York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors

Francis Report Update

1. Introduction and background

On the 19th November 2013, The Government published its final report into the recommendations made within the Francis Report (2013).

This follows the Government's initial response in February 2013, which included the introduction of a new hospital inspection regime and legislation for a duty of candour on NHS organisations which is a requirement to be open with families and patients when things go wrong.

Actions on safety and openness include:

- transparent, monthly reporting of ward-by-ward staffing levels and other safety measures
- quarterly reporting of complaints data and lessons learned by trusts along with better reporting of safety incidents
- a statutory duty of candour on providers, and professional duty of candour on individuals, through changes to professional codes
- a new national patient safety programme across England to spread best practice and build safety skills across the country and 5,000 patient safety fellows will be trained and appointed in 5 years
- Trusts to be liable if they have not been open with a patient
- a dedicated hospital safety website to be developed for the public

Other actions include:

- a new criminal offence for wilful neglect, with a government intention to legislate so that those responsible for the worst failures in care are held accountable
- a new fit and proper person test, to act as a barring scheme for senior managers
- every hospital patient to have the names of a responsible consultant and nurse above their bed
- a named accountable clinician for out-of-hospital care for all vulnerable older people.

- more time to care as all arm's length bodies and the Department of Health have signed a protocol in order to minimise bureaucractic burdens on trusts
- a new care certificate to ensure that healthcare assistants and social care support workers have the right fundamental training and skills
- a new fast-track leadership programme to recruit clinicians and external talent to the top jobs in NHS England.

2. Progress Made

This report provides an update on that presented to the Board in July 2013. It seeks to ensure that it captures the essence of the Government's final response to the Francis Report 2013 that was published in November 2013. The 290 recommendations made within the report fall broadly into the following categories.

- care and compassion
- values and standards
- openness and transparency
- leadership
- information

This report will therefore capture the organisation's current position through reference to the categories outlined above.

2.1 Care and Compassion

Care and Compassion are key to the delivery of our services.

The organisation has a commitment to Patient Safety which is reflected in its prominence in the Agenda of Board of Director meetings. Patient Safety within the organisation is overseen by the Health and Safety Committee which has a direct link to the Board.

The organisation has continued its focus on bringing best practice to all aspects of patient safety, including the recent production of a revised Patient Safety and Nursing and Midwifery Strategies.

The recently published 'Good Hospital Guide' indicates the work being undertaken through the mortality workstreams is taking effect with a reduction in our Standardised Hospital Mortality Indicator. We benchmark well amongst our peer group for the number of reported incidents falling into the 'severe harm' and 'death'' categories.

However, we recognise the need as an enlarged organisation to review our clinical guidelines, and as directorates across the two acute hospitals merge this is being undertaken within the integration workstreams.

In terms of workforce national issues around the medical workforce are replicated within the Trust. There are shortages in junior doctor roles across most specialties and the organisation faces some difficulties in recruiting to consultant roles such as Elderly and Neurology (national shortage) and more specifically around the Scarborough site.

The Trust is therefore continuing to develop roles that work across multiple sites and to look at how we create attractive roles. The national approach to reduce the numbers of junior doctors and the organisational response has been to develop new alternative roles to mitigate the risk of gaps in the workforce. The new role of Advanced Clinical Practitioner has been established and three qualified practitioners have been recruited.

The organisation has implemented a new cohort of trainees through a bespoke course commissioned by the Trust at the University of Hull. This is in its first year, and funding has been agreed for the next two years to ensure a sustainable and ongoing supply.

In terms of the nursing workforce, nurse staffing is currently running at a 5% vacancy factor, but this is not deemed nationally to be reflective of an organisation in difficulty. Over 100 registered nurses have been recently recruited and HCA turnover has reduced from 17% to 9.8% as a result of a new process of HCA recruitment. Reliance of temporary workforce has been reduced by staffing additional capacity with our own staff. The Trust consistently works to a registered nurse to patient ratio of 1:8 on early or late shifts in the acute setting, which is line with national

2.2 Values and Standards

The organisation has an obligation to meet the requirements of its license with Monitor as a Foundation Trust, and its registration for the provision of services with the Care Quality Commission.

In delivering these obligations the organisation has a commitment to Patient Safety which is reflected in its prominence in the Agenda of Board of Director meetings. Post integration the organisation has focused on bringing best practice to all aspects of patient safety, including the production of a revised Patient Safety Strategy.

We have implemented the electronic capture of observations, introduced the Safety Thermometer, reviewed our approach to pressure ulcer reduction, improved VTE performance and revised our CDI Strategy.

We are committed to the delivery of national standards of care, and compliance with these are monitored through a plethora of avenues, a flavour of which are outlined below:

- Personal Appraisal
- Mortality review
- Reviews of incidents, complaints and claims
- Friends and Family Feedback
- Monitoring mechanisms (for example Nursing Care Indicators, Safety Thermometer, compliance with the WHO checklist, CQUIN delivery, Matrons service checks etc etc)
- Patient Safety Dashboard
- Quality and Safety Group and Quality and Performance Improvement Meetings
- Internal and external compliance reviews
- Monitoring of all poorly performing staff (nursing, medical, admin and AHPs)
- A commitment to publishing data on nurse to staffing ratios

Our organisational values have been a key development theme for the last five years. A significant review of organisational values was undertaken pre integration, preparing for the clarity and direction required for staff around these changes. Our acclaimed work of values based recruitment seeks to ensure that we appoint the right people who understand and share the organisations values.

The organisations Appraisal Framework will undergo a review to reflect a focus on Trust values. It will also continue to ensure that through the setting of specific, measurable, achievable and timed personal objectives via the annual appraisal process each member of staff clearly understands what is expected of them and how this links to the organisations values. In addition, a Personal Accountability Framework which aims to ensure that all staff are aware of their lines of accountability has been introduced and continues to be embedded within the organisation.

Ensuring that our estate meets all necessary regulatory and environmental standards is important. The organisation is conscious that parts of its estate require some investment and has robust plans for the maintenance and improvement of its sites. In addition planning is in progress for the future footprint of the Acute Hospital Sites.

2.3 Openness and Transparency

The organisation has a commitment to openness and transparency and is currently in the process of reviewing its Risk Management Strategy and associated processes . This will include more detailed scrutiny of the process of investigating both serious and critical incidents to ensure that the root cause of the incident is effectively identified and that consequent recommendations appropriately address the failings established.

Patients are advised of any serious incidents relating to them and receive copy of the final investigation report. Patient liaison officers are appointed, where appropriate, to any clinical serious incident. The organisation takes all incidents seriously and has identified that it does not always take learning from incidents, complaints, claims and inquests back into the organisation as effectively as it can. Reports have now been amended to include those groups that must specifically receive feedback and learning. We work closely with colleagues within CCGs and Commissioning Support Unit (CSU) to ensure investigations are completed within timeframe and that agreed actions are completed. Where this is not possible, extensions to the investigation period are agreed with the CSU.

The Trust is also reviewing the format and content of its Corporate and Directorate Risk Registers. The aim of this is to improve the identification of potential corporate risk at a directorate level. To assist with the effective triangulation of risks it will seek to appoint an Information Risk Analyst. Alongside these changes is a senior review of the role and function of the Corporate Risk Management Group.

Our Patient and Public Involvement Strategy is currently in development, It aims to reflect how we are going to engage with patients and the public in a more proactive way. The organisation already has a significant number of ‘user groups’ that contribute to the provision of feedback on, and further development of specific services.

As much as the organisation listens and acts on the voice of the public, it needs to ensure that it listens and acts on the voice of its staff. The organisation has recently undertaken a ‘listening exercise’ seeking the views and opinions of its staff post the acquisition of the former Scarborough and North East Yorkshire Trust.

Equally, as an organisation we need to ensure that we learn, and can demonstrate that we learn from our mistakes, and that we listen to the feedback that is given about our services by patients, staff and the public.

The organisation does listen to feedback, but needs to further develop how it engages patients and the public in both developing and providing feedbacks on its services.

The Trust has well established communication channels with its commissioners. Monthly Contract Monitoring Meetings are held which not only focus on finance and activity, but also on patient safety and quality of service. Similarly, we have an open and transparent relationship with the Care Quality Commission where regular engagement meetings are held to discuss any issues relating to the quality of our service provision.

The Trust is a key participant on local stakeholder groups (for example Adult and Children's Safeguarding Boards, Health and Wellbeing Boards, and Scrutiny Committees).

Our 'Whistleblowing' and 'Being Open' policies are both currently being reviewed to ensure that they fully incorporate the essence of the recommendations made within the Francis Report.

2.4 Leadership

The leadership of any organisation, and the way in which it develops its future leaders is key to the delivery of its responsibilities.

The organisation has a strong Board Leadership that managed the acquisition of the former Scarborough and North East Yorkshire NHS Trust and was subsequently named NHS Board of the Year in 2012.

With a strong ethos of ensuring that it has a capable and competent workforce that delivers quality care in the right place in the right time it has a commitment to the development of its employees. In delivering this commitment the organisation has a multi faceted approach to education and training with access to both internal and external training. Much work has been undertaken over the past year in Education and Training with a key example being the Introduction of the

- Board Development Programme
- It's My Ward Programme for Ward Sisters and Charge Nurses
- HCA Training Programme
- Senior Leaders Programme
- Leading from the Front Programme
- New Consultants Programme
- An annual programme of training events

In addition, the organisation is in the process of introducing a new on line E Learning management system that will enable individual members of staff and their managers to ensure that training identified as being required has been undertaken. The organisation has processes in place for ensuring that it evaluates the quality and effectiveness of the training that it commission or delivers.

There is a recognition that the organisation needs to review the way it delivers Statutory and Mandatory Training, therefore improving attendance. This work is currently in train.

Through leadership at all its management levels the organisation needs to continue to build on its espoused culture of accountability and responsibility, of openness and transparency. Embedding the use and understanding of the Personal Accountability Framework, ensuring all staff understand what the PAF means for them. Within the Human Resources work programme is the development of a 'Consequences Framework' , for failing to follow a process, this would apply to clinical/nursing and non clinical staff) should also be developed and implemented

The Annual Staff Survey provides the organisation with key information in terms of staff perception on how they are valued, invested in and supported. The results of the Staff Survey are acted upon with action plans developed and implemented for those indicators where Trust performance is below the national average.

Leadership Walkarounds undertaken by Executive and Non Executive Directors also provide a valuable insight into the views of staff and performance of clinical services.

2.5 Information

The Francis Report placed a focus on the wealth of information that is available within an organisation about the services that it provides. This can be derived from a number of sources , complaints, incidents, claims, various internal monitoring systems etc and can be used as early warning triggers within the organisation.

Over the recent months the organisation has taken action to roll out its core patient database (CPD) across Scarborough Hospital. This has provided a greater opportunity to collect clinical information electronically. In addition it has enabled the collection of nursing observations electronically which results in information being collected and actioned real time.

The Trust has a dashboard facility (SIGNAL) that can be accessed from the desk top. It provides managers with a tool that effectively enables them to manage performance. The introduction of a new Quality and Safety Dashboard has facilitated a greater understanding of patient quality and safety matters and is presented to the Board on a monthly basis.

The CQC have also moved to triangulate the information held about an organisation, and now give each NHS Trust an overall risk banding, (on a 1 – 6 basis, 1=poor, 6= excellent). This information is used externally to ascertain the quality of the services provided within an organisation. The Trust publishes CQC reports on the quality and safety of its services on its external website.

3. Conclusion

This report provides some commentary on the actions being taken to deliver some of the recommendations of the Francis Report 2013. It is important to note that the vast majority had already featured in Corporate Workplans. This demonstrates that the organisation accesses its own performance, identifies its weaknesses and seeks to make improvements where they are required.

Many of our actions are innovative. A good example being our approach to values based recruitment, and our approach to the management of sickness absence.

4. Recommendation

The Board of Directors is asked to note the report.

5. References and further reading

The Francis Report 2013
The Berwick Report 2013
Patient First and Foremost 2013
Final Government Response to the Francis Report 2013
Care Quality Commission Standard

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