

# Staff Survey Results 2014

Author: Louise Gallagher Workforce Development Manager Sponsor: Emma Stevens, Acting Director of HR  
Date: 2 July 2015

## Executive Summary

### Trust Board paper G

### Context

The Trust is required to participate in the National NHS Staff Survey on an annual basis. The results of this survey and those of the Staff Friends and Family Test and LIA Pulse Check are used to develop human resource and workforce strategies aimed at improving staff experience of working at UHL. The Staff Survey paper presented to the Board in April 2015 outlined that there have been consistent messages arising from each of these surveys and, as a result, our actions should be shaped around four key themes:

Accelerated Listening into Action

Improvements in local leadership and the management of well led teams

Implementing actions to remove day to day frustrations

Clarifying the Trust commitment to Quality.

The purpose of this paper is to provide an update on the development of a Trust wide action plan, and review the outputs of CMG/Directorate review of their local results.

### Questions

1. What actions need to be taken at a Trust wide level to address the core themes?
2. How can we ensure that these are developed through the engagement of staff?
3. How will we monitor our progress?

### Conclusion

1. The action plan details Trust wide actions against each core theme including owners.
2. The themes have been presented to local focus groups in corporate areas and Clinical Management Groups and ideas used to shape the overarching plan. In addition local areas have developed specific plans to address local issues
3. Progress will be monitored through the four workstream leads, Executive Workforce Board and the local CMG Boards

### Input Sought

We would welcome the Board's input regarding approval of the action plans and the process of monitoring.

# For Reference

Edit as appropriate:

1. The following [objectives](#) were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes ]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following [governance](#) initiatives:

Organisational Risk Register	[Yes ]
Board Assurance Framework	[Yes]

3. Related [Patient and Public Involvement](#) actions taken, or to be taken: Not applicable

4. Results of any [Equality Impact Assessment](#), relating to this matter: Full equalities analysis has been undertaken and actions will be taken forward through the Equalities Action Plan

5. Scheduled date for the [next paper](#) on this topic: December 2015

6. Executive Summaries should not exceed [1page](#). [My paper does comply]

7. Papers should not exceed [7 pages](#). [My paper does comply]

## University Hospitals of Leicester NHS Trust

**REPORT TO:** Trust Board

**DATE:** 02 July 2015

**REPORT FROM:** Emma Stevens, Acting Director of Human Resources

**REPORT BY:** Bina Kotecha, Assistant Director of Learning and OD,  
Louise Gallagher, Workforce Development Manager

**SUBJECT:** ACTING ON THE NATIONAL NHS STAFF SURVEY RESULTS 2014

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### 1.0 BACKGROUND

- 1.1 In April 2015, the Trust Board were presented with a detailed analysis of the 2014 National Staff Survey Results arising from the 3744 responses received. The results showed limited statistically significant change since the 2013 survey although with notable improvements in rates of statutory and mandatory training and conversely less individuals agreeing that they have had access to training and development in the last 12 months.
- 1.2 These results were against a background of innovative developments in respect of 'Listening into Action' initiatives and significant improvements in LiA pulse check scores. As a result a small team of individuals from workforce and communications, led by the Chief Executive, distilled the principle themes from both this data and data arising from the LIA March 2015 Pulse Check and Friends and Family test results. These were debated and refined at the Executive Workforce Board on 17 March 2015 and summarised into the following four work strands:

<b>1. Accelerated Classic Listening into Action (LiA)</b>	<b>2. Leadership / well led teams – Basic Expectations and Holding to Account</b>
<b>3. Removing Remove Day to Day Frustrations</b>	<b>4. Quality- Branding and Messaging</b>

### 2.0 INTRODUCTION

- 2.1 In the April Trust Board paper, we outlined next steps in respect of the Staff Survey results which were to:-
- Work through the four specific Trust wide work strands as outlined in 1.2.
  - Hold focus groups in CMGs and Corporate areas before the end of May 2015 to review these core actions in the context of local results.
  - By the end of June 2015, have a firmed up action plan for the Trust and also within Clinical Management Groups and Corporate Directorates detailing any local actions from their own results.
- 2.2 The purpose of this paper is to provide the Trust Board with an update on these actions.

### 3.0 METHODOLOGY

- 3.1 In tandem with work on core actions at a Trust wide level, CMGs and Corporate areas were supplied with an information pack detailing overall Trust results, local CMG and Corporate area results (benchmarked against the Trust average) and the scores and comments from the March 2015 Pulse Check and the February 2015 Staff Friends and Family Test scores.

## University Hospitals of Leicester NHS Trust

3.2 From these results the top three areas for action locally were presented to each CMG and Corporate area, focus groups were then held and ideas generated both 'what can done' and 'how'. In addition, focus group members were asked to generate ideas about what can be done Trust wide to:

- Improve local leadership and management of teams.
- Remove day to day frustrations.
- Demonstrate commitment to quality.

### 4.0 ACTIONS

4.1 A high level action plan which has been formed and shaped by the actions identified in 3.0 above is attached at Appendix One. The action plan details work underway across the Trust to ensure we continue our improvement journey and future plans to be implemented in the next 12 months. Workstreams 1 and 2 are led by Bina Kotecha, Assistant Director of Learning and OD, Workstream 3 is led by John Adler, Chief Executive and 4 is to be led by Carole Ribbins, Acting Chief Nurse. Appendix One is supported by a detailed action plan to ensure we track delivery of outcomes.

4.2 Each CMG has developed a local action plan to improve staff engagement in their areas. The list below identifies some of the actions that will take place locally:

- Local thank you schemes and recognition of local achievement.
- Use of protected time to enable a focus on priorities.
- Provision of a debrief system to support staff in coping with the emotional strains of their role.
- Provision of appropriate space to allow difficult conversations to take place.

### 5.0 NEXT STEPS

5.1 In order to maintain momentum on improving the staff experience, it is proposed that the Trust level action plan is monitored through the leads of each of the four work strands centrally led by the Director of Workforce and Organisational Development.

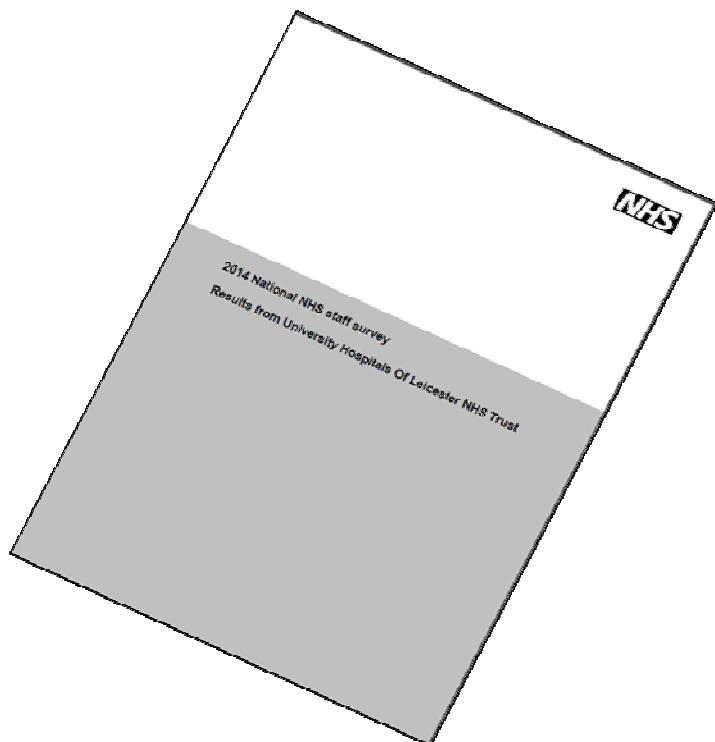
5.2 Local CMG plans should be managed through their CMG Review Board meetings.

5.3 A further update on progress will be provided in December 2015 ahead of the 2016 National Staff Survey results.

### 6.0 RECOMMENDATIONS

6.1 The Trust Board is asked to:-

- Discuss and approve the progress made in respect of actions being taken both Trust wide and within areas from the feedback from staff.
- Approve the management arrangements for monitoring the implementation.



# Appendix 1: National NHS Staff Survey

## KEY ACTIONS



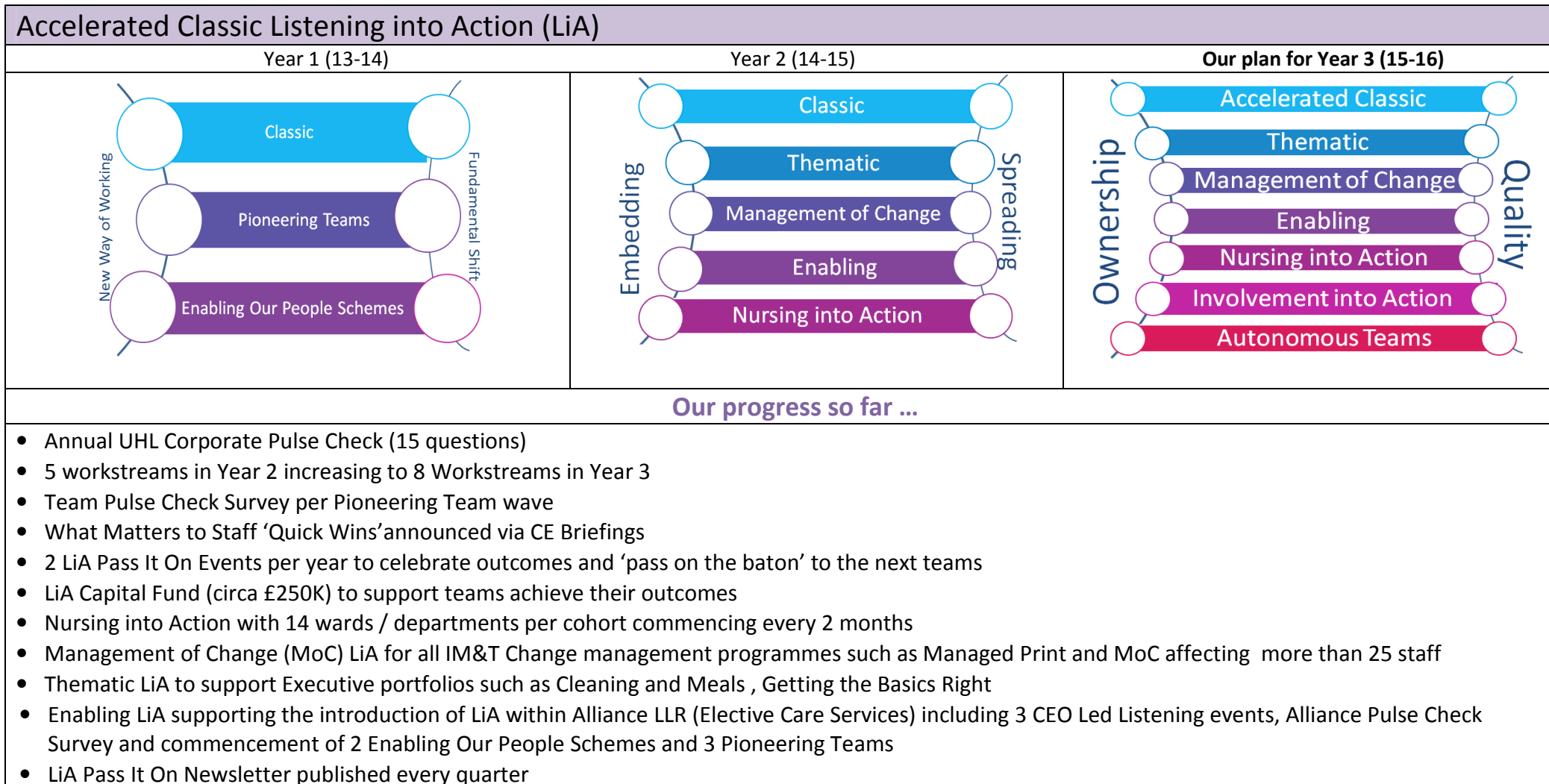
### Background to Action

Status key:	<b>5</b> Complete	<b>4</b> On track	<b>3</b> Some delay – expect to completed as planned	<b>2</b> Significant delay – unlikely to be completed as planned	<b>1</b> No
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- Our broad framework for action encompasses how we intend to target our approach to improving staff engagement and thereby the quality of patient care.
- Four specific areas for action have been identified as outlined below
- Each of the quadrants is not mutually exclusive, for example we know Listening into Action aims to enable staff to feel empowered and have the tools to remove day to day frustrations and impacts positively on teamwork.

<p>1 Accelerated Classic Listening into Action (LiA) LEAD: Assistant Director Learning &amp; OD</p>	<p>2 Leadership / well led teams – basic expectations and holding to account LEAD: Assistant Director Learning &amp; OD</p>
<p>3 Removing the day to day frustrations LEAD: Chief Executive Officer</p>	<p>4 Quality (Branding and Messaging) LEAD: Chief Nurse</p>

1. Listening into Action (LiA)



<b>Status key:</b>	<b>5</b> Complete	<b>4</b> On track	<b>3</b> Some delay – expect to completed as planned	<b>2</b> Significant delay – unlikely to be completed as planned	<b>1</b> Not yet commenced	<b>0</b> Objective Revised
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<b>1</b>	<b>ACCELERATED LISTENING INTO ACTION</b>	<b>KEY ACTIONS 2015-16</b>
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No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
<b>1.1 Accelerated Classic LiA</b>					
1.1.1	Promote and Increase selection of Pioneering teams per Wave (5-6). Increase intake size from 12 to 20 in November 2015 subject to number of nominations, and additional establishment resources for LiA team	LiA Sponsor Group	30 April 2015	11 Pioneering Teams selected for Wave 5 which commenced in May 2015 with 3 teams rolled forward from Wave 4 – Total teams 14	5
			31 October 2015	1 – 25 September 2015 – open for applications for Wave 6.	1
1.1.2	Schedule, organise, and event manage a Pass It On event for up to 180 attendees with representation from executive colleagues, CMG Leadership Teams and Pioneering Teams	LiA Lead	30 November 2015	Pass It On Event booked for 3 November 2015.	4
			May 2016	May event to be confirmed in November 2015	1
<b>1.2 Communication</b>					
1.2.1	Create, and publish the LiA Pass It On Newsletter quarterly to help spread the word, with use of social medial (Twitter) to publicise activities and generate interest between publications	CEO / Assistant director Learning & OD / LiA Lead	May 2015	Ongoing - Next newsletter will be attached to June wage slip plus use of other forms of media including Twitter	4
1.2.2	Create a 'How to Guide' for everyday LiA use to support people who want to use LiA but are not part of a formal pioneering team	CEO / Assistant director Learning & OD / LiA Lead	30 July 2015	In progress – draft guide being created	4
			30 September 2015	'How to Guide' currently being drafted	4
<b>1.3 Spreading LiA further, faster</b>					
1.3.1	Introduce 3 further work streams for LiA: <ul style="list-style-type: none"> <li>• Involvement into Action</li> <li>• Autonomous Teams</li> <li>• Supporting promotion of Quality Commitment</li> </ul>	CEO / Assistant director OD & Learning / LiA Lead	31 March 2016	Involvement into Action - Listening Event booked for 7 July 2015 with CMGs and patient partners to scope and shape process.  Scoping of Autonomous Teams Activity  Delivering Caring at its Best 5 Year Plan	4

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National NHS Staff Survey (2014) - Action Plan 2015

No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
				events during July which promotes the quality commitment	

**1.4 Pulse Check**

1.4.1	Administer Annual and Pioneering Team Pulse Check Surveys and Publish results via CE Briefings and LiA INsite Pages	LiA Lead	30 April 2016	Ongoing – next Organisational Pulse Check due March 2016. Current Wave 5 teams all completing Pulse Checks.	4
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2. Leadership / well led teams – basic expectations and holding to account

**Leadership and Well Led Teams**



**Our progress so far ...**

- Strong implementation of Organisational Development Plan confirmed by external audit (February 2014)
- Improving Communications between senior managers and staff

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## National NHS Staff Survey (2014) - Action Plan 2015

- Executive Quality and Safety visits demonstrating visibly of Leadership across organisation
- Leadership Strategy endorsed by Executive Workforce Board and Trust Board June 2014
- Refreshed Reward and Recognition Strategy 2014 presented to EWB in June 2015
- Leadership Qualities and Behaviours developed with staff linked to UHL Core Values
- Improved Induction and Appraisal policy, procedure and training
- Annual appraisal quality audits incorporating the assessment and review of a range of data sources
- Facilitated team building across CMGs and mapping out of how they work together
- Improved quality and access to training and development with key focus on Statutory and Mandatory Training
- New roles development
- Commissioned 'Accountability into Action' senior leadership programme covering 'Influencer, Crucial Conversations and Accountability'
- Extended leadership development portfolio developed in partnership with East Midlands Leadership Academy and Health Education East Midlands
- Mutuals in Health Pathfinder with support for reviewing components of an Autonomous Team within Elective Orthopaedic, Trauma and Theatres
- Key annual celebration and development events demonstrating the 'so what' difference made from exposure to staff / leadership development

<b>2</b>	<b>LEADERSHIP AND WELL LED TEAMS</b>	<b>KEY ACTIONS 2015-16</b>
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No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
<b>2.1 Appraisal &amp; Recognition</b>					
2.1.1	Implementation of new appraisal documentation and process and robust talent mapping / management at senior level	CMG Leadership Team / Corporate Senior Managers	30 April 2016	1300 appraisers trained on updated appraisal process. Talent Quotas based on industry standards communicated at May CEO Briefing and revised data capture process communicated to senior leads. Talent Management workshops to commence in July targeting senior leaders	4
2.1.1	Implement local recognition schemes			Clinical Management Groups have undertaken a range of activities in implementing local recognition schemes (monitored by CMG Boards)	4
<b>2.2 Leadership Behaviours &amp; Training</b>					
2.2.1	Review national NHS Healthcare Leadership Model and set out	Assistant Director	30 June 2015	Executive Workforce Board (EWB) have agreed	4

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National NHS Staff Survey (2014) - Action Plan 2015

No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
	implementation approach across UHL	Learning & OD		Healthcare Leadership Model implementation approach (16 June 2015) and use of corresponding 360 Feedback Tool.	
2.2.2	Develop leaders and their communication skills - supported by improved coaching, mentoring and 360 degree feedback	Assistant Director Learning & OD	30 April 2016	As above plus comprehensive mentoring and 360 Feedback Facilitator development programme underway (delivered in partnership with Health Education East Midlands)	4
2.2.3	Pilot 'Accountability into Action' including Crucial Conversations for CMGs and Board and report on evaluation	Assistant Director Learning & OD	December 2015	Influencer and Crucial Conversations Development attended by 23 senior leaders and 7 accredited Influencer Trainers	4
2.2.4	Extend leadership development portfolio to include soft skill, business and finance skills, defusing conflict situations and customer care development	Assistant Director OD & Learning	31 March 2016	Comprehensive 'Knowing your Business' e-learning development portfolio launched in May 2015 primarily focused on finance and business development elements.	4
<b>2.3 Communication</b>					
2.3.1	Create communication champions - to help support getting corporate messages/ information to staff (including community settings)	Head of Communications	31 December 2015	Work underway in identifying Communication Champions across CMGs	4
<b>2.4 Visible Leadership</b>					
2.4.1	Attend Chief Executive Briefings - All managers should attend one of the monthly Chief Executive Briefings. Managers should hold regular face to face briefings with their teams.	CMG Leadership Team / Corporate Senior Managers	Monthly	Attendance monitored at CEO Briefings and non-attendance reported on. Action agreed at local Focus Group Events in improving staff communications (implementation to be monitored by CMG/Directorate Boards)	4
2.4.2	Leadership & Safety walkabouts – To include senior leaders	CMG Leadership Team / Corporate Senior Managers	Monthly	All Directors conduct monthly walkabouts (monitored and reported on). Chief Nurse and Medical Director conduct weekly walkabouts. CMG Clinical Directors, Heads of Operations and Heads of Nursing conduct a minimum of monthly walkabout across areas of own responsibility.	4
<b>2.5 Monitoring Performance</b>					

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## National NHS Staff Survey (2014) - Action Plan 2015

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2.5.1	Develop and implement specific Leadership and Team Effectiveness Key Performance Indicators (KPIs) to be monitored via Executive Workforce Board	Assistant Director of Learning and OD	30 September 2015	Organisational Health Dashboard implemented to support monitoring against key HR indicators. Further indicators under development (ensuring alignment with Healthcare Leadership Model)	4

### 3. Removing Day to Day Frustrations

#### Removing Day to Day Frustrations

#### Our progress so far ...

- Annual UHL LiA Pulse Check reported – 25.59% staff said day to day issues and frustrations that get in the way are quickly identified and resolved
- Pioneering teams and Nursing into Action Teams undertaking LiA Pulse Check surveys – beginning & end of LiA journeys
- Staff Forum available on INsite
- Breakfast with the Boss across all Trust sites
- Launch of Blueprint Bulletin (electronic) to communicate estates strategy and service plans
- ‘Voxpops’ undertaken by Chief Executive at various forums to ask if day to day issues get in the way of them working effectively and if so what
- Mutuals in Health Pathfinder Programme 1 January 2015 – 31 March 2015 including workstream on staff engagement and what matters to staff

### 3 REMOVING DAY TO DAY FRUSTRATIONS

### KEY ACTIONS 2015-16

No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
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National NHS Staff Survey (2014) - Action Plan 2015

No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
<b>3.1 Delivering Caring At its Best 5 Year Plan – staff engagement events</b>					
3.1.1	Launch our revised Delivering Caring at its Best (5 Year Plan) through a series of large staff events to communicate revised 5 year plan and to ask staff ‘what gets in the way of them delivering great care’ and ‘what are their day to day frustrations’	CEO / Executive Director Communications and External Relations / Head of Communications / LiA Lead	31 July 2015	5 events booked: 1 July 2015 AM 1 July 2015 PM 3 July 2015 10 July 2015 13 July 2015	4
3.1.2	Feedback to staff attending a Delivering Caring at its Best event through CE Briefings in August 2015 to include <i>Top 10</i> list of ‘What Gets in Our Way’ and identify actions, timescales and leads	CEO / Executive Director Communications and External Relations / Head of Communications / LiA Lead	31 August 2015	Feedback to be themed following events and Top Ten list to be produced from this.	1
<b>3.2 IT Frustrations</b>					
3.2.1	Thematic LiA event on IT related frustrations at work. Event scheduled for 22 June 2015 – to including seeking feedback from staff on the usability of systems (particularly in relation to the Erostering System)	CEO / Executive Director Communications and External Relations / Director Human Resources	22 June 2015	Event completed with c.100 attendees	5
3.2.2	Feedback to staff attending the LiA Thematic – IT related frustrations at work event at CE Briefings in August 2015 to include actions, timescales and leads	CEO / Executive Director Communications and External Relations / Head of Communications / LiA Lead	31 August 2015	Feedback to be themed following event which will be fed back to staff by 31 July 2015 sing a ‘You said, we did’ format.	4
3.2.3	Increase access to computers (with specific focus on ward based staff)	Chief Information Officer	TBC	Will follow from 3.2.1	1
<b>3.3 LiA Capital Fund</b>					
3.3.1	Identify capital and / or revenue funding to support actions on ‘What Gets in Our Way’ and processes available for accessing it.	CEO / Director HR / Assistant Director Learning & OD / LiA Lead	31 March 2016	Once Top Ten frustrations identified there will be discussion to identify which funding is required and this will be requested.	1

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## 4. Quality (Branding and Messaging)

### Quality (Branding and Messaging)

#### Our progress so far ...

- Review of Board structures to include Executive Quality Board 2014
- Communication LiA Enabling Our People Scheme – introduced Trust templates for meetings, minutes, presentations
- Leicester Charities – Staff Broucher published to encourage staff access to charitable funds.
- Refreshed ‘Caring at its Best’ strategy 2014
- Re-launched revised ‘Delivering caring at Its Best’ 5 Year Plan 2015
- Revised Quality Commitment – Approved by Executive Quality Board 7 April 2015
- Revised Delivering Caring at Its Best 5 Year Plan communicated via Chief Executive Briefings in April 2015
- *Everyone Counts* – launched 2014
- Review of Emergency Care Pathway – publication of Sturgess Review (UHL & LLR) 2015
- Hot Boards introduced to all wards to standardise patient & visitors information boards 2014/5
- Survey of INsite – form and function 2015
- Quality and Safety Walkabouts – Trust Board and senior leaders

### 4 QUALITY (BRANDING AND MESSAGING) KEY ACTIONS 2015-16

No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
<b>4.1 Quality Commitment – Raising the profile of the Trusts commitment to quality</b>					
4.1.1	Re-launch of Quality Commitment through refreshed branding and communication plan	CEO / Chief Nurse / Executive Quality Board / Executive Director Communications and External Relations	31 July 2015 End of August would be more realistic	Meeting to be arranged with ACN, AMD, DCQ and DCER to agree communication plan. In the meantime QC has featured in CE briefings	4

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## National NHS Staff Survey (2014) - Action Plan 2015

No	ACTION	LEAD (S)	COMPLETION DATE	PROGRESS UPDATE	STATUS
4.1.2	Revised UHL vision 'Delivering Caring at its Best' communicated to staff via Chief Executive Briefings	CEO	30 April 2015	Revised Delivering Caring at Its Best announced at Chief Executive Briefings – April 2015	5
4.1.3	Incorporate revised Delivering Caring at its Best strategy and vision along with Quality Commitment within induction programme	Director Human Resources / Assistant Director OD & Learning	1 August 2015	The induction Programme will be updated during July 2015 to reflect Delivering Caring at its Best – 5 Year Plan sessions	4
4.1.4	Quality Objectives incorporated within new appraisal system – to promote and audit	Assistant Director Learning and OD	31 March 2016	Appraisal documentation updated to incorporate quality element. Appraisal Quality Audit completed, work underway in analysing results.	5
4.1.5	Shift emphasis of CE Briefings to start with quality and establish links to section 2 (No 2.4.3): Leadership and well Led Teams	CEO / Head of Communications / Assistant Director OD & Learning	30 September 2015	Following review by the Chief Executive, Director of Corporate and Legal Affairs - the July CEO Briefing will place more emphasis on Quality and ensure alignment to Chief Executive Trust Board Update	4
<b>4.2 Visible Leadership – Quality &amp; Safety (links to Section 2.4)</b>					
4.2.1	Programme of Patient Safety Walkabout's scheduled for 2015/16 to include use of revised checklist including questions on 'frustrations' and 'quality'	Director of Safety & Risk / Medical Director / Chief Nurse	31 March 2016	Safety walkabout feedback form amended June 2015 to include 'frustrations' and 'quality' comments	5
4.2.2	Reports on issues raised by staff & patients under the headings 'frustrations' & 'quality' to be reported on a regular basis to Executive Quality Board	Director of Safety & Risk / Medical Director / Chief Nurse	31 March 2016	Quarterly reports to EQB on safety walkabouts	4
4.2.3	Board to Ward Walkabouts	Medical Director / Chief Nurse	31 March 2016	Arranged following Trust Board Meetings Walkabouts arranged for MD/CN every Friday morning.	4
4.2.4	CMG Quality & Safety Meetings (Quarterly) – to provide a forum to monitor performance, raise the standards on specific quality commitments; flag issues requiring corporate support	Chief Nurse / Medical Director / CMG Leadership team	31 March 2016	Quarterly meetings arranged with all CMGS.	4

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