The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	**REPORT FOR:**		**IMPACT:**		
Ian Bruce **Head of Mandatory Training**	**Decision**		**High**	**Med**	**Low**
CONSULTATION:	**Information**	✓			
Claire Matthews	**REPORT TYPE:**		**RELATED WORK:**		
Sponsoring Executive Directors Gwyneth Wilson David Stonehouse	**Strategic**				
	Operational	✓			
	Governance	✓			

BAF ref:	
Monitor Compliance Framework:	Quality of care- patient experience, service provision
CQC Essential Standard Reference:	1, 13,
NHSLA Standard Reference:	2.1,2.2,2.3,
Media / Communications:	No

Meeting Date: **26 March 2012**
Report Title: **Developing Organisational Values and Behaviours at the Queen Elizabeth Hospital King's Lynn Update Paper**

Purpose:
The aim of this paper is to update the progress on the Values and Behaviours work that will support the Equality Delivery System (EDS) and the iCARE concept as a framework to:

- To strive for excellence in all that we do
- Improve patient experience and better health outcomes for all
- To improve staff relations and satisfaction in the workplace through empowered, engaged and inclusive staff
- To save the Trust money by linking performance to pay
- Improve the equality performance of the NHS, embedding equality into the mainstream business of all NHS organisations, both commissioners and providers.
- Help NHS organisations to meet the requirements of the statutory public sector equality duty, contained within the Equality Act 2010 and the statutory duty to consult and involve patients (NHS Act 2006)

This paper provides further information on sources of funding, progress to date and timescales follows on from the report "Developing Organisational Values and Behaviours at the Queen Elizabeth Hospital King's Lynn" submitted on the 24 October 2011.

Summary:

The Equality Delivery System (EDS) was published on the 29 July 2011 and acts as a framework to improve the equality performance of the NHS, embedding equality into the mainstream business of all NHS organisations, both commissioners and providers. It is made available to the NHS and If adopted it will support the Trust in meeting the requirements of the statutory public sector equality duty, contained within the Equality Act 2010 and the statutory duty to consult and involve patients (NHS Act 2006).
It is proposed that the Care Quality Commission (CQC) may take account of the ratings and in particular any highlighted concerns as part of its process to monitor registration status.

Part of this legal framework is the ability to demonstrate to staff that the Trust has clear guidelines in relation to appropriate behaviour of our staff towards both patients and colleagues.

In developing its approach to Values and Behaviours, the trust has taken into account work in the area of Values & Behaviours undertaken by other NHS organisations (including Addenbrookes, West Suffolk, Peterborough & Stamford and Yeovil) as well as the Nolan Principles, NHS Constitution and the CQC Essential Behaviours, and previous work within this Trust.

This paper provides an update on the QEHKL approach to Developing Organisational Values and Behaviours.

The project is on target both in relation to numbers attending, meeting scheduled milestone and within defined budget, with all the funding coming from external QIPP money. The Anne Frank Trust and Norfolk Community Health Care Trust have engaged in developing a joint approach to solving the issues addressed by the work.

Effort now needs to be centred on ensuring participation from staff groups that are still to engage in the workshops.

We are working with a Non-Executive Director from Luton and Dunstable NHS Foundation Trust who is looking to participate on one of the workshops and is looking for us to work with Luton and Dunstable NHS Foundation Trust on developing a similar approach.

This work supports the message currently being delivered in the "What do the Care Quality Commission Quality and Safety Outcomes Mean to Me?" staff presentations and extends the work of the iCARE framework.

Timescales are in place to deliver the work throughout 2012, these dates can be seen in Appendix 1

Financial Implications / Efficiency Savings / Quality Improvement:

Financial implications

- Engage Anne Frank Trust to jointly develop custom DVD vignettes, preparation of workshops, train the trainer sessions and co-delivery of initial workshops and production of all supporting materials - (£18,000) – fully funded by externally sourced QIPP money. These funds are shared between the QEHKL and NCHC for the development of custom materials including the short films based on patient stories from the QEHKL.

- Equality and Diversity Handbooks - £2000 – This is also to be funded from the same QIPP money.

- Publicity leaflets and posters - £1000. This is also to be funded from the same QIPP money.

Non-compliance with Equality Legislation may result in financial penalties being imposed on the Trust.

Recommendations:

- The Non-executive Directors are invited to attend one of the workshops
- Message to go out from the Board encouraging all staff to attend the workshops
- The Board write to Foundation Trust membership inviting them to attend the workshops

Author: Ian Bruce
Date: 9 March 2012

The timeline for the implementation of this work.

The Equality Delivery System for the NHS Timeline			Progress
Date	**Action**		
By end Oct 2011	Full Implementation plan in place	Start of Time Line Oct 2011	Complete
End November 2011	Funding in place to engage Anne Frank Trust and costing in place from Anne Frank Trust with agreement to move forwards.	1 month	Complete
End December 2011	Identify and contact patient groups who will participate in workshops Develop Values Council membership and full terms of reference	2 months	Complete
Mid January 2012	Workshops designed and internal staff identified and trained ready to run the workshops.	3 months	Complete
End January 2012	Two trial workshops run and any changes implemented	3 months	Complete
February – May 2012	Run Workshops	4 months	Advertised in December 2011 / January 2012
June 2012	Collate all data to date and filter down to define values and behaviors	8 months	
July 2012	Re – baseline to see impact workshops alone have had on the patient experience Start to implement new values and behaviors into the model as defined earlier in this paper	9 Months	
November / December 2012	Full integration into the key business areas to include Recruitment, Induction, Performance Management, Appraisal, Staff Engagement, Training and Leadership	12 Months	