

<b>Agenda item no:</b>	
<b>Enclosure no:</b>	

<b>Meeting:</b>	Health Scrutiny Board
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<b>Date:</b>	24 September 2015
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<b>Title:</b>	Health Scrutiny Update Report
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<b>Presented by:</b>	Joyce Fletcher, Deputy Director of Nursing
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<b>Prepared by:</b>	Joyce Fletcher, Deputy Director of Nursing
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<b>Purpose:</b>	Information		Discussion	<input checked="" type="checkbox"/>	Recommendation		Approval	
That the Health Scrutiny Committee receives this report and note contents for discussion.								

<b>Linked to risk register:</b>	No		Yes		Datix No:		H/ML
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<b>Additional resources required:</b>	Yes		No	
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This report covers (tick  all that apply):

<b>Strategic objectives:</b>	
We will improve access to a range of integrated services across the Black Country which are sustainable and responsive	
Our local communities will value the contribution we make to improving people's lives	
We will attract, retain and develop a capable and flexible workforce	
<b>Trust Goals:</b>	
To reduce inequality by recognising diversity and celebrating difference	
To improve and promote the health and well-being of local communities	
To provide high quality care in the right place, at the right time	
To put people and their families at the heart of care	

<b>Evidences compliance to:</b>
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Health & Safety Executive						
Care Quality Commission	Safe	x	Caring	x	Responsive	x
	Effective	x	Well Led			x

<b>Have impact assessments been completed for this report / strategy?</b>			
Quality Impact Assessment	Y/N/na	Equality Impact Assessment	Y/N/na

Number of pages in Document		Number of Appendices	8
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## Executive Summary

The enclosed report presents a synopsis of the progress within BCPFT in the implementation to the Francis Report in relation to the specific areas as requested by the Health Scrutiny Committee:

1. How Duty of Candour Requirements are being met
2. Dignity Champions
3. Complaints Management
4. Staffing/Apprenticeships  
Additional updates presented
5. National Nursing Strategy 'Care and Compassion'
6. Freedom to Speak up

This builds on the comprehensive report and presentation submitted and discussed at the Health Scrutiny Panel in March 2015 and meetings previous to this.

The implementation of the Francis Report which has now been incorporated into the core clinical and quality strategies of BCPFT and not reported separately.

## Health Scrutiny Report Update

How Duty of Candour ( DoC) requirements are being met	<ul style="list-style-type: none"><li>• All relevant policies have been reviewed and updated to reflect both the statutory DoC and the Professional DoC. A training course was completed by medical staff in June to enhance their understanding.</li><li>• A range of communication methods have been used to raise awareness of the requirements of DoC; including the use of the Trust Internal communication bulletins, video on the trust website and included on the agenda of key meetings.</li><li>• Attached at Appendix 1 is the flowchart that has gone out to BCPFT Groups to ensure the follow the process. DoC forms a part of the Trust weekly review of all clinical incidents are</li><li>• DoC is recorded on our Clinical Incident Reporting system Datix and this allows the trust to monitor the process.</li><li>• Any lessons learnt are shared through our Trust quarterly 'Lessons Learnt Bulletin'.</li></ul>
Dignity Champions	<ul style="list-style-type: none"><li>• The Dignity and Respect initiative was first launched in the Trust in January 2013, and re launched at the <b>4<sup>th</sup> Quality Summit</b> on the 10<sup>th</sup> March 2015. The re launch was underpinned by staff recommendations obtained from 2 Trust wide staff consultation workshops in June and September 2014, which emphasised the need for an “on the ground” focus to implementation of the Dignity and Respect agenda. This has commenced with a creative approach to patient and staff involvement entitled “<b><i>In My Shoes</i></b>”, with a project selected by each of the 17 inpatient wards across the Mental Health and Learning Disability Groups, facilitated by the Trust’s Creative facilitator. Projects include: an</li></ul>

	<p>animated DVD resource and training pack to address bullying, to use photography as a medium for communicating dignity and identity issues, enhancing cultural life, accessible information to support patient's journeys and value based recruitment. "In My Shoes" is due for review at the end of November 2015.</p> <ul style="list-style-type: none"> <li>• <b>A Caremaker and Dignity Champion Recruitment &amp; Refresher Event</b> in July 2015 was well attended and resulted in an increase in clinical and non-clinical Dignity Champions across the Trust, and development of a register.</li> <li>• The revised Dignity and Respect Policy is to be re launched at the forthcoming <b>2<sup>nd</sup> Trust wide Dignity and Respect event</b> in November 2015. This will include Experts by Experience and Carers and focus on: an "In My Shoes" update, value based recruitment, the LGBT Network, Raising Concerns and the Care certificate.</li> </ul>
<p><b>Complaints Management Process</b>  Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care</p>	<ul style="list-style-type: none"> <li>• Policy and procedures are in place</li> <li>• Process refined with all complaints being sent to appropriate Clinical Director / Head of Nursing for allocation and subsequent sign off before being sent to CEO for approval</li> <li>• All outcomes/lessons learned are shared through monthly clinical reports and quarterly lessons learned bulletins</li> <li>• Patient story to the Board of Directors is now fully embedded</li> <li>• Compliance maintained to NHS complaints management process</li> <li>• BCPFT took part in a NHS benchmarking project, complaints management, in partnership with Patient Association. Uptake was very poor so difficult to benchmark ourselves with other MH trusts but outcomes taken on board and</li> </ul>

	<p>actioned as required</p> <ul style="list-style-type: none"> <li>• Please see attached flow chart at Appendix 2.</li> </ul>
<p><b>Staffing and Apprenticeships</b></p>	<p><b>Staffing Numbers</b></p> <ul style="list-style-type: none"> <li>• The trust is compliant with the National Quality Board (NQB) Guidance (Dec 2013) “How to ensure the right people, with the right skills, are in the right place at the right time”.</li> <li>• The Board of Directors receives monthly updates on the actual registered and non-registered nursing staffing levels across the organisation against the planned staffing levels. This is monitored closely within each service and Group to ensure that staffing levels are safe and quality is not compromised.</li> <li>• This includes a review of the use of bank and agency staffing numbers with a view to reducing the spend and use of agency staff and filling vacancies in accordance with National guidance.</li> <li>• The nursing establishment is reviewed on a six monthly basis in accordance with National Quality Board guidelines</li> <li>• The Trust has been involved in a West Midlands Project sponsored by Health Education West Midlands to explore the use of evidenced based staffing tools and are now working to implement this programme.</li> <li>• The Trust is engaging in further Regional pilots looking to incorporate other health professionals who make a very valuable contribution to patient care</li> <li>• The trust has developed a Recruitment and Retention Strategy. Some of the actions to date have been: <ul style="list-style-type: none"> <li>- Streamlining the recruitment processes to speed up the time from application to appointment and start date</li> <li>- Relooking at our marketing and recruitment approaches to attract people to</li> </ul> </li> </ul>

the organisation

- Relooking at development opportunities for people who work for us
- Increasing dialogue with staff to understand what would help
- Hearing from staff that have left the Trust through Exit Interviews.

### **Trust Apprenticeship Scheme**

- The Trust now has 22 clinical apprentices on placement after a second cohort started on 30<sup>th</sup> March 2015. We also have three new business administration apprentices who joined the apprenticeship induction programme at the same time.

The apprentices who joined us in August 2014 continue to flourish as their confidence grows with the knowledge being gained from their placements on mental health and learning disability in-patient wards across the Trust. Their career aspirations are also coming true with some of our apprentices having made definite plans for their future in the nursing profession.

One apprentice has been accepted by Wolverhampton University to undertake her nursing degree. Two other apprentices have also been successful in securing a Band 2 and 3 Healthcare Assistant post respectively, as a direct result of their qualifications and experience gained on the programme.

Cohort 2 commenced with the Trust on 30<sup>th</sup> March and completed their new and improved induction on 24<sup>th</sup> April. One of the major changes made to the induction, following feedback, being that apprentices were introduced to their placements earlier with more opportunities to work on the wards during their first four weeks. Apprentices took up their placements on a full time basis on 27<sup>th</sup> April 2015.

<p><b>Implementation of National Nursing Strategy Care and Compassion – 6Cs</b></p>	<ul style="list-style-type: none"> <li>• Significant progress has been made in embedding the 6Cs (National Nursing Strategy ‘Care and Compassion’ 2013); Compassion, Care, Competence, Courage, Communication and Commitment which have been embedded in the Visions and Values of the organisation and included in the induction and training programme within the Trust. The implementation has been underpinned by BCPFT <b>‘Caring Counts Strategy’</b> a framework for the delivery of the national strategy as outlined.</li> <li>• A Trust video was produced in March 2015 capturing the views of staff and patients of the 6Cs from across the organisation. This has been shared internally a tool for supporting dialogue on compassionate practice and is now publicly available via social media (YouTube).</li> <li>• The trust will be a participant in a national research project ‘The Therapeutic Engagement Questionnaire (TEQ) study which will be adopted at the end of September 2015. The TEQ sets out to measure the 6Cs and is funded by the Department of Health with the plan for the TEQ to be rolled out nationally as a standardised measure across mental health services.</li> <li>• This allows BCPFT to contribute to this wider body of knowledge of how to evidence compliance with the 6Cs and reflect compassionate, safe care throughout our inpatient services. Service users will also get the opportunity to feedback on their care and assist in developing a measure which in the future may help shape the provision of mental health services.</li> </ul>
<p><b>Freedom to Speak Up</b> Following the independent review commissioned by the Secretary of State, Sir Robert Francis recommended 20 principles and actions which all organisations who provide NHS healthcare should implement<sup>1</sup>.</p>	<ul style="list-style-type: none"> <li>• The Board of Directors have oversight of the implementation of the FtSU principles. A clear pan of action has been agreed and a governance framework is in place to monitor the delivery of such.</li> <li>• The government response to the Freedom to Speak Up consultation, the Public Administration Select Committee report ‘Investigating Clinical Incidents in the NHS’ and the Morecambe Bay Investigation was published late July /early August 2015.</li> </ul>

	<ul style="list-style-type: none"> <li>• This sets out overwhelming support to implement the FtsU recommendations, a plan for NHS England to produce further guidance to implement the principles and actions in the FtSU report and the appointment of the Independent National Officer role hosted by the Care Quality Commission (CQC).</li> <li>• To date a communication plan including staff briefings, trust newsletters, FtSU roadshows etc. have been put in place to promote the Freedom to Speak Up report and inform staff how to raise a concern.</li> <li>• A Executive Director and Non-Executive Director Sponsor has been nominated and have presented to the Trust Leadership for Quality Summit in September 2015 A summary of actions taken to date are as follows: <ul style="list-style-type: none"> <li>• Internal Audit review of the trust whistleblowing policy. The policy is currently being reviewed and updated.</li> <li>• A cultural workshop was held in August and another is planned for September 2015 with the aim of supporting Dignity Champions/ cultural champions/ambassadors' who can support the Freedom to Speak Up work</li> <li>• The FtSU job description has been drafted and out for comments.</li> <li>• The trust is in the process of the development of the FtSU guardian role and will be appointing to the role as the guidance becomes clearer.</li> </ul> </li> </ul>
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