

## Trust Board Report

<b>Meeting Date:</b>	26 October 2015
<b>Title:</b>	An update on the review of NHS hospitals complaints system – Putting Patient Back in the Picture - Clwyd-Hart Review 2013, Parliamentary and Health Service Ombudsman report, Designing Good Together: transforming hospital complaints handling (2013) and the Patients Association, Handling Complaints with a Compassionate Human Touch (2014).
<b>Executive Summary:</b>	<p><b>Update on Progress</b></p> <p>As detailed in the previous report, the Trust developed an improvement action plan to address the recommendations made in the Clwyd-Hart Review, the Parliamentary and Health Service Ombudsman report, Designing Good Together: transforming hospital complaints handling (2013) and the report from the Patients Association, Handling Complaints with a Compassionate Human Touch (2014) - Appendix 1.</p> <p>The Patient Experience Department continues to monitor progress against the action plan. The completion remains on schedule apart from the following in which case the completion deadline date has been revised with agreement.</p> <p>The revised action plan dates reflect the need to:</p> <ul style="list-style-type: none"> <li>• identify resources / work schedule of a 3<sup>rd</sup> party</li> <li>• Policy review and ratification</li> <li>• Staff training</li> </ul>
<b>Action Requested:</b>	To note the report and to continue to support the agreed improvement action plan.
<b>Report of:</b>	Cheryl Etches, Chief Nurse / Deputy Chief Executive
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<b>Links to Trust Strategic Objectives</b>	1, 2, 3, 4
<b>Resource Implications:</b>	Revenue: Capital: Workforce: Funding Source:

<b>Risks: BAF/ TRR (describe risk and current risk score)</b>	None identified
<b>Public or Private: (with reasons if private)</b>	Public
<b>References: (eg from/to other committees)</b>	Quality Standards Action Group September 2015
<b>Appendices/ References/ Background Reading</b>	Clwyd-Hart review (2013) Parliamentary and Health Service Ombudsman report, Designing Good Together: transforming hospital complaints handling (2013) Patients Association, Handling Complaints with a Compassionate Human Touch (2014) Baker Tilly Internal Audit Report – Complaints Management (Feb 2015)
<b>NHS Constitution: (How it impacts on any decision-making)</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>✦ Equality of treatment and access to services</li> <li>✦ High standards of excellence and professionalism</li> <li>✦ Service user preferences</li> <li>✦ Cross community working</li> <li>✦ Best Value</li> <li>✦ Accountability through local influence and scrutiny</li> </ul>

## **1. Purpose**

To provide an update on the implementation of the improvement action plan to address the recommendations made in the Clwyd-Hart Review, the Parliamentary and Health Service Ombudsman report, *Designing Good Together: transforming hospital complaints handling* (2013) and the report from the Patients Association *handling Complaints with a Compassionate Human Touch* (2014).

## **2. Narrative**

### **a) Background**

A paper was presented to the Quality Standards Action Group in June 2015 which provided a progress report and action plan in relation to the Trusts response to the Clwyd-Hart review, the Parliamentary and Health Service Ombudsman report, *Designing Good Together: transforming hospital complaints handling* (2013) and the report from the Patients Association *handling Complaints with a Compassionate Human Touch* (2014). It was agreed at that meeting a further update would be provided in September 2015.

The publication of the Clwyd-Hart review into NHS hospitals complaint process was released on 28 October 2013 and set out a number of recommendations to improve hospital complaints systems. The government commissioned inquiry, led by Labour MP Ann Clwyd and Professor Trish Hart, was a response to the Francis Report which detailed 13 specific recommendations that relate directly to complaints and their handling. "Putting patients back in the Picture" sets out the reasons people complain, highlights staff attitudes and concerns about resources and sets out what patients want from an NHS complaints system.

Subsequent to the publication of the Clwyd-Hart review, the offices of the Parliamentary and Health Services Ombudsman and the Patients Association have published recommendations on the NHS complaints process which hospitals should adopt.

In October 2014 the Care Quality Commission (CQC) introduced a mandatory key line of enquiry for inspections of hospitals, mental health services, community healthcare services, GP practices, out-of-hours services and adult social care services. This considers how well complaints and concerns are handled and this assessment forms part of their judgement and rating of an organisation's responsiveness.

The CQC inspection reports now include a description of the provider's handling of complaints.

The new fundamental standards include requirements around complaints handling as well as the new duty of candour. Where the CQC find breaches of these standards, they will use their range of enforcement powers: warning notices, suspending or cancelling registration and ultimately prosecution.

Clearly the above comments stress the need for the Trust to have in place good complaint investigation processes, an open and honest culture and to be able to demonstrate that learning takes place.

## b) Update on Progress

As detailed in the previous report, the Trust developed an improvement action plan to address the recommendations made in the Clwyd-Hart Review, the Parliamentary and Health Service Ombudsman report, *Designing Good Together: transforming hospital complaints handling (2013)* and the report from the Patients Association, *Handling Complaints with a Compassionate Human Touch (2014)* - Appendix 1.

The Patient Experience Department continues to monitor progress against the action plan. The completion remains on schedule apart from the following in which case the completion deadline date has been revised with agreement.

A bedside information folder is available on all lockers. Updated information is provided at the entrance to each clinical area detailing visiting and mealtimes and staffing levels – wards operate protected meal times. Additional information is provided on the public Trust webpages.	Further work is required to ensure this information represents the language and cultures of changing service user base.	Complaints Manager	December 2015
Complainants should be kept up to date with their case – with clarity on what is happening and why at every stage.	Partial compliance. Strengthening the breach with consent status through Divisional dashboards	Head of Patient Experience	December 2015
The Trust should identify and agree circumstances when a complainant would be actively involved in change management		Complaints Manager	December 2015

The change in date reflects the need to:

- identify resources / work schedule of a 3<sup>rd</sup> party
- Policy review and ratification
- Staff training

The Care Quality Commission recent inspection report, published 3 September 2015 did not highlight any fundamental issues with the Trusts complaints management processes. The following are extracts from the inspection report:

- *Lessons learned from one complaint that was also reported as an incident led to the development of a new overdose pathway in the ED. We saw this used in practice in the ED major's area.*
- *We noted on the shared learning notice board in the ED staff room four complaints that had been received during April 2015, the department's response and the lessons learned.*
- *Information available to patients and visitors about how to raise concerns or complaints was displayed on notice boards and leaflets available throughout the medical wards.*

- *Nursing staff told us they knew how to deal with concerns and complaints. Most staff we spoke with wanted to try and deal with concerns quickly and immediately. If this could not be resolved patients would be signposted to Patient Advice and Liaison Service (PALS).*
- *Nursing staff gave us examples of changes to practice on wards as a result of complaints.*
- *Information related to complaints was reviewed at ward level and staff told us they received feedback about complaints at team meetings. Staff were able to give us examples of complaints and changes which were made in response.*
- *The trust's proactive approach to complaints had resulted in a positive outcome with a reduction in complaints.*

The inspectors did highlight the need to ensure that information on how to complain / raise concerns was always available particularly in high use areas such as the emergency department and outpatients. These recommendations are being addressed both through the Care Quality Commission inspection report and the Trust integrated complaints management improvement plan.

### **3. Conclusion & Recommendations**

This paper has provided an update on the progress being made in implementing the agreed actions to address the recommendations made in the Clwyd-Hart Review, the Parliamentary and Health Service Ombudsman report, Designing Good Together: transforming hospital complaints handling (2013) and the report from the Patients Association handling Complaints with a Compassionate Human Touch (2014).

The completion of the action plan remains on schedule albeit with a small number of actions delayed for legitimate reasons. The reasons for the delays have been identified in the report.

The Trust is asked to continue to support the work being undertaken.

## APPENDIX 1

Clwyd-Hart Recommendations	Clwyd-Hart Organisational Actions	PHSO - What Good Looks Like	RWT Response	RWT Further action	Person Responsible	Target Date
<b>1. Improving the quality of care</b>						
Staff providing basic care should be adequately trained, supported and supervised.	Trusts, professional bodies and representative organisations, HEE, clinical leaders and managers	They should be cared for by staff who are trained and assessed to be approachable and show respect and empathy.	A certificate of care has been introduced for healthcare support workers. A customer care programme to be introduced March 2015. Minimum competencies for both qualified and unqualified staff in place – assessment at interview stage and formal annual assessment and performance review.	Monitoring of initial training programme	Head of Nurse Education.	September 2015
		Ward supervisors should be visible and carry out rounds specifically to identify concerns and hear about patients' care.	The Trust has implemented supervisory role for band 7 ward Sisters/Charge Nurses This allows the manager to be visible to patients and their relatives and to monitor the standards of care delivered.	Complete		
There should be annual appraisals linked to the process of medical revalidation which focus on communication skills for clinical staff and dealing with patient concerns positively. This goes hand in hand with ensuring that communication skills are a core part of the curriculum for trainee clinical staff.	HEE, professional bodies and representative organisations, clinical leaders and managers		All doctors with a prescribed connection to The Royal Wolverhampton NHS Trust undergo annual appraisal to support their revalidation. The annual appraisal process requires doctors to discuss their practice and performance with an appraiser, using supporting information to demonstrate that they are continuing to meet the principles and values set out in Good medical practice (GMP). One of the principles of GMP is <u>Communication, Partnership and Teamwork</u> . Doctors provide an array of evidence, including a multi-source feedback document completed by their peers, which rates the doctor's communication skills. Other	Partial Complete monitored through bespoke working groups reporting into a HR framework	HR lead for revalidation	July 2015

			evidence includes, significant events & complaints (where appropriate), CPD, and quality improvement to demonstrate through reflection where communication has gone well, or not so well. If a training need is identified, this is addressed through the doctor's personal development plan. Nurse revalidation is mandated from April 2016			
Trusts should ensure that there is a range of basic information and support available on the ward for patients, such as a description of who is who on the ward and what they do; meal times and visiting times; and who is in charge of care for the patient. Care should be taken to ensure that differences in language, culture and vulnerability are taken account of in this.	Trusts, clinical leaders and managers, clinicians and practitioners		A bedside information folder is available on all lockers. Updated information is provided at the entrance to each clinical area detailing visiting and mealtimes and staffing levels – wards operate protected meal times. Additional information is provided on the public Trust webpages.	Further work is required to ensure this information represents the language and cultures of changing service user base.	Judith Davis, Complaints Manager	December 2015
Patients should be helped to understand their care and treatment. While written information is helpful, it is always important to discuss diagnoses, treatments and care with a patient. Patients frequently need to revisit topics already addressed. Where appropriate, their relatives, friends or carers may be included in discussions.	Trusts professional bodies and representative organisations, HEE, clinical leaders and managers, clinicians and practitioners, patients		The Trust has a full range of approved information leaflets – document control is via the governance and legal services dept. Breaking bad news training programmes in place. Communications training .see above comments.	Complete.		

<p>Trusts should provide patients with a way of feeding back comments and concerns about their care on the ward including simple steps such as putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern – it could be a nurse or a doctor, or a volunteer on the ward to help people.</p>	<p>Trusts, education and training organisations, clinical leaders and managers, clinicians and practitioners, patients</p>	<p>Patients and carers should know who to go to with questions or concerns.</p>	<p>PALS information leaflets available within all clinical areas. The Trust policy advocates the use of local resolution lead by the senior sister/charge nurse. The PALS outreach (scheduled ward visits) provide the opportunity for face to face conversations. Friend and family test cards are available for completion in clinical areas. PALS information available within the patient bedside information folders and the bedside locker stickers. Staffed PALS are available Mon-Fri 08:30-16:30 hrs. The service is available 27/7 via telephone answer machine and email facilities Use of pull-up notice boards.</p>	<p>Complete.</p>		
		<p>Patients and carers should have an intermediate contact with whom they can discuss a concern before making a formal complaint.</p>	<p>As above</p>			
		<p>Patients and carers should be made to feel confident about providing feedback, and hospitals should actively seek this.</p>	<p>As above</p>			
<p>Hospitals should actively encourage volunteers. Volunteers can help support patients who wish to express concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers should be trained</p>	<p>Trusts, volunteer organisers</p>		<p>The Trust has a very active volunteer network. The volunteers undergo training prior to commencement which includes how to respond to service user concerns and how these should be escalated. The volunteers staff the information booth on the Cannock Chase Hospital site and who can act as first contact for service user concerns. Such staff understand the escalation process. The information booth acts as a base for PALS staff when based on the Cannock</p>	<p>Complete.</p>		



			Chase Hospital site.			
Trust Chief Executives and Board members should be supported so they have the necessary skills in effective communication, seeking and using patient feedback, routinely throughout their organisation and are equipped to ensure their organisation learns from that feedback	NHS Leadership Academy and NHS Confederation		A patient story is presented and discussed monthly to the public section of the Trust Board. Patient feedback is also presented as part of the Integrated Quality report. Executive Director has Patient Experience in portfolio.	Strengthening of the Patient experience strategy	Head of Patient Experience	September 2015
PALS should be re-branded and reviewed so it is clearer what the service offers to patients and it should be adequately resourced in every hospital	DH		Rebranding in place following public consultation with members for Logo, Vision and merchandising( see also revision of strategy)	Partial complete	Head of Patient Experience	September 2015
Every Trust should ensure any rebranded patient service is sufficiently well sign-posted and promoted in their hospital so patients know where to get support if they want to raise a concern or issue	Trusts	Complainants should be assigned a single point of contact who takes time to understand what the complainant wants to achieve through the complaint.	The complaints / PALS department has been renamed the patient experience department. The department incorporates complaints management, PALS, volunteer services, membership and equality & diversity. The department has developed a new logo - incorporating three main colours - purple - education, blue – the colour of the Trust logo, pink - positivity. The strap line - listens, learn and share. Signposting of the service was reviewed 2 years ago as part of the Trust wide review.	It is planned for the patient experience department to be relocated to the new Trust main entrance. Further internal communication planned to highlight the department new logo / strap line etc.	Estates Development Manager	December 2015

		PALS should operate 24 hours a day, seven days a week.	The PALS service is available 24 hours per day, seven day a week utilising a number of different options open to the service user. The PALS department has core opening hours - Mon-Fri 08:30-16:30 hrs. Service users can access the service via telephone both during core office hours and outside these hours via telephone answering machine. The service also operated a dedicated email address which is publicised throughout the hospital.	Further work may be required depending on the results of the 2014 national patient survey – results expected May 2015.	Head of Patient Experience	June 2015
The CQC should include complaints in their hospital inspection process and analyse evidence about what the Trust has done to learn from their mistakes.	CQC	N/a as CQC accountability				
<b>2. Improvements in the way complaints are handled</b>						
Attention needs to be given to the development of appropriate professional behaviour in the handling of complaints. This includes honesty and openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.	Trusts, professional bodies and representative organisations, clinical leaders and managers, clinicians and practitioners	Staff should receive support to help them learn and change their practice following a complaint.	Being open (Duty of Candour) and, the Trust's vision and values, are covered during the HR talk at Trust Induction. All speakers at Trust Induction have been asked to ensure that they reference how their topic/presentation links to the Trust's vision and values. The Trust's vision and values are also covered in detail through the various leadership courses we offer, for example; Management and Leadership, Emotional intelligence and Process Communication. Routine screening of complaints for Duty of Candour / potential serious incident investigation.	Partial complete due to audit of duty of candour processed. Some procedural changes required	Head of Governance and Legal services	August 2015

Staff need to record complaints and the action that has been taken and check with the patient that it meets with their expectation	Trusts, professional bodies and representative organisations, education and training organisations and clinical leaders and managers, clinicians and practitioners	Patients and carers need to be told how to access the formal complaints process and staff need to be trained in how to access the system.	All records held centrally on Datix system. Final response letter covers actions if recipient not satisfied	complete		
Complaints are sometimes dealt with by junior staff or those with less training. Staff need to be adequately trained, supervised and supported to deal with complaints effectively.	Trusts, education and training organisations, clinical leaders and managers	Staff should receive complaints system training including how to log issues raised.	Awareness of complaints / PALS and patient experience is currently offered to all staff at induction.	Options are being explored to make better use of existing training which offers a set of transferable skills e.g. root cause analysis for incident investigation and human resource training regarding disciplinary, grievance investigation, interviews and statement writing etc.	Head of Patient Experience	September 2015
		Staff should be kept informed about and involved in the progress of the case.	See previous comments.			
There should be NHS accredited training for people who investigate and respond to complaints.	Trusts, HEE	Staff should receive complaints system training including how to log issues raised.	RCA training and integrating RCA and HR investigation training. Evaluate the need for separate complaints investigation training to include the approach to be taken in compiling a final response letter. The current RCA training does not include reference to the requirement of complaint investigation or of compiling a sensitive final response.	Complete.		
Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement	Trusts, HEE, clinicians and practitioners	Patients and carers should be made to feel confident about providing feedback, and hospitals should actively seek this.	The commencement of Short Message Service (SMS) and Interactive Voice Messaging (IVM) from September 2014 to elicit patient and service user feedback has seen an increase in compliments and concerns disseminated throughout the Trust. See comments above.	Complete.		
		Complainants should be kept up to date with their case – with clarity on what is happening and why at every stage.		Partial compliance Strengthening the breach with consent status through Divisional dashboards	Head of Patient Experience	December 2015

It needs to be clearly stated how whistle-blowers are to be protected and gagging clauses should not be allowed in staff contracts.	DH		Revision of HR policies	The Trust is currently reviewing the Whistleblowing Policy and the support offered to staff who raise concern. This work is being led by the Human Resources Directorate.	Director of HR	July 2015
The development of the 'cultural barometer' should continue. This will determine if a workplace is suffering from a problem with staff attitudes or organisational approach.	NHS England and DH		Awaiting national guidance			
The independent NHS Complaints Advocacy Service should be re-branded, better resourced and publicised. It should also be developed to embrace greater independence and support to those who complain. Funding should be protected and the service attached to local HealthWatch organisations.	Local Authorities		N/A			
HealthWatch England should continue to bring together patients and representative groups, and lead the Healthwatch network in the public campaign to improve complaints' systems in health and social care. Some funding should be made available to help organisations to fully participate in this important work.	Healthwatch England, DH.		N/A			
Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.	Trusts		The Chief Executive signs all response letters, in the Chief Executive absence this role is undertaken by the Deputy Chief Executive / Chief Nurse	Complete		
There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action	Trust Chief Executives and Boards		The Trust Board receives a patient story at the commencement of each Trust Board meeting and a quarterly patient experience report is	Complete		

taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals.			scheduled. A monthly integrated performance review dashboard is presented at the Trust Board, this includes patient experience information.			
There should be a new duty on all Trusts to publicise an annual complaints' report, in plain English, which should state what complaints have been made and what changes have taken place.	DH		The Trust currently produces an annual report to the Trust board and reports information within the public annual Quality Accounts Report.	Complete - The content of the published information needs to be reviewed to ensure future compliance with this recommendation. The Trust makes public the minutes of the patient experience forum via the Trust webpages.		
Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved.	Trusts	Patients and carers should be made to feel confident about providing feedback, and hospitals should actively seek this.	The Trust routinely offers complainants the option of a conversation at the commencement of the complaints process. This can either be with the clinical team involved and/or including staff from the patient experience department. The precise nature of the complaint and issues to be investigated will be agreed including timescales for completion.	Complete.		
		Face-to-face meetings should be offered, at a place of the complainant's choosing, and with plenty of time to talk through the response in detail.	As above			
		The precise questions to be answered should be agreed by the complainant.	As above			
Where complaints span organisational boundaries, the Trusts involved should adhere to their statutory duty to cooperate so they can handle the complaint effectively.	Trusts		Already a statutory duty – the Trust is compliant with this recommendation. The Trust has in place an information sharing protocol between neighbouring health and social care organisations. The Trust participates in the regional complaints managers forum which would discuss and agree inter hospital partnership working.	Complete		

Further work should be done to explore how we look for the right skills in the recruitment of Chief Executives and Board members. They need to be capable of ensuring that their Trust is a learning organisation.	NHS Leadership Academy		To be agreed in line with HR strategy			
Commissioners and regulators should establish clear standards for hospitals for complaints handling. These should rank highly in the audit and assessment of the performance of all hospitals.	CCGs, CQC	N/A				
There should be proper arrangements for sharing good practice on complaints handling between hospitals, including examples of service improvements which result from action taken in response to complaints	DH, Trusts	Best practice is shared across Trusts.	The use of the patient story video at the Trust board meeting, Senior manager's briefings and the band 7 forum so lessons learned are disseminated. Complaints and patient experience reports are shared with the Clinical Commissioning Group (CCG) and the local authority Health & Wellbeing Board. The Head of Patient Experience meets lead for patient experience at the CCG on a monthly basis.	Complete.		
		The final response should include what lessons have been learnt and what steps will be taken by the Trust.	Complaint responses will include details of lessons learned. These will be circulated throughout the Trust discussed at operational management team meetings and used to influence the content of the e-learning programme.	Complete		
		Complainants should be involved in the changes that take place as a result of their complaint.	The Trust supports this recommendation but current practice would need to change.	The Trust should identify and agree circumstances when a complainant would be actively involved in change management Use of patient story at Trust Board Discussion of patient experiences / complaints at the Patient Experience Forum	Judith Davis, Complaints Manager	December 2015

				Healthwatch joint meetings with the Trust.		
Regulators and the PHSO should work more closely to coordinate access for patients to the complaints system, and to detect failings in clinical or other professionals or Trusts.	PHSO	N/A				
The Clwyd-Hart review welcomed the on-going discussions on making a Duty of Candour a statutory requirement and recommend that a Duty of Candour is introduced.	DH			Review of duty of Candour procedures (see above)		

### 3. Greater perceived and actual independence in the complaints process.

Hospitals should offer a truly independent investigation where serious incidents have occurred.	Trusts		The Trust has in place an established policy and procedure for the management of serious incidents. The management will include the use of root cause analysis and review and scrutiny at all levels of the Trust including at board level. Where necessary independent clinical review is undertaken both within and external to the organisation. Investigation reports are shared with the Clinical Commissioning Group (CCG) and are only closed with the agreement of the CCG.	Complete.		
When Trusts have a conversation with patients at the start of the complaints process they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	Trusts		All patients and service users who make a complaint are informed of the Wolverhampton Health Advocacy Service (WAX). The Trust will liaise with WAX where required.	Complete.		

Patient services and patient complaints support should remain separate so patients do not feel they have to go through PALS first before they make a complaint.	Trusts	Complainants should be assigned a single point of contact who takes time to understand what the complainant wants to achieve through the complaint.	The Trust has conscious decision to integrate PALS and complaints managements into a single service with a single point of entry.	Complete		
Patients, patient representatives and local communities and local HealthWatch organisations should be fully involved in the development and monitoring of complaints systems in all hospitals.	Trusts		A member of the local Healthwatch is a member of the Trust patient experience forum. This allows for scrutiny and challenge of process and outcomes of complaints investigation. Healthwatch would be asked to comment on any changes to the complaints policy and development of a patient experience strategy.	Complete.		
Board level scrutiny of complaints should regularly involve lay representatives	Trusts		To be considered as part of strategy revision		Head of Patient Experience	September 2015
<b>4. Whistle-blowing</b>						
Clear guidance for staff on how they should report concerns, including access to the Chief Executive on request.	DH		See above	The Trust is currently reviewing the Whistleblowing Policy and the support offered to staff who raise concern. This work is being led by the Human Resources Directorate.		
A board member with responsibility for whistle-blowing should be accessible to staff on a regular basis.	Trusts	Staff should be able to raise concerns without fear of repercussions.	The Trust currently has a whistleblowing policy in place. The Director of Human Resources already assumes responsibility for whistleblowing.	Complete. The Trust is currently reviewing the Whistleblowing Policy and the support offered to staff who raise concern. This work is being led by the Human Resources Directorate.	Sandra McShane, Interim Human Resources Consultant	Summer 2015
		Staff should receive support to help them learn and change their practice following a complaint.	A system of support to staff who raise concerns exists – staff links – which comprises of a list of staff who are trained to offer such a service.	Complete. The Trust is planning to introduce a Schwartz Rounds.	Derek Thomas. – Medical Workforce Manager	Summer 2015
A legal obligation to consider concerns raised by staff, and to act on them if confirmed to be true.	Trusts		The Trust vision and values sets out the organisation commitment to acting on concerns raised and improving patient care. The incident reporting system has a	Complete.		



			mandatory field which requires managers to provide feedback to reporter when requested. The report cannot be closed unless this field is actioned			
In assessing the complaints systems of hospitals the CQC should investigate the ease with which staff can express concerns and how whistleblowing is responded to where it has taken place.	CQC	N/A				
The CQC itself should designate a board-member with specific responsibility for whistle-blowing, and ensure that it acts on intelligence received from whistle-blowers.	CQC	N/A				