Sheffield City Council

Sheffield Health and Social Care
NHS Foundation Trust

NHS

Our response to the Francis Inquiry

V4

1. Our commitment

We were appalled by the failings in care that took place at Mid-Staffordshire NHS Trust and also at Winterbourne View.

Our culture is very different from those organisations. We have a legacy of service user involvement throughout the organisation; our staff are skilled, committed and motivated; clinicians and managers share leadership for improving quality and managing resources, and we have a strong reputation for working in partnership.

But we are not complacent. We operate in the same context and are subject to the same external pressures that contributed to the failings in those organisations and these are difficult times. Delivering high quality health and social care is becoming more complex and more challenging. Demand for services is increasing and we are currently operating in an environment of reduced public sector spending. Delivering high quality care in this environment is a challenge we are determined to meet.

We have a culture in which, should poor care take place, it is recognised and reported and so we do know that we have instances when care is not at the standard we would wish for our friends or families. We are therefore keen to learn whatever lessons we can from such instances to improve the quality of what we do.

We have taken this opportunity to revitalise our commitment that the people who use our services are at the heart of everything we do.

2. How we've decided what to do

Following the publication of the Francis Report, the Board of Directors agreed at its February meeting to nominate one of the Non-Executive Directors as quality champion and requested that an organisational response to the Francis Inquiry be presented at the July meeting. (The task of quality champion was taken on by the Chair of the Board's Quality Assurance Committee, although all Board members regard themselves as quality champions.)

The process of developing this response has included

- A multi-professional group of 40 people reviewed the 290 recommendations in the report and advised on required actions.
- The Council of Governors discussed the recommendations relating to their role at their meeting on 25th April 2013.
- Jenny Firth-Cozens, a nationally recognised expert on compassion facilitated a workshop on Understanding Compassion on 8th February 2013, involving over 50 clinical leaders.
- 60 leaders from across the organisation and professions attended the Leadership Development Forum on 8th May 2013 to identify key issues for the Trust.
- The Chief Executive and Deputy Chief Executive invited over 60 service users, staff and Governors to a workshop on 22nd May to identify key themes from their point of view.

- Leaders of all professional groups and Directors of corporate services were asked to comment on the inquiry report. This involved wide engagement within the professions and written responses from several of those groups.

- Close working with the Associate Director of Nursing to maintain the links with the nursing strategy Care and Compassion and the 6C challenge.

This document is a synthesis of those presentations, discussions and reports.

3. What we understand about compassion

Compassion can be described as 'a deep awareness of the suffering of another coupled with the wish to relieve it'.

We are deeply disturbed by the absence of compassion in the care provided in some wards at Mid-Staffs and Winterbourne View. People were treated as if they did not matter, as if they were less than human and they were denied their right to dignified, respectful and compassionate care and treatment. We need to understand how it is that staff drawn to the caring professions can behave without compassion and treat people badly or turn a blind eye to suffering or mistreatment.

It is important to recognise that as human beings we have conflicting drives. It is part of our humanity to desire to be compassionate, and it is also part of our humanity to fear death, disease and disfigurement. Therefore, it is essential that we understand and pay attention to what encourages and supports a compassionate response from us and what prevents it, rather than simply seeing people as compassionate or not.

Here are some of the forces <u>against</u> a compassionate response:

- **Feeling threatened** or afraid inhibits compassion. This can include fear of cuts or reorganisation. Anxiety, competition and limited resources can cause disputes between teams. Trust is eroded and this can lead to negative relationships between and within teams.

- We are all influenced by our environment and there are particular developments in our society that work against compassion, particularly the increased emphasis on the individual (the **me, me, me culture**) and a general reduction in kindness.

- The focus of the board in Mid-Staffs on delivering **targets** rather than care has been described as the industrialisation of healthcare. This includes performance management that focuses on what can be counted, and filling in forms becoming more important than relationship and service.

- Authority, conformism, threat and risk drive behaviour towards the brutal , as seen in a **bullying leadership style**

- **High staff stress**, anxiety, depression and burnout reduce compassion. There are a number of factors that cause stress, including the emotional labour involved in the work of caring, high occupancy and workload, poor teamwork, organisational systems, such as form filling, that are repetitive.

4. A compassionate culture

This report does not seek to cover everything that we do to ensure and improve the quality of care we provide. We have a quality strategy in place and the Quality Assurance Committee will be undertaking a comprehensive review of governance arrangements this year.

Through our collective work on our response to the Francis Inquiry, it has become clear that we are seeking to answer the question: How do we work in a way that ensures compassion and kindness are at the fore?

We know that the one and only thing that can and does unite us as an organisation is our **shared purpose** – our dedication to meeting the needs of people who use our services, those we are here to serve.

We measure our success as an organisation by the extent to which we do that and we demonstrate our commitment at all level by our **willingness to be open** about how well we are doing against metrics that matter. We welcome checks and balances on what we are doing and take seriously our responsibility to account for how things are. In particular we emphasise the critical role of service users and carers in assessing how effective our services are.

We can only deliver high standards and improvements to the delivery of safe, effective and positive experience of care if it involves all of us. We will only achieve what we are capable of if we all work **together in partnership**, with everyone encouraged to think for themselves, taking individual responsibility to bring about improvements in how we work.

We recognise our shared humanity. The quality of our relationships and the way we treat each other matters, to both service users and staff. We recognise the importance of maintaining a **compassionate workforce**, and of treating our staff and each other with the same respect, humanity and support with which we expect our staff to treat service users and their families.

All of this requires **leadership and leaders** who recognise, understand and take a stand for humanity in health care and are concerned with relationships as well as results.

We welcome the increased commitment from **commissioners** for the quality of what we do and will continue to work in partnership with them to improve the quality of services they commission to address the discrimination and stigma in health care.

5. What we will do

i. Express more clearly and make real our commitment and expectations that service users are at the heart of all that we do

We are a values based organisation, and demonstrate our shared purpose in many ways, such as recovery events. But, while we are clear about what those values are, we have been less so in communicating them and in spelling out their implications for the behaviours we expect to see. We will ensure that the NHS constitution and our trust values are a more prominent part of everyday practice.

- We will make clear our values and expected behaviours for all staff.
- We will review our staff management processes from recruitment to exit to determine whether our values are adequately expressed, understood and developed.

- We will ensure the NHS constitution and values have a more prominent part in our corporate communication.

ii. **Strengthen service user feedback and engagement**

We are establishing a service user experience monitoring unit to radically improve the quality and quantity of feedback we receive from service users on their experience. In addition to that:

- We will increase our ambition for service users to have real control, influence and power to affect services and set standards for service user partnership in service redesign, recruitment, employment, governance and meetings about care.

- Training that is co-designed and delivered with service users will become the norm.

iii. **Increase our openness and transparency**

We have had positive feedback from the Coroner on the degree of openness and transparency with which we operate. Other things we have identified we can do are:

- We will map how to recognise and raise concerns and the protection offered by the whistleblowing policy and share with staff at induction.

- We will revise duty of candour clauses in all contracts of employment and ensure the executive briefing at induction sets out clear expectations in this respect.

- Any restrictive clauses eg in Compromise Agreements will be signed off by the Chief Executive and reported to the Board.

- We will ensure our reporting of the quality account does not emphasise achievement at the expense of a fair representation of areas where compliance has not been achieved.

- We will make quarterly complaints data available on the website and to Health Watch.

iv. **Strengthen staff engagement**

It is important that staff feel valued, connected, supported and listened to and that they are treated with the respect, humanity and support that promotes the same relationship with service users. It is essential that the Board understands the experience of staff in the organisation and is assured that progress is being made to improve the experience of staff and their ability to deliver compassionate care.

- The Board will consider how to strengthen the leadership and governance arrangements for workforce and organisation development in the Trust, including the relationship with Trades Unions.

Staff have reported increases in work demands and stress in the staff attitude survey and this correlates with concerns raised in the workshops.

We will establish a project team to:

- Identify best practice for agreeing staffing levels /skill mix/ capacity planning.
- Clarify protocols to be followed when changes to staffing levels are being considered.
- Identify and make resources available to teams to redesign ways of working and reduce waste.
- We will analyse our incident data and highlight the teams reporting low staffing levels most frequently to access the developing healthy teams process (see below).

Supervision that is supportive, reflective and builds compassion is an effective way of supporting staff to maintain their caring response. There are a range of approaches to supervision in and outside the Trust.

- We will ask professional leads to do a stocktake of supervision processes and effectiveness and identify priorities for future investment, including a recovery model of supervision.
- We will implement the recommendations from the report on staff support when attending Coroner's Inquests.

Organisational systems that get in the way of staff doing their job cause considerable frustration and stress. Systems that are intended to improve the quality of care and support the process of care delivery are not always experienced in that way.

- We will explore, establish and develop ways of working to ensure that feedback is sought from staff (the internal customers of corporate systems and processes such as IM&T, governance and HR) and that processes are designed in ways that support staff as well as meet regulatory requirements.

The culture and style of a team will influence the culture of care provided. Healthy teams are key to providing a supportive environment for staff, effectively managing workload and maintaining a focus on service users.

- We will invest our organisational psychology expertise in team working to design cultural assessment tools and processes to support the development of healthy teams.

Staff engagement has many aspects to it. It describes the extent to which staff are committed to, absorbed and involved in the work that they do. It also refers to the extent to which staff feel connected and aligned with the organisation as a whole. We believe that although the former is strong, there is considerable variation in the extent to which staff feel engaged in the organisation.

- We will explore the variations in staff engagement and identify steps to improve the connection between staff and the organisation as a whole by improved communication from the Board to staff.

The experience of change is a key contributor to staff stress and we know that change will be an ongoing requirement if we are to adapt to and be successful in the future. There is considerable variation in how staff have experienced change that has been managed in the past few years. We have committed to making improvements in how we manage change, particularly from the point of view of staff experience, by investing in the role of Change Consultant.

- We will identify and make improvements to our change management processes, including monitoring staff experience through change and evaluating the impact of change.

Support workers play a key part in the delivery of both health and social care across the Trust's services. In line with the national review:

- We will review and strengthen if necessary our approach to the recruitment, training, performance management and development of support workers across all Trust services.

v. **Continue to develop engaging leadership at all levels**

We all share responsibility for delivering a service and finding ways to improve it. It's not someone else's problem to solve. In this way, everyone in the Trust can exercise leadership. We value and support a collaborative and relational style of leadership with leaders getting feedback from the people they lead.

- We will further develop our leadership framework for the Trust
- We will ensure appropriate 360° assessments at all levels, including the Board
- We will develop training for giving feedback/difficult conversations
- We will commission or design and deliver further coaching skills training

We are proud of our shared leadership model for the Trust's clinical directorates and many clinical teams, with its ethos of responsibility for quality and service improvement as well as management. We will also continue to make a high priority the leadership development of clinical teams – by whom the vast majority of our staff are directly led.

- We will continue to design and deliver bespoke interventions to support the leadership of clinical teams.

- We will establish revised performance frameworks for clinical directorates, corporate directorates and clinical teams that enable early intervention and support where needed

One of the tasks of leadership is containing anxiety. It is essential that leaders manage their stress or it transfers down the system.

- We will deliver the mindfulness training for leaders and extend to other clinical staff

We have a development process in place for the board, but we will take this opportunity to review our approach and take account of lessons learned from Francis.

- We will review and strengthen the recruitment, training, appraisal and continued development processes for board members and the board as a whole

vi. **Enhance our governance processes**

Whilst this process did not include a comprehensive review of governance, there were a number of key issues that were raised that will nevertheless be taken forward. Within the workshops effectiveness of treatment and use of medication were raised as important.

- We will provide information on medicines management governance arrangements to service user Governors with follow up discussion with Chief Pharmacist.

We have a strong response to complaints and investigating serious untoward incidents, and we believe there is scope to be more effective in learning, sharing learning, knowing that we've learned from such incidents.

- We will review our approach to feeding back outcomes from SUIs to staff and service users.
- We will establish a project to improve the approach to learning from incidents.
- We will review and establish an improved process to identify cross organisation themes from incidents and complaints that become cross trust improvement projects.

We want to ensure that standards are met across the organisation using real time information where possible and there is significant multi-disciplinary commitment to developing a peer review approach to this.

- We will develop our information systems to allow for real time team level information against minimum standards, outcomes and service user experience that can be reported board to ward/community team.
- We will establish the process of peer review to support the effective delivery and ownership of the above.

vii. Develop the role of Governors

The role and ways of working of Governors has developed steadily since we became a Foundation Trust. At the Council of Governors meeting in April 2013 agreement was reached as follows:

- Council and the Board will continue to work together to consider how best to enhance the ability of the Council in maintaining compliance with its obligations and to protect the public interest. This will include establishing sub groups for quality and performance.

- We will produce an agreed and revised description of the role of Governors and agree how they will be supported to perform it.

- We will explore and agree how to enhance the public accountability of Governors.

viii. Work in partnership with our commissioners

We welcome the sharing of responsibility with commissioners to improve the quality of care and outcomes within budget. We have already agreed to strengthen our performance and quality management arrangements through a reporting line to our recently established strategic partnership forum.

- We will work with our commissioners to develop enhanced quality standards

We will continue to work in partnership with commissioners to address discrimination and stigma in accessing health care, for example taking action to improve the physical health of people with mental health problems through the Right First Time Programme. We will also continue our commitment to provide high quality local services for people currently receiving care out of city.

In addition, as a result of issues raised in our workshops:

- We will raise with our commissioners as a matter of priority meeting the needs of 16-18 year olds in the city.

6. The Department of Health's response to the Francis Inquiry

'Patients First and Foremost' was published by the Department of Health on 26th March 2013. It sets out an initial response, which will be followed up with a fuller response at the end of the summer. This is likely to have significant recommendations that we will be expected to implement. The document contains a description of the work already in progress and sets out a five point plan to ensure that the failings at Mid-Staffs are not repeated:

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

i. Preventing Problems

A new Chief Inspector of Hospitals, Sir Mike Richards has been appointed, with the aim to shine a light on the culture of hospitals. There will be a review of paperwork and box-ticking regulation in order to allow time to lead. Don Berwick has been appointed to the NHS Commissioning Board to advise them on creating a safety culture and zero tolerance of avoidable harm. The goal is that this approach becomes embedded in the NHS.

ii. Detecting Problems quickly

The Chief Inspector of Hospitals will make an assessment of every hospital's performance and will be supported by people knowledgeable in the areas they are assessing, who will have actually visited the wards and spoken with patients and staff.

There will be a new ratings system established for the CQC and a new Chief Inspector of Social Care will be appointed.

To support the new spirit of transparency and candour, it will be possible to drill down in hospital performance data to review each specialty. There will be a duty of candour on all providers to inform people if they believe treatment or care has caused death or serious injury, and to provide an explanation even if they have not asked for one. There will be a national review of the best practice in handling complaints.

iii. Taking action promptly

The CQC, working with NICE and other bodies, professionals and the public will draw up a new set of simpler fundamental standards, which make explicit the basic standards beneath which care should never fall.

The Chief Inspector of Hospitals will develop a time limited 3 Stage failure regime for quality. The first stage will be working with commissioners to remedy problems, the second stage would require the CQC to call in Monitor and the third stage will be the Chief Inspector initiating a failure regime in which the Board can be suspended or the hospital put into administration, whilst ensuring continuity of care.

iv. Ensuring robust accountability

The Chief Inspector will identify failing standards. Where criminally negligent practice is identified the CQC will refer the matter to the Health and Safety Executive to consider whether there will be a prosecution for providers or individuals.

The legislation governing the GMC, NMC and other health care regulators will be overhauled into a single act that will enable faster and more proactive action on individual professional failings.

The Department of Health will implement a national barring list for unfit managers based on the barring scheme for teachers.

v. Ensuring staff are trained and motivated

Starting with a pilot, every student who seeks NHS funding for nursing degrees should first serve a year as a health care assistant.

The Department of Health will work with the National Midwifery Council to introduce an affordable and proportionate national scheme to ensure all practising nurses are up to date and fit to practice.

There is a national review underway to ensure that healthcare assistants can provide safe and compassionate care and that every organisation will have to demonstrate that all HCAs are properly trained and inducted. This will be supported by a national code of conduct.

All trusts will be expected to have in place an accredited tool to assess the workforce requirements and as a minimum these are presented to the Board on a six monthly cycle.

All Trusts will be expected to make progress with the implementation of the national nursing vision "Compassion in Practice – 6C's".

To ensure the NHS creates the cultural change it needs the Leadership Academy will provide leadership courses from Board to Ward level.

Ministers and Civil Servants will be expected to have experience at the front line of clinical services.

7. How we will ensure progress

The Trust's response will be shared with commissioners and a summary communicated to all staff. The Chief Executive and Deputy Chief Executive will host a further meeting with staff and service users in January 2014 to inform them and engage them in progressing the work.

Each of the commitments has a lead Executive and the governance structure for assuring progress is highlighted below. Some of the commitments are very specific and action can be readily progressed and confirmed. For many of the commitments, a specification and timetable for the work will be needed and these will be developed and approved by the relevant committee by the end of September.

At the end of the financial year, a full report will be made to Board on progress via the Quality Assurance Committee. Cost implications of the commitments will be built into the annual planning and investment cycle for 2014/15.

From now on, the development of our culture will form part of and be integrated with our annual planning and investment processes.

8 Recommendations

The Board of Directors is asked to:

- Acknowledge the contributions of many staff and service users in reflecting on the recommendations of the Francis Report and helping to formulate the Trust's response
- Note the assessment against the 290 recommendations set out in Appendix 1
- Agree the commitments for action and the governance arrangements set out in Appendix 2
- Approve the summary communication to staff in Appendix 3

Rosie McHugh
Director of Organisation Development
17th July 2013

Delivering our Commitments – Executive Leadership and Governance Arrangements

Joint with Commissioners

- We will work with our commissioners to develop enhanced quality standards (Deputy Chief Executive)
- We will raise with our commissioners as a matter of priority meeting the needs of 16-18 year olds in the city (Chief Executive)

Trust Board

- The Board will consider how to strengthen the leadership and governance arrangements for workforce and organisation development in the Trust, including the relationship with Trades Unions. (Deputy Chief Executive)
- Council and the Board will continue to work together to consider how best to enhance the ability of the Council in maintaining compliance with its obligations and to protect the public interest. This will include establishing sub groups for quality and performance. (Board Secretary)
- We will produce an agreed and published revised description of the role of Governors and how it is planned they will be supported to perform it. (Board Secretary)
- We will explore and agree how to enhance the public accountability of Governors. (Board Secretary)
- We will review and strengthen the recruitment, training, appraisal and continued development processes for board members and the board as a whole (Chairman/Board Secretary)

Quality Assurance Committee (QAC)

- We will increase our ambition for service users to have real control, influence and power to affect services and set standards for service user partnership in service redesign, recruitment, governance and meetings about care. (Deputy Chief Executive)

- We will map how to recognise and raise concerns and the protection offered by the whistleblowing policy and share with staff at induction. (Deputy Chief Executive)

- Any restrictive clauses eg in Compromise Agreements will be signed off by the Chief Executive and reported to the Board. (Chief Executive)

- We will ensure our reporting of the quality account does not emphasise achievement at the expense of a fair representation of areas where compliance has not been achieved. (Medical Director)

- We will make quarterly complaints data available on the website and to Health Watch. (Deputy Chief Executive)

- We will review our approach to feeding back outcomes from SUIs to staff and service users. (Deputy Chief Executive)

- We will provide information on medicines management governance arrangements to service user Governors with follow up discussion with Chief Pharmacist if that would be useful. (Medical Director)

- We will analyse our incident data and highlight the teams reporting low staffing levels most frequently to access the developing healthy teams process (see below). (Chief Operating Officer/Chief Nurse)

- We will review and establish an improved process to identify cross organisational themes from incidents and complaints that become cross trust improvement projects. (Deputy Chief Executive)

- We will develop our information systems to allow for real time team level information against minimum standards, outcomes and service user satisfaction that can be reported board to ward. (Chief Operating Officer/Chief Nurse)

- We will establish the process of peer review to support the effective delivery of ownership of the above. (Chief Operating Officer/Chief Nurse)

HR Sub-Committee

- We will make clear our values and expected behaviours for all staff. (Chief Executive)
- We will ensure the NHS constitution and values have a more prominent part in our corporate communication. (Board Secretary)
- We will review our staff management processes from recruitment to exit to determine whether our values are adequately expressed, understood and developed. (Director of Human Resources)
- Training that is co-designed and delivered with service users will become the norm. (Director of Human Resources)
- We will revise duty of candour clauses in all contracts of employment and ensure the executive briefing at induction sets out clear expectations in this respect. (Director of Human Resources)
- Identify best practice for agreeing staffing levels /skill mix/ capacity planning. (Chief Operating Officer/Chief Nurse)
- Clarify protocols to be followed when changes to staffing levels are being considered. (Chief Operating Officer/Chief Nurse)
- We will invest our organisational psychology expertise in team working to design cultural assessment tools and processes to support the development of healthy teams. (Director of Organisation Development)
- We will ask professional leads to do a stocktake of supervision processes and effectiveness and identify priorities for future investment, including recovery model of supervision. (Chief Operating Officer/Chief Nurse)
- We will implement the recommendations from the staff support when attending Coroner's Inquests report. (Deputy Chief Executive)
- We will review and strengthen if necessary our approach to the recruitment, training, performance management and development of support workers across all Trust services. (Chief Operating Officer/Chief Nurse)
- We will explore the variations in staff engagement and identify steps to improve the connection between staff and the organisation as a whole by improved communication from the Board to staff. (Director of Organisation Development)
- We will ensure appropriate 360^{o} assessments at all levels, including the Board (Director of Organisation Development/Board Secretary)

- We will develop training for giving feedback/difficult conversations (Director of Organisation Development)
- We will commission or design and deliver further coaching skills training (Director of Organisation Development)
- We will deliver the mindfulness training for leaders programme and extend to other staff (Director of Organisation Development)
- We will continue to design and deliver bespoke interventions to support the leadership of clinical teams (Director of Organisation Development)
- We will further develop our leadership framework for the Trust (Director of Organisation Development)

EDG

- We will establish revised performance frameworks for clinical directorates, corporate directorates and clinical teams that enable early intervention and support where needed. (Chief Operating Officer/Chief Nurse)
- We will identify and make improvements to our change management processes, including monitoring staff experience through change and evaluating the impact of change. (Director of Organisation Development)
- We will establish a project to improve the approach to learning from incidents. (Director of Organisation Development)
- Identify and make resources available to teams to redesign ways of working and reduce waste. (Director of Organisation Development)
- We will explore, establish and develop ways of working to ensure that feedback is sought from staff (the internal customers of corporate systems and processes such as IT, risk and HR policies) and that processes are designed in ways that support staff as well as meet regulatory requirements. (Director of Organisation Development)

Appendix 3

Our Response to the Francis Inquiry – briefing for staff

We were appalled by the failings in care that took place at Mid-Staffordshire NHS Trust and also at Winterbourne View.

Our culture is very different from those organisations. We have a legacy of service user involvement throughout the organisation; our staff are skilled, committed and motivated; clinicians and managers share leadership for improving quality and managing resources, and we have a strong reputation for working in partnership.

But we are not complacent. We operate in the same context and are subject to the same external pressures that contributed to the failings in those organisations and these are difficult times. Delivering high quality health and social care is becoming more complex and more challenging. Demand for services is increasing and we are currently operating in an environment of reduced public sector spending. Delivering high quality care in this environment is a challenge we are determined to meet.

We have a culture in which, should poor care take place, it is recognised and reported and so we do know that we have instances when care is not at the standard we would wish for our friends or families. We are therefore keen to learn whatever lessons we can from such instances to improve the quality of what we do.

We have taken this opportunity to revitalise our commitment that the people who use our services are at the heart of everything we do.

We have involved over 200 staff, service users and Governors to decide on our response and we have based this around an understanding of the research about compassion in order to understand how we do our work in a way that kindness and compassion are at the fore. At the August Board meeting, the Board approved a series of commitments that are summarised below. If you would like to see the full version of the report, you can download from the intranet.

We know that the one and only thing that can and does unite us as an organisation is our **shared purpose** – our dedication to meeting the needs of people who use our services, those we are here to serve. We will increase our ambition for service users to have real control, influence and power over how services are provided. We have recently decided to invest in a service user experience monitoring unit as part of this.

We want to make more explicit the values we aspire to and the behaviours we expect from all of us. The Chief Executive will lead a project that will involve the people to whom we provide a service as well as staff to make this more explicit and consistent.

We measure our success as an organisation by the extent to which we do that and we demonstrate our commitment at all level by our **willingness to be open** about how well we are doing against metrics that matter. We welcome checks and balances on what we are doing and take seriously our responsibility to account for how things are. In particular we emphasise the critical role of service users and carers in assessing how effective our services are.

We can only deliver high standards and improvements to the delivery of safe, effective and positive experience of care if it involves all of us. We will only achieve what we are capable of if we all work

together in partnership, with everyone encouraged to think for themselves, taking individual responsibility to bring about improvements in how we work. We recognise the need to increase our awareness and understanding of staff experience and increase our efforts to promote staff engagement. Also to ensure learning from incidents and performance against standards that matter to us.

We know that pressure is increasing and will continue to do so unless we find ways to work differently. We will strengthen our processes for reviewing staffing levels including reporting at Trust Board. We intend to improve our approach to managing change, to give the people doing the work influence to improve how things are done.

We recognise our shared humanity. The quality of our relationships and the way we treat each other matters, to both service users and staff. We recognise the importance of maintaining a **compassionate workforce**, and of treating our staff and each other with the same respect, humanity and support with which we expect our staff to treat service users and their families. Supervision is key and we will ask all professional leads to review what is working well in supervision and seek to continually improve both access to and quality of supervision for all staff.

All of this requires **leadership and leaders** who recognise, understand and take a stand for humanity in health care and are concerned with relationships as well as results. We are proud of our shared leadership and will continue to prioritise support for the leadership of clinical teams.

We also believe that the Trust Board has a key role to play and we will be seeking 360 degree feedback on our performance over the next few months. We recognise the key role of Governors in holding the Trust Board to account. We will continue to work with the Governors to strengthen their roles.

We welcome the increased commitment from **Commissioners** for the quality of what we do and will continue to work in partnership with them to improve the quality of services they commission. We are also committed to working with the commissioners to address the quality challenges that exist outside our organisation boundaries – including addressing the discrimination and stigma in health care, improving the quality of care for people receiving services outside the city and most urgently, the quality of care for people in transition from child to adult services.

The Trust Board will receive a full report on progress against these commitments at the end of the financial year. The cost implications will be built into the annual planning and investment cycle for 2014/5. From now on, the development of our culture will form part of our annual planning process.

The Chief Executive and Deputy Chief Executive will host a further meeting with staff and service users on the afternoon of Wednesday 22nd January 2014 to inform them and engage them in the progression of the work.

If you would like to attend, please contact Sharon Sims sharon.sims@shsc.nhs.uk tel: (0114) 271 6370.

Rosie McHugh
Director of Organisation Development