DARLINGTON HEALTH AND PARTNERSHIPS COMMITTEE

8 MAY 2013

FRANCIS REPORT AND UPDATE ON TRUST ACTION

Background

The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013.

The Government's initial response, 'Patients First and Foremost' was published on 26 March 2013, and sets out a collective commitment and plan of action for the whole health and care system and everyone who works in it.

Having requested that trusts hold staff listening events, the Secretary of State has asked that feedback from Francis listening events should be shared with the Department of Health by the end of December 2013.

NHS organisations are also asked to endorse a 'Statement of Common Purpose', which national organisations have signed up to which sets out that the NHS is there to serve patients and must therefore put the needs, the voice and the choices of patients ahead of all other considerations.

DH response - headlines

- Ofsted-style ratings for hospitals and care homes
- Independent Chief Inspector of Hospitals and Chief Inspector of Social Care
- statutory duty of candour
- NHS Confederation review of bureaucratic burden on frontline staff and NHS providers by a third
- pilot programme of nurses working healthcare assistants before receiving funding for a degree
- Nurses revalidation
- code of conduct and minimum training standards for healthcare assistants and adult social care workers

A more detailed summary is included as appendix 2.

The Government has also published a revised NHS Constitution following a recent public consultation. It is likely there will be a further consultation later in the year on further changes to the NHS Constitution, with the aim of incorporating further recommendations made by Robert Francis QC.

Trust action

At its meeting on 27 February, The Board considered a series of actions (Appendix 1). Key progress is as follows:

Quality impact assessment

The quality impact assessment process has been developed to follow a structured process of risk assessment and approval or rejection. A senior CIP/QIA review group has been set up, which includes the Executive Nursing and Medical Directors.

Schemes have been RAG rated, with amber and red schemes referred to ECL.

Current proposals include:

- Procurement savings
- Reduction in agency usage
- Reduction in premium payments (overtime etc)
- Skill mix reviews
- Income generation
- Service integration
- Productivity improvements
- Improved efficiency in PFI contracts

The process has included verifying that any proposed CIP which would impact on commissioners and stakeholders, including any potential requirement for consultation is rated as amber or red. No schemes which would have this kind of external impact have been approved.

Some amber schemes require further work and consideration before they are supported or rejected. Care groups are currently working on these as part of the business planning process.

The Trust will be going through the QIA process with our CCG commissioners – providing them with assurance of the process we have deployed.

Clinical strategy

The centres of excellence engagement event was held on 18 March, completing the cycle of events planned for 2012/13. A separate paper outlines the outputs and next steps in each of the four areas for taking forward in 2013/14.

Five year quality strategy

The Director of Nursing has begun work on the Trust's overarching five year quality strategy, which will include priorities for improvement, against the three domains of quality:

- Safety
- Experience
- Effectiveness

This work will be taken forward with the Medical Director.

The Trust's annual quality account is already formatted under these key headings and the standards within have been consulted on widely with patients public and other key stakeholders including OSCs, LINKs and local authorities.

Review of nursing establishment numbers

In line with the national DH nursing vision from the Chief Nursing Officer for England, the Director of Nursing is undertaking a review of nursing and midwifery establishments. This work is in progress and the Trust is developing recruitment open days to support this. We are looking at ways to build into this a rigorous assessment process to ensure we recruit people with the right attitude to care for patients.

Organisational development

A second phase of great line management events has begun this month, building on the first events in 2012/13.

An ECL development event was held in April with a focus on achieving breakthrough in improving clinical input into organisational leadership and decision making.

In addition, an analysis has been shared with senior managers of the Trust's performance against staff survey questions which NHS Employers have recommend are particularly relevant to Francis. The report provides the information at an organisational level for 2011 and 2012 and compares the results against the national acute average in 2012.

Communications

Investment in proposals for the development of our communications strategy have been supported by the Board and ECL.

There is a high profile Francis Report section on the Trust intranet, and materials have been produced to support staff discussions.

Listening events

ACOOS and subcommittee chairs have been asked to use all meetings during March as an opportunity to consider the Francis report formally, reporting minuted/noted discussions through to Board committees. Feedback from these is now being collected and will be assimilated for sharing with the Board and Council of Governors in May.

Directors have also committed to attending meetings within care groups and corporates, and this is rolling out during April and May.

A series of Trust wide "by invitation" staff engagement events has been scheduled at eight different locations throughout May.

Taking the agenda forward

Trusts are expected to share Francis listening event feedback with the DH by the end of the year. There is also an expectation that organisations will regularly report on progress against Francis recommendations.

The Government's initial response indicates actions which will require action, and a further response and requirements is also likely.

The Trust has already identified its own actions (appendix 1) and more will emerge following the listening process.

Although much of this work will become mainstream business, there will be a need for a mechanism and agreed channel for ensuring Francis actions are being taken forward.

Edmund Lovell
Associate Director Marketing and Communications

APPENDIX 1

Francis report agreed actions – shared with the Board 27 February 2013

These are in three groups:

- Actions which are relevant to the Francis agenda and already being undertaken
- Additional actions proposed by ECL at its meeting on 7 February
- Actions discussed at the extraordinary Board meeting on 13 February

Actions which are relevant to the Francis agenda are as follows and already being undertaken:

- Quality impact assessments are being carried out by care groups for efficiency improvements in clinical services, and are being reviewed by the Director of Nursing

- A review of nursing workforce numbers is being carried out by the Director of Nursing

- The Trust's organisational development programme is focusing on developing clinical engagement and management, led by the Director of HR and OD. Steps have included:
    - strengthening clinical representation on the Executive and Clinical Leaders Group,
    - establishing the patient safety and reliability group to widen clinical engagement,
    - great line management training programme for managers and clinicians,
    - "nurse in charge programme" investment to make ward managers supernumerary

- A review has been carried out of the Trust's communications strategy, including communications and engagement with staff.

- The Trust's integrated business planning process has been made far more inclusive this year, with more detailed discussion and development sessions between care groups and corporates

- During this year, the Trust is holding a series of events to discuss developing the organisation's strategy to deliver best outcomes, best experience, best efficiency and best workforce, involving external and internal stakeholders

Additional actions proposed by ECL at its meeting on 7 February:

- Development of a core script is required from ECL to describe our response to Francis, and which is realistic about the organisation's successes and shortcomings
- Development of our mechanisms for engagement so that they deliver a clinical mandate – through the patient safety and reliability group, and other groups
- Audit and develop where necessary robust arrangements for internal cascade – including establishing a robust mechanism for face to face communication between directors and all staff, twice early, ensuring we reach shift staff (see listening events below). Directors to be more visible as part of engagement with frontline.
- Behaviours for the organisation to include commitment to tackle issues when and where we see them, including our "professional" behaviour
- Ensure robust mechanisms for listening/hearing/acting upon issues raised by staff or patients, which are capable of recognising patterns and joining up information
- Link professional accountability is linked into clinical governance arrangements, especially around critical decisions
- Revise our clinical recruitment processes so that we recruit for compassion – with overt messages required around care, compassion and respect
- Robust arrangements for communicating risk, as part of handover and consider return to the "night report"
- Explore how we "welcome" visitors to wards
- Prioritise effort and commit to making change sustainable
- Develop an explicit compact for all staff and for leaders
- Job description and roles and responsibilities to be explicit with regard to:
    - Accountability, within and across professional groups
    - Service governance
    - Duty of candour
    - Joint appraisal/team/360/specialism/care group
    - Clarity around escalation
- Develop a score card for measuring effectiveness, including:

- Staff survey
- Patient feedback
- Patient safety measures
- Recognising good behaviour
- Ward accreditation

Actions discussed at the extraordinary Board meeting on 13 February:

- Focus on the opportunity provided by Francis to create a consistent, effective, high level of care
- Develop strong proposals for more feedback from patients and from their friends and families. Outside validation is inadequate.
- Develop a five year quality strategy for the Trust, which includes clarity around roles and responsibilities of staff, and reflects the NHS constitution
- The Trust should take a lead in supporting the development of relationships and communications in the new local NHS environment
- The need to create an open respectful atmosphere where patients and staff could provide honest feedback, including using the public Board and Governors meetings as an opportunity for discussing difficult issues
- Reconsider structures and information flows to improve responsiveness when issues are raised
- Develop the next stage of the narrative around the four touchstones, focusing on quality in more granular detail
- Improve the accountability of care groups to the Board, and improve nurse representation in the care groups
- Review the effectiveness of benchmarking against Trust peers
- Build on recent improvements in relationships with stakeholders

Listening events

Our approach to listening events around Francis is in two parts:

ACOOS and subcommittee chairs have been asked to use all meetings during March as an opportunity to consider the Francis report formally, reporting minuted/noted discussions through to Board committees

A series of Trust wide staff engagement events has been agreed through ECL. This will include:

- 2 series of "by invitation" events annually – to which a cross section of staff will be invited to meet with the Chief Executive and Directors to discuss strategic issues and quality

- 2 full Trust events annually – which will need to be managed virtually and across a particular day to reach different shifts, where the Chief Executive and Directors lead a discussion with all staff

APPENDIX 2

Francis report – initial Government response

The Government's response to the Francis report includes plans to:

Put in place a culture of zero-harm and compassionate care

- there will be a new regulatory model under a strong, independent Chief Inspector of Hospitals
- the Chief Inspector will introduce single aggregated ratings. The Chief Inspector will also develop ratings of hospital performance at department level. This will mean that cancer patients will be told of the quality of cancer services, and prospective mothers the quality of maternity services
- the Chief Inspector of Hospitals will assess hospital complaints procedures
- the CQC will move to a new specialist model based on rigorous and challenging peer-review. Assessments will include judgements about hospitals' overall performance including whether patients are listened to and treated with dignity and respect, the safety of services, responsiveness, clinical standards and governance
- a new Chief Inspector of Social Care will ensure the same rigour is applied across the health and care system. The merits of having a Chief Inspector of Primary Care are also being explored
- the NHS Confederation will review how we can reduce the bureaucratic burden on frontline staff and NHS providers by a third

Detect problems quickly

- a new statutory duty of candour will ensure honesty and transparency are the norm in every organisation overseen by the CQC
- the new Chief Inspector of Hospitals will be the nation's whistleblower- in-chief
- publishing survival results improves standards, as has been shown in heart surgery. Survival rates for a further 10 disciplines, including cardiology, vascular and orthopaedic surgery will now be published

Deal with problems quickly

- a new set of fundamental standards will be introduced to make explicit the basic rights that anyone should expect of the NHS. They will be produced by the Chief Inspector of Hospitals, working with NICE, patients and the public

- where these standards are breached, a new failure regime will ensure that firm action is taken swiftly. If it is not, the failure regime could lead to special administration with the automatic suspension of the Board

Accountability for wrongdoers

- health and social care professionals will be held more accountable
- consideration is being given to the introduction of legal sanctions at a corporate level for providers who knowingly generate misleading information or withhold information from patients or relatives
- the General Medical Council, the Nursing and Midwifery Council and the other professional regulators have been asked to tighten and speed up their procedures for breaches of professional standards
- the Chief Inspector of Hospitals will also ensure that hospitals are meeting their existing legal obligations to ensure that unsuitable healthcare assistants are barred

Leadership and motivation of NHS and social care staff

- NHS-funded student nurses will spend up to a year working on the frontline as healthcare assistants, as a prerequisite for receiving funding for their degree. This will ensure the people who become nurses have the right values and understand their role
- nurses' skills will then be revalidated, as doctors' are now, to ensure their skills remain up to date and fit for purpose
- healthcare support workers and adult social care workers will now have a code of conduct and minimum training standards, both of which are published today: www.skillsforhealth.org.uk/codeofconductandtrainingstandards
- the Chief Inspector will ensure that hospitals are properly recruiting, training and supporting healthcare assistants, drawing on the recommendations being produced by Camilla Cavendish
- the Department of Health will become the first department where every civil servant will gain real and extensive experience of the frontline