

Reporting to:	Trust Board - 30 January 2014
Title	Update on actions from recommendations following the Francis Inquiry
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Previously considered by	Quality and Safety Committee
Executive Summary	<p>The Francis Report is the result of the public enquiry into the standards of care provided at MidStaffordshire Hospital. 290 recommendations were made from this report, the majority of which apply to health care providers and aim to improve the standards of care, leadership, culture and openness across the NHS.</p> <p>The purpose of this report is to update the Board on progress in relation to actions and recommendations following the Francis inquiry. The report and action plan builds on previous information in relation to the key recommendations presented to the Board in May 2013. It is supported by a number of actions already completed along with those in progress that the Trust will need to implement to ensure that the recommendations are fully embedded within our organisational culture.</p>
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	Operational Objectives Deliver all key performance targets.
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input checked="" type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led	Outcomes 1-14, 16, 17, 21

Recommendation

The Board is asked to: **Receive** **Note** **Review** **Approve**

The Shrewsbury and Telford Hospital NHS Trust

Trust Board – 30 January 2014

Trust Action Plan relating to Francis Recommendations

Introduction

The purpose of this report is to update the Board on progress in relation to actions and recommendations following the Francis inquiry. The report and action plan builds on previous information in relation to the key recommendations presented to the Board in May 2013 and discussed at the Board Development Session in March 2013. It is supported by a number of actions already completed along with those in progress that the Trust will need to implement to ensure that the recommendations are fully embedded within our organisational culture.

The Quality and Safety Committee continues to retain the delegated Board overview on the implementation of recommendations through its work plan and prior to this report previously considered a report in April 2013. The action plan within the appendix will be reviewed by the committee and assurance sought on a quarterly basis.

Implementing and monitoring progress

There are 290 recommendations within the Francis report, which can be grouped into key themes. These are described in the action plan (Appendix One) which provides a summary of progress against the recommendations from the report and identifies the outstanding improvements that are still required.

The Francis report recommends that all healthcare organisations should consider the findings and recommendations of the report to identify which apply to their services and how to ensure that the learning and improvements are embedded. There is an expectation upon all Trusts through regulators and commissioners that these recommendations are fully implemented where relevant to the organisation.

It suggests that a decision is made on which recommendations to accept and how the organisation intends to implement them. There should be a regular report to the Board of Directors, at least annually, on progress made. For information, recommendation 1 (Ensuring implementation of the inquiry's recommendations) and recommendation 2 (Creating the right culture) is considered to be at the heart of the action plan and supports the Trust in meeting these 2 particular recommendations. The board formally agreed to accept the recommendations of the report in May 2013.

Future work

The Quality and Safety Committee will continue to oversee accountability for delivery of the outstanding actions and report assurance to the board on a 6 monthly basis. Additional gap analysis will be completed prior to each report to ensure all areas of the recommendations are considered. Future reports will also include triangulation to other key reports and recommendations.

The board are asked to **note** this update in relation to progress against the Francis report recommendations.

Appendix One

Theme (recommendation nos.)	Evidence of Progress	Actions outstanding & completion date	Exec Lead
<p>Putting the patient first (3 – 8, 185)</p>	<p>Newly launched Trust Values with significant staff and patient engagement.</p> <p>Fundamentals of Care training for Registered Nurses.</p> <p>Values based recruitment for nursing, care and domestic staff.</p> <p>“Putting Patients First” Induction programme for HCAs.</p> <p>Monthly Chair’s award to staff members who are nominated for “putting the patient first” and living our values.</p> <p>Annual Trust awards for exceptional contributions to patient care.</p> <p>Patients and relatives attend Trust Board to deliver patient stories.</p> <p>Patient focused Trust strategic objectives developed.</p>	<p>Embedding values throughout the employment lifecycle – June 2014.</p> <p>Patient Experience Strategy to be developed – May 2014.</p>	<p>DoNQ/WD</p>
<p>Fundamental expectations of standards of care and behaviour (9 – 12, 157)</p>	<p>Whistle blowing policy available on website with NED champion.</p> <p>The Trust has signed up to the Speak Out Safely Campaign.</p> <p>Quality and Safety Committee clinical visits using the GEMBA tool.</p> <p>Chief Executive Leadership briefings for staff to access directly.</p>	<p>Create a robust feedback mechanism for staff who report incidents – May 2014.</p> <p>Develop a competency based Framework for Professional Standards for nursing staff including behavioural competencies. – December 2014.</p>	<p>DoNQ/WD</p>

	<p>Quality Dashboards developed and implemented.</p> <p>Newly launched Trust Values with significant staff and patient engagement.</p>	<p>Dashboards to be displayed on all wards and visible to the public – February 2014.</p> <p>Quality Assurance Framework with minimum data set to be implemented to ensure consistent and reliable information discussed at all levels and care groups of the organisation – March 2014.</p> <p>Values workshops to explore behaviours that demonstrate Trust Values – April 2014.</p>	
<p>A common culture made real throughout the system - an integrated hierarchy of standards of service (13 – 18, 143)</p>	<p>Executive ward/department visits with values based feedback cards for staff.</p> <p>Performance Framework and Strategy in place.</p> <p>New operational/clinical management structure in place.</p> <p>Staff handbook in place.</p> <p>People Strategy to Trust Board in January 2014.</p> <p>40 trained coaches within the organisation.</p> <p>Organisational Cultural Assessment completed.</p> <p>Head of Organisational Development in post.</p> <p>Key questions added to Ward to Board Patient Experience metrics –“Have you felt safe whilst on this ward” and “Have you been treated with kindness and compassion”?</p>	<p>Research project in partnership with Staffordshire University examining nursing values through pre and post registration experience – June 2014.</p> <p>Embedding values throughout the employment lifecycle – June 2014.</p> <p>Nursing handbook being developed making standards of practice expected explicit. – May 2014.</p> <p>Implement Friends and Family Test for staff - March 2014.</p> <p>Implement GEMBA or similar tool to Executive Team ward/department visits – March 2014.</p>	<p>DoNQ/WD</p>

<p>Responsibility for, and effectiveness of, healthcare standards (19 – 59)</p>	<p>Co-ordinated collection of accurate information about the performance of the Trust is made available to commissioners, regulators and the public, in as near as real-time as possible to:</p> <p>Clinical Quality Review Meeting, Care Quality Commission, Quality & Safety Committee, Trust Board, Infection Prevention and Control Committee, Clinical Governance Executive, Operational Performance Group, Operational Risk Group, Communications with media, Health Overview and Scrutiny Committee, Clinical Commissioning Groups, Area Teams, Health Watch.</p> <p>Mortality Review Group in place with representation from clinical commission groups.</p> <p>Executive Team receive weekly briefings from the communications team containing media reports relating to the organisation.</p>	<p>Ensure that sharing of learning from incidents and complaints is shared through the Quality Assurance Framework when implemented. – March 2014.</p>	<p>DoNQ</p>
<p>Responsibility for, and effectiveness of regulating healthcare systems governance (45, 79, 8, 86, 88-89, 215)</p>	<p>Board development sessions held on a monthly basis.</p> <p>New NED/ED induction programme in place.</p> <p>Responses and action plans in place from CQC and TDA inspections with clear accountability arrangements.</p> <p>Revised committee structure which will robustly support the Quality Assurance Framework and allow maximum scrutiny of quality. ToRs in place for committees which are reviewed within agreed timescales.</p> <p>Board Assurance Framework and Corporate Risk Register on Quality & Safety Committee work plan for quarterly review.</p>	<p>Forward plan being developed with new Chair – March 2014.</p> <p>Quality Assurance Framework with minimum data set to be implemented to ensure consistent and reliable information discussed at all levels and care groups of the organisation – March 2014.</p> <p>Develop a process of testing the Quality Assurance Framework at all levels of the organisation – April 2014.</p> <p>Ensure that quarterly complaints report for Trust Board is shared with the CQC – March 2014.</p>	<p>DoNQ/DCG</p>

<p>Effective Complaints handling (39, 109 - 122)</p>	<p>Review of complaints handling in 2013/14, in line with the recently commissioned national review complete.</p> <p>Management of change process completed within complaints and PALS team in order to provide a more responsive and fit for purpose service.</p> <p>Prior to July 2013, the Trust response time for all complaints was set at 8 weeks (40 working days).</p> <p>The Trust has appointed a new complaints manager. Complaints process has been reviewed and changed using a revised SOP.</p> <p>The response time target reduced to 35 days and we are meeting this target consistently in over 90% of cases.</p> <p>The Trust has completed work in relation to the backlog of complaints with no outstanding cases from before July 2010.</p> <p>All complaint responses now include information for the recipient on what to do if they are not satisfied with the response and how to access support.</p> <p>Complaint meetings always supported by a member of the Complaints and PALS team in order to provide support to patients.</p>	<p>Bedside information packs being developed to provide a wide range of important information to inpatients; including how to complain or raise a concern.</p> <p>The Trust is reviewing the complaints policy, including a revision of complaints and PALS service information. Improvements to signage and information for patients to take away are planned throughout the Trust to increase visibility and awareness for patients wishing to raise a concern.</p> <p>A quarterly report will be submitted to Trust Board identifying trends and themes of complaints with emphasis on lessons learned and action taken. These issues will also be discussed at Care Group and ward level through the Quality Assurance Framework to ensure shared learning from complaints – February 2014</p> <p>Agree information sharing protocol with Healthwatch – February 2014</p>	<p>DoNQ</p>
<p>Medical training and Education (156, 160 - 172)</p>	<p>The Medical Director is undertaking a programme of job planning that includes all consultants. It is aimed that this will be complete for 100% of the consultant workforce by 31st March 2014 and will inform a consistent approach to the medical staffing review planned for 2014/15.</p>	<p>Medical staffing review – 2014/15. Doctors attendance at statutory and mandatory training to meet Trust target – Sept 2014.</p>	<p>MD</p>

	<p>Doctors Essential Education programme commenced during 2013 which will continue on a rolling programme during 2014.</p>		
<p>Openness, Transparency and Candour (173 -184)</p>	<p>The Trust's policy of being open and candour reviewed.</p> <p>Newly launched Trust Values.</p> <p>Being Open meetings held with patients who have come to harm which has been reported through the SI process.</p> <p>Patients and relatives have attended Never Event Root Cause Analysis meetings.</p> <p>The number and theme of SIs and complaints are reported in the public board meeting with further detail being added from February 2014.</p> <p>Quarterly report on adult safeguarding shared with CQC and CCGs.</p>	<p>Review Duty of Candour to ensure organisational compliance – March 2014.</p> <p>Review SI policy to ensure Duty of Candour included – April 2014 Patient Listening Events planned in partnership with Healthwatch – March 2014.</p> <p>Agree information sharing protocol with Healthwatch – February 2014.</p>	<p>DoNQ</p>
<p>Nursing and care (185 – 213, 231, 237 - 243)</p>	<p>Fundamentals of Care training incorporating the 6 Cs CNO Compassion in practice.</p> <p>Values based recruitment for nursing and care staff in place – patient representatives on Registered Nurse interview panels.</p> <p>Staffing review completed for adult inpatient areas and approved by Trust Board using multifaceted methodology including Safer Nursing care Tool.</p> <p>Research study on nursing values commenced in partnership with Staffordshire University.</p> <p>Key questions on care and compassion included in ward to board patient experience and relative/carer</p>	<p>Centralised Nursing recruitment to be implemented – September 2014.</p> <p>Caremaker campaign to be launched to encourage as many staff and student nurses to become Caremakers – April 2014.</p> <p>Pilot for cultural health check tool – May 2014.</p> <p>Nursing staffing metrics to be reported to the board on a monthly basis – April 2014.</p>	<p>DoNQ</p>

	<p>experience metrics.</p> <p>Multi-agency working supporting discharge as part of ATOS work.</p> <p>Nutrition and hydration awareness campaign including standardisation of fluid charts, cups and beakers.</p> <p>Audits of nutrition and Hydration standards of care which are also reviewed monthly in ward to board assurance metrics.</p> <p>Statutory Fundamentals of Care training incorporating the 6 Cs.</p> <p>All relevant inpatients have named Consultant and Nurse providing care on a day to day basis.</p> <p>Nursing Handover Guidelines developed and piloted with handover quality audited.</p> <p>Resuscitation and Patient Deterioration Committee chaired by the Medical Director which reviews patient deterioration audit and vital pac trends.</p> <p>Patient Information Group and Readability Panel in place. Nurse leadership – Ward Managers funded to be supervisory for 60% of contracted hours.</p> <p>Trade Union representatives receive protected time to fulfil their duties.</p> <p>All Cost Improvement Programme proposals are accompanied by a Quality Impact Assessment which follows an authorisation process through DoNQ, MD, COO.</p>	<p>Nurse staffing review to be completed every 6 months and reported to the board – June 2014.</p> <p>Develop a competency based Framework for Professional Standards for nursing staff including behavioural competencies. – December 2014.</p> <p>Nursing handbook being developed showing standards of practice expected and support evidence based practice – May 2014.</p> <p>Uniform policy currently under review – May 2014.</p> <p>Review of HR policy to include requirements for reporting to the NMC and timeliness of hearings.</p> <p>Implement revised discharge policy – April 2014.</p> <p>Mealtime companions trained and about to commence in post – February 2014.</p>	
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Leadership (196-7, 214 - 221)	<p>Leadership academy and programmes for managers and staff.</p> <p>Coaching skills training.</p> <p>Organisational Leadership.</p> <p>Focus on leadership behaviours.</p> <p>Leadership as a strategic aim within the People Strategy.</p> <p>Annual Leadership Conference.</p>	<p>Development programme sponsored by CEO to commence before which is multidisciplinary. – April 2014.</p> <p>Executive Directors to be the first cohort in this programme – April 2014.</p> <p>Introduce Talent management Programme – November 2014.</p>	WD
Caring for the Elderly (236)	<p>Dementia lead nurse recruited, work plan agreed and delivery in progress.</p> <p>Lead ward areas for frail and complex patients.</p> <p>Joint appointment with Staffordshire University of a Professor in Dignity and Care in Older People.</p> <p>Improvements made to environment on elderly care ward.</p>	<p>Accepted onto national dementia project (1 of 10 Trusts) led by the Royal College of Nursing – September 2014.</p> <p>Improved Patient and Relative Experience metrics – February 2014.</p> <p>Revised nursing care documents with training plan – February 2014.</p>	DoNQ
Information (244 - 272)	<p>Quality Accounts consistently compiled with comparable year on year data Quality Accounts include invitation and information on how to comment.</p> <p>Patient representative groups and HOSCs consulted prior to publication to gain input and influence on the Account. Feedback from these groups is always published in the Quality Account itself.</p> <p>Patients followed up following attendance at</p>	<p>Patient Experience Strategy to be developed – May 2014.</p> <p>Patient Experience Annual Report to be published in the public domain – April 2014.</p> <p>Develop robust mechanisms for reviewing and responding to concerns received via electronic systems e.g. NHS choices. – March 2014.</p>	DoNQ/?CD

	<p>Emergency Departments with phone call to ask friends and family question and gain important narrative information.</p> <p>Patient Experience and Engagement Panel in place with active membership. Patient representative on Q&S committee.</p>	<p>Patient Listening Events planned in partnership with Healthwatch – March 2014.</p> <p>Patient representatives to be matched to wards/depts. To provide regular scrutiny and patient experience information collection.</p>	
Coroners and Inquests (49, 273 - 285)	<p>Risk management process for Sis and RCAs reviewed. New policy implemented.</p> <p>RCA documentation revised to simplify. Families involved with RCA process where they choose to be.</p> <p>Information shared with coroners regarding incidents without alteration or redaction. Information relating to inquests reported to Trust Board and will form part of the minimum data set for the Quality Assurance Framework.</p>	<p>Quality Assurance Framework with minimum data set to be implemented to ensure consistent and reliable information discussed at all levels and care groups of the organisation to include shared learning from inquests – March 2014.</p> <p>Review reporting arrangements to the CQC regarding inquests relating to the Trust – March 2014.</p>	DoNQ/DCG