The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	**REPORT FOR:**		**IMPACT:**		
Valerie Newton , Deputy Director of Patient Experience / Claire Roberts Deputy Director of Patient Safety	**Decision**		**High**	**Med**	**Low**
CONSULTATION:	**Information**	√	√		
	REPORT TYPE:		**RELATED WORK:**		
	Strategic	√			
	Operational	√			
	Governance				
BAF ref:					
Monitor Compliance Framework:					
CQC Essential Standard Reference:	All outcome standards				
NHSLA Standard Reference:	Standard 1				
Media / Communications:					

Meeting Date: 25th March 2013
Report Title: Francis Report – the implications for Boards

Purpose: The purpose of this paper is to provide the Board with information from a study day held at the King's Fund on the 27th February 2013 which considered the findings of the Francis Inquiry and in particular looked at the implications for boards post-Francis.

Summary: The Francis report published in February 2013 has far reaching implications for the NHS and the Trust. This briefing paper offers the Board an indication of how the report has been evaluated by a number of senior national figures and their understanding of the implications for the role of the Board.

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√			√		√

Recommendations:

- To note the briefing paper and consider how this will impact on the work of the Board going forward.

Authors: **Valerie Newton, Deputy Director of Patient Experience / Claire Roberts, Deputy Director of Patient Safety.**

Date: **15th March 2013**

FRANCIS REPORT – THE IMPLICATIONS FOR BOARDS

1 INTRODUCTION

1.1 On the 27th February 2013 – Valerie Newton – Deputy Director of Patient Experience and Claire Roberts – Deputy Director of Patient Safety, attended a conference held at the King's Fund in London, entitled "The Francis Inquiry – assuring patient safety and quality across the system of care." This conference was the first national conference held since the publication of the Francis Report earlier in the month and included contributions from a number of national keynote speakers (see appendix 1)

1.2 The conference covered a number of areas including:

- Quality - making it happen: practical responses to Francis from board to ward.
- Keynote address by Robert Francis QC - The directional steps the whole system should take to respond to the challenges highlighted by Mid Staffordshire.
- Better regulation and professional response – a response from the Government and panel discussion.
- The role of the Board.
- Developing and managing a safety culture.

Both attendees felt that the issues discussed in relation to the role of the Board would be of interest the Board of Directors.

2 KEY ISSUES TO BE CONSIDERED BY TRUST BOARDS FOLLOWING FRANCIS

2.1 Robert Francis indicated that most acute care in the NHS is delivered by Trusts like Mid Staffordshire in terms of size and services. The following factors were regarded by all the speakers and panel members as the key issues to be considered by all boards:-

Role and Duties

- What is the day job for the board? – "To be accountable and to allow staff to deliver good quality care".
- Boards should be accountable for and enabling to clinical services.
- Board attitude must be enabling.
- The HR Director is core to the development of an organisation.
- There should be more clinical staff in Non-Executive Director roles.
- Need to consistently review boards and ensure boards are refreshed and consider the question - Do we have the right talents within the Board?
- The Chair and the Non-Executives have a duty to hold the Executive team to account.
- Board must balance between strategic and operational issues.
- The Board must listen to patients and staff.
- The Board should seek improvement and drive assurance.

Governance

- Quality and safety should have equal balance with finance and performance.
- The Trust needs clear structures and lines of accountability.
- The Clinical Governance committee should have equal standing with the Audit committee.
- Invited external review of services is the way forward.
- Trusts should be benchmarked externally.
- Ensure that standards do not become a tick box exercise.
- Recognise the importance of CQC standards.
- There is a difference between fundamental standards and quality standards. Fundamental standards have to be met before quality standards can be considered. These include - to administer medications prescribed, to feed and hydrate patients , to ensure that patients are washed, to ensure that equipment is clean, to ensure patients are supported to go to the lavatory and to ensure consent, if these fundamental standards are not met Francis suggests that the service should be closed.
- The role of governors is vital – Boards must listen and involve Governors.
- Governors should receive the same reports as the Board and they need to seek assurance.
- Whistle blowing - Francis says "We are committing a criminal act if we do not do something about an issue we know about that is causing harm to patients."
- Candour and openness is key – with governors, with patients, with CCG's and with staff.

Leadership

- The Board should be brave and debate difficult issues in public.
- Leadership is important at all levels and how we develop those leaders.
- Doctors and nurses should manage services and Executives should support the clinicians to deliver the service.
- Need a clinical management structure in which clinicians contribute to decision making and are accountable for management decisions.
- The focus should be on the quality of care and staff should have clear objectives.
- The Chair has an enormous responsibility in setting standards.
- "Begin with a deed and not a plan".
- Accountability is important - if there is a serious issue there should be consequences, but criminalising and ostracism will not help – staff are under pressure.

Culture and Values / Staff

- The Board is fundamental in ensuring there is a good culture within the Trust – "live the values"
- Board is fundamental in setting the attitude within a Trust.
- Culture may not always begin at the top so be mindful of the values of staff in the frontline.
- The duty to speak should be balanced by the duty to listen.
- Corporate values must be designed so that they are a key to recruitment.
- Prevention not cure - staff need to feel valued.
- Values of the Trust should be publicised e.g. on a website and be measureable and informed by both staff and patients.

- Staff engagement is vital – review staff surveys, staff stories at the Board; in many staff surveys only about 25% feel they are engaged in big decisions.
- Where you create a culture of engagement you will create good patient experience.
- Evidence that workers who feel that managers are supportive and committed act more safely.
- Recruitment and retention should be value based - recruit to values.
- Culture may reinforce or be toxic to safe behaviour.

Information and data

- Board must measure meaningful outcomes and be outward looking and compare data with other organisations.
- Boards should disaggregate data to identify hot spots.
- Need knowledge - board data and soft information combined.
- How do Non-Executive Directors ensure they are receiving the right information – they should network with other NEDs from other Trusts?
- The Chair, the Executive team and NEDs need to go out and about in the Trust, not wait to be invited – go and "sniff the air".
- Board should look at trend data and not just isolated data. Data should be triangulated with other information - some Trusts produce a lot of data and little information.
- Consider the warning signs: poor patient stories, increased mortality rates, increased complaints and increased staff concerns, whistle blowing – report all concerns to the Board, not just governance and financial issues.

Patient Involvement

- Support patient involvement at board level - "patients pick up the ripples very quickly"- some boards have shadow chairs.
- First and most important of all – listen to patients and relatives.

3 CONCLUSION

3.1 It is evident that the Francis Report covers many aspects of care, management and accountability but the Board needs to consider those key issues which impact on the Board and how they in turn may affect the provision of safe, high quality care within the Trust.

3.2 The Director of Patient Experience, the Medical Director and their deputies will develop a plan to move the Trust safely into the post-Francis era. However, it must be remembered that this cannot be achieved by just producing an action plan but by a Trust-wide commitment from the Board to the ward to learn the lessons of Mid-Staffordshire and to look at how they can be implemented within our own organisation.

3.3 A programme of talks is being organised for staff in the Trust about what the Francis report says and what it means for us in how we provide care and treatment to patients and the importance of our values in how we should work going forward. This will commence in April 2013 following a meeting between the Director of Patient Experience, Medical Director and their deputies at the end of March 2013 to finalise an agreed approach.

Valerie Newton
Deputy Director of Patient Experience

Claire Roberts
Deputy Director of Patient Safety

5th March 2013

Appendix 1

- Harry Cayton – Chief Executive of Professional Standards Authority for Health and Social Care
- Dr Jocalyn Cornwall – Founder of "Point of Care 2 at the King's Fund
- Niall Dickson - Chief Executive and Register, General Medical Council
- David Behan CBE – Chief Executive, Care Quality Commission
- Professor Rhona Finn – Professor of Applied Psychology and Director of Industrial Psychology Research Centre at the University of Aberdeen
- Sarah Goodson – Senior Consultant – Leadership Development at King's Fund
- Professor Chris Ham – Chief Executive – King's Fund
- Susie Hughes – Lay Chair of Royal College of Physicians' Patient and Carer Involvement Steering Group
- Robert Francis – QC – Author of both Francis reports
- Professor Sir Ian Kennedy – Former Chairman, Healthcare Commission
- Dr Kathy McLean – Medical Director – NHS Trust Development Authority
- Sir Jonathan Michael – Chief Executive of Oxford University Hospitals NHS Trust
- Eric Morton – Interim CEO to Sherwood Forest Hospitals NHS Foundation Trust
- Dr Mark Porter – Chair of Council at the British Medical Association
- Dr Daniel Poulter – MP
- Jan Sobieraj – Managing Director, NHS Leadership Academy
- Peter Walsh – Chief Executive, Action against Medical Accidents (AvMA)
- Councillor David Rogers OBE – Chair of the Community Wellbeing Board, Local Government Association
- Professor David Hands, Visiting Professor in Health Policy and Management, University of Glamorgan and Representative for Patients First
- Professor Norman Williams, President of the Royal College of Surgeons