

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS - 27 JUNE 2014**

SUBJECT: **FRANCIS REPORT**

REPORT FROM: **TRUST SECRETARY**

PURPOSE: **Discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

This item is a standing item on the CPMT agenda. Following the Francis Inquiry into Mid Staffs there were around 3000 recommendations which were reviewed and an action plan produced; this is monitored by CPMT on a monthly basis.

SUMMARY:

The Department of Health formally responded to the recommendations on 19 November 2013 in which it accepted (in principle for some; in totality for others) 281 out of 290 recommendations from the report, which exposed failures of care in the Mid Staffordshire NHS Foundation Trust and the wider safety net systems in the NHS.

Following the final response from the DH the action plan was updated to reflect any recommendations that were rejected or partially accepted.

Further work has taken place since the submission to DH and outlined below is progress against the three actions plans, the outstanding actions are shown in the appendix:

Business As Usual

Out of the 48 actions in this plan, 5 remain as outstanding and these are being progressed; however, the due by dates for these actions has not yet passed.

Francis Specific

Out of the 70 actions in the plan, 8 are outstanding where dates have been changed this is indicated on the plan.

We Care and Staff Survey

Out of 51 actions there are 0 are outstanding, that action plan has been completed.

Impact of actions

One of the actions was to ensure more Ward to Board communication and as a result the Board identified five themes and invited staff to join the Board to discuss them. In order to see how effective this was the Trust Secretary emailed all those who attended to answer four questions; the results are below:

1. How did you find attending the Board to discuss staff related themes?
A little daunting to start with, but very quickly settled in and felt at ease.

I enjoyed listening to the business and especially pleased to hear that some of the concerns that we face are being discussed at board level.

I enjoyed attending Board to discuss the themes.

I thought the Board meeting was very useful

2. Did you feel listened to?

Yes, I did feel that we were being listened to.

I felt that I was listened to when I stated my point and I felt that the board were interested in what I had to say along with those other colleagues who also attended.

I felt the Chairman and other Board members actively listened and enabled all staff in attendance to contribute and make their point.

Yes, I felt I was listened to. We need to have Follow up meetings with specific executives to implement the plans.

3. Did you feel able to get your point across?

Yes

Yes

Yes

4. Would you value other chances to engage like this at Board meetings?

Would value this opportunity again and it would be great to have the sessions themed with key areas/topics that Matron's then may choose they wish to be included in.

I think being able to attend the board meetings in the future is really valuable not just to raise a concern but to demonstrate and share the good work that we do.

Yes, most definitely - I think this should be a regular feature even if the themes were rolling, therefore repeated as long as different staff were able to attend and contribute

Conclusion

In terms of completing the actions from the Francis Action plan the Trust has done well to ensure most of the actions are complete, although some are still bedding in.

The Ward to Board action looks to have been effective with follow-ups required from the Executive Team to take forward the actions. Additionally further work on rolling out the work being undertaken by the Chair and Director of Human Resources and Corporate Services to invite staff on a regular basis to attend the Board meetings.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The Francis action plan will underpin the establishment of the required culture to deliver all the FT Strategic Objectives.

FINANCIAL IMPLICATIONS:

Currently, no new financial implications have been identified beyond those already acknowledged, though this may change as the details around the actions are developed.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

Some of the recommendations in the Francis report may become statutory; as this emerges CPMT will be informed.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

CPMT ACTION REQUIRED:

(a) to note the report

CONSEQUENCES OF NOT TAKING ACTION:

It is a requirement that the FT has a response to the Francis report in place, but it is also important to recognise that many of the actions are congruent with the direction of the "We Care" project.

Detailed Action Plans for Francis Report Recommendations

NORMAL BUSINESS

Instructions: Rec No = Recommendation Number. Resp Off = Responsible Officer.

These actions will need to be delivered as part of other projects e.g. Quality Strategy, Communications Strategy, HR Strategy, "We Care". The overall programme of work around Francis will be managed and monitored through the Corporate Performance Management Team with exception reports to the Board of Directors. Recommendation Numbers with an * also have relevance to the Keogh report recommendations and those with a + refer to the Berwick report.

Responsible Executive: Acting Trust Secretary

Rec No	Theme	Actions	Date and RAG as at Apr BoD	Resp Off	Current RAG
44.+	Serious Incidents and Harm	Demonstrate how audit programmes – clinical, internal and external are linked to evaluating the effectiveness of learning from serious incidents	Mar 2015	Chief Nurse	Divisional change registers being developed and external support secured to develop organisational approach (Covalent). RMGG has received reports on the actions linked to clinical audit following some of the maternity incidents.
6.	Identification of who is responsible - caring for the elderly	Re-enforce the requirement that Consultants remain responsible for the overall care of the patient from admission to discharge and clarify how this relates to	To be determined	Chief Nurse & Med Dir	On-going work to ensure this is in place

		non medical consultants			
		Handover policy includes clarification of consultant responsibilities	Mar 2014 Aug 2014	Med Dir	On-going – this was discussed at CMB in June and a new policy is being drafted
243.*+	Recording of routine observations electronically	Implement idoc module to ensure that clinicians are able to respond effectively to alerts about patients whose conditions may be deteriorating to ensure early intervention & prevention of further deterioration	May 2014 Aug 2014	Dir of Strat Dev & Chief Nurse	Stage 1 complete (issue of Ipods). Stage 2 – escalation of care delayed due to technical issues, likely to be resolved by Nov 13. Implemented for AKI in Nov 13. Technical issues are being looked into by the Learning Clinical
272.*+	Improving and assuring accuracy	When central guidance from HSCIC is received in relation to the accreditation system for statistical measures it will be adopted.	HSCIC to consider in 2014/15	Dir Info	

Detailed Action Plans for Francis Report Recommendations

FRANCIS SPECIFIC

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Responsible Executive: Acting Trust Secretary

Rec No	Theme	Actions	Date and RAG as at Apr BoD	Resp Off	Current RAG
70.+	Duty of utmost good faith This duty should be imposed on applicants for FT status to disclose to the regulator any significant information material to the application and to ensure that any information is complete and accurate. This duty should continue throughout the application process, and thereafter in relation to	Undertake a regular skills audit of current board members. Process to be agreed by both RemCo's before submission of Corporate Governance Statement 2015 as not required for 2013/14 etc Work to be carried out following decision of RemCo's	July 2014 Tbc	Chairman / Trust Sec	

	the monitoring of compliance.				
118.*+	Learning and information from complaints	<p>DoH to work with partners to identify how the following can be implemented: Quarterly publishing of complaints to include:</p> <ul style="list-style-type: none"> • The number received as a % of patient interventions in the period; • Number referred to the Ombudsman; and • Lessons learned and improvements made as a result. 	May 2014	Chief Nurse	Now response from DH received will form part of Quality Assurance Manager's role
119.*+	Learning and information from complaints - Healthwatch	Discuss and agree with Healthwatch the level of information provided by the Trust about complaints resolved at first and second stages and how a strong relationship will be developed between the two organisations.	To be determined Aug 2014	Chief Nurse	Head of Complaints still trying to seek an appropriate time to meet but will include them in complaints report.
172.	Introduce a requirement of proficiency in communication in the English language with patients to the standard required for a registered medical practitioner to assume professional responsibility for medical treatment of an English-speaking patient.	<p>Ensure this is tested for as part of the recruitment and selection process for all staff.</p> <p>Consultation paper "Language controls for Doctors: Proposed changes to the Medical Act 1983" launched 7 September 2013 which will seek to amend the Medical Act 1983 to give the GMC power to require evidence of English language capability as part of the licensing process.</p>	tbc	Head of Employ Services	Elements largely in place, more refinements may be necessary. Tested at interview (amended guidance being distributed). Work on-going with Lifelong Learning Advisor on use of test for candidates who have caused

					concern. For none EU doctors a PLAB test is a requirement of registration. For EU doctors it will be tested at interview. All doctors will have to satisfy the language requirement as part of their re-validation
208.	Strengthening identification of healthcare support workers and nurses - uniforms	Continue to develop the role of mealtime companions to encourage patients and specifically older people to eat & drink	On-going	Chief Nurse	Established at KCH on the Stroke Unit. Opportunities for recruitment expanded, including membership events, with some success with aim to implement at WHH and QEQM. Revised training package is in place. We aim to recruit three times a year.

		Develop a publishing policy for clinical data	May 2014	Dir Info	On CMB agenda July 2014
		Ensure that all clinicians and MDTs are aware of their performance for all published quality and safety metrics; and support the development of benchmarking performance for improvement	Mar 14	Chief Nurse & Med Dir	
		When clinical data publishing policy is implemented ensure that this is recorded in the Annual Governance Statement	Mar 15	Dir of Fin	
279.	Death Certification	Policy to be reviewed	May 2014	Med Dir	Policy has been drafted in line with the guidance and will be approved by CMB in July 2014