

Patient Safety Review (Mike Bewick and team – phase 1) recommendations implementation plan April 2023 - draft

Ser	Recommendation	Action	Responsibility	Deadline	Progress	Evidence Required	Oversight
A.	Clinical safety						
1.	<p>Haemato-oncology: specific review of mortality should be conducted by an external specialist in this field with support from a governance lead. The terms of reference should include:</p> <ul style="list-style-type: none"> a) An independent retrospective review of all the deaths first analysed by Dr Nikolousis to establish any lessons learned. b) Consideration as to whether there is an outstanding Duty of Candour responsibility relating to this patient cohort. c) All deaths in the year 2021/22 	ICB to commission a report from RCP – using RCP Independent Review methodology.	CMO	Timeframe to be agreed as part of ToR with ICB and RCP	<ul style="list-style-type: none"> a. ICB has commissioned a review by RCP. Terms of Reference are currently being agreed between ICB and RCP b. Duty of Candour will be considered if the external review considers that there was harm identified and the duty of candour requirements are met. c. Following discussion with Prof Bewick, the ICB will request that the 20 most recent deaths prior to 31 March 2023 are to be reviewed. 	Completed review by RCP for haemato-oncology and any required DoC	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting and at the ICB Quality Committee</p> <p>Trust Oversight: Trust Committee for Clinical Quality and Patient Safety and</p>

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	d) An assessment of how integrated the department is following the merger in 2018 with a focus on how leadership and accountability of the service currently functions.	To commission external review	CPO	June 2023 to identify external provider September 2023 to commission following procurement exercise	d. The Trust has identified a number of providers and will run a mini competition exercise through June/July to assess merits of external procurement versus resourcing review internally. Terms of reference for the review have been developed. Assessment will take place July/August - for outcome September. The Culture Review will also feed through discoveries on integration to inform assessment.	Completed external review of department with focus on leadership.	the Trust Board

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2.	Never Events: given the Never Events associated with transfusions, an external review into these, and laboratory protocols should be conducted and should include the views of an independent biomedical scientist.	ICB to commission external review with support of NHSBT.	CMO	As per action 1 above	The ICB has commissioned the RCP to complete the review. The terms of reference are currently being agreed between the ICB and RCP. Chair of National Blood Transfusion Committee will support. This will include review of laboratory protocols.	Complete review by RCP into never events associated with transfusion	As Above
3.	Neurosurgery: this review primarily focuses on the leadership and culture of the department; this should include an assessment of the effectiveness and progress of the current neurosurgery development plan.	<ul style="list-style-type: none"> Assessment to be carried out by Division 5 working with Chief People Officer (CPO). May also need to feed into the Culture Review, depending on outcomes. 	CPO/CMO	12 May 2023 to commission review	A scoping exercise has been undertaken, to inform programme of external mediation and support, with terms of reference for the review now prepared and a provider identified. The area has also been identified for specific inclusion in the Culture Review, and we will feed through discoveries in to support programme.	Complete external mediation and assessment of the neurosurgery development plan.	As Above
	To develop a fully effective recovery plan it seems likely to require significant ongoing senior neurosurgical support.	The Trust has had external senior neurosurgical support. To clarify with the ICB what further support is required	CMO/CPO	12 May 2023 to commission review	Following clarification from the ICB the support required for neurosurgery will be provided by the provider identified in A3 above.	Complete external mediation and assessment of the neurosurgery development plan.	As Above


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4.	We suggest the close monitoring of future mortality statistics and if these are persistently and significantly raised a further external review is commissioned.	Trust to continue monitoring mortality statistics and take appropriate action as and when required.	CMO	Complete	<ul style="list-style-type: none"> • Mortality statistics continue to be monitored monthly along with internal reviews of mortality indicators alongside the learning from deaths programme. The outcome is reported to the Clinical Quality Monitoring Group. Clinical Quality and Patient Safety Committee, UHB Board and ICB Quality Committee • ICB Quality and Safety Committee and /or UHB Committee for Clinical Quality and Patient Safety to continue to review the mortality statistics and determine if an external review is required within the context of regular reporting 	Monthly mortality and learning from deaths report to CQMG Quarterly Learning from Deaths Report to Committee for Clinical Quality and Patient Safety, Trust Board and ICB Quality Committee	External Oversight: ICB Quality Committee Trust Oversight: Trust Committee for Clinical Quality and Patient Safety and the Trust Board

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B.	Governance and leadership							
1.	For Board committee and accountability structures: a. How the Board historically has evaluated risk and particularly clinical risk and what now been changed.	Assessment to be prepared for Board seminar to identify actions for oversight by CQ&PS Cttee.	CLO	July 2023	Assessment is underway, to be presented at the Trust Board Seminar in July 2023. This will include the work associated with the risk appetite statements.	Report from Board Seminar Updated Risk appetite statements	External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting and at the ICB Quality Committee	
	b. An appraisal of the current Board leadership's perception of clinical risk, highlighting areas which require immediate action.	<ul style="list-style-type: none"> Areas of highest risk to be identified and agreed with Board, with details of actions being taken. Risk appetite statements to be reviewed 	CMO & CNO	September 2023	Risk appetite statements are to be finalised following the Board Seminar		Trust Oversight: Trust Committee for Clinical Quality and Patient Safety and the Trust Board	

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	<p>c. Testing that the primacy of independent NEDs in Board committee roles (especially in quality and Patient Safety), with appropriate scrutiny of executive performance, is now enshrined in the current governance arrangements. This should include that NED members of Board committees must be present to make them quorate.</p>	<p>Terms of Reference have been amended to ensure majority NED membership and quorum of Committees.</p>	<p>CLO</p>	<p>N/A</p>	<p>Complete- all terms of reference have been amended.</p>	<p>Board Committee Terms of Reference</p>	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: Trust Board</p>

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	d. A refresh of the FTSUG Guardian role and how the board interacts with this system.	<ul style="list-style-type: none"> Refresh - See below – D 3 Include oversight of FTSU in ToR of People and Culture Committee Patient safety issues will be reported to CQ&PS Cttee. 	CPO	<p>Complete</p> <p>30 June 2023</p>	<p>Terms of Reference for People & Culture Committee include bi-annual FTSU reporting. Report 1 of 2 in-year has been completed.</p> <p>Patient safety issues arising from the FTSU will be included in the newly devised Patient Safety Culture Report to the CQ&PS. The FTSU Guardian and Head of Clinical Governance and Patient Safety have met to agree on what information will be included. The first patient safety culture report is being presented to the Committee for Clinical Governance and Patient Safety on 22 June 2023.</p>	<ul style="list-style-type: none"> People and Culture Committee Terms of Reference FTSU bi-annual report Patient Safety Culture Report 	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: Committee for Clinical Quality and Patient Safety, People and Culture Committee and the Trust Board</p>

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3 and 4	<p>That prospective appointments of senior medical, nursing and managerial leadership are reviewed with a focus on developing core skills, including those required for leadership, collaborative working methods, professional interaction and disciplinary processes.</p> <p>That UHB does have an objective approach to succession planning senior level, including executive level key appointments in medical, nursing and managerial leadership and uses appropriate, transparent and robust selection processes for these appointments.</p>	<ul style="list-style-type: none"> • A new programme is being launched regarding values led leadership and behaviour in recruitment and appraisal processes. • Programme to be informed by Culture Review • Commission internal audit to undertake assessment of Trust succession planning and appointments at a senior level 	CPO & CCO	<p>June 2023</p> <p>ToR to be returned by 26.05 - and field work to be undertaken and reported on by 30.08.2023</p> <p>Evaluation will take place in real time on upcoming recruitment</p>	<p>Leadership programme launched in June, relevant for all line managers from Band 3s to Executives</p> <p>NHS Board Recruitment Compact – confirmed we will be part of the pilot programme, lead has been contacted and will support in any arising new Exec appointments – compact designed to ensure process adheres to best practice, finding the right people with right values, and championing diversity.</p> <p>KPMG have agreed to undertake internal audit on succession planning and appointments at senior level – Terms of Reference have been approved. Field work to commence in June, and reporting in July/August through Audit Committee but also in to People & Culture Committee.</p> <p>Current senior level appointments are being overseen by CPO with new approach to recruitment, to be used to test approach and evaluate effectiveness from panel and candidate perspective</p>	<p>Progress update reports on implementation of leadership programme and pilot programme with NHS Board Recruitment Compact</p> <p>KPMG Internal Audit Report on succession planning and appointments at senior level</p>	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: People and Culture Committee and the Trust Board</p>

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C.	Staff welfare: in light of the tragic death of Dr Kumar, and from all we have been made aware of through this review is a significant area of concern which requires several priority recommendations for the Board to enact:						
1.	Together with HEE, a review of processes to support doctors in training who are concerned about their mental health, ability to speak freely about concerns with colleagues and a clear message that they will be listened to.	Medical Academy – joint working group with HEE and ICB to determine a strategy and implementation plan.	Chair CEO CMO	12 May 2023 initial meeting with Andy Wallett	Meeting took place with Dr Whallett HEE on 12 May 2023. Enclosed below is a summary of what is both in place or being put in place.  Wellbeing and Experience June 202:	Report on actions and assurance on work completed presented to the People and Culture Committee Outcomes from junior doctor surveys	External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting Trust Oversight: People and Culture Committee and the Trust Board
2.	The Director of Medical Education to consider actions to counter the growing dissatisfaction of junior doctors in training with their working environment with the Trust Board to monitor the effectiveness of outcomes.	<ul style="list-style-type: none"> • Work with HEE, as above • Report to Board through People & Culture Cttee 	Director of Medical Education				
D.	Culture						

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1.	That concerns of senior clinicians, expressed to us by the Medical Staff Committee in January 2023, are addressed specifically as part of Phase 2 cultural review.	<ul style="list-style-type: none"> This has been included in Terms of Reference of the Cultural Review to be undertaken by Value Circle. ValueCircle meeting with Prof. Bewick 	CPO	N/A	Complete	Outcome of the Culture Review by ValueCircle	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: People and Culture Committee and the Trust Board</p>

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2.	That the Trust commissions a partner to deliver awareness training on how to identify issues of bullying, coercion, intimidation and misogyny.	<ul style="list-style-type: none"> • Ensure action taken when issues of bullying, coercion, intimidation and misogyny are identified • Appropriate partner to be identified and commissioned • Incorporate outcomes of Culture Review work by the ValueCircle and will be included in follow-up action. 	Chair CPO	Partner identified 31.05.2023 Programme implementation by 08.2023	<p>Potential suppliers identified – effectiveness of training delivered explored in terms of sustained impact in organisations where it has been delivered. Procurement exercise to be undertaken June/July with draft programme of work to be delivered, but programme will be finalised with input from the procured provider and also input from the discoveries of the Culture Review so that the training responds to early indicator findings.</p> <p>The CPO has got Board agreement to deliver an End Sexism in UHB culture change programme, incorporating the BMA End Sexism in Medicine pledge. The Chairs of JNCC and JLNC have agreed to form a joint steering group to take forward, to be launched w/c 03 July, with support from BMA.</p>	<p>Training programme and progress updates on implementation</p> <p>Outcome of Culture Review by ValueCircle</p>	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: People and Culture Committee and the Trust Board</p>

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3.	That the Trust reviews the role of the FTSUG and offers all staff confidential and secure environments to report any past or current issues from which they have felt reluctant to come forward about.	<ul style="list-style-type: none"> Identify best practice and good implementation - Expert advice to be sought Take into account site-based structure. 	CPO FTSUG SID	July 2023	Also see B1d above. Expert insight on some FTSU cases has been sought from external legal advisor.. Has highlighted some areas to address in terms of patient safety reporting escalations which will be addressed through patient safety reporting to CQ&PS (see actions below). Reference materials accessed via NGO. New Trust policy on Speaking Up has been produced and signed off by Board, and FTSU leads have been undertaking promotional work on sites to ensure visibility of service and improved understanding of access. FtSUG and SID have reviewed approach to service against new operating model and are devising plan for service.	Outcome of review and associated actions implemented	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: People and Culture Committee and the Trust Board</p>

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4.	Before the publication of any report from the culture review, the Trust develops a reconciliation unit with the aim of improving relationships within the organisation and preparing for the recovery phase which is necessary to allow staff and patients to feel secure.	<ul style="list-style-type: none"> • Process for reconciliation to be developed • Approach to be reviewed by the Culture Review Independent Reference Group. 	CPO	Phase 1 June 2023	Resolution Framework phase 1 report commissioned and received. Phase 2 being scoped. Alternative also being scoped as Resolution Framework training will take longer to put in place and embed – therefore will be mobilising network of internal resources around reconciliation – including Confidential Contacts, trained mediators, trained psychological first aiders and Wellbeing Officers Reconciliation on a case by case basis has been underway to review past cases including feedback to individuals where organisational learning has taken place or will be implemented.	Resolution Framework reports and associated actions	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: People and Culture Committee and the Trust Board</p>

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5.	That a 'no blame' culture is adopted and, when necessary, reinforced when whistle-blowers report concerns.	<ul style="list-style-type: none"> Behaviours framework, review of processes, meetings and structures To be included as part of Culture Review implementation plan To ensure the 'just culture guidance is embedded as part of the Trusts implementation of PSIRF 	CPO CLO	June 2023 September 2023	<p>Resolution Framework phase 1 report commissioned and received. Phase 2 being scoped – business case in development to progress phase 2.</p> <p>As part of the Trust's implementation of PSIRF an assessment on its application of Just Culture has been carried out and actions identified to ensure the just culture guidance is embedded within the Trusts processes. All Trust Incident investigation officers have attended training on the application of a just culture</p>	<p>As above</p> <p>PSIRF Project implementation plan and reports to Clinical Quality and Patient Safety Committee</p>	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: People and Culture Committee, Clinical Quality and Patient Safety Committee and the Trust Board</p>

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6.	A non-executive director at UHB is tasked with supervising this change working with the Director of People	The NED Chair of the P&C Cttee, supported by committee members, will fulfil this role.	Chair	N/A	Complete	People and Culture Terms of Reference	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: Trust Board</p>
7.	The Trust Board must consider ways to ensure the Council of Governors develop a more active role in holding senior leaders to account.	CoG away day being organised with NHS Providers	Chair	N/A	Complete	27/4/23NED/Gov meeting	<p>External Oversight: Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p>Trust Oversight: Trust Board</p>