Appendix Two

Questions	Present position	Action required to strengthen position
A - Our approach towards patients		
How does Board gain an understanding of our patients concerns and views?	Patient surveys, random sampling of calls, feedback letters and comments	Increased direct engagement of Board members with frontline services. Increased scrutiny by Clinical Governance Committee and Board. Proposals to be brought to the Board by Clinical Governance Committee.
Do we treat patients with dignity and respect?	Importance highlighted in values. Robust training for staff supported by awareness campaigns. Random sampling of calls by Board and supervisors. Feedback from members and user surveys used to identify issues.	Using the call review tool ensure that we meet targets for good or excellent standard of calls and regularly report them to the Board.
How do we safeguard vulnerable patients	Robust training for staff supported by safeguarding policies and awareness campaigns. Criminal Records Bureau (CRB) checks and national safeguarding policies in place.	Ensure that CRB checks and safeguarding policies are monitored at Board level
How well do we communicate with patients?	Robust training for staff supported by awareness campaigns. Random sampling of calls by Board and supervisors to test this. Feedback from members and user surveys used to identify issues.	Using the call review tool ensure that we meet targets for good or excellent standard of calls and regularly report them to the Board.
B - Our approach towards staff		
Do we listen to our staff?	Joint partnership forums and a formal consultation process in place are supported by staff surveys and visits by members of the senior team to call centres. Annual Staff survey. The Chief Executive, Chief Operating Officer and Clinical Director all regularly visit call centres to listen to views. Adoption of new working patterns and ways of working in light of staff suggestions. Chief Executive regularly communicates to all staff via email and writes, receives and responds to feedback from individual staff	Take forward work on staff and patient insight. More visits to call centres from senior staff to understand staff issues. Introduce CQC staff survey.
Do we promote a learning culture? Are training processes in place?	Best practice preceptor ship programme in place; clinical supervision policy and toolkit in place; electronic learning management tools available	Promotion of available development opportunities. Tighter monitoring of training take-up. Encourage use of the practice development coaching system
How effectively does our staff appraisal system work?	Personal appraisal and review policy in place, supported by electronic tools	Tighter monitoring of appraisal cycle
How do we promote and operate our whistle blowing policy?	Whistle blowing policy in place	Needs review and to be more actively promoted
Do we have the right approach to leadership, management and discipline	Policies and processes in place. Clinical supervision and leadership with team leaders in place	Management development identifies as a key activity in 2010/11 Business Plan - needs to be implemented well.

	Questions	Present position	Action required to strengthen position
C - Is patient safety at the heart of decision making?			
	How is consideration of the impact of patient safety taken into account on all decisions?	Clinical team are consulted on all major changes;	Continue to assure that proportionate, thorough and objective impact assessments for all significant changes are produced and reviewed at senior executive or Board level as appropriate.
	How does the Board assure itself of the quality of care and how does it avoid focusing on finance to the detriment of safety	Board scorecard includes a mixture of financial performance and clinical indicators - and does not give precedence to one type. Call sampling takes place at Board and clinical representation at Board has been increased	Ensure all Board members have a hands on understanding of a sample of call and incident reviews
	Are staffing levels adequate? Do the levels impact on the effectiveness of staff	Shortfall of nursing advisors against establishment: recruitment plans in place.	Ensuring that existing staff are deployed where they are most effective; develop and implement more sophisticated rotas to ensure that staff availability matches demand.

D - Improving clinical governance processes			
	Do we have assurance in place that clinical audit takes place and lessons learnt and disseminated?	Clinical Governance Committee receives reports and a summary report is prepared as part of the research governance process	Clinical Governance Committee will review its work in detail and make recommendations to the Board in due course
	Do we have checks in place to ensure that incidents are reviewed? And are we learning from them?	Incidents are reported and reports disseminated	
	Do we have a serious adverse incident policy work? Are these reviewed and lessons learnt?	Adverse incident policy (incidents for national review) policy in place; reports and learning circulated in organisation.	
	Do we keep proper records? Do we ensure that these are kept privately and securely on a need to know basis?	Reviewed as part of annual clinical governance review. Confidentiality policies in place and embedded in organisational culture. Records are all date-stamped	
	Do we respond to complaints quickly and accurately? How do we ensure that Board sees the issues raised in complaints?	New complaints process introduced with monitoring for timeliness of responses. Regular review of responses by Chief Executive and others.	

Questions	Present position	Action required to strengthen position
E - Strengthening the Role of the Board		
How does the Board get information on the concerns and views of our patients and their families?	Patient surveys (internal and CQC), sampling of calls from patients	Clinical Governance Committee will review its work in detail and make recommendations to the Board in due course
How do we ensure that Board gets sight of clinical issues?		
How does Board get reports of quality and safety reported?	Through reports of clinical governance committee, reports of incidents tabled for review	
Do all Board members regard patient safety as one of their priorities?		
Is there an acceptance and willingness to learn from our mistakes?		