreement of the devolved governments, the United Kingdom. The information functions previously held by the National Patient Safety Agency should be transferred to the NHS Information Centre if made independent.		Accepted
258 Ch26	Role of the Health & Social Care information centre	The Information Centre should continue to develop and maintain learning, standards and consensus with regard to information methodologies, with particular reference to comparative performance statistics.		Accepted
259 Ch26	Role of the Health & Social Care information centre	The Information Centre, in consultation with the Department of Health, the NHS Commissioning Board and the Parliamentary and Health Service Ombudsman, should develop a means of publishing more detailed breakdowns of clinically related complaints		Accepted
260 Ch26	Information standards	The standards applied to statistical information about serious incidents should be the same as for any other healthcare information and in particular the principles around transparency and accessibility. It would, therefore, be desirable for the data to be supplied to, and processed by, the Information Centre and, through them, made publicly available in the same way as other quality related information.		Accepted
261 Ch26	Information standards	The Information Centre should be enabled to undertake more detailed statistical analysis of its own than currently appears to be the case.		Accepted

262 Ch26	Enhancing the use, analysis and dissemination of healthcare information	<p>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 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> </ul> <p>In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges.</p> <p>The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.</p>	The Trust will be reviewing its current pathways / processes and has the patient voice and the provision of harm free care as priorities	Accepted
263 Ch26	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.	Further work will be required to ensure all staff are aware of the recommendation and implications	Accepted
264 Ch26	Enhancing the use, analysis and dissemination of healthcare information	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.	This will need to be further developed	Accepted
265 Ch26	Enhancing the use, analysis and dissemination of healthcare information	The Department of Health, the Information Centre and the Care Quality Commission should engage with each representative specialty organisation in order to consider how best to develop comparative statistics on the efficacy of treatment in that specialty, for publication and use in performance oversight, revalidation, and the promotion of patient knowledge and choice.		Accepted
266 Ch26	Enhancing the use, analysis and dissemination of healthcare information	In designing the methodology for such statistics and their presentation, the Department of Health, the Information Centre, the Care Quality Commission and the specialty organisations should seek and have regard to the views of patient groups and the public about the information needed by them		Accepted

	information			
267 Ch26	Enhancing the use, analysis and dissemination of healthcare information	All such statistics should be made available online and accessible through provider websites, as well as other gateways such as the Care Quality Commission.	The Trust will review its current policy / practice	Accepted
268 Ch26	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.	The Trust will ensure appropriate resources are made available.	Accepted
269 Ch26	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.	Regular record keeping audits are in place	Accepted
270 Ch26	Improving and assuring accuracy	There is a need for a review by the Department of Health, the Information Centre and the UK Statistics Authority of the patient outcome statistics, including hospital mortality and other outcome indicators. In particular, there could be benefit from consideration of the extent to which these statistics can be published in a form more readily useable by the public.		Accepted
271 Ch26	Improving and assuring accuracy	To the extent that summary hospital-level mortality indicators are not already recognised as national or official statistics, the Department of Health and the Health and Social Care Information Centre should work towards establishing such status for them or any successor hospital mortality figures, and other patient outcome statistics, including reports showing provider-level detail.		Accepted
272 Ch26	Improving and assuring accuracy	There is a demonstrable need for an accreditation system to be available for healthcare relevant statistical methodologies. The power to create an accreditation scheme has been included in the Health and Social Care Act 2012; it should be used as soon as practicable.		Accepted
<b>Coroners and inquests. Making more of the coronial process in healthcare-related deaths</b>				
273	Information to	The terms of authorisation, licensing and registration and any relevant	The process is already in place via the	Accepted

Ch14/22	coroners	guidance should oblige healthcare providers to provide all relevant information to enable the coroner to perform his function, unless a director is personally satisfied that withholding the information is justified in the public interest.	practitioner performance team	
274 Ch2	Information to coroners	There is an urgent need for unequivocal guidance to be given to trusts and their legal advisers and those handling disclosure of information to coroners, patients and families, as to the priority to be given to openness over any perceived material interest.	The Trust awaits further guidance	Accepted
275 Ch14	Independent medical examiners	It is of considerable importance that independent medical examiners are independent of the organisation whose patients' deaths are being scrutinised.		Accepted
276 Ch14	Independent medical examiners	Sufficient numbers of independent medical examiners need to be appointed and resourced to ensure that they can give proper attention to the workload.		Accepted
277 Ch14	Death certification	National guidance should set out standard methodologies for approaching the certification of the cause of death to ensure, so far as possible, that similar approaches are universal.		Accepted
278 Ch14	Death certification	It should be a routine part of an independent medical examiner's role to seek out and consider any serious untoward incidents or adverse incident reports relating to the deceased, to ensure that all circumstances are taken into account whether or not referred to in the medical records.		Accepted
279 Ch14	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.	Already current practice	Accepted
280 Ch14	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.	Already current practice and will be subject to internal clinical audit	Accepted
281	Appropriate and	It is important that independent medical examiners and any others having to		Accepted

Ch14	sensitive contact with bereaved families	approach families for this purpose have careful training in how to undertake this sensitive task in a manner least likely to cause additional and unnecessary distress.		
282 Ch14	Information for, and from, inquests	Coroners should send copies of relevant Rule 43 reports to the Care Quality Commission.		Accepted
283 Ch14	Information for, and from, inquests	Guidance should be developed for coroners' offices about whom to approach in gathering information about whether to hold an inquest into the death of a patient. This should include contact with the patient's family.		Accepted
284 Ch14	Appointment of assistant deputy coroners	The Lord Chancellor should issue guidance as to the criteria to be adopted in the appointment of assistant deputy coroners.	The Trust awaits further guidance	Accepted
285 Ch14	Appointment of assistant deputy coroners	The Chief Coroner should issue guidance on how to avoid the appearance of bias when assistant deputy coroners are associated with a party in a case.	The Trust supports this recommendation	Accepted
<b>Department of Health leadership</b>				
286 Ch19	Impact assessments before structural change	Impact and risk assessments should be made public, and debated publicly, before a proposal for any major structural change to the healthcare system is accepted. Such assessments should cover at least the following issues: <ul style="list-style-type: none"> <li>• What is the precise issue or concern in respect of which change is necessary?</li> <li>• Can the policy objective identified be achieved by modifications within the existing structure?</li> <li>• How are the successful aspects of the existing system to be incorporated and continued in the new system?</li> <li>• How are the existing skills which are relevant to the new system to be transferred to it?</li> <li>• How is the existing corporate and individual knowledge base to be preserved, transferred and exploited?</li> <li>• How is flexibility to meet new circumstances and to respond to experience built into the new system to avoid the need for further structural change?</li> </ul>	Current practice / process to be reviewed against the recommendation  LCHS are partners in the LSSR	Accepted

		<ul style="list-style-type: none"> <li>• How are necessary functions to be performed effectively during any transitional period?</li> <li>• What are the respective risks and benefits to service users and the public and, in particular, are there any risks to safety or welfare?</li> </ul>		
287 Ch19	Impact assessments before structural change	The Department of Health should together with healthcare systems regulators take the lead in developing through obtaining consensus between the public and healthcare professionals, a coherent, and easily accessible structure for the development and implementation of values, fundamental, enhanced and developmental standards as recommended in this report.		Accepted
288 Ch19	Clinical input	The Department of Health should ensure that there is senior clinical involvement in all policy decisions which may impact on patient safety and well-being.	Already current practice within the trust	Accepted
289 Ch19	Experience on the front line	Department of Health officials need to connect more to the NHS by visits, and most importantly by personal contact with those who have suffered poor experiences. The Department of Health could also be assisted in its work by involving patient/service user representatives through some form of consultative forum within the Department.		Accepted
290 Ch19		The Department of Health should promote a shared positive culture by setting an example in its statements by being open about deficiencies, ensuring those harmed have a remedy, and making information publicly available about performance at the most detailed level possible.		Accepted