

**Report to:** 2gether Trust Board – 28<sup>th</sup> April 2014

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**Presented by:** Trish Jay, Director of Quality

**SUBJECT:** **FRANCIS INQUIRY: REPORT OF THE MID STAFFORDSHIRE  
NHS FOUNDATION TRUST PUBLIC INQUIRY -  
UPDATE PAPER AND ACTION PLAN**

**This Report is provided for:**

Decision	Endorsement	Assurance	To note
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**EXECUTIVE SUMMARY**

This paper provides an update and assurance to the Trust Board on the work undertaken by the Trust to meet our shared commitment to improving patient safety and quality of care reflecting the learning from the Francis Inquiries.

This paper provides the Trust Board with:

1. An update on national developments, guidance and direction against the *The Francis Inquiry*- published 6 February 2013
2. An update on the ongoing work of the Staff Engagement Event facilitators
3. An overview of our progress against the Trust's Francis Inquiry action plan and associated developments
4. An outline of the Trust's next steps and future actions

**Assurance**

The paper demonstrates to the Trust Board and gives assurance that there is a strong ongoing focus on learning from and implementing the recommendations from *The Francis Inquiry*.

The following highlights provide an outline of progress made

- The Organisational Development Committee structure's four work streams for Culture, Staff Engagement, Workforce Planning and Training and Development have reviewed and refreshed their programme and have produced updated plans
- Progress against the high level action plan has been made in several areas, where action have not been progressed this is indicted within the updated plan in **Annex 2**

## Improvement / Further Developments

This paper includes information on associated developments and improvements which includes:

- The 2013 staff survey reports incremental improvements in areas that indicate staff feel listened to and engaged
- A “ Pop Up” Positive Practice event for frontline staff was held at Charlton Lane Hospital on 24<sup>th</sup> March 2014
- The Trust was successful in its funding application to Chief Nursing Officers Health Technology Fund. £50,000 was secured to develop and pilot a mobile working solution for frontline practitioners in the community
- The revised Care Management Policy and Risk management Policy has been implemented

## Recommendations

The Trust Board is asked to note the progress made and agree that this paper is published on the Trust website for the public to access an update on the work that has been taking place.

## Corporate Considerations

<i>Quality implications:</i>	The Francis Inquiry and the Trust's learning from this, are focussed upon the delivery of high quality care.
<i>Resource implications:</i>	Resources are allocated in the organisation to ensure quality development and assurance. These will need to be revisited depending on the agreed action plan from the Public Inquiry
<i>Equalities implications:</i>	Quality assurance does require that the equalities implications of service provision are reviewed.
<i>Risk implications:</i>	Risk management processes for quality and safety are reviewed regularly. The monitoring of the agreed action plan will monitor the risk of not implementing any specific area.

## WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	

## WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective		P	
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	

## Reviewed by:

Trish Jay, Director of Quality	Date	2 <sup>nd</sup> April 2014
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## Where in the Trust has this been discussed before?

Formal papers to the : February Governance Committee May Governance Committee July Governance Committee September Governance Committee January Governance Committee January Trust Board April Governance Committee	Date	February 2013 May 2013 July 2013 September 2013 January 2014 January 2014 March 2014
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<b>What consultation has there been?</b>		
Organisational Development Work Groups		Since September 2013

<b>Explanation of acronyms used:</b>	Explained within the body of the paper
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## 1. Context

1.1 This report relates to previous associated papers brought before the Trust Board. Most recently in January 2014, where the Trust Board was updated on Trust progress against considering the learning from the Inquiry, what is transferable to the Trust and the implementation of the high level Trust action plan.

1.2 As the Trust Board is aware this paper is informed by The Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (The Francis Inquiry) was published on 6 February 2013. This paper is further informed by the subsequent updates and complimentary work that has been conducted as a result of the inquiry. Namely:

- Professor Don Berwick's report published August 2013 - *A promise to learn – a commitment to act: Improving the safety of patients in England*. Available at the following link: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf)

This report focused on listening to and engaging staff into a learning culture as a productive method of improving patient safety and quality of care.

- The government published its full response to the Inquiry in November 2013 - *Hard Truths, The Journey to Putting Patients First* Vo1 1 & 2. Available at the following link: <http://francisresponse.dh.gov.uk/>

This report listed the Francis Inquiry recommendations that had been accepted and would be actioned. This included for example organisational duty of candour and the publishing of staffing levels on wards. An excellent assessment and briefing regarding the governments recommendations is available at the following link: <http://www.mills-reeve.com/hardtruthsboardbriefings/>

- The NHS Quality Board published in November 2013, **Human Factors in Healthcare: a Concordat from the National Quality Board**. Available at the following link: <http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-hum-fact-concord.pdf>

The Concordat demonstrates the National Quality Board's commitment on behalf of the health system, to embedding recognition and understanding of Human Factors across the NHS and in their activities, reflecting the value it can offer in respect of improving the quality and productivity of services to patients. The Trust is endeavouring to include an increase awareness of the human factors approach in all its development work.

1.3 This paper's author would like to bring the Board's attention to a commentary written by the Chief Nursing Officer Jane Cummings regarding the "Francis Report – one year on" NHS England (2014) Available at the following link: <http://www.england.nhs.uk/2014/02/06/the-francis-report> . This commentary recaps on progress made in the 12 months since the publication of the inquiry and future direction. Below is a list of areas from the commentary pertinent to our Trust:

- Launching the Friends and Family Test
- Compassion in Practice strategy, which includes the 6C's
- The development of a network of Patient Safety Collaboratives
- Publishing actual versus expected nurse, midwifery and care staffing levels – **Please note the paper also being presented at this Governance meeting by the Director of Quality**
- The NHS Safety Thermometer - as tool to monitor harm
- NHS England launched the new National Patient Safety Alerting System (NPSAS)
- Quality Surveillance Groups have been put in place across NHS England's 27 area teams

1.4 The Trust Board will recall that the previous paper provided detail on how the Trust action plan was planned to be delivered via the newly formed Workforce and Organisational Development Committee structure's four work streams (see **Annex 1**):

- Staff Engagement
- Culture
- Workforce Planning
- Training and Development

It is important to note and recognise that these work streams are led by and their membership consists of front line practitioners and support staff. This is central to our Trust's approach to engaging and empowering staff to achieve our shared goals to improve patient safety and quality of care.

1.5 This work has linkages and interdependencies across a range of complementary and supportive national and Trust initiatives. These include the 6c's, Patient Safety Programme and the Care Practice Development project. The Trust Board can be further assured in the knowledge that the Francis Inquiry is widely referenced and positively influences practice throughout the Trust.

1.6 This paper provides an update and assurance to the Trust Board on the work undertaken by the Trust to meet our shared commitment to improving patient safety and quality of care.

## **2. Update on progress made by work streams**

2.1 As previously reported, the four work streams have been established and meet monthly. Their work is being supported via a project approach utilising PRINCE2 methodology supplied by the programme management office. The workstreams are supported at an executive level and produce written minutes of their discussions and progress for assurance purposes. The work streams regularly report to the Workforce and Organisational Development Committee.

2.2 The work streams have made progress against a number of actions and they are detailed within the high level action plan in **Annex 2**. For example, staff reported that the Care Programme Approach policy and the Risk Management policy required in many clinical cases, a disproportionate amount of documentation set in context against the clinical time spent with the service user. These policies have been reviewed and refreshed in response to staff feedback.

- 2.3 Within the high level action plan in **Annex 2** it is also reported where actions have not been progressed at the time of this report. For example the new staff intranet site implementation timetable has slipped to May 2014.
- 2.4 Work from the detailed action plan has been separated and assigned between the groups. The programme office input has facilitated the construction of a deliverables matrix which describes the detailed action plans content and distribution across the four groups.
- 2.5 As previously reported in the January update paper, the workstreams identified issues with interpretation of the original detailed action plans. This was identified as a risk to the success of the initiative. To respond to this risk a detailed project review was completed in January 2014. The output of this review was that plans have been streamlined, refocused and developed to enable actions to be realised. The plans detail what tasks are identified to be completed and the desired outcomes. This is being reported and managed via the Workforce and Organisational Development Committee.
- 2.6 For the purpose of this paper the following updates on progress made the following update has been supplied by the project support manger:
- Allocated each of the 'Francis' workshop actions to the most appropriate Workstream to address and identify a sustainable solution aligned to Trust objectives and values.
  - Identified where actions could be better addressed as 'Business as Usual' with ongoing day to day support to line managers.
  - Rationalised the remaining 'Francis' actions into 'categories' so they could be addressed collectively for efficiency.
  - The four working group Leads are each developing three priority actions and will seek the skills and expertise of 'volunteer' staff that, with ongoing support, will carry out each action to a sustainable completion. The working group Leads are keen to hear from staff from all bands, staff groups and from across all services who would like to be involved. Any member of staff can volunteer; this will provide an excellent personal learning and development opportunity.
  - The working groups will continue to work with volunteer staff that will be supported by the workstreams to carry our priority actions to a sustainable conclusion. The aim is to continue to build stronger staff engagement, to produce better care for Service Users and to develop a virtuous circle of evidenced improvement. Measurable outcomes will be e.g. Better quality of service, higher patient satisfaction, less absenteeism, better quality of financial management.
  - The working groups will continue to receive feedback from the Staff Engagement Roadshows and the Talk Back events and create where required, actions to address or develop further the issues raised by staff.

### **3. Update on staff engagement events**

3.1 As previously reported, the Deputy Director of Nursing – John Trevains and the Assistant Director of Human Resources - Nick Grubb facilitate regular monthly staff engagement events. Since the last update three more events have been completed. These have been at:

- Community Team base in Leominster (Etnam Street) – January 2014
- Community Team base Stroud (Weavers Croft) – February 2014
- Community Team base in Cinderford (Colliers Court) – March 2014

There is an ongoing programme of events going forward through 2014/15. Our approach that this form of staff engagement is considered business as usual, as opposed to a special event.

3.2 The events have been well attended and a rich mix of valuable feedback continues to be gained, inclusive of both positive and negative feedback.

3.3 The approach at the meetings is to log the questions, to endeavour to supply answers or dispel inaccurate perceptions where possible and to pass the questions onto senior colleagues. The facilitators feedback progress and updates at the following engagement session.

3.4 Feedback to staff has also been achieved via News in Brief. As stated in the previous paper, a briefing was written for staff on progress made by the working groups, the engagement events and how issues raised are being resolved, this included the following updates for example:

- The revision and relaunch of the Staff Charter
- A refreshed and locally delivered senior leadership programme for bands 7 and 8 being launched in the Spring 2014
- Datix has been upgraded with additional training and resources to ensure incidents are captured more appropriately
- Key policies and protocols, such as the assessing and managing risk and care management policies, have been rewritten to reduce the time spent on paperwork
- The 'Kissing it Better' practice development work has been rebranded as 'Positive Practice' with a new event for frontline staff planned for late February
- The new Intranet system has been agreed and is due to be launched in the Spring

The briefing also signposted staff to the previous Francis update papers on the Trust intranet for more information and invited staff to contact the facilitators if required.

3.5 It is important for the Trust Board to note that alongside this activity the Trust also conducted the “Talkback Roadshow” events. As the Trust Board are aware this was a series of focussed engagement events led by the Executive team to consult on and seek staff ideas and opinions on quality and efficiency improvements.

#### 4. Additional developments and information

4.1 As previously reported, there are a range of associated developments and work in progress that is linked to addressing the principle outcomes and expectations described by the Francis Inquiry. These initiatives and actions are being incorporated into the detailed action plans and will be written into a refreshed high level plan. These include:

- The Trust Adult Safeguarding policy has been reviewed in light of the learning from Francis and Berwick reports and incorporates a human factors approach. This has been positively received by stakeholders and Clinical Commissioning Group colleagues.
- Work has been progressed on the 6C’s Caremakers initiative. Discussions are taking place with the University West of England as our main education provider to launch a Caremakers in mental health recruitment drive aimed at new student nurses. Plans are being developed to include Worcestershire University in this to include Herefordshire student nurses.
- The Trust participated in the social media event #NHSChangeday which encouraged staff to make national pledges to make small or large changes and improvements to care.
- A “Pop up” Positive Practice event was held on March 24<sup>th</sup> at Charlton Lane Hospital. The “pop up” approach does not entail staff having to take time away from their place of work to attend a workshop, a room close to the clinical areas is utilised and staff are invited to drop in as time allows. Several staff attended to discuss ideas they have or actions they are already taking to improve practice in their areas. Advice was given on improvement techniques, compassion in practice, pledges were recorded and the Positive Practice facilitators from the Deputy Director of Nursing’s team will follow up to help idea be realised. This included for example themed food nights and ideas around the utilisation of volunteer drivers to release portering time. Further Pop Up events are planned to be delivered on a quarterly basis at Trust sites across Herefordshire and Gloucestershire.
- The Trust has signed up to the Nursing Times Speak out Safely Campaign. It aims to encourage NHS organisations and independent healthcare providers to develop cultures that are honest and transparent, to actively encourage staff to raise the alarm when they see poor practice; and to protect them when they do so. This will enable us to utilise the SOS branding on our materials, website and demonstrate our commitment at a national level.
- National Nutrition & Hydration Week was from 17-23 March 2014. Trust staff led various related activities and promoted the importance of good nutrition and hydration.



- The NMC is currently consulting on changes to the revalidation of nursing registration processes. It is likely that the new process will have more focus on proof of evidence and may also include service user, carer and colleague references. The Trust is promoting engagement with the consultation process and is exploring the procurement of a web based appraisal system to support the changes.
- Regular teaching sessions about physical health in mental health at Charlton Lane Hospital have been facilitated by Dr Jana Lappyova. These sessions have been open to all health care professionals and have been well attended. A recent session was 'More Care, Less Pathway' with Dr Cath Blinman, Palliative Medicine Consultant from Gloucestershire Hospitals Trust as the guest speaker. The session enabled staff to be familiar with new guidance regarding end of life care and to discuss this subject with an expert.
- The Trust was successful in its funding application to the Chief Nursing Officers Health Technology Fund. £50,000 was secured to develop and pilot a mobile working solution for frontline practitioners in the community. The proposed solution will enable staff to securely electronically carry, review and update service user electronic records without the need to return to base to access RIO enabled computers. This will have a positive impact on quality of patient care, standards of recording and provide efficiencies in both time saved and travel costs. The pilot is being developed currently and is due to commence in September.
- As previously reported, a number of our staff are participating in currently, or have confirmed plans to join the national level leadership training that has become available via the NHS Leadership Academy and through the national NHS Nurse Leadership Programmes. This provides excellent learning and networking opportunities that can be brought back to the Trust.
- The implementation of the new Trust intranet system has unfortunately slipped to May 2014 as opposed to the previously reported spring timeline. However, plans for the transition to the new system are in action and preparatory work is underway. The new site will bring substantial improvements in our ability to communicate across the Trust, receive feedback and contributions from staff and improve its functionality as a useful care delivery resource.
- It was previously reported that review and refresh of the Care Programme Approach and Risk Management policies was nearing completion. Both of these policies have now been implemented to ensure appropriate and proportionate recording of information.

4.2 **2013 National NHS Staff Survey Results:** The Trust Board will be aware that Carol Sparks – Director of Organisational Development presented a paper to the Trust Board in March 2014 regarding the 2013 National NHS Staff Survey Results. It was previously reported via this Francis update that some improvements were expected. The headline updates from the results are listed below:

- Response rates rose from the disappointing 50% of 2012 to 56% which is above average for Mental Health/Learning Disability Trusts in England.
- The results of the 2013 Staff Attitude Survey demonstrate an improvement on the previous year with five categories above average compared with two in the previous survey, with other categories showing a small if statistically insignificant improvement
- The changes however are only considered to be statistically significant in 3 Key Findings when compared to the Trust's results in the previous year.
- When compared with similar Trusts, together is above average in 5 Key Findings (compared with 3 in the previous survey) and below average in 13 (compared with 18 in the previous survey).
- Key Finding 24 'Staff recommendation of the trust as a place to work or receive treatment' has shown a statistically significant improvement although remains below average for similar trusts.

4.3 It is proposed that for 2014 ongoing initiatives to improve the work experience of staff should continue and efforts should be focused on three key areas identified from the 2013 Survey as described below:

- Key Finding 6 – Percentage of staff receiving job-relevant training, learning or development in last 12 months
- Key Finding 1 – Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- Key Finding 16 – Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months

4.4 Alongside the paper a supporting action plan has been produced and progress will be reported to the Trust Board.

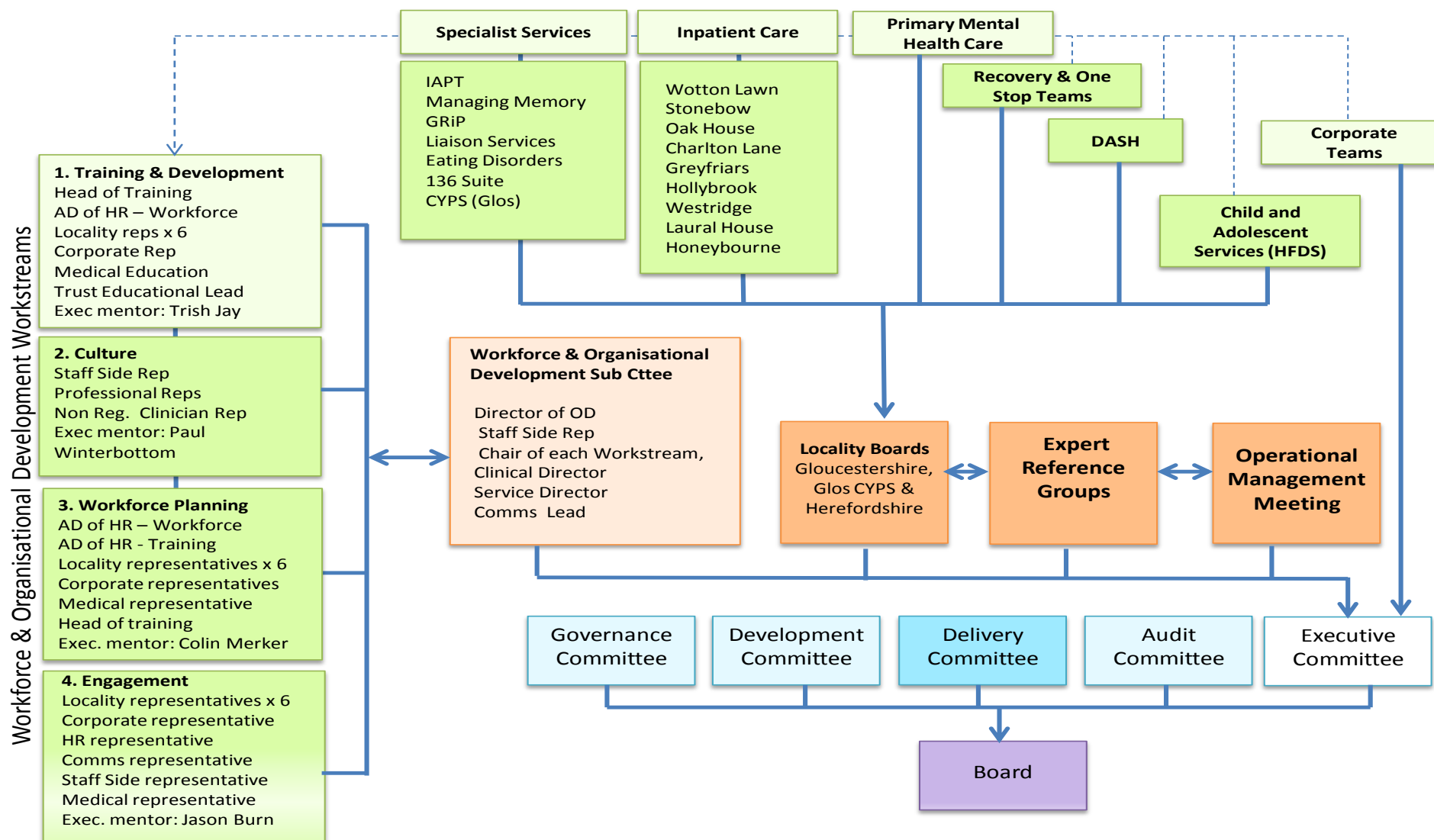
## **5. Areas to focus on**

5.1 All of the actions and developments described in this paper will continue to be focused upon in the coming months. Below are the key issues and areas that require are focus in Quarter 1 2014/15:

- Ongoing and regular high quality communications to staff demonstrating that listening has occurred and what actions are planned or in place
- Ongoing focus on improving the previously identified staff survey areas from both the 2012/13 and 2013/14 surveys
- Continued progress by the Workforce and Organisational Development Committee's four working groups
- A staff briefing detailing the content of this paper, information on associated developments and our plans for 2014/15 relating to embedding learning from the Francis Inquiry.

- Ongoing commitment to achieving the outstanding actions and maintenance of work achieved

## Workforce and Organisational Development Committee structure (September 2013)



## High Level Francis Action Plan

	Action:	Responsibility	Timescale RAG rating on progress	March 2014 update
1.	<b>Staff Engagement</b> – objective is to improve staff engagement and improved communication at all levels in the organisation			
1.1	Implement the new Workforce and Organisational Development Committee structure	Director of OD	July 2013	In place
1.2	Improve the accessibility and accuracy of information on the intranet for staff	Deputy Director of Commerce	May 2014 Revised date	A new system has been procured, implementation plans are being actioned. Anticipate new site will be available by May
1.3	Improve the visibility of Board members in services	Chief Executive	September 2013	Board visits in place 3-4 month Patient safety programme of visits -2 per month
1.4	Create an online mechanism for staff to ask questions and suggest ideas	Deputy Director of Commerce	May 2014 Revised date	This will be included within the new intranet site
1.5	Develop Team Talk and News in Brief on the basis of staff feedback, including updates on closing projects and initiatives	Chief Executive	September 2013	New process for Team Talk in place, where the agenda is set by those attending and then is followed up in a documented Teak Talk
1.6	Run staff engagement events to determine impact of changes being implemented as part of this action plan	Deputy Director of Nursing/HR	November 2013	Staff engagement events taking place monthly and will continue
1.7	As part of change management processes, routinely test with staff (through Plan, Do, Study, Act) cycles, change before it is implemented. Build this into the Programme Management approach to projects	Executive Team	Ongoing	Process is in place and PDSA methodology is being included in staff training developments detailed within the paper – A number of Institute of Health Improvement Licenses have been purchased for use via the Trust in-house leadership programme
1.8	Outline the responsibility of team managers, matrons, community services manager and clinical directors in relation to the review of performance data and taking actions	Director of Service Delivery/Medical Director	October 2013	The information teams Performance Point is readily accessible as a tool. Training for staff has been delivered and is available.
1.9	Outline for each team the key connections they need, and for them to regularly be updated on pathway issues	Locality Directors	June 2014 Revised date	Awaiting update via refreshed workstream action plans

	Action:	Responsibility	Timescale RAG rating on progress	March 2014 update
2.	<b>Culture</b> – objective is to review aspects of the culture of the organisation to determine improvements which can have a positive effect on patients and staff, including the reduction of unnecessary bureaucracy			
2.1	Review the Care Programme Approach and Risk Management policies to ensure appropriate and proportionate recording of information	Head of Quality Development and Assurance	February 2014	Risk Management policy was approved by the Governance Committee in October and update training is provided. CPA policy has been review to become an Assessment and Care Management Policy. Reviewed and implemented in February with a supporting programme of education
2.2	Review the Clinical Audit Programme for 2014/15 to reduce duplication of data collection and have a more integrated approach	Head of Quality Development and Assurance	December 2013	Review taken place – draft programme will be considered by the Governance Committee in Jan 2014
2.3	Review how targets are communicated to clinical teams, and whether there should be internal targets as well as the national and contractual ones	Director of Service Delivery	Revised April 2014	Noted that there will be a revised process for sharing the 2014/15 targets and contractual requirements with staff in April 2014
2.4	Review the methodology for determining clinical efficiency rather than the use of contacts – build on the developing 'outcomes' work.	Director of Quality	March 2014	Clinical outcomes work continues for : <ul style="list-style-type: none"> <li>• Adult mental health services</li> <li>• Adult learning disability services</li> <li>• Children and Young People's Services</li> <li>• IAPT</li> </ul>
2.5	Develop a programme of work colleague shadowing	Director of OD	March 2014	CEO and Director of OD have agreed a programme of senior leader shadowing. Further work is being conducted to develop wider shadowing opportunities across all grades
2.6	Build on the work of the Service User and Carer charters, to outline the values and behaviours expected in the workplace	Director of OD	March 2014	Staff charter has been refreshed and is being re launched in February/March
2.7	Develop a values based interview for all recruitment of staff so that we could be reassured that we were appointing people appropriate to deliver the care	Director of OD	March 2014	Work is progressing on this area and is on target for delivery in March, elements of this will be included in the new internet micro site for prospective employees

	Action:	Responsibility	Timescale RAG rating on progress	March 2014 update
2.8	Develop mechanisms to measure culture and behaviours	Director of OD	March 2014	Director of OD and CEO are developing work around refreshing previous "just culture" initiative
2.9	Review the role of Super Cluster Boards – change to Expert Reference Groups	Medical Director	September 2013	Review is complete with new Terms of Reference. Further work required to gain the benefits of the new Groups
2.10	Delegation of decision making within parameters – all Executive Directors to provide examples of this over the next six months	Executive Directors	November 2013	Appointment of the cluster lead nurse for organic and new Consultant Nurse .Estate developments in Gloucestershire localities  Requires update
2.11	Develop the skills of staff in improvement methodologies so that they can make the small scale changes themselves.	Assistant Director of Clinical Development	March 2014	Continued implementation of the Patient Safety methodology  Planned conference in Feb/march to share with staff  Bid for resources to enable access to online Institute of Health Improvement learning programmes successful and licences procured
2.12	Share the development of practice through Positive Practice sharing	Deputy Director of Nursing	Ongoing	Monthly presentations to the Health and Social Care Professions Committee continue. These are then uploaded to the intranet. Presentations have included: <ul style="list-style-type: none"> <li>• Antibiotic compliance</li> <li>• Health and Wellbeing in Learning Disability Services</li> <li>• Absent without leave reduction</li> <li>• Understanding dementia for people with a learning disability</li> </ul>
2.13	All Executive Directors to provide examples of where previous work has stopped to make time for new initiatives	Executive Directors	December 2013	Certain Tender opportunities have not been progressed to free up staff capacity

	<b>Action:</b>	<b>Responsibility</b>	<b>Timescale RAG rating on progress</b>	<b>March 2014 update</b>
2.14	All teams to have one session of team building time each year	Director of Service Delivery	March 2014	Ongoing team building events are being encouraged and promoted
<b>3.</b>	<b>Workforce Planning</b> – objective is to review workforce ‘productivity’ and support the development of the workforce to meet service requirements			
3.1	Review staff work plans in relation to management of workload	Deputy Director of Operations	December 2013	Awaiting update via refreshed workstream action plans It is considered a business as usual function of team management
3.2	Review the implications of the administration review on the delivery of clinical services	Assistant Director of Operations	December 2013	Awaiting update via refreshed workstream action plans
3.3	Review the configuration of team managers in both counties	Locality Directors – Gloucestershire/ Herefordshire	December 2013	Awaiting update via refreshed workstream action plans
3.4	Develop the support and communication for the use of RiO (electronic patient record), through the further use of champions, approach to developments and communication	Head of Clinical Systems	December 2013	Additional training for care cluster development programme and associated RiO support has been provided
3.5	Review the time required and most effective mechanism for entry onto the patients electronic record, and protected time for this	Director of Service Delivery	December 2013	Work has taken place to reduced unnecessary data entry with the completed review of the Risk policy and CPA policy
3.6	Develop further mobile working for clinicians	Director of Finance	March 2014 Revised date	£50k development monies secured via DoH Technology project to pilot mobile working solutions
3.7	Streamline recruitment processes to ensure timely recruitment	Director of OD	September 2013	Work has been completed to support timely recruitment inclusive of the production of new templates and checklists for team leaders. This work has also been informed by Values Based Recruitment principles  Work has been completed to streamline staff bank transfer of recruitment.



	Action:	Responsibility	Timescale RAG rating on progress	March 2014 update
<b>4.</b>	<b>Training and Development</b> - objective is to ensure training and development to meet staff and service needs			
4.1	Develop action learning sets of colleagues across the Trust to problem solve	Assistant Director of Clinical Development	December 2013 Rolled forward in 2014	Action learning sets are included in the leadership programmes that have been developed.
4.2	Review the eLearning portal to improve use	Head of Training	March 2014	A new Head of Training is now in post and this work is being progressed
4.3	Review statutory and mandatory training profiles for appropriateness and accuracy in recording	Head of Training	March 2014	A new Head of Training is now in post and this work is being progressed
4.4	Review Health Care Assistant training in line with new national competencies	Deputy Director of Nursing / Head of Training	Revised date June 2014	Heads of Profession have supported the adoption of the national competencies and the Code of Conduct. JNCC has approved this action at its most recent meeting  Head of training has developed plans to implement this in Q1 2014
4.5	Implement a comprehensive programme of leadership training for clinicians and managers	Head of Training	December 2013	A leadership programme has been agreed for Team Leaders and Senior Managers within the organisation for implementation during 2014. Managers are also accessing the national NHS Leadership Academy and Nursing Programmes
4.6	Review staff training courses completed and how their competencies are used in practice	Head of Training/ Deputy Director of Nursing	March 2014	New Head of Training is in place and this is planned to be progressed in 2014
4.7	Develop a management tool kit for all undertaking a management role, with specific standards	Locality Directors	March 2014	A mapping exercise has been completed and is linked to the Band 7 and above local management training programme that is being implemented
4.8	Arrange specific sessions for team managers to determine what actions/solutions would enable them to undertake their roles more effectively.	Locality Directors	October 2013	Gloucestershire and Herefordshire have team leader forums which have been discussing specific support to enable them to undertake their roles.