

**Airedale
Independent Inquiry
SUI 2003/104**

ACTION PLAN

To be presented to the SHA Board 8th June 2010

Introduction

NHS Yorkshire and the Humber, NHS Bradford and Airedale and Airedale NHS Trust welcome the findings of the Airedale Independent Inquiry (SUI 2003/104).

The action plan identifies what will be done in response to the inquiry recommendations, by the Trust, with the support of NHS Bradford and Airedale, and at a regional and national level. The Trust will actively engage with staff, patients and carers and involve them in taking this action plan forward and seeking to provide the highest quality care.

This action plan will be robustly monitored on a quarterly basis by the SHA Independent Investigations Committee.

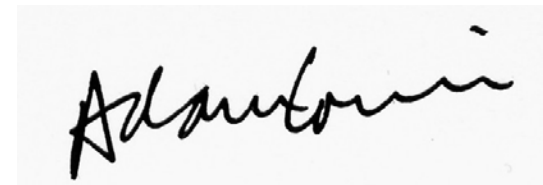
As the lead commissioner, NHS Bradford and Airedale will ensure the finding of the inquiry report and action plan are shared with the relevant PCTs who commission care from Airedale NHS Trust. Ongoing assurance will be provided to other commissioners on the delivery of the action plan.



Bill McCarthy
Chief Executive
NHS Yorkshire and the Humber



Simon Morritt
Chief Executive
NHS Bradford and Airedale



Adam Cairns
Chief Executive
Airedale NHS Trust

Independent Inquiry Action Plan SUI 2003/104

No.	Recommendation	Action taken as at 31/05/10	Evidence	Further action to be taken	Lead for further actions	Timescale
1	<p>For The Trust</p> <p>Patients and Families The Trust should consider, (in discussion with the SHA) how best to communicate with the patients and families who have been affected by the events we have considered. As a minimum we would expect the Trust to invite those patients and families who wish to do so to meet the current Chief Executive, Medical Director and Director of Nursing.</p>	<p>As agreed with the SHA, the Chief Executive, Medical Director and Director of Nursing have drafted a letter to invite patients and families affected by events to meet with them if they wish. Options will be offered ie group meetings or individual meetings, either at the Trust or another venue if so wished. Meetings may include detailed review and discussion of relevant health records if required. This will follow the scheduled meeting between patients and families and a member of the inquiry panel, plus the SHA Director of Patient Care and Partnerships on 7 June 2010.</p> <p>If patients and families would prefer a written response to the inquiry findings from the Trust, this will be provided.</p>	Letter			

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		<p>The Trust has prepared a communications plan to inform the community it serves about the findings of the inquiry and the quality and safety of its services. The plan includes a series of events with the Trust's Council of Governors, Foundation Trust membership and staff groups.</p>	<p>Communications plan and associated materials eg press statement, arrangements for briefing sessions for staff and Council of Governors.</p>			
2	<p>For The Trust</p> <p>Corporate Governance The Trust should make time in the Board agenda for periodic reviews of the new corporate governance arrangements to ensure that systems and processes do not take precedence over patients.</p>	<p>Board work plan schedule revised to include a formal annual review of the Board/Committee governance committee structure. The first review was finalised by March 2010 as part of the preparation for Foundation Trust status.</p>	<p>Board work plan for 2010. Board papers and minutes include integrated performance reports and sets of patient safety and patient experience indicators, such as infection rates and complaints.</p>	<p>Board to undertake formal annual review of Trust governance arrangements.</p>	<p>Chairman and Company Secretary</p>	<p>March 2011 and annually thereafter</p>

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		<p>It is established process at the end of each Trust Board meeting to hold a review and check that all members were satisfied with the content and conduct of the meeting.</p>	<p>Reports to Board from Patient and Carer Panel re: their visits to wards and departments.</p> <p>Agendas and minutes of Board meetings.</p>			
3	<p>For The Trust</p> <p>Corporate Management The Trust Board should demonstrate how it will ensure that the Chief Executive and team keep the effectiveness of the management structure under review.</p>	<p>Board work plan schedule revised to include a formal annual review of the corporate management structure.</p> <p>Review of Executive portfolios and underpinning management arrangements undertaken March 2010 and considered at Trust Board to ensure effectiveness of management structure.</p>	<p>Board work plan</p> <p>Paper presented to Trust Board April 2010</p>	<p>Board to undertake formal annual review of the Trust's governance arrangements including the corporate management structure.</p> <p>A streamlined decision making and accountability structure across the organisation to be introduced.</p>	<p>Chairman and Company Secretary</p> <p>Chief Executive and Director of HR</p>	<p>March 2011 and annually thereafter</p> <p>October 2010</p>

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		<p>Executive review of Director portfolios as vacancies arise and as business demands change for example, Director of Finance appointment in 2009.</p> <p>Annual Plan and Performance objectives inform objectives of Executive Directors and senior managers.</p> <p>Chief Executive's objectives set in agreement with the Remuneration Committee</p>	<p>Revised Executive Director job description</p> <p>Annual objectives and appraisal documentation for Executive Directors and senior managers.</p> <p>Annual performance and objectives reviewed at Remuneration Committee by Non Executive Directors annually.</p>	<p>Further planned reviews of Director portfolios on a quarterly basis and as necessary as vacancies arise and as business demands change.</p> <p>Annual performance review and objective setting for Executive Directors in line with Annual Plan and Performance objectives.</p> <p>On-going annual reviews.</p>	<p>Chief Executive</p> <p>Chief Executive</p> <p>Remuneration Committee</p>	<p>Quarterly from July 2010</p> <p>March 2011 and thereafter</p> <p>March 2011 and thereafter</p>

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4	<p>For The Trust</p> <p>Human Resources The Trust Board should satisfy itself regularly that;</p> <p>a) Staff appraisals and personal development planning are effective.</p> <p>b) The HR department is sufficiently resourced to deliver the Organisational Developmental Programme.</p>	<p>Quarterly Trust Board monitoring of appraisals against a target of 90% completion rate. As well as achieving the target completion rate, it is recognised that the quality of the HR appraisal experience ie dialogue with the line manager is vital if the process is to positively impact on performance and the individual's development.</p> <p>Recruitment process in place to funded establishment in HR Department.</p>	<p>Trust Board reports</p> <p>Number of staff in post against establishment in HR department.</p>	<p>Recovery plans to be developed for areas not on target for completing appraisals.</p> <p>Quality and effectiveness of appraisal experience to be audited during 2010.</p> <p>Review of the OD programme biannually as part of the planning and performance cycle.</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p>	<p>June 2010</p> <p>Complete and report by March 2011</p> <p>October 2010 and biannually thereafter</p>

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		Organisational Development (OD) Programme is the collective responsibility of Executive Directors and their teams. The OD framework is structured to ensure delivery is integral to directors' portfolios and objectives. It is to be delivered by an integrated programme of work - the QIPP programme.	Trust Board paper 1 April 2010 describes high level programme content.			
5.	<p>For The Trust</p> <p>Training/Induction</p> <p>The Trust should consider;</p> <p>a) Whether or not doctors should be required as part of their practice when examining patients to review the prescription charts as well as the clinical records.</p>	The Trust is currently considering methodology to enhance the record keeping and audit of doctors' review of prescription charts by utilising the recently revised regional prescription chart. A trial is currently underway to make this a simple and quick process.	Regional prescription chart with added section for recording doctor review.	<p>Pharmacy to evaluate trial and if effective new process will be developed and implemented.</p> <p>Medical staff to be made aware of policy change through pharmacy and Medical Director Unit alerts.</p>	<p>Director of Pharmacy and Medical Director</p> <p>Director of Pharmacy and Medical Director</p>	<p>October 2010 - but as this is a regional chart, external approval may be required, so timescales subject to slippage</p> <p>December 2010</p>

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	<p>b) Whether induction courses for junior doctors and nurses are sufficiently explicit about the role and scope of practice of the other professionals</p>	<p>E-induction programme for junior doctors includes a section entitled 'Role of the Junior Doctor' which states that a good doctor should work well within a team. The programme has been extended to include a section on the roles and scope of other professionals in preparation for the August 2010 intake. Prescribing tutorials are given to FY1 doctors by pharmacists.</p> <p>Training sessions provided on the Trust's Clinical Induction Programme for registered nurses and operating department practitioners are constantly being updated to reflect changes in professional legislation and clinical practice. While nurses' roles and responsibilities are explicit, the roles and responsibilities of other</p>	<p>Doctors e-learning programme on intranet for information. Records of junior doctors who have completed e-induction.</p> <p>Clinical induction programme copies of presentations. Training records of attendance are available.</p>	<p>Compliance with the chart will be assessed in the 2010 case note audit</p> <p>E- induction programme for junior doctors to be added to the Trust electronic learning management system for tracking purposes. The programme will be updated annually. A Trust Intranet site to be developed for junior doctors to access policies and guidelines easily.</p> <p>The clinical induction programme will be reviewed in light of the soon to be launched new <i>Policy for the Administration of Medicines by Nurses, Midwives and Operating Department Practitioners</i> (and following its</p>	<p>Director of Pharmacy and Medical Director</p> <p>Deputy Medical Director, Clinical Education and Training</p> <p>Deputy Chief Nurse</p>	<p>December 2010</p> <p>April 2011</p> <p>August 2010 and annually thereafter</p>

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		<p>healthcare professionals with whom they work are implicit in the induction programme.</p> <p>The programme provides information on professional accountability and the Medicines Code. Records are kept by the Nursing Practice Development Team</p> <p>There is an established rolling programme of clinical updates, including medicines management and professional accountability that existing nurses attend on an annual basis</p>	<p>Programme evaluations and records of attendance.</p> <p>Programme evaluations and records of attendance.</p>	<p>ratification via the Trust's processes) and the Trust's Advancing Clinical Practice policy. This will make explicit the roles and responsibilities of other healthcare professionals within the team (and as set out in the above <i>Medicines</i> policy).</p> <p>Local induction (at ward/ department level) will be reviewed and will include clear aims and objectives in order to ensure that this induction describes the roles and responsibilities of individuals within the team. Also, local induction will be developed so that it supplements and complements both corporate and clinical induction.</p> <p>Follow up audit of impact.</p>	<p>Deputy Chief Nurse</p> <p>Deputy Chief Nurse</p>	<p>September 2010</p> <p>March 2011</p>

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6.	<p>National</p> <p>When the scope of healthcare professionals' roles are extended to incorporate new responsibilities that impact on patient care eg nurse prescribing, NHS organisations should ensure:</p> <p>i) That clear lines of accountability are in place;</p> <p>ii) That training and development plans are fit for purpose</p> <p>iii) That there is appropriate evaluation of the effectiveness of the role within the organisation and</p> <p>iv) That there is effective dialogue and engagement with patients, carers and the public.</p>	<p>Preliminary discussions held with Deputy CNO for England.</p> <p>Issues discussed at meeting between Chief Nursing Officer (CNO) for England and Nurse Directors for all SHAs.</p>	<p>Meeting notes</p> <p>Minutes of meeting 26 May 2010</p>	<p>Further action to be identified and agreed at national level.</p> <p>Inquiry report and action plan to be published on SHA website and distributed widely at a regional and national level after 8 June SHA Board meeting; recommendations to be highlighted to relevant audiences, including national Foundation Trust Network.</p> <p>Regional action learning event to identify action in response to recommendations scheduled.</p>	<p>SHA Director of Patient Care and Partnerships to liaise with Deputy CNO</p> <p>SHA Director of Patient Care and Partnerships</p> <p>SHA Director of Patient Care and Partnerships</p>	<p>September 2010</p> <p>June 2010</p> <p>July 2010</p>

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7.	<p>National</p> <p>Governance systems in NHS provider organisations need to be designed to reflect Boards' 24 hour a day responsibility for all areas of service delivery.</p>	<p>Issue discussed at meeting between Chief Nursing Officer (CNO) for England and Nurse Directors for all SHAs.</p>	<p>Minutes of meeting 26 May 2010</p>	<p>Further action to be identified and agreed at national level.</p>	<p>SHA Director of Patient Care and Partnerships to liaise with CNO</p>	<p>September 2010</p>
8.	<p>National</p> <p>Training/Induction</p> <p>The Department of Health should reflect on the matters raised in paragraph 5 above and consider whether they should be the subject of wider consideration within the NHS.</p>	<p>Preliminary discussions with Deputy CNO for England.</p>	<p>Meeting notes</p>	<p>Further action to be identified and agreed at national level.</p>	<p>SHA Director of Patient Care and Partnerships to liaise with Deputy CNO for England</p>	<p>September 2010</p>

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9.	<p>National</p> <p>Working with the police The Department of Health should seek information from health care providers about their experiences of working with the police in order to review the effectiveness of the Memorandum of Understanding and the Department's guidance from the perspective of the health care providers.</p> <p>Guidance on the retention, recording and copying of documents and the need for control and access may need to be more detailed and robust.</p>	<p>Discussions with Deputy CNO re: Department of Health action in response to this issue at national level.</p> <p>At regional level – SHA staff progressing action with West Yorkshire Police and other forces within the Yorkshire and Humber region,</p> <p>At regional level - preliminary discussions held between the SHA and West Yorkshire Police on guidance.</p>	<p>Meeting notes</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Further action to be identified and agreed at national level.</p> <p>Action to be taken and formally documented to ensure more effective implementation of the Memorandum of Understanding - SHA and West Yorkshire Police - for roll out to other forces and all NHS organisations in Yorkshire and the Humber.</p> <p>Production of guidance in conjunction with NHS organisations and police forces.</p>	<p>SHA Director of Patient Care and Partnerships to liaise with Deputy CNO for England</p> <p>SHA Director of Patient Care and Partnerships</p> <p>SHA Director of Patient Care and Partnerships</p>	<p>September 2010</p> <p>Formal sign off by SHA and police forces by December 2010</p> <p>December 2010</p>

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10.	<p>National</p> <p>The guidance should be developed so that it includes detailed help on the following: in what circumstances, if ever, should a member of the staff of the hospital being investigated be seconded to work as part of the police team. What considerations should be borne in mind when a request is made from the police for such support? We suggest the following matters ought to be considered:</p> <p>a) Why is it necessary to second someone rather than use them as an adviser?</p> <p>b) Is the person wholly independent of the matters and people being investigated?</p> <p>c) What is the adviser/seconded permitted to discuss outside the police team?</p>	See response to recommendation 9	See response to recommendation 9	See response to recommendation 9	See response to recommendation 9	See response to recommendation 9

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	<p>What effect may this have on the adviser/seconded professionally and personally?</p> <p>d) What support is the proposed adviser/seconded to be given?</p> <p>e) How is the adviser's/seconded's role to be explained within the organisation?</p> <p>f) For how long is the secondment to last? Should it be a rotating secondment amongst a group of staff?</p> <p>g) Can the work needed by the police be carried out by someone or a team from outside the organisation?</p>					
11.	<p>National</p> <p>The guidance should also alert organisations to the need to give effective support</p>	<p>Preliminary discussions with Deputy CNO for England re: Department of Health</p>	<p>Meeting notes</p>			

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	to those who are giving witness statements (should such support be considered necessary). It may not be appropriate for managers to sit in on such interviews.	<p>response to this issue nationally.</p> <p>Materials (ie staff leaflet, policy, guidance for senior managers on staff support) circulated in May 2010 to all Directors of Nursing in Yorkshire and the Humber, the CNO for England (for onward circulation to CNOs covering Northern Ireland, Scotland and Wales), SHA Nurse Directors throughout England and the Chair of the Foundation Trust Network.</p>	Materials on staff support circulated May 2010			