

Francis Report Update Trust Board January 2011

Background

The Francis Report outlined concerns at all levels of the organisation in respect of care of patients in Mid Staffordshire NHS Foundation Trust. In the last report to this Board, the areas of poor care identified as failings were discussed and the report outlined the relevant status and ongoing actions. For the purpose of this report, the focus is placed on the Board failings at Mid Staffs and the current status at Bedford Hospital NHS Trust in relation to those findings.

Current Status

Five recommendations were made in respect of Board level failures. The table attached outlines our position and identifies possible actions required to improve our position in terms of meeting the recommendations.

Next Steps

Since the Francis Report, Professor John Wallwork has reviewed the fitness of clinical structures within the Trust and his 'Report on future clinical strategy and configuration of service provision' was published in October 2010. This will be reviewed in relation to this Trust and reported on in the next quarterly Francis report.

Conclusion

It is clear that the Board at Bedford Hospital does not demonstrate the same failings as those identified in the Francis report on Mid Staffs. There are clear areas of good practice and actions identified for improvement are being addressed.

It is proposed that the Board continues to receive quarterly reports in the forthcoming financial year to ensure that required developments have been achieved.

Francis Report Update Trust Board January 2011

Recommendations	Current Status	Ongoing Action
<p><i>Recommendation 5:</i> The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit process in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review the audit processes and outcomes on a regular basis.</p> <p>This recommendation arose because the Inquiry concluded that there had been “a serious deficiency in the performance and resourcing of clinical audit” ... in at least some areas of activity. The impression given is that practice and attitudes in relation to this are considerably out of date”</p> <p>Specific recommendations were made to the Trust (see current status)</p>	<ul style="list-style-type: none"> • Adoption of clinical audit in accordance with national standards. This trust has ably demonstrated compliance with the “contemporary standards of practice” when <i>Engagement in Clinical Audit</i> was a national performance indicator in 2009 • Resources should be made available to enable proper audit processes to be followed. This trust allocates dedicated time to clinical audit sessions and has a clinical audit department to support clinical teams • Clinicians should be allocated specific time in the working month in which they are required to engage in audit and related activities. This trust supports all medical staff to have allocated time in job plans. • Compliance with the requirement to engage in audit should be monitored by the Board on a regular basis and the extent of participation reported to the public in the trust’s quality account. This trust demonstrated wide engagement in clinical audit in the Quality Account 2010. 	<ol style="list-style-type: none"> 1. Trust Audit and Monitoring Plan Action: To agree the Clinical Audit plan for 2011/12 2. Resources Actions: Ensure all clinical staff are involved in audit (currently only medical staff have allocated time) 3. Engagement in audit Action: Ensure all clinical staff are involved in audit 4. Quality Committee Structure Ensure a clear organisation structure in place Action: Agree the proposed revision to ensure the Quality committee enhances the Board oversight of clinical quality and strengthens assurance on the findings from clinical audit.

Francis Report Update Trust Board January 2011

<p><i>Recommendation 6:</i> The Board should review the Trust's arrangements for the management of complaints and incident reporting in the light of the findings of the report and ensure that it:</p> <ul style="list-style-type: none"> • provides responses and resolutions to complaints which satisfy complainants; • ensures that staff are engaged in the process from the investigation of a complaint or an incident to the implementation of any lessons to be learned; • minimises the risk of deficiencies exposed by the problems recurring; and • makes available full information on the matters reported, and the action to resolve deficiencies, to the Board, the governors and the public. 	<p>The trust has reviewed its Complaints Policy and processes. The implementation of "Making Experiences Count" by moving the investigation and response closer is being planned in line with the implementation of service line management across the Trust.</p> <p>Patient stories regularly feature at the Trust Board meetings.</p> <p>Patient safety report including incidents reported monthly to the Board.</p> <p>Incident reporting process is actively monitored by the Patient Safety Committee and gaps have been identified in the resources and processes within the divisions to review the incidents and timeliness of investigation.</p>	<p>1. Complaints process Action: Approve and support the implementation the revised Complaints policy.</p> <p>Continue with patient stories at the Board.</p> <p>2. Incidents Action: Continue to receive and challenge Board reports on complaints and incidents.</p>
<p><i>Recommendation 8:</i> The Board should give priority to ensuring that any member of staff who raises an honestly held concern about the standard or safety of the provision of services to patients is supported and protected from any adverse consequences, and should</p>	<p>There is a corporate policy 'Raising Concerns at Work' (2009-2012) which outlines arrangements within the Trust for staff to raise concerns arising from the workplace.</p> <p>The Non Executive Directors undertake a</p>	<p><i>Being Open</i> principles are included within the foreword of the revised Patient Safety Strategy, Action: Currently awaiting sign off by incoming Chief Executive.</p> <p>Action: Continue with the weekly NED</p>

Francis Report Update Trust Board January 2011

<p>foster a culture of openness and insight.</p>	<p>weekly walkabout to service areas in the Trust where they have the opportunity to meet staff at all levels of the organisation.</p> <p><i>Being Open</i> (NPSA/2009/003) is the set of principles that our staff use when communicating with patients, their families and carers following a patient safety incident in which a patient was harmed. <i>Being open</i> supports a culture of openness, honesty and transparency, and includes apologising and explaining what happened. <i>Being Open</i> principles are included within the Nursing Clinical Update sessions and Junior Doctors' inductions by the Clinical Risk and Patient Safety Manager.</p> <p>The Trust Secretary, Deputy Medical Director and Patient Experience Officer are the nominated leads responsible for leading our local policy.</p> <p>All PALS staff have the necessary training, information and skills to support patients through the Being Open process. All PALS staff were involved in Patient Safety First/NPSA Web Seminar on Being Open.</p>	<p>walkabouts</p> <p>The Trust Being Open policy is currently included within the Incident and Accident Policy (April 2010-September 2011). Action: A review of the Being Open policy to be completed by the Trust Secretary and Patient Experience Officer (March 2011). Trust secretary to include sections on Being Open and raising concerns at work for the Junior doctors' handbook</p>
<p><i>Recommendation 10:</i></p>	<p>The Board received a report in March</p>	<p>Action: Support the ongoing roll-out of the</p>

Francis Report Update Trust Board January 2011

<p>The board should review the management and leadership of the nursing staff to ensure that the principles described in the report are complied with.</p>	<p>2010 which outlined the nursing leadership and management in the Trust. This is currently being updated and specific actions have been undertaken including: The Development of a Management and Leadership programme for Band 7s with the aim of equipping the Ward Leaders with the skills needed to understand and influence the quality and safety agenda. Nursing and midwifery professional forum. Each ward has an identified leader that is a registrant and each division has at least one Matron leading and managing. Use of appropriate skill mix supported by corporate nursing to deliver the quality agenda and support a positive patient experience.</p>	<p>Band 7 development programme throughout the trust. Support the review of the role of the Matron in the service line management agenda and in line with QIPP. Receive further assurance through the completion of the current updating of the nursing workforce review benchmarked against the East of England standards.</p>
<p><i>Recommendation 11:</i> The board should review the management structure to ensure that clinical staff and their views are fully represented at all levels of the Trust and that they are aware of concerns raised by clinicians on matters relating to the standard and safety of the service provided to patients.</p>	<p>Service line management is being adopted through the Trust following approval by the Trust Board in 2010. Clinical representation is in place on all key Board sub committees.</p>	<p>Action: Agree to the benchmarking of the Trust against the Wallwork report on Mid Staffs clinical strategy and service provision.</p>