

## Board of Directors (in Public)

### Item 5.8\*

**Subject:** NHS Constitution: Annual Report on Compliance  
**Date of Meeting:** Tuesday 28<sup>th</sup> July 2020  
**Prepared by:** Sue Pemberton, Director of Nursing & Operations  
 Sue Hodgkinson, Director of People and Culture  
**Presented by:** Sue Pemberton, Director of Nursing & Operations  
 Sue Hodgkinson, Director of People and Culture  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
All	No Impact

#### 1. Executive Summary

The Board of Directors is required to ensure that the Trust is compliant with the legal requirement to “take account of the NHS Constitution in provision of health care services for the purpose of the NHS”. All NHS organisations are legally required to take account of the NHS Constitution in performing their NHS functions. This is also a legal requirement of our Provider Licence under Condition G6 Systems for Compliance with Licence Conditions and Related Obligations Section 1 (c) ‘requirement to have regard to the NHS Constitution in providing health care services for the purpose of the NHS’. The NHS Constitution establishes the principles and values of the NHS in England. It sets out the rights that patients, public and staff are entitled to and the pledges which the NHS is committed to achieve together with responsibilities that the public patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

Compliance with the patient and staff pledges of the NHS Constitution has been assessed for LHCH for the year 2019/20. This paper outlines the rights, pledges, legal duties and expectations that the NHS is committed to achieve for patients and staff and gives evidence of compliance with meeting these and the actions to ensure all areas achieve full compliance. (Appendix 1)

On 23<sup>rd</sup> March 2020 a lockdown was ordered throughout the UK due to Covid 19 pandemic. The pandemic changed the way NHS services could function. Restrictions were placed on how patients could access services. Emergency services continued whilst all other elective work ceased, in order to protect the services needed to treat patients as a consequence of the pandemic. Changes to performance may occur as a consequence to the pandemic these will be reported in next update on the NHS Constitution pledges for LHCH in 2020-2021.

#### 2. Findings

Overall, the Trust has assessed itself as compliant with the rights and pledges of the NHS Constitution. However, there remains scope for further improvement in the area highlighted

in red within the Staff Constitution section in relation to the following two indicators within the NHS Staff Survey 2019, both of which are related to the Workforce Race Equality Standard:

- The indicator related to the percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. This indicator, obtained from the NHS Staff Survey results from 2019, has deteriorated from 2018 at a higher percentage for our Black, Minority and Ethnic staff than for our white staff and this remains an area for further improvement.
- In addition, the indicator related to the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. This indicator has marginally improved from the results in 2018 but a higher percentage of our Black, Minority and Ethnic staff report that they have had these experiences compared to our white staff and this is an area for further improvement.

It is important to note that the 2019 NHS Staff Survey Results were extremely positive across all themes and there were a number of areas, as reported in the Staff Constitution section, where the Trust was the best against its peer group of specialist trusts.

### **3. Recommendation**

The Board of Directors is asked to receive assurance of the full compliance with the NHS Constitution.

## Appendix 1

### Patients' Rights

<b>1. Access to Health Services</b>			
<b>Pledges:</b> <ul style="list-style-type: none"> <li>To provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution;</li> <li>To make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered</li> <li>To make the transition as smooth as possible when you are referred between</li> <li>Services, and to put you, your family and carers at the centre of decisions that</li> <li>Affect you or them.</li> </ul>			
<b>Rights</b>	<b>Evidence</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.	<ul style="list-style-type: none"> <li>CCG and specialised commissioned services are provided free of charge.</li> </ul>		Compliant
You have the right to access NHS services. You will not be refused access on unreasonable grounds.	<ul style="list-style-type: none"> <li>Access to services is available using a range of options including Choose &amp; Book- the PPCI service- Urgent ACS services - and emergency services which include CHD patients.</li> <li>There is a 24 hour open access policy for patients who have cystic fibrosis and a 24 hour advice line.</li> </ul>		Compliant
You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.	<ul style="list-style-type: none"> <li>EPR Flow sheets for specific care needs. Opportunity to record when a patient has enhanced needs and to specify the care that is required.</li> <li>We offer all our patients the opportunity to have a care partner whilst an inpatient in the hospital.</li> <li>We have a clinical lead for dementia.</li> </ul>		Compliant
You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place	<ul style="list-style-type: none"> <li>Commissioning plans in place to commission services.</li> <li>LHCH Specialised commissioning contract meetings in place.</li> <li>Waiting targets performance reported to Trust Board.</li> </ul>		Compliant

the services to meet those needs as considered necessary and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community	<ul style="list-style-type: none"> <li>• Council of Governors engaged in service planning.</li> <li>• Health and wellbeing – dietetic services to meet individual requirements.</li> </ul>		
You have the right, in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.	<ul style="list-style-type: none"> <li>• Commissioner responsibility</li> </ul>		Compliant
You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.	<ul style="list-style-type: none"> <li>• LHCH Single Equality Scheme in place.</li> <li>• Equality &amp; Inclusion Steering Group in place to monitor Trust's performance inclusive of BAME.</li> <li>• Equality impact assessment on policies/plans on-going</li> <li>• Interpreter service is available at all times for patients and families.</li> </ul>		Compliant
You have the right to access certain services commissioned by NHS Bodies within maximum waiting times or for the NHS to take all reasonable steps to offer you a range of alternative suitable providers if this is not possible.	<ul style="list-style-type: none"> <li>• Waiting times are met and monitored and targets met. Where required alternative dates are offered. Performance changes may occur to reporting timeframe 2020-2021.</li> <li>• As a tertiary centre we have a number of late referrals and complex patients to manage who cannot be treated within these defined targets. We also carry out a number of procedures which other local units could not perform. We treat patients in order of clinical need and any patients who express any concerns with their waiting times who be reviewed by the clinical team and if appropriate discussions held</li> </ul>		Compliant

	with patient regarding options and choices.		
<b>2. Quality of Care and Environment</b>			
<b>Pledges:</b>			
<ul style="list-style-type: none"> <li>To identify and share best practice in quality of care and treatments</li> </ul>			
<b>Rights</b>	<b>Evidence</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff in a properly approved or registered organisation that meets required levels of safety and quality.	<ul style="list-style-type: none"> <li>CQC registration maintained without conditions</li> <li>NHSI quarterly reporting in accordance with Licensing</li> <li>NPSA alerts regarding patient safety issues.</li> <li>Adherence to NICE guidance</li> <li>Quality Strategy</li> <li>Trust Safety Huddle</li> <li>Monthly review of nurse staffing – reported to Board of Directors</li> <li>Compliance with Employment Check Standards</li> <li>Mandatory Training Compliance &amp; levels of attainment</li> <li>Revalidation &amp; Appraisal adherence</li> <li>Education Strategy – development of staff</li> </ul>		Compliant
You have the right to be cared for in a clean, safe, secure and suitable environment. You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.	<ul style="list-style-type: none"> <li>Place Results good</li> <li>EECS award status all wards are assessed for Excellent safe and Compassionate care</li> <li>Catering audit surveys</li> <li>Meal observations</li> <li>Place results for food</li> <li>Infection and Control standards across all clinical areas</li> </ul>		Compliant
You have the right to expect NHS organisations to monitor and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.	<ul style="list-style-type: none"> <li>Quality Accounts</li> <li>Internal clinical and non-clinical audits are undertaken against standards</li> <li>PLACE audits demonstrate clean and safe environments</li> <li>Patient and family feedback</li> <li>National Survey Programme</li> <li>Quality Strategy</li> <li>Family Experience and monthly and annual patient and family</li> </ul>		Compliant

	shadowing programme across the Trust – patient and family centred care approach <ul style="list-style-type: none"> <li>• Patient and family listening events four times per year</li> <li>• Performance dashboards used</li> </ul>		
<b>3. Nationally approved treatments, drugs and programmes</b>			
<b>Pledges:</b> The NHS commits to provide screening programmes as recommended by the UK National Screening Committee			
<b>Rights</b>	<b>Evidence</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
You have the right to drugs and treatment that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you	<ul style="list-style-type: none"> <li>• Medicines Policy</li> <li>• NICE guidance adherence monitored via formulary audit</li> <li>• Area Prescribing Committee recommendations included in local formulary and audited</li> <li>• Antibiotic prescribing policy</li> <li>• Drug and Therapeutics Committee monitors annual audit plan</li> <li>• Medication Safe Practice Committee Annual report and monitoring by exception at patient and family experience committee</li> <li>• Anticoagulation policy – monitored and audited at Drug and Therapeutics committee (includes NICE recommendations re NOACS)</li> <li>• QPFEC monitors all aspects of quality and safety</li> </ul>		Compliant
You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right	<ul style="list-style-type: none"> <li>• Medicines Policy</li> <li>• Senior pharmacists attend Area Prescribing Committee to discuss local decisions and attend New Medicines sub-committee</li> <li>• Antibiotic prescribing policy</li> <li>• Medicines Safety Committee</li> <li>• NICE guidance adherence monitored and influence by</li> </ul>		Complaint

for you, they will explain that decision to you.	senior pharmacy attendance at the area prescribing committee <ul style="list-style-type: none"> <li>• Drugs and therapeutic committee</li> <li>• AMD decision making on individual patient basis</li> </ul>		
You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS provided immunisation programme	<ul style="list-style-type: none"> <li>• N/A National Programme</li> </ul>		Compliant
<b>4. Respect, Consent and Confidentiality</b>			
<b>Pledges:</b> <ul style="list-style-type: none"> <li>• To ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively</li> <li>• If you are admitted to hospital you will not have to share sleeping accommodation with patients of the opposite sex except where appropriate in line with details set out in the handbook to the NHS Constitution</li> <li>• To anonymise the information collected during the course of your treatment and use it to support research and improve care for others</li> <li>• Where identifiable information has to be used, to give you the chance to object wherever possible</li> <li>• To inform you of research studies in which you may be eligible to participate</li> <li>• To share with you any correspondence sent between clinicians about your care</li> </ul>			
You have the right to be treated with dignity and respect, in accordance with your human rights.	<ul style="list-style-type: none"> <li>• Dignity and Respect Policy in place</li> <li>• Clinical care policies, procedures and guidance are in place. These are subject to impact assessments.</li> <li>• Compliance with mixed sex accommodation – monthly returns completed</li> <li>• Chaperone Policy</li> <li>• Patient Experience Survey</li> <li>• Learning from complaints monitoring</li> <li>• Family experience survey</li> <li>• Action plans from inpatient survey</li> </ul>		Compliant
You have the right to be protected from abuse and neglect and care and	<ul style="list-style-type: none"> <li>• Safeguarding ambassadors trained to level 3</li> </ul>		Compliant

treatment that is degrading	<ul style="list-style-type: none"> <li>• Safeguarding policies and procedures in place for both Adults and Children.</li> <li>• Mental capacity act policy.</li> <li>• Domestic violence policy</li> <li>• Privacy and dignity policy</li> <li>• Deprivation of liberty policy</li> </ul>		
You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must in your best interests	<ul style="list-style-type: none"> <li>• A range of clinical care policies, procedures and guidance are in place - these are subject to impact assessments.</li> <li>• Chaperone Policy adhered to.</li> <li>• Treatments are explained to patients as far as possible and repeated if necessary.</li> <li>• Consent policy and consent audits undertaken</li> <li>• Learning from complaints monitoring</li> <li>• Vulnerable children/adults safeguarding policies in place</li> <li>• Learning disability hospital passports in place</li> <li>• MCA/DoLs policies are in place</li> <li>• LD training now in place for all staff</li> <li>• LD ambassadors across the trust</li> </ul>		Compliant
You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.	<ul style="list-style-type: none"> <li>• Data Security and Protection Toolkit compliance</li> <li>• 8 years significant assurance audit opinion on IG Toolkit submissions</li> <li>• Information Governance Framework including Caldicott guardian, SIRO, IG Team, Data Protection Officer <ul style="list-style-type: none"> <li>○ Information Governance Policies</li> <li>○ Information Governance Policy</li> <li>○ Data Protection Policy</li> </ul> </li> </ul>		Compliant



	<ul style="list-style-type: none"> <li>○ Code of Conduct for Handling Personal Data</li> <li>○ Information Security Management System and Standards</li> <li>○ Information Risk Policy</li> <li>• Mandatory induction and annual training and awareness for Trust staff</li> <li>• Individual outpatient consulting rooms</li> <li>• GDPR implementation and action plan 2018/19 ensuring legal basis for data processing documented</li> <li>• Nil reportable data security breaches within last 5 years</li> <li>• Organisational culture for learning and sharing, learning from complaints</li> <li>• Contractual and data sharing agreements with NHS organisations</li> <li>• Data Protection Impact Assessment processes for new technology or changes in data processing activities</li> <li>• EECS assessments at ward and department level</li> <li>• Detailed and informative guidance and information available for patients via the Trust website:</li> <li>• <a href="http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/">http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/</a></li> <li>• LHCH patient experience surveys</li> <li>• Information / Data Security external audit and assurance</li> </ul>		
You have the right to be informed about how your information is used.	<ul style="list-style-type: none"> <li>• GDPR Privacy Notice (legal requirement):</li> <li>• <a href="http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/">http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/</a></li> </ul>		Complaint

	<a href="#">and-confidentiality/privacy-notice/</a> <ul style="list-style-type: none"> <li>• Consent processes for audit and research i.e. non direct care uses of data</li> <li>• Patient awareness materials – ‘In Confidence’ patient leaflet and various other patient information leaflets:</li> <li>• <a href="http://www.lhch.nhs.uk/our-patients/patient-information-leaflets/">http://www.lhch.nhs.uk/our-patients/patient-information-leaflets/</a></li> <li>• Mandatory induction and annual training and awareness for Trust staff regarding obligations to inform patients</li> <li>• LHCH patient experience surveys</li> </ul>		
<p>You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered and where your wishes cannot be followed, to be told the reasons including the legal basis.</p>	<ul style="list-style-type: none"> <li>• GDPR Privacy Notice (legal requirement):</li> <li>• <a href="http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/privacy-notice/">http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/privacy-notice/</a></li> <li>• Data Processing Request Process including objections, opt outs, restriction of data processing etc.:</li> <li>• <a href="http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/data-processing-requests/">http://www.lhch.nhs.uk/about-lhch/information-governance/data-protection-and-confidentiality/data-processing-requests/</a></li> <li>• Consenting for Research Policy</li> <li>• Data Protection Policy</li> <li>• LHCH patient experience surveys</li> <li>• Patient and Family Support Team</li> <li>• Being Open Policy</li> </ul>		Compliant
<b>5. Informed Choice</b>			
<b>Pledges :</b> <ul style="list-style-type: none"> <li>• To inform you of healthcare services available to you, locally and nationally</li> </ul>			

<ul style="list-style-type: none"> <li>To offer you easily accessible, reliable and relevant information in a form that you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available</li> </ul>			
You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons	<ul style="list-style-type: none"> <li>N/A Primary Care</li> </ul>		
You have the right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply.	<ul style="list-style-type: none"> <li>N/A Primary Care</li> </ul>		
You have the right to transparent, accessible and comparable data on the quality of local health care providers and on outcomes as compared to others nationally	<ul style="list-style-type: none"> <li>Safety thermometer</li> <li>FFT national data set</li> <li>PROMS data</li> <li>Patient opinion website</li> </ul>		Compliant
You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution	<ul style="list-style-type: none"> <li>Patient Information</li> <li>Leaflets</li> <li>Leaflets are also available in alternative formats such as large print Braille alternative languages and audio.</li> <li>Leaflets are available for download on the internet/intranet</li> <li>Information on National ratings on NHS Choices Website</li> <li>CQC ratings</li> <li>Consultant Profiles on internet</li> <li>Friends and Family test</li> <li>CQC websites</li> </ul>		Compliant
<b>6. Involvement in your healthcare and in the NHS</b>			
<b>Pledges:</b> <ul style="list-style-type: none"> <li>To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services</li> <li>To work in partnership with you, your family, carers and representatives.</li> </ul>			

<ul style="list-style-type: none"> <li>To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one</li> <li>To encourage and welcome feedback on your health and care experiences and use this to improve services</li> </ul>			
<b>Rights</b>	<b>Evidence</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
You have the right to be involved in planning and making decisions about your health and care, with your care provider or providers including your end of life care and to be given information and support to enable you to do this. Where appropriate this right includes your family and carers. This includes being given the chance to manage your own care and treatment if appropriate	<ul style="list-style-type: none"> <li>Decision in clinical care monitored by national survey programme</li> <li>Information on how to become involved in the design and delivery of services is distributed via the comms team via members matters and corporate communications</li> <li>Patients and Volunteers are used to comment on patient information</li> <li>Monitoring through national and internal surveys</li> <li>Friends and Family test</li> <li>Bereavement Service</li> <li>Specialist Nursing services</li> <li>NHS Choices website</li> <li>Patient Letters assessment in national survey</li> <li>Patient reps on the safety committee</li> <li>Open visiting in place</li> <li>Families/carers encouraged to be involved in ward rounds</li> <li>Care partner programme</li> <li>Advance care planning</li> </ul>		Compliant
You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional has caused, or could still cause, significant harm or death, You must be given the facts, an apology, and any reasonable support	<ul style="list-style-type: none"> <li>HALT for patients and families</li> <li>Speak out safely campaign</li> <li>Duty of Candour</li> <li>SI framework</li> <li>QPFEC – monitoring experience of patients</li> </ul>		Compliant

you need.			
<p>You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.</p>	<ul style="list-style-type: none"> <li>• Members are also invited directly from the trust to become involved in setting the Trust quality priorities</li> <li>• Governors are supported in their roles to enable them to represent members effectively. For example, through implementation of the strategy including facilitation of members events in the community.</li> <li>• The Council of Governors represent members of the public and partner organisations and are actively engaged in the Trusts strategic planning.</li> <li>• Patient and family feedback forms</li> <li>• FFT</li> <li>• Patient and family listening events</li> <li>• Experience Based</li> <li>• Design approach used to engage patients in service re-design</li> <li>• Engagement with Health watch</li> <li>• Governor and patients involved in service redesign</li> <li>• COG involvement in service planning</li> <li>• Membership events in the Community.</li> </ul>		Compliant
<b>7. Complaint and redress</b>			
<b>Pledges:</b> <ul style="list-style-type: none"> <li>• To ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment</li> <li>• Ensure that when mistakes happen or if you are harmed when receiving health care you receive an appropriate explanation and apology, delivered with a sensitivity and recognition of the trauma you have experienced and know that lessons will be learned to help avoid a similar incident occurring again.</li> <li>• To ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services</li> </ul>			
<b>Rights</b>	<b>Evidence</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>

<p>You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated</p>	<ul style="list-style-type: none"> <li>• Patient and family support team complaints monitoring reported at Trust Board</li> <li>• Complaints reported within the Annual Report</li> <li>• Internal target for response to complaints set</li> <li>• Update on complaints handling received at Quality and PFEC Committee/Quality committee</li> <li>• Divisional governance committees receive monthly updates on concerns and complaints within their respective areas</li> <li>• Complaints Annual Report presented at Trust Board</li> <li>• All complaints acknowledged within three working days in writing and if they are available discussions take place with complainants regarding expectations</li> <li>• Visible complaints teams in clinical areas</li> </ul>		Compliant
<p>You have the right to discuss the manner in which the complaint is to be handled and to know the time period within which the investigation is likely to be completed and the response sent</p>	<ul style="list-style-type: none"> <li>• Complaints Policy</li> <li>• Patient and family support team reports to the Quality committee and Board of Directors</li> </ul>		Compliant
<p>You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.</p>	<ul style="list-style-type: none"> <li>• All complaints are reviewed by and signed off by the CEO</li> <li>• Meetings facilitated by Patient and family support team to discuss individual complaints</li> <li>• Survey of complaint satisfaction</li> <li>• Non-Executive complaints review panel in place</li> <li>• Complainants are asked how they would like to receive their responses in writing/meeting</li> <li>• Learning from complaints shared with divisions</li> <li>• Governance meetings</li> </ul>		Compliant

You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS	<ul style="list-style-type: none"> <li>Complaints policy in place in accordance with legislation requirements</li> <li>Reporting of PHSO complaints in annual report</li> <li>Patients are invited to contact the trust in the first instance following their response if they require further clarity then they are provided with the details of the PHSO if they remain dissatisfied</li> </ul>		Compliant
You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority	<ul style="list-style-type: none"> <li>Complaints policy in place in accordance with legislation requirements</li> <li>Claims policy in place</li> </ul>		Compliant
You have the right to compensation where you have been harmed by negligent treatment.	<ul style="list-style-type: none"> <li>Legal Services Department in place for compensation claims</li> <li>IICC report received by the Board includes claims</li> </ul>		Complaint

## **Staff Rights**

### **2019 NHS Staff Survey Results**

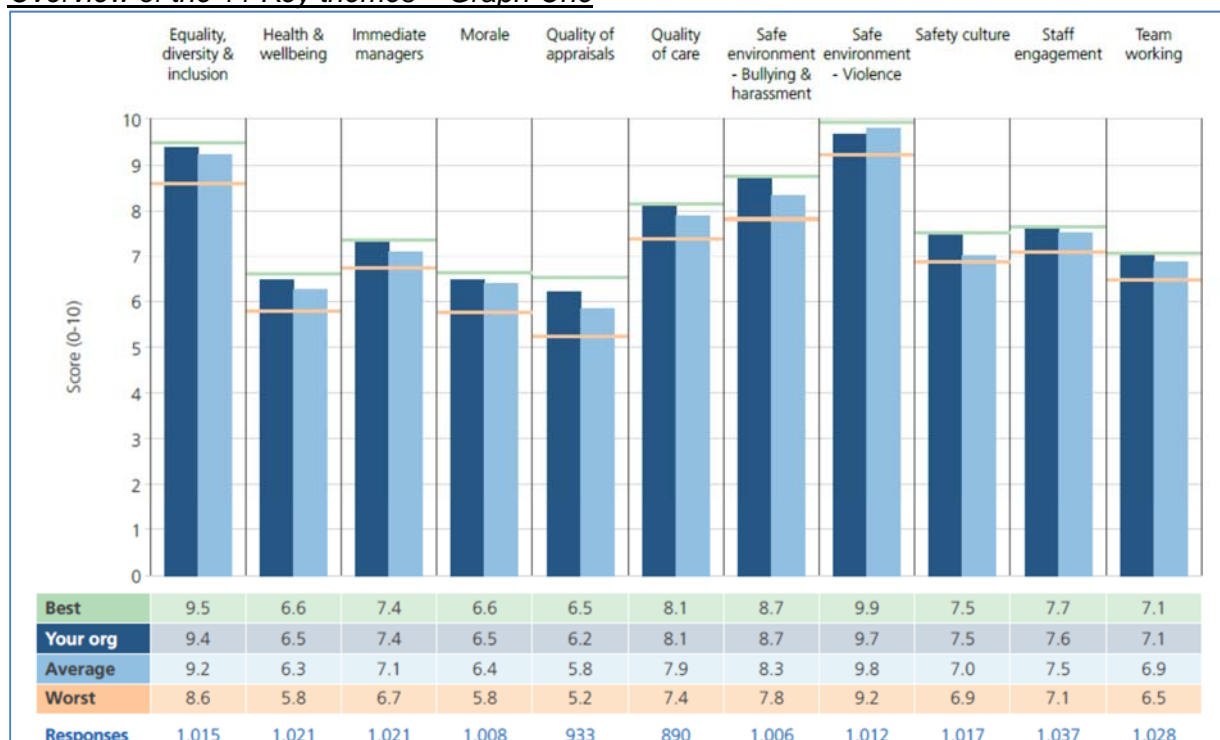
The NHS Staff Survey has changed its presentation compared to previous years and now focuses on 11 key themes rather than key findings as previously presented. Therefore, comparison against the NHS Constitution Staff Pledges is against the overall theme or individual questions in the themes rather than the key findings previously presented.

Additional sections have also been analysed related to:

- Equality, Diversity & Inclusion
- Safety Culture
- And Patient Experience.

Graph One (below) provides an overview of the 11 themes within the NHS Staff Survey and our results against our peer (specialist trust) average. We are the highest performing trust against our peers in 5 of the 11 themes and we are better than the average in 10 of the 11 themes, with the exception being Safe Environment – violence. In addition, Table Two indicates the statistically significant changes year on year for the 11 themes, with Team Working indicating a statistically significant reduction year on year.

### Overview of the 11 Key themes – Graph One



### Significance testing comparing NHS Staff Survey 2018 to 2019 results – Table Two

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.4	886	9.4	1015	Not significant
Health & wellbeing	6.6	894	6.5	1021	Not significant
Immediate managers	7.3	901	7.4	1021	Not significant
Morale	6.4	888	6.5	1008	Not significant
Quality of appraisals	6.2	808	6.2	933	Not significant
Quality of care	8.1	788	8.1	890	Not significant
Safe environment - Bullying & harassment	8.8	878	8.7	1006	Not significant
Safe environment - Violence	9.7	871	9.7	1012	Not significant
Safety culture	7.6	893	7.5	1017	Not significant
Staff engagement	7.6	908	7.6	1037	Not significant
Team working	7.3	898	7.1	1028	↓



<b>STAFF PLEDGE 1 : To provide all staff with clear roles, responsibilities and rewarding jobs</b>		
	<b>Change since 2018 survey</b>	<b>Ranking compared with all acute specialist Trusts in 2019</b>
Q21c & Q21d staff recommendation of the organisation as a place to work or receive treatment	Marginal reduction on 2018	<i>Better than average</i>
Immediate Managers theme results	Improvement on 2018	<i>Better than average &amp; best against our peers</i>
Morale theme results	Improvement on 2018	<i>Better than average</i>
Team Working theme results	Statistically significant reduction on 2018	<i>Better than average &amp; best against our peers</i>
Staff Engagement theme results	Same result as 2018	<i>Better than average</i>
<b>STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential</b>		
	<b>Change since 2018 survey</b>	<b>Ranking compared with all acute specialist Trusts in 2019</b>
Immediate Managers theme results	Improvement on 2018	<i>Better than average &amp; best against our peers</i>
Quality of Appraisals theme results	Same result as 2018	<i>Better than average</i>
<b>STAFF PLEDGE 3 : To provide support and opportunities for staff to maintain their health, well-being and safety</b>		
	<b>Change since 2018 survey</b>	<b>Ranking compared with all acute specialist Trusts in 2019</b>
Health & Wellbeing theme results	Marginal reduction on 2018	<i>Better than average</i>
Safe Environment – Bullying & Harassment theme results	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>
Safe Environment – Violence	Same result as 2018	<i>Better than average</i>
<b>STAFF PLEDGE 4 : To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services</b>		

	<b>Change since 2018 survey</b>	<b>Ranking compared with all acute specialist Trusts in 2019</b>
Staff Engagement theme results	Same result as 2018	<i>Better than average</i>
Q9b % reporting good communication between senior management and staff	Improvement on 2018	<i>Better than average &amp; best against our peers</i>
Q9c % Senior Managers here try to involve staff in important decisions	Improvement on 2018	<i>Better than average &amp; best against our peers</i>
Q9d % Senior Managers act on feedback	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>

<b>ADDITIONAL THEME: Equality, Diversity &amp; Inclusion</b>		
	<b>Change since 2018 survey</b>	<b>Ranking compared with all acute specialist Trusts in 2019</b>
Equality, Diversity & Inclusion theme results	Same result as 2018	<i>Better than average</i>
Q15a % experiencing discrimination at work in last 12 months from patients, relatives or the public	Marginal reduction on 2018	<i>Better than average</i>
Q15b % experiencing discrimination at work in last 12 months from manager / team leader or other colleagues	Improvement on 2018	<i>Better than average</i>
Q14 % Organisation acts fairly with regard to career progression	Improvement on 2018	<i>Better than average</i>
Workforce Race Equality Standard - % of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months	Increase on 2018	<b>Worse than average</b>
Workforce Race Equality Standard - % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Marginal improvement on 2018	<b>Worse than average</b>
Workforce Race Equality Standard - % of staff believing that the organisation provides equal opportunities for career progression or promotion	Improvement on 2018	<i>Better than average</i>
Workforce Race Equality Standard - % of staff experienced discrimination at work from	Improvement on 2018	<i>Better than average</i>

manager / team leader or other colleagues in last 12 months		
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<b>ADDITIONAL THEME: Safety Culture</b>		
	<b>Change since 2018 survey</b>	<b>Ranking compared with all acute specialist Trusts in 2019</b>
Safety Culture theme results	Marginal reduction on 2018	<i>Better than average</i>
Q16a % in the last month witnessing errors, near misses or incidents that could have hurt staff	Marginal increase on 2018	<i>Better than average</i>
Q16b % in the last month witnessing errors, near misses or incidents that could have hurt patients / service users	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>
Q16c % the last time you saw an error, near miss or incident that could have hurt staff or patients, did you or a colleague report it?	Marginal reduction on 2018	<i>Better than average</i>
Q17a % My organisation treats staff who are involved in an error, near miss or incident fairly	Same result as 2018	<i>Better than average</i>
Q17b % My organisation encourages us to report errors, near misses or incidents	Change not significant	<i>Better than average &amp; best against our peers</i>
Q17c % When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>
Q17d % We are given feedback about changes made in response to reported errors, near misses and incidents	Marginal reduction on 2018	<i>Better than average</i>
Q18a % If you were concerned about unsafe clinical practice, would you know how to report it?	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>
Q18b % I would feel secure raising concerns about unsafe clinical practice	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>
Q18c % I am confident that my organisation would address my concern	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>

ADDITIONAL THEME: Patient experience measures		
Q21a % Care of patients / services users is my organisation's top priority	Marginal reduction on 2018	<i>Better than average</i>
Q21b % My organisation acts on concerns raised by patients / service users	Marginal reduction on 2018	<i>Better than average &amp; best against our peers</i>
Q22a % Is patient / service user experience feedback collected within your directorate / department?	Improvement on 2018	<i>Better than average</i>
Q22b % I receive regular updates on patient / service user experience feedback in my directorate / department	Reduction on 2018	<i>Better than average</i>
Q22c % Feedback from patients / service users is used to make informed decisions within my directorate / department	Reduction on 2018	<i>Better than average</i>

### **Staff Rights**

Number one: Have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives			
Rights	Update	RAG	Compliant/Non-Compliant
To fair treatment regarding leave, rights and flexible working and other statutory leave requests relating to work and family, including caring for adults that you live with.	Equality and Inclusion Strategy Special Leave and Toolkit Flexible Working Bullying and Harassment Policy Health and Wellbeing Group Flexible Retirement Policy Buying of Annual Leave Carers Group		Y
To request "other" reasonable time off for emergencies (paid and unpaid) and other statutory leave subject to expectations.	Special Leave Policy Flexible Working Policy		Y
To expect reasonable steps are taken by the employer to ensure protection from less favourable treatment by fellow employees, patients and others (e.g. bullying and harassment).	Equality and Inclusion Policy Equality and Inclusion Strategy Equality and Inclusion Steering Group Staff Survey Results and Action Plans Bullying and Harassment Policy Health and Safety Group Report Leadership Training		Y

	Whistleblowing / Freedom to Speak Up/Speak Out Safely Inclusion Events		
<b>Number two: Have a fair pay and contract framework</b>			
<b>Rights</b>	<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
To pay: consistent with the national minimum wage or alternative contractual agreement.	Agenda for Change Pay Scale Consultant Contract Job Evaluation Process		Y
To provide fair treatment regarding pay.	Apprenticeships Disciplinary Policy Freedom to Speak Up		Y
To be accompanied by either a trade union official or a work colleague at disciplinary or grievance hearings in line with legislation, your employer's policies or your contractual rights.	Maintaining High Professional Standards (MHPS) Grievance Policy Bullying and Harassment Policy Annual Audit to People Committee on Employment Relations Work Monthly update to Executive Team on Employee Relations work Partnership Forum Informal Staff Side Meetings Organisational Change Policy Improving People Practices		Y
To consultation and representation either through the trade union or other staff representatives (e.g. where there is no trade union in place) in line with legislation and any collective agreements that may be in force.	Human Resources policies as above Partnership Forum Local Negotiating Committee Staff Governors People Delivery Group Staff "Big Conversations" Inclusion Events & network development Junior Doctors' Forum Guardian of Safe Working Access to regional staff equality networks		Y
<b>Number three: Have healthy and safe working conditions and an environment free from harassment, bullying or violence</b>			
<b>Rights</b>	<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
To work within a healthy and safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff, to work your	Bullying and Harassment Policy Disciplinary Policy Grievance Policy IMPACT – Values and Behaviours Framework 2019 Staff Survey Action Managing Violent and Anti-Social Behaviour Freedom to Speak Up Policy		Y

contractual hours, take annual leave and to take regular breaks from work.	Freedom to Speak Up Guardian and Champions Freedom to Speak Up Summits & Quarterly reports to the Board Junior Doctors' Safe Working Report Supporting staff following a traumatic or stressful incident policy		
<b>Number four: Be treated fairly, equally and free from discrimination</b>			
<b>Rights</b>	<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
To a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.	Equality and Inclusion Strategy and KPIs monitored through People Committee Equality & Inclusion Steering Group Workforce Race Equality Standard (WRES) Workforce Disability Equality Standard (WDES) Equality Delivery Scheme (EDS2) Equality Impact Assessments (EIAA) IMPACT – Values and Behaviours Framework Annual Report to People Committee on Employee Relations Recruitment Policy and Procedures and Training Bullying and Harassment Policy Equality and Inclusion Training Raising Concerns Policy Inclusion events Improving People Practices		Y
<b>Number five: Can in certain circumstances take a complaint about their employer to an employment tribunal</b>			
<b>Rights</b>	<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
To appeal against wrongful dismissal. If internal processes fail to overturn a dismissal you have the right to pursue a claim in the employment tribunal if you meet required criteria.	Policies with clear processes within them Disciplinary Grievance Capability Sickness Absence MHPS Improving People Practices		Y
<b>Number six: Can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest</b>			

Rights	Update	RAG	Compliant/Non-Compliant
To protection from detriment in employment and the right not to be unfairly dismissed for whistleblowing or reporting wrong doing in the workplace.	Speak Out Safety Campaign Freedom to Speak Up Policy Lessons Learnt approach to sharing Sharing & Learning Freedom to Speak Up Guardian & Champions Freedom to Speak Up Summit Freedom to Speak Up briefing to Team Brief and quarterly report to the Board Daily Safety Huddle		Y
<b>Number seven: Have employment protection (NHS employees only)</b>			
Rights	Update	RAG	Compliant/Non-Compliant
You have a right to employment protection in terms of continuity of service for redundancy purposes if moving between NHS employers.	Contract of Employment National NHS Pension Scheme		Y

### Staff Pledges

Update	RAG	Compliant/Non-Compliant
<p>Staff engagement and wellbeing</p> <ul style="list-style-type: none"> <li>• Big Conversations / Team Brief / LHCH Staff App</li> <li>• Partnership Forum / Local Negotiating Committee and Junior Doctors Forum</li> <li>• Staff Support Team</li> <li>• Health and Wellbeing Steering Group</li> <li>• Staff Wellbeing Hub</li> </ul>		Y
<p>Regular appraisal and training opportunities</p> <ul style="list-style-type: none"> <li>• Mandatory Training Programme (E-Learning)</li> <li>• Appraisal Process</li> <li>• IMPACT – Values and Behaviours Framework</li> <li>• IMPACT education programme to be developed</li> <li>• Personal Development Plans (PDPs)</li> <li>• Leadership and Management Development Programme to be redesigned following the learnings from COVID-19</li> </ul>		Y
<b>Pledge two: The NHS commits to provide all staff with clear roles and responsibilities</b>		
Update	RAG	Compliant/Non-Compliant
Role design and responsibilities to enable high quality care		Y

<ul style="list-style-type: none"> <li>• Agenda for Change Handbook</li> <li>• Job Evaluation Process</li> <li>• Job Description Template</li> <li>• Standard Contract of Employment</li> </ul>		
<p>Contract of employment for staff supports this pledge</p> <ul style="list-style-type: none"> <li>• Paragraph included in Contract of Employment and reference to constitution</li> </ul>		Y
<p>Regular appraisals and training opportunities</p> <ul style="list-style-type: none"> <li>• Appraisal Process and E-Learning System</li> <li>• Mandatory and Essential Training &gt; 95% target</li> <li>• Analysis of Training Needs analysis linked to appraisals &amp; PDPs</li> <li>• CPD monies and utilisation</li> </ul>		Y
<b>Pledge three: The NHS commits to provide all staff with personal development, access to appropriate education and training for their jobs and line management support to enable them to fulfil their potential</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<p>Spotting and developing confident leaders</p> <ul style="list-style-type: none"> <li>• IMPACT – Values and Behaviours Framework</li> <li>• IMPACT education programme to be developed</li> <li>• Leadership, Education &amp; Development Strategy to be reframed following COVID</li> <li>• Leadership Development Programme to be redesigned following COVID-learnings</li> <li>• Talent management process to be developed</li> <li>• Inclusion mentoring &amp; shadowing programme in development</li> </ul>		Y
<b>Pledge four: The NHS commits to provide support and opportunities for staff to maintain their health, wellbeing and safety</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<p>Trusts are required to prevent violence against staff whenever possible and to take all appropriate action, including prosecutions of offenders, when violence occurs</p> <ul style="list-style-type: none"> <li>• Disciplinary Policy</li> <li>• Bullying and Harassment Policy</li> <li>• Unreasonable Behaviour Policy</li> <li>• Wider Communication to be developed</li> </ul>		Y
<p>Staff, patients and others are protected against the risks of acquiring a healthcare associated infection</p> <ul style="list-style-type: none"> <li>• Induction</li> <li>• Mandatory Training</li> <li>• Occupational Health Self-Referral</li> </ul>		Y



<ul style="list-style-type: none"> <li>• Health and Wellbeing Steering Group</li> <li>• Infection prevention policies in place</li> <li>• Infection prevention reports received by the Board</li> <li>• Infection prevention training mandatory</li> <li>• Risk Assessments (COVID)</li> </ul>		
<p>Staff are supported in their health and wellbeing</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing Steering Group</li> <li>• Staff Wellbeing Hub</li> <li>• Staff Gym</li> <li>• Staff Support Team</li> <li>• Occupational health available for self-referrals</li> <li>• Employee assistance programme in place</li> <li>• Flu Campaign 75% uptake</li> <li>• LHCH Staff App</li> <li>• Health &amp; Wellbeing Strategy, delivery plan and pathways in development</li> </ul>		Y
<b>Pledge five: The NHS commits to engage staff in decisions that affect them and the services they provide, individually through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<p>Social partnership forum</p> <ul style="list-style-type: none"> <li>• Staff Partnership Forum</li> <li>• Informal Staff Side Meetings</li> <li>• Equality and Inclusion Steering Group</li> <li>• Staff Governors' Role</li> <li>• LNC</li> </ul>		Y
<p>Staff, patients and others are protected against the risks of acquiring a healthcare associated infection</p> <ul style="list-style-type: none"> <li>• Training in Infection Prevention Control (as above)</li> <li>• Risk Assessments (COVID)</li> </ul>		Y
Staff are supported in their health and wellbeing (as above)		Y
<b>Pledge six: The NHS commits to have a process for staff to raise an internal grievance</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<p>Grievance procedure</p> <p>Annual Report to People Committee on Employee Relations activity (as above)</p>		Y
<b>Pledge seven: The NHS commits to encourage and support all staff in raising concerns at the earliest opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the public interest Disclosure Act 1998</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>

Raising concerns <ul style="list-style-type: none"> <li>Freedom to Speak Up Policy</li> <li>FTSU Guardian Role &amp; Champions</li> <li>Daily safety huddle</li> <li>Updates to Team Brief</li> <li>Staff Support Team</li> </ul>		Y
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### **Staff Legal Duties**

<b>Duty one: To accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your professional role</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Annual PDR</li> <li>Appraisal and Mandatory Training Programme</li> <li>Training and Development as appropriate</li> <li>CPD opportunities</li> <li>Professional Membership – PINs</li> <li>Revalidation Policies</li> </ul>		Y
<b>Duty two: To take reasonable care of health and safety at work for you, your team and others and to co-operate with employers to ensure compliance with health and safety requirements</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Occupational Health Process</li> <li>Managers' Development Process</li> <li>Leadership Development Programme</li> <li>IMPACT – Values and Behaviours Framework</li> <li>Health and Safety Group/Risk Committee</li> <li>Risk Assessments</li> </ul>		Y
<b>Duty three: To act in accordance with the express and implied terms of your contract of employment</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>IMPACT – Values and Behaviours</li> <li>Clear Job Descriptions</li> <li>Job Evaluation Scheme</li> <li>Employment Policies</li> <li>Values Based Recruitment in development linked to IMPACT</li> </ul>		Y
<b>Duty four: Not to discriminate against patients or staff and to adhere to equal opportunities and Equality and Human Rights legislation</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
As above: <ul style="list-style-type: none"> <li>Equality Delivery Scheme 2 in place</li> <li>Equality and Inclusion Policy in place with plan and Equality Action Plan</li> </ul>		Y

<ul style="list-style-type: none"> <li>Staff Survey Results/WRES / WDES data</li> </ul>		
<b>Duty five: To protect the confidentiality of personal information that you hold</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Data Protection Act</li> <li>Information Governance Process &amp; Mandatory Training</li> <li>Contract of Employment</li> <li>Trust Policies</li> <li>GDPR</li> <li></li> </ul>		Y
<b>Duty six: To be honest and truthful in applying for a job and in carrying out that job</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Recruitment and selection procedures</li> <li>ESR NHS Jobs</li> <li>Safe Employment Standards</li> <li>Fit and proper person processes</li> <li>Values Based Recruitment in development linked to IMPACT</li> </ul>		Y

### **Expectations for Staff**

<b>Expectation one: You should aim to maintain the highest standards of care and service, treating every individual with compassion, dignity and respect, taking responsibility not only for the care you personally provide but also for your wider contribution to the aims of your team and the NHS as a whole</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>LHCH IMPACT Values and Behaviours refreshed</li> <li>Attitude and Behaviours as part of appraisal system</li> <li>Induction Mandatory Training</li> <li>Full Preceptorship</li> <li>IMPACT Education programme to be developed</li> <li>Civility education to be developed and incorporated with a focus on being inclusive for all</li> </ul>		Y
<b>Expectation two: You should take up training and development opportunities provided over and above those legally required of your post</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Mandatory and Essential Training Programme</li> <li>Full range of CPD opportunities managed by electronic application</li> <li>Management and Leadership Programme/Clinical Leadership Programme/Leadership Strategy</li> <li>LHCH Cardiothoracic Degree Programme</li> <li>In-house job description training available including clinical skills development</li> <li>Developing People Strategy in development</li> </ul>		Y

<b>Expectation three: You should aim to play your part in sustainably improving services by working in partnership with patients, the public and communities framework</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>• Patient and family engagement events</li> <li>• Shadowing Programme</li> </ul>		Y
<b>Expectation four: You should aim to raise any genuine concern you have about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of confidentiality) which may affect patients, the public, other staff or the organisation at the earliest possible opportunity</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>• Freedom to Speak Up Policy</li> <li>• Guardian &amp; Champions Role</li> <li>• Speak Out Safety Campaign</li> <li>• Daily Safety Huddle</li> <li>• FTSU Summit</li> <li>• Inclusion events</li> </ul>		Y
<b>Expectation five: You should aim to involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis and their individual care and treatment</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>• Care partner programme</li> <li>• Patient and Family Experience vision</li> <li>• Open visiting</li> <li>• Sharing &amp; Learning</li> </ul>		Y
<b>Expectation six: You should aim to be open with patients, their families, carers or representatives including if anything goes wrong, welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>• Being Open Policy</li> <li>• Duty of Candour</li> <li>• Staff Training</li> </ul>		Y
<b>Expectation seven: You should aim to contribute to a climate where the truth can be heard, the reporting of and learning from errors is encouraged, and colleagues are supported where errors are made</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>• Freedom to Speak Up Policy</li> <li>• Sharing/Learning</li> <li>• Speak Out Safely Campaign</li> <li>• Executive led Safety Huddle</li> <li>• Incident Reporting Process</li> </ul>		Y
<b>Expectation eight: You should aim to view the services you provide from the standpoint of a patient and involve patients, their families and carers in the service</b>		

<b>you provide, working with them, their communities and other organisations, making it clear who is responsible for their care</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Shadowing</li> <li>Patient and family listening events</li> <li>Patient and family stories</li> <li>Named boards above all inpatient beds</li> </ul>		Y
<b>Expectation nine: You should aim to take every opportunity to encourage and support patients and colleagues to improve their health and wellbeing</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Health and wellbeing group and events</li> <li>Cardiac rehab programme</li> </ul>		Y
<b>Expectation ten: You should aim to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring healthcare</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Equality and Diversity Training</li> <li>Equality Delivery Scheme 2 and Action Plan</li> </ul>		Y
<b>Expectation eleven: You should aim to inform patients about the use of their confidential information and record their objections, consent or dissent</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Data Protection Procedures/GDPR</li> <li>Information Governance Policy</li> <li>Induction Process</li> <li>Mandatory Training</li> </ul>		Y
<b>Expectation twelve: You should aim to provide access to patient information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so</b>		
<b>Update</b>	<b>RAG</b>	<b>Compliant/Non-Compliant</b>
<ul style="list-style-type: none"> <li>Data Protection Procedures/GDPR</li> <li>Information Governance Policy</li> <li>Induction Process</li> <li>Mandatory Training</li> </ul>		Y