

REPORT TO THE CLINICAL QUALITY REVIEW GROUP	
Date: 29 th May 2015	Agenda No:
Date Paper produced: 27 th May 2015	Paper Title: Francis Action Plan update
Sponsoring Director (responsible for signing off report):	Michael Fanning Director of Nursing
Author:	Moya Berry Head of Compliance & Regulation
Purpose/Decision required:	Note the progress made against the Francis Report recommendations
Impact on Patient Experience:	The actions all relate and have an impact on the patient experience
Impact on Financial Improvement	Not applicable
History: (which groups have previously considered this report)	None
<p>Executive Summary</p> <p>Background</p> <p>In July 2013 an action plan was presented to the Trust Board detailing the actions against existing programmes of work and new reviews to be undertaken in response to the Francis Report. A further update on the progress of this work was presented to the Quality & Clinical Governance Committee in April 2014.</p> <p>The Quality Improvement Plan</p> <p>Following the Care Quality Commission (CQC) Inspection in 2013 a Trust wide Quality Improvement Plan was developed to address all the recommendations from the CQC inspection. The Quality Improvement Plan (QIP) which is an overarching Trust wide document not only includes the recommendations and compliance actions from the CQC inspection in September 2013 but also includes outstanding actions from previous inspection reports, the Francis report into Mid Staffs, the Government's response to Francis and the Clwyd/Hart report into complaints handling.</p> <p>The majority of QIP milestones have now been delivered or are on track within agreed timescales and the remit of the QIP has been expanded to become the Quality, Experience and Safety Programme (QESP).</p> <p>QESP sets out to drive continued improvements in quality, safety and patient experience by embedding best practice throughout the Trust.</p> <p>Update on Progress against the Francis Recommendations</p> <p>In reviewing the 28 Francis recommendations within the Quality Improvement Plan, it is clear that the Trust has made significant progress in addressing actions</p> <ul style="list-style-type: none"> • 24 actions have been closed with continuing work on-going • 3 actions are in progress for completion <p>These are</p> <ul style="list-style-type: none"> • Re-launch of the Mortality Review Framework 	

- Inpatient Global Trigger tool
- Audit of all patient information leaflets

Freedom to Speak Up Report

The Freedom to Speak Up report was published in February 2015 following a review undertaken by Robert Francis in response to concerns about the way in which the NHS deals with concerns raised by NHS staff and the treatment of those who have spoken up.

In response to this report, the Trust presented a paper to the Trust Board in March 2015. The Director of HR&OD has established a Whistleblowing task and finish group made up of representatives from across the organisation to review the recommendations. This group had its first meeting on the 8th April and has undertaken a gap analysis and will develop an action plan to be approved by the Trust Board and made public on the Trust's website. This work will be led by the Director of HR and OD, supported by the Director of Nursing and the Medical Director. The work will include a conducting a 'big conversation ' with staff and trade union representatives on how to ensure that staff feel able to raise their concerns.

Key Issues for discussion

Note the progress made against the Francis Report recommendations

Related Corporate Objective:

[Corporate Objectives](#): Links to corporate objectives to improve quality and manage resources.

Related CQC 5 Key Areas of Care:

- | | | | |
|--------------------------|-------------------|--------------------------|------------------|
| <input type="checkbox"/> | Safe | <input type="checkbox"/> | Effective |
| <input type="checkbox"/> | Responsive | <input type="checkbox"/> | Caring |
| <input type="checkbox"/> | Well-Led | | |

Has an equality impact assessment form been completed? No

If not applicable, Please state why not applicable. There is no one group or individual affected by this paper

Has legal advice been taken? No

Does this report have any financial implication? No

If so, has the report been approved by the Financial Department?

Reference Number	Recommendation	Update	RAG
Fr/2013/3b Being open	Deliver a programme of 'Being open ' Training to all front line staff	<p>Training programme rolled out to key staff groups, (matrons, ward managers & medical staff) as part of Serious Incident training, junior doctor induction and Trust induction. Staff awareness raised through Trust Focus and What's New.</p> <p>Duty of candour has superseded being open. Policy has been reviewed and updated and is now called 'Duty of Candour – Being Open'.</p> <p>Staff Duty of Candour leaflet has been approved at Patient Safety and Mortality Committee and the Nursing & Midwifery Board. Duty of Candour leaflet distributed to all staff with Payslips in May 2015.</p> <p>Gap analysis on the new regulations and Trust compliance with duty of candour which is monitored through the Patient Safety & Mortality meeting and the Quality and Clinical Governance Committee.</p> <p>Work to include Duty of candour within the Whistle blowing Policy is being included as part of the policy's update.</p> <p>Duty of Candour is included in Trust induction, junior doctors induction and nursing induction and training sessions for existing staff will need to be set up but duty of Candour is included within the Quality Reviews and the QESP programme of work.</p> <p>Business Case for a 'Duty of Candour' lead has been approved and recruitment has commenced.</p> <p>Duty of Candour meetings are monitored weekly at the Executive Review Group.</p>	Action Complete
Fr/2013/13a Recruitment	Implement the workforce recruitment and retention strategy that includes compassion testing as part of the interview and selection process	<p>The Workforce Recruitment & Retention strategy has been reviewed and is current.</p> <p>Further review is underway with the appointment of a new Head of Resourcing looking at 'values based' recruitment.</p> <p>Additional work to support the strategy will include a retention and recruitment QIPP for 2015/16.</p> <p>Retention rates are monitored monthly at directorate and Trust Board level In order to support the on-going recruitment and retention strategy the following initiatives has been undertaken</p>	Action complete and on-going

		<ul style="list-style-type: none"> • Review of staffing levels on all wards based on Safer Nursing Care tool kit • Recruitment action plan developed and implemented • Employment process for staff recruitment completed as part of the 60:40 recruitment programme for the elderly care wards and 70/30 for other ward areas and an additional 160 nurses have been recruited • LIA sponsor group established to respond to the challenges of recruitment and retention in front line teams • Rolling recruitment programme with a dedicated nursing post to oversee recruitment • Elderly care wards have had an uplift of 40 HCA's and there have been 4 additional band 6 posts and 1 neurology specialist nurse put in place. • Retention and recruitment task force established • Nurse recruitment advertising campaign and the use of social media • Additional resources to support recruitment and retention- which includes a full colour brochure about Croydon nursing to be used at recruitment fairs and a prospectus that details development opportunities for nurses 	
Fr/2013/14a Staff survey	Deliver LiA programme as the Trust vehicle for embedding a systematic and sustainable way of engaging and empowering staff around all major challenges	<p>13 Wave 3 LiA work streams were ratified by the Trust Board in April 2014 and on 3rd December 2014 were able to present their achievements at the LiA 'Pass It On Event' to the Executive Team, senior managers and staff from across the Trust</p> <p>On 19th November 2014, the Trust invited back more than 100 members of the Croydon Community who had attended Big LiA Listening Events held in January 2014 to hear directly from staff some of the progress which is being made in the Trust.</p> <p>The Trust is continuing to lead in partnership with our patients, staff and stakeholders and two further listening events took place with our patients and stakeholders in March 2015, to hear from their perspective their views about where the organisation should focus its attention next.</p> <p>The overall increase in staff satisfaction and staff engagement with their work since the introduction of LIA in September 2012 is demonstrated by the most recent results of the LiA Pulse Check Survey in December 2014 and the National Staff Survey Results 2014 published in February 2015.</p> <p>On 16th March 2015, Croydon Health</p>	Action complete

		<p>Services became the first NHS Trust in the country to be awarded the Listening into Action Kite-Mark for its commitment to the engagement and empowerment of its staff.</p> <p>The announcement of the accreditation for 2015 is in recognition of the significant and sustained progress in how staff feels working at the Trust and the positive impact this has had on the quality and safety of care in South West London.</p> <p>In March the Trust held listening events with our patients and stakeholders to hear what we should focus on in 2015 and will then meet with staff to find out where they think the LiA can make the biggest difference this year.</p> <p>The LiA 'Let's do it' initiative has been set up to help staff improve the safety patient experience agenda. Duppas ward fully embraced the opportunity to improve both the patients' experience and the staff securing funds to purchase equipment items such as backed ward chairs, collapsible wheelchairs and night lights in the bays to enable staff to remain at the bedside when completing paperwork at night.</p> <p>In addition the infection control team have organised an Infection prevention and control stand for World Hygiene day, the clinical neurophysiology team have improved their clinic environment and created an updated information leaflet about their service, the Croydon falls team have updated their leaflet for patients and carers and have trained to rum more staff</p>	
Fr/2013/19a Dementia Training	Implement the Trust training plan	<p>Training has been delivered to 100% of staff who attend induction. A dementia training package has been developed and implemented. Training sessions rolled out for all acute and community staff throughout 2014. Training continues to be given to all staff at induction and specialist training is provided i.e. all security staff have completed their dementia training.</p> <p>Staff are also trained in the use of the Forget-me-not scheme The Forget-Me-Not scheme uses discrete flower symbols above a patient's bed to indicate to staff that they have dementia or confusion. When staff see this symbol they will be able to make sure that the patient is fully supported to manage their dementia or confusion during their admission, given extra help where necessary and that their care is explained to them in a way that they can understand.</p> <p>The scheme is automatically given to all people with a diagnosis of dementia or who are assessed by staff to be suffering</p>	Action complete

		confusion.	
Fr/2013/16a Supervisory shifts	Implement inpatient supervisory shift workforce plan to achieve supervisory ward leaders with time devoted to supervision	Implementation completed - Paper on Supervisory Role was presented to Nursing & Midwifery Board in July 2014. Review carried out in June 2014 showed that ward managers are having 1-2 supervisory shifts per week. The numbers of band 6 staff on the elderly care wards has increased to ensure there are 2 band 6's and 1 band 7 on each ward and these help to provide additional support for supervisory shifts.	Action complete
Fr/2013/2a Patient information	Health information group to develop a work plan to support the delivery of high quality, reliable and trustworthy information to patients as an integrated part of their care.	There is well functioning patient information leaflets group which includes patient representatives. The group reviews and ratifies patient information which is published on the intranet. Further work is required to audit existing information on the wards and departments.	Action on going
Fr/2013/10a Patient and Public Engagement	To continue to work collaboratively with Healthwatch to improve patient experience	<p>Patient and Public Voice (PPV) strategy approved in Sept 2014 and has been updated in April 2015 to include links with stakeholders and information about LiA. The Patient and Public Voice strategy is due for ratification at the Trust Board in June 2015.</p> <p>The Improving Patient Experience Committee (IPEC) which includes representation from Healthwatch and other patient group representatives monitors the implementation of the strategy. IPEC leads on the delivery of the PPV strategy on behalf of the Trust and partners. There is wider input from the public across the Trust and a mapping exercise will be undertaken in 2015 to identify this. The oversight of the governance of PPV representatives in the Trust is through the Improving Patient Experience Committee, which receives a report annually on PPV representation. The strategy will provide guidance on which internal Trust groups and committees will benefit from membership of patients and the public, to support and inform a patient perspective on core issues of patient experience.</p> <p>In addition work on patient discharge in collaboration with Healthwatch is due to start in June 2015.</p>	Action complete
Fr/2013/11a Hourly Rounds	Carry out hourly rounds to support safer care and help to reduce the 4 harms	<p>Hourly Rounds continue across the wards and each month the matrons undertake an audit of compliance by speaking with patients. Compliance with the Hourly Rounds are monitored through the matron's Quality Rounds and the nursing scorecard. Two Hourly Rounds commenced in April 2015 in the A/E Observational ward.</p> <p>The new Matron's Quality rounds were re-launched in March 2015. In April eighteen</p>	Action complete

		wards were reviewed and feedback is collated and reported monthly on key findings.	
Fr/2013/3a Being Open Policy	Review the Trust Being open policy to ensure it is aligned to the new requirements of the NHS standard contract implemented in April 2013	<p>The Being Open policy has been reviewed and updated and was ratified at the Risk Assurance & Policy Group in January 2014 and launched through the Trust's What new and at Trust Focus.</p> <p>The policy has now been by the 'Duty of Candour – Being Open'.</p> <p>A gap analysis on the new regulations and Trust compliance with duty of candour is monitored through the Patient Safety & Mortality meeting and the Quality and Clinical Governance Committee.</p> <p>The Freedom to Speak Up report was published in February 2015 following a review undertaken by Robert Francis in response to concerns about the way in which the NHS deals with concerns raised by NHS staff and the treatment of those who have spoken up. In response to this report, the Trust presented a paper to the Trust Board in March 2015. The Director of HR&OD has established a Whistleblowing task and finish group made up of representatives from across the organisation to review the recommendations.</p> <p>This group had its first meeting on the 8th April and has undertaken a gap analysis and will develop an action plan to be approved by the Trust Board and made public on the Trust's website. This work will be led by the Director of HR and OD, supported by the Director of Nursing and the Medical Director. The work will include a conducting a 'big conversation' with staff and trade union representatives on how to ensure that staff feel able to raise their concerns.</p>	Action complete
Fr/2013/3c Coroner Requests	To review the support provided to the provision of information in support of coroners requests	Substantive Trust Solicitor and Coroners Liaison Officer in post. Coroner's cases and key learning points are monitored weekly at the Executive Review Group.	Action complete
Fr/2013/4d Monitor Patient Experience	The Trust will continue to monitor the patient experience action plan as part of the work schedule for the Improving patient Experience Committee.	The patient experience action plan for 2014/15 which is part of the Quality Improvement Programme is monitored quarterly by the Improving Patient Experience Committee. The action plan will be updated and following the publication of the results of the national inpatient survey in May 2015.	Action complete

Fr/2013/12a TACS	Implement Adult Care Services (TACS)	TACS has been implemented from 2013- RRT is up and running and referrals are increasing with 150 people seen per month. 96% of patients seen within 2 hours of referral within their own home. Intermediate beds increased to 12. SPA in place with dedicated clinician to support administration staff. Enhanced case management – community matrons working with GPs to prevent patients being admitted with hospital. Two community geriatricians support the whole TACS service.	Action complete
Fr/2013/1a Serious Incident protocols	Review incident protocols to ensure they are compliant with best practice	<p>Incident policy has been reviewed and updated. The policy was ratified at the Risk Assurance & Policy Group March 2014.</p> <p>The serious incident policy and the Incident & Investigation Policy are currently being updated in line with the new NHS England Serious Incident Framework and will be presented at the Patient Safety & Mortality Committee on the 21st May.</p> <p>Serious incidents are monitored weekly at the Executive Review Group.</p>	Action complete
Fr/2013/1b Quality Report Framework	Establish a Quality Reporting Framework to analyse quality data and softer intelligence including patient feedback	<p>The Quality Report is produced every two months and is presented at Quality & Clinical Governance Committee and Trust Board.</p> <p>The report provides information on quality under the 5 heading of Safety, Effective Caring, Well led, and Responsive.</p>	Action complete
Fr/2013/4a Harm Free Care	To continue participation in the 'Harm free Care ' Initiative	<p>The 14/15 CQUIN has been achieved reducing pressure ulcers across the whole health and social care economy.</p> <p>On-going work to reduce pressure ulcers as part of an LiA project with all care providers including CQC, nursing homes, carers , safeguarding, Croydon council to standardise processes and documentation.</p> <p>2014/15 pressure ulcer incidents have reduced by 55%</p> <p>Harm free care is higher than the national average at 96%</p> <p>Falls committee continues to monitor falls monthly with monthly reporting to the Nursing and Midwifery Board</p> <p>Quality Report presented to Trust Board every 2 months provides an update to the Board on 'Harm free' care.</p> <p>For March & April 2015 the overall trends in 'Harm free' care for CHS shows that the Trust has outperformed the delivery of harm free care compared to all other NHS</p>	Action complete

		organisations, has performed well against the national benchmark for 'All pressure ulcers' and has seen a reduction in the prevalence of falls.	
Fr/2013/4b Inpatient Global Trigger Tool	To re-launch the inpatient Global trigger tool	<p>Every inpatient cardiac arrest is reviewed using the UK version of the global trigger tool.</p> <p>The Mortality Framework is being developed and a Mortality Operational Group is being established led by the Mortality lead for the Trust. The Trigger tool will be incorporated into the framework.</p> <p>The screening tool has now been developed on Datix and is being rolled out in June 2015. A new post for a mortality reviewer is being developed and is to be funded from the CQUIN.</p>	Action on-going
Fr/2013/4c Mortality Review Framework	Continue to implement and strengthen the Mortality Review Framework across all inpatient services	<p>Mortality Framework reviewed and updated. Further work is being undertaken to include the requirements for the 2015/16 CQUIN.</p> <p>The screening tool has now been developed on Datix and is being rolled out in June 2015. A new post for a mortality reviewer is being developed and is to be funded from the CQUIN.</p>	Action on-going
Fr/2013/5a National Portal	The Trust will fully support information to the National Portal	SUS submissions are a statutory requirement and as such all submissions are complete and in accordance with the submission timetable. The Trust Board receives a monthly report.	Action complete
Fr/2013/6a To use and respond to the NRLS report	6 monthly reports to the Patient Safety Committee	NRLS is reported quarterly to the Patient Safety & Mortality Committee. On-going monitoring of the data continues.	Action complete
Fr/2013/7a Quality Accounts	Production of the Quality Accounts	Quality Accounts completed for 2013/14. The quality accounts for 2015/16 have been completed and will be published on the 30 th June 2015. The Quality Accounts are currently out for consultation with our key external stakeholders.	Action complete
Fr/2013/8a National Outcome data	Participation in the national audit programmes and the publication of data surgeon level reporting data where applicable	The Trust participates in all national audits as required and reports presented to Quality & Clinical Governance committee and the Trust has participated in all National Audits as part of the Quality Accounts.	Action complete
Fr/2013/11b Consent	Audit of consent and treatment on annual basis	<p>Audit included in the 2014/15 audit plan and was completed in July 2014. The Audit is next due to be undertaken in July 2016.</p> <p>A project group is looking at how consent can be incorporated into the electronic patient record.</p>	Action complete

Fr/2013/11c	To implement the Infection control action plan for 2014	24 out of the 25 actions have been implemented with the exception of consistently meeting the 2 hour standard to isolate patients with infection risk. The Infection Control Committee monitors compliance with the action plan with monthly infection control reports presented at the Quality & Clinical Governance committee and Trust Board.	Action complete
Fr/2013/11d WHO checklist	To monitor compliance with use of the surgical safety checklist	On-going audit continues and reported to Quality and Clinical Governance and Trust Board 2015 as part of the Clinical Audit Committee summary.	Action complete
Fr/2013/15a 6 C's	To implement compassion in practice 6C's	Gap analysis undertaken and presented to the Nursing & Midwifery Board in March 2014 with further 6 monthly reports. The 6 C's are embedded within the matron quality rounds and the Quality Reviews undertaken as part of the Quality Experience and Safety programme led by the Director of Nursing.	Action complete
Fr/2013/17a ACE	To develop the ACE service	<p>ACE team established and commenced in-reaching into ED from February 2014. The Acute Care of the Elderly (ACE) Service assesses people aged 80 years and older who need to be seen urgently, to help improve their health and well-being.</p> <p>Clinics are run Monday to Friday where elderly patients >80 on the Observation Ward are reviewed by an elderly care consultant to identify patients with confusion.</p> <p>Mobile phone access is available to GPs for any concerns relating to patients >75.</p> <p>There is a Monday to Friday 'Hot Clinic' for GPs to send any patients that they have concerns about and where patients can have investigations such as x-ray, bloods and ECGs carried out.</p>	Action complete
Fr/2013/20a Trust Board Governance Review	To implement the recommendation of the Trust Board Governance review in 2013	The non- executive director appointments to correct establishment have been made and are in place. Committee secretary in place and Clinical Governance review conducted. An options paper was presented to the Executive Management Board and Trust Board in April 2015. A revised governance review is in the process of being consulted on to ensure the long term success of governance within the organisation	Action complete
Fr/2013/20b Board analysis	To develop a Board analysis and plan will be developed and implemented	Board development programme commenced in December 2013 and is on-going.	Action complete