

## Appendix 1. 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.	<b>Clinical safety</b>							
1.	<p><b>Haemato-oncology:</b> 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> <p>a) An independent retrospective review of all the deaths first analysed by Dr Nikolousis to establish any lessons learned.</p> <p>b) Consideration as to whether there is an outstanding Duty of Candour responsibility relating to this patient cohort.</p> <p>c) All deaths in the year 2021/22</p>	ICB to commission a report from RCP – using RCP Independent Review methodology.	CMO	Awaiting timeframe from the ICB	<p>a. ICB has commissioned review by RCP.</p> <p>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.</p> <p>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.</p>	Completed review by RCP for haemato-oncology and any required DoC	<p><b>External Oversight:</b> 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><b>Trust Oversight:</b> Trust Committee for Clinical Quality and Patient Safety and the Trust Board</p>	
	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	d. The Trust is currently exploring which external provider to commission.	Completed external review of department with focus on leadership.		

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2.	<b>Never Events:</b> 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	Awaiting timeframe from the ICB and NHSBT	The ICB is to commission the RCP to complete the review. 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.	<b>Neurosurgery:</b> 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"> <li>Assessment to be carried out by Division 5 working with Chief People Officer (CPO).</li> <li>May also need to feed into the Culture Review, depending on outcomes.</li> </ul>	CPO	12 May 2023 to commission review	A scoping exercise is being undertaken, to inform programme of external mediation and support. The themes to be fed into the Culture Review as a hot spot	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	TBC following clarity from the ICB	The ICB are currently seeking clarification on what further support is required	TBC following clarity from the ICB	As Above

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4.	We suggest the close <b>monitoring of future mortality statistics</b> 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"> <li>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</li> <li>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</li> </ul>	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	<b>External Oversight:</b> ICB Quality Committee  <b>Trust Oversight:</b> Trust Committee for Clinical Quality and Patient Safety and the Trust Board

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B.	<b>Governance and leadership</b>							
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	Report from Board Seminar  Updated Risk appetite statements	<b>External Oversight:</b> 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>Trust Oversight:</b> Trust Committee for Clinical Quality and Patient Safety and the Trust Board	
	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"> <li>Areas of highest risk to be identified and agreed with Board, with details of actions being taken.</li> <li>Risk appetite statements to be reviewed</li> </ul>	CMO & CNO					

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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><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> 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"> <li>Refresh - See below – D 3</li> <li>Include oversight of FTSU in ToR of People and Culture Committee</li> <li>Patient safety issues will be reported to CQ&amp;PS Cttee.</li> </ul>	CPO	<p>Complete</p> <p>30 June 2023</p>	<p>Terms of Reference for People &amp; 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&amp;PS Cttee from Q1 2023/24</p>	<ul style="list-style-type: none"> <li>People and Culture Committee Terms of Reference</li> <li>FTSU bi-annual report</li> <li>Patient Safety Culture Report</li> </ul>	<p><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> Committee for Clinical Quality and Patient Safety, People and Culture Committee and the Trust Board</p>

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2.	That the <b>escalation process for clinical incidents</b> and other areas of clinical risk is fully analysed from speciality up to Board level.	<ul style="list-style-type: none"> <li>The escalation process for clinical incidents has previously been reviewed by KPMG in 2021/22. The review found significant assurance. For the Chair of the Clinical Quality and Patient Safety Committee to review this report to see if a further review is required.</li> <li>Escalation process for areas of clinical risk to be analysed by Head of Clinical Governance and Patient Safety.</li> </ul>	CLO	July 2023	<ul style="list-style-type: none"> <li>Previous KPMG report is being reviewed by the NED Chair of the Clinical Quality and Patient Safety Committee.</li> <li>Escalation process is being reviewed and outcome to be presented at board seminar in July 2023.</li> </ul>	Report to Board Seminar	<p><b>External Oversight:</b> 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><b>Trust Oversight:</b> Trust Committee for Clinical Quality and Patient Safety and the Trust Board</p>

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3 and 4	<p>That <b>prospective appointments of senior medical, nursing and managerial leadership are reviewed</b> 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 <b>objective approach to succession planning senior level</b>, 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"> <li>A new programme is being launched regarding values led leadership and behaviour in recruitment and appraisal processes.</li> <li>Programme to be informed by Culture Review</li> <li>Commission internal audit to undertake assessment of Trust succession planning and appointments at a senior level</li> </ul>	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 due to launch 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 – draft terms of reference being scoped by KPMG</p> <p>Upcoming senior level appointment 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><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> People and Culture Committee and the Trust Board</p>



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<b>C.</b>	<b>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:</b>						
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 and deadline for subsequent actions to be determined following the meeting	Meeting with Dr Whallett planned for 12 May 2023  As above	Report on actions and assurance on work completed presented to the People and Culture Committee  Outcomes from junior doctor surveys	<b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting  <b>Trust Oversight:</b> People and Culture Committee and the Trust Board
2.	The <b>Director of Medical Education to consider actions to counter the growing dissatisfaction of junior doctors</b> in training with their working environment with the Trust Board to monitor the effectiveness of outcomes.	<ul style="list-style-type: none"> <li>• Work with HEE, as above</li> <li>• Report to Board through People &amp; Culture Cttee</li> </ul>	Director of Medical Education	As above			
<b>D.</b>	<b>Culture</b>						

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

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2.	<b>That the Trust commissions a partner</b> to deliver awareness training on how to identify issues of bullying, coercion, intimidation and misogyny.	<ul style="list-style-type: none"> <li>• Ensure action taken when issues of bullying, coercion, intimidation and misogyny are identified</li> <li>• Appropriate partner to be identified and commissioned</li> <li>• Incorporate outcomes of Culture Review work by the ValueCircle and will be included in follow-up action.</li> </ul>	Chair CPO	Partner identified 31.05.2023  Programme implementation by 07.2023	Potential suppliers identified – effectiveness of training delivered to be explored in terms of sustained impact in organisations where it has been delivered – then procurement exercise to be undertaken	Training programme and progress updates on implementation  Outcome of Culture Review by ValueCircle	<p><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> People and Culture Committee and the Trust Board</p>

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3.	That the <b>Trust reviews the role of the FTSUG</b> 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"> <li>• Identify best practice and good implementation - Expert advice to be sought</li> <li>• Take into account site-based structure.</li> </ul>	CPO FTSUG SID	July 2023	Expert insight on some FTSU cases has been sought from external legal advisor – verbal feedback provided and written report to follow. Has highlighted some areas to address. Expert insights also sought from Chair of Culture Review Reference Group. Reference materials accessed via NGO. CPO network contacted to identify Trusts where service is deemed to be having positive impact	Outcome of review and associated actions implemented	<p><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> People and Culture Committee and the Trust Board</p>

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4.	Before the publication of any report from the culture review, <b>the Trust develops a reconciliation unit</b> 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"> <li>• Process for reconciliation to be developed</li> <li>• Approach to be reviewed by the Culture Review Independent Reference Group.</li> </ul>	CPO	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.	Resolution Framework reports and associated actions	<p><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> People and Culture Committee and the Trust Board</p>

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5.	That a <b>'no blame' culture is adopted</b> and, when necessary, reinforced when whistle-blowers report concerns.	<ul style="list-style-type: none"> <li>• Behaviours framework, review of processes, meetings and structures</li> <li>• To be included as part of Culture Review implementation plan</li> <li>• To ensure the 'just culture guidance is embedded as part of the Trusts implementation of PSIRF</li> </ul>	CPO  CLO	June 2023  September 2023	Resolution Framework phase 1 report commissioned and received. Phase 2 being scoped.  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	As above  PSIRF Project implementation plan and reports to Clinical Quality and Patient Safety Committee	<b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting  <b>Trust Oversight:</b> People and Culture Committee, Clinical Quality and Patient Safety Committee and the Trust Board

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6.	<b>A non-executive director at UHB is tasked</b> 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><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> Trust Board</p>
7.	The Trust Board must consider ways to <b>ensure the Council of Governors develop a more active role</b> in holding senior leaders to account.	CoG away day being organised with NHS Providers	Chair	N/A	Complete	27/4/23NED/Gov meeting	<p><b>External Oversight:</b> Update on progress will be shared with the Health Overview Scrutiny Committee and the ICB and NHSE via the oversight meeting</p> <p><b>Trust Oversight:</b> Trust Board</p>