

Francis Report – GAP Analysis

Name of meeting: Trust Board	Item: 8.6
Date of meeting: 29 th January 2014	Enclosure: N
Purpose of the Report / Paper:	
<p>In July 2013 The Trust Board approved the Francis Report GAP analysis. This analysis was undertaken to determine the Trusts position against the recommendations of the Francis Enquiry into failings of care at Mid Staffordshire NHS Foundation Trust, and considered both the recommendations of the enquiry and the initial Governments response to the enquiry.</p> <p>Since the report to the Trust Board the Government issued its full response to the recommendations in November 2014. The Trust Board requested a further update be received on the agreed actions six months following approval at the Board in July 2013. This paper provides an update on the agreed actions and provides an update on the Government response in full.</p>	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsor (Executive Lead):	Duncan Burton, Director of Nursing & Patient Experience
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Risk Implications - Link to Assurance Framework or Corporate Risk Register:	Principle risks 5, 2, 6, 1, 7
Legal / Regulatory / Reputation Implications:	Reputational high profile of Mid Staffordshire enquiry. All Trusts asked to respond to recommendations of findings
Link to Relevant Corporate Objective:	1.To deliver quality, patient centred healthcare services with an excellent reputation 2. To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust
Document Previously Considered By:	GAP Analysis – Trust Board 31 st July 2013
Recommendations:	
The Trust Board is asked:	
<p>a) Note the progress against actions arising from the Francis GAP analysis, areas for further action and matters arising from the Government response in full</p> <p>b) Agree a further update on the remaining actions in July 2014 at which time it is expected that all actions will be closed as completed; and</p> <p>c) Note that as agreed in July 2013 the Trusts Quality Account will include a summary of how the Trust has responded to this enquiry</p>	

Kingston Hospital NHS Foundation Trust Responding to the Francis Report

1. Background

1.1 Following the failings at Mid Staffordshire NHS Foundation Trust, the final report referred to as the 'Francis Report' which looked at the care provided by the hospital was published on 6th February 2013. The inquiry Chairman, Robert Francis QC, concluded in his report that patients at Mid Staffordshire were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care. The report made 290 recommendations aimed at ensuring patients are put first. In particular it recommended:

- The merger of regulation of care from two (CQC and Monitor) into one body
- Senior managers to be given a code of conduct and the ability to disqualify them if they are not fit to hold such positions
- Hiding information about poor care to become a criminal offence
- A statutory obligation on doctors and nurses for a duty of candour so they are open with patients about mistakes
- An increased focus on compassion in the recruitment, training and education of nurses, including an aptitude test for new recruits and regular checks of competence as is being rolled out for doctors
- The recommendations of the report will have a significant impact across all NHS hospitals in focussing on improving the culture across the NHS.

1.2 The Francis Report states that each organisation should report publicly on how it has enacted the recommendations. It is recommended that:

- All commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work;
- Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions;
- In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations;
- The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report.

1.3 The Government published its initial response to the recommendations of the Francis Enquiry in April 2013 and its full response in November 2013. This paper provides; a reminder to the Trust Board of the approach Kingston Hospital has taken in response to the Francis Enquiry; an update on GAP analysis and associated actions approved by the Board in July 2013 and updates on the Government response in full 'Hard Truths' made in November 2014.

2. Government Response in Full – Hard Truths – November 2013

2.1 On 19th November 2014 the Government published its full response to the Francis Enquiry – ‘Hard Truths’. Of the 290 Francis Enquiry recommendations all but 9 were accepted by the Government.

2.2 Key areas of note arising from the response include:

- a) Ward staffing levels – Trusts will be required to publish transparent monthly reporting of ward-by-ward staffing levels and other safety measures. The new guide to nursing, midwifery and care staffing capacity and capability - *How to ensure the right people, with the right skills, are in the right place at the right time*, published by NHS England on 20th November 2013 in response to this. The Trust Board will receive a detailed analysis of how the Trust is responding to this in a separate document.
- b) Complaints - All hospitals will clearly set out how patients and their families can raise concerns or complain, with independent support available from local Healthwatch or alternative organisations. Trusts will also be required to report quarterly on complaints data and lessons learned, and the Ombudsman will significantly increase the number of cases she considers.
- c) Care Support Workers – The Government stopped short of accepting the recommendation that care support workers are professionally regulated. A new Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the right fundamental training and skills in order to give personal care to patients and service users will be required.
- d) A statutory duty of candour on providers, and a professional duty of candour on individuals through changes to professional guidance and codes.
- e) Legislation will take place at the earliest available opportunity on Wilful Neglect – so that those responsible for the worst failures in care are held accountable. The focus will be on individual failings and where managers are held to account the central question will be the degree of control in respect of those failings.
- f) A new fit and proper person’s test which will act as a barring scheme to prevent failed managers from working in health services again. The CQC will be responsible for regulating the test and will have new powers to investigate whether an individual is fit to hold a director level position.
- g) The Care Bill will introduce a new criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading, where that information is required to comply with a statutory or other legal obligation. The Government will consult on proposals about whether Trusts should reimburse a proportion or all of the NHS Litigation Authority’s compensation costs when they have not been open about a safety incident.
- h) All arm’s length bodies and the Department of Health have signed a protocol in order to minimise bureaucratic burdens on Trusts.

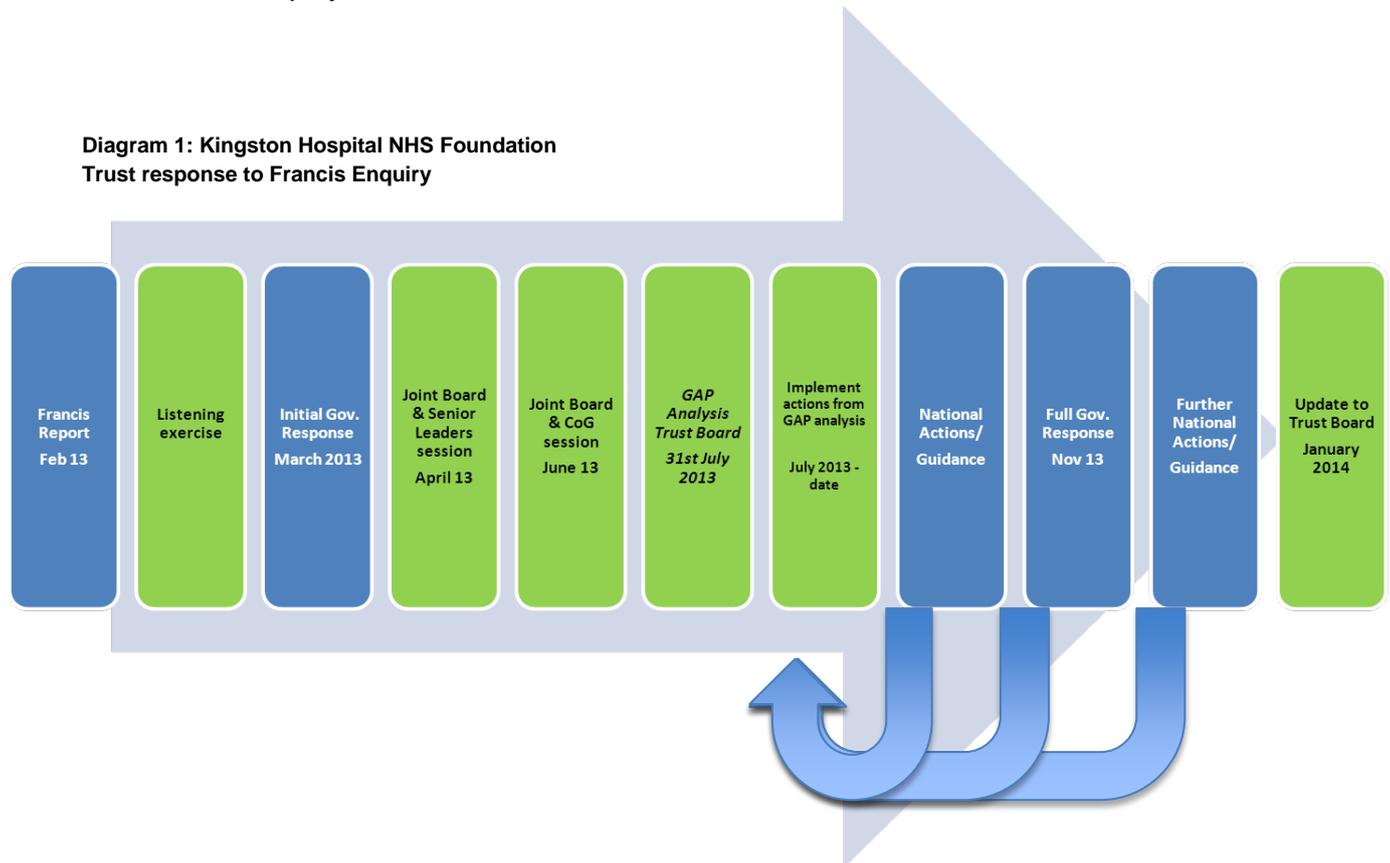
2.3 The Government response in full can be seen as re-emphasising areas which were already highlighted in the Francis Enquiry, their initial response and subsequent arising reports. This has therefore not caused a need to revise the themes of action arising from the Trusts GAP analysis. It will however require the Trust to continue its response within its existing operational and governance frameworks, as each of the above is either legislated or regulated for in the future.

3. Kingston’s response to the Francis Report

3.1 The Francis Report is not the first report into the failures of care at Mid Staffordshire NHS Foundation Trust and the Trust has responded previously to learning from previous reports into its failings.

3.2 In responding to the Francis Enquiry the Trust undertook a wide ranging approach to listening to staff, patients and Governors in order to firstly gather their reactions and concerns regarding the review and secondly to elicit any areas of concern which the Trust needed to consider in ensuring a failure like that of at Mid Staffordshire could not happen at Kingston Hospital NHS Foundation Trust.

3.3 The below diagram (Diagram 1) gives an overview of the steps the Trust has taken in responding to the Francis Enquiry.



3.4 It is clear since the publication of this enquiry the findings continue to inform national recommendations for Trusts, professional bodies, regulators and other parts of the health system. This can be seen in reports that have arisen such as Keogh, Berwick, Clwyd-Hart, and Cavendish which the Trust has considered and will need to continue to so as required.

3.5 One of Sir Robert Francis's key conclusions was that the culture at Mid Staffordshire NHS Foundation Trust and across the wider NHS system was not "right". Clearly setting and sustaining the right culture will be critical to success. Kingston Hospital NHS Foundation Trust must continue to sustain the right culture across all its services at all times. The Board must continue to be in tune with staff and patients.

3.6 The Trust Board held a development session with senior leaders from across the organisation on 24th April 2013 and discussed the context of the enquiry, the key themes of the recommendations and commenced a gap analysis against the identified areas for focus. It is clear from this analysis the Trust is in a strong position against the areas, having just been through an extensive assessment process in becoming a Foundation Trust but welcomed the opportunity to highlight existing work and areas for further development and strengthening of our approach. The development session also focused on opportunities and concerns as a result of the report. These included the opportunity to use the report as a catalyst to focus on leadership development in the Trust and to ensure we always listen to patients and staff and respond

accordingly. A joint Trust Board and Council of Governors session took place on 26th June 2013. This specifically reviewed the role of the Council of Governors in relation to the Francis Enquiry.

3.7 The Director of Nursing & Patient Experience undertook a detailed review of the Governments response to the enquiry and identified a number of areas for the Trust to review its relative position. This was reported to the Trust Board in July 2013 (Appendix A) and the 37 identified themes for actions fell broadly into the following categories:

- Staff – Ensuring we have the right staff, with the right skills and values
- Trust Board & Leadership – ensuring the Trust Board is focused on the right things and senior leaders are connected with the needs of patients & staff; and that clinical leaders have time to focus on clinical leadership
- Complaints – how we learn from complaints
- External relationships – how we interact and influence other organisations for example the LETB (Local Education & Training Board) to ensure our requirements for staff training & development are met
- Information – how we use it intelligently and how we reduce the burden of data collection
- Fundamental standards – ensuring we meet the fundamentals of care – such as continence, dignity, ensuring patients have enough help with eating & drinking

3.8 Appendix A also provides an update on progress with each of the actions arising from the GAP analysis.

3.9 The GAP analysis update demonstrates that overall good progress with the 37 areas for action has been made:

- 28 have been closed as completed;
- 6 are on track for completion as planned;
- 3 represent some slippage – all of which have mitigating actions in place and a revised timeline for completion where required

4. Recommendations

4.1 In reviewing the Francis Report GAP analysis update it is clear that the Trust has overall made significant progress in addressing areas for focus and for the remaining 9 areas plans and suitable timelines are in place for completion.

The Trust Board is asked:

- a) **Note** the progress against actions arising from the Francis GAP analysis, areas for further action and matters arising from the Government response in full
- b) **Agree** a further update on the remaining actions in July 2014 at which time it is expected that all actions will be closed as completed; and
- c) **Note** that as agreed in July 2013 the Trusts Quality Account will include a summary of how the Trust has responded to this enquiry

Duncan Burton
 Director of Nursing and Patient Experience
 10th January 2014

Staffing								
Theme	Recommendation with potential for action by us Francis/Government recommendation	Further national recommendations likely to result in further consideration of actions by us	Trust Position	Areas for action	Board Lead	Managerial Lead	Timescale for completion	Update
			<p>bank have taken place</p> <ul style="list-style-type: none"> Major nursing recruitment campaign to date has recruited 143 nurses & healthcare (HCA)s delivered through recruitment and retention action group Hospital at night provision is currently being reviewed as identified as an area for improvement 	<p>s arising from hospital at night review</p>				Hours project manager in place from Jan 2014 to progress actions arising from review
<p>2. Staffing – public disclosure</p> <p>Government response – pg47</p> <p>Francis Report Recs 179</p>	Ban on clauses intended to prevent public interest disclosure	Department of Health Guidelines in place	<ul style="list-style-type: none"> Trust has a Whistleblowing policy in place and available to staff The Trust is aware of and adheres to Department of Health Guidelines on staff confidentiality clauses in compromise agreements 	<ul style="list-style-type: none"> No further action required 	David Grantham, Director of Workforce & OD	Nil required	Nil required	
<p>3. Staffing – openness</p> <p>Gov. response – pg26</p>	<p>Openness: mistakes will sometimes happen – staff need to know it is safe to admit them</p> <p>Staff need to know it</p>	No	<ul style="list-style-type: none"> Risk Management Strategy in place with openness a key component Being Open Policy in place At Trust induction 	<ul style="list-style-type: none"> Complete actions arising from task finish group focused on improving incident reporting and 	Duncan Burton Director of Nursing & Patient Experience	Jacky Bush, Head of Quality & Risk Assurance	Dec 2013	Actions completed

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Francis Report Recs 160, 173, 174, 175, 178, 180, 181, 182, 183, 274	is safe to ask for the support they need to really be there for patients		<p>staff made aware of how to report incidents/raise concerns</p> <ul style="list-style-type: none"> Escalation processes in place Incident reporting low within the Trust as indicated through NRLS – this has been identified as an area for action through Risk Management Committee 'Raising concerns' email address in place direct to executive and non-executive directors Whistleblowing policy in place All staff have access to incident reporting system (Ulysses) Walkarounds of senior staff, Trust Board members where staff have and do raise issues 	ensure staff receive feedback on incident and actions taken as a result				
4. Teams & Values Government response – pg31, 26	Teams need to be given time and space to reflect on emotional impact of health	NIHR are seeking proposals to research increasing compassion & dignity in NHS	<ul style="list-style-type: none"> Trust has clear values which are published & visible All Trust staff inducted in Trust values 	<ul style="list-style-type: none"> Implement Organisational development programme and service line management 	Kate Grimes, Chief Executive	David Grantham, Director of Workforce & OD /Nicola Hunt,	Jan 2014	<ul style="list-style-type: none"> OD and SLM implementation taking place

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Francis Report Recs 2, 3, 4, 5, 185, 191, 198, 237, 202	Teams inspired to own and live the values set out in the NHS constitution	NHS constitution to be re-written	<ul style="list-style-type: none"> • Values and teamwork form part of appraisal system • Team days have taken place for some • Action learning sets taking place for example for ward sister/charge nurses • Group clinical supervision available • Physical spaces available for staff to interact – Drs mess; staff rooms; staff only area in canteen • Trust Management Forum in place for senior trust managers • Team brief process in place with system of checking all areas receiving team brief • Due to nature of clinical areas not always possible for teams to fully meet as the whole team • Service Line Management plans focused on local teams managing services • Need to review other staff groups and use 	<ul style="list-style-type: none"> • Implement tools for teams to measure and improve effectiveness • Professional leads to examine staffing in other areas 	David Grantham, Director of Workforce & OD	Productivity Director	<p>Jan 2014</p> <p>Oct 2013</p>	<ul style="list-style-type: none"> • Action plan and tools developed – need to roll out • Need to reconfirm within 2014/15 business planning

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			of evidence based guidelines/tools					
5. Staff Feedback Government response – pg51 Francis Report Recs. 198, 185	Increased frequency of seeking feedback from staff – the FFT question for staff	NHS Commissioning Board to review	<ul style="list-style-type: none"> Managers feedback in place through appraisal process Annual staff survey Junior doctors survey Exit interviews in place although small response rates Questions asked to staff every month through team brief questions Quarterly Divisional feedback staff survey started and first survey completed although small response rate Walkarounds of senior staff, Trust Board members with opportunity to interact with staff Staff Story at Trust Board Feedback following TB responses (listening into action) Informal sessions held with staff e.g. focus groups 	<ul style="list-style-type: none"> Refine quarterly staff survey process and disseminate actions taken in response to feedback 	David Grantham, Director of Workforce & OD	Cheryl Samuels, Deputy Director of HR	Feb 2014	New survey has improved results. Feedback circulated

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6. Feedback on medical staff Government response – pg51	All doctors to take part in independently administered feedback questionnaires	Revalidation requirements	<ul style="list-style-type: none"> Revalidation requires doctors to obtain feedback once every five years – system is in place in the Trust Medical staff feedback mechanism available through <i>iwantgreatcare</i> 	<ul style="list-style-type: none"> Nil required 	Jane Wilson, Medical Director	N/A	On-going	
7. HCAs (Healthcare Assistants) Government Response pg72, 73, 64, Francis Report Rec 207, 208, 211	Arrangements for induction, training and performance managing healthcare assistants (HCAs) Minimum training standards for Healthcare assistants Hospitals meeting their obligations for baring unsuitable healthcare assistants LETB – the governments mandate to Health education England which will set an objective for the new organisation to work with employers to improve the capability and training standards of	Cavendish Review published July 2013 Code of Conduct and National Minimum Training Standards for healthcare support workers published in July 2013	<ul style="list-style-type: none"> HCA development lead in place All employed HCA's receive Trust and HCA induction Sponsored nurse training in place for healthcare assistants to apply Additional training in place for existing healthcare assistants e.g. continence, dementia Process in place for reporting unsuitable healthcare assistants following internal Trust disciplinary and capability processes HCA recruitment process includes literacy and numeracy tests Review of Cavendish recommendations 	<ul style="list-style-type: none"> Complete review of recommendation s from Cavendish Review and Minimum training standards and implement recommendation s as required 	Duncan Burton Director of Nursing & Patient Experience	Fran Leonard, Healthcare Assistant Pathway Co-ordinator	Nov 2013 <i>Revised timeline for implementation of actions July 2014</i>	<ul style="list-style-type: none"> Initial review undertaken. Implementation of recommendations still required. Additional focused work with HCAs required in response to review of turnover and review. To take place by July 2014 New Care Certificate implications will require review once published

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			<ul style="list-style-type: none"> Trust clinical safety KPI's show overall good performance 					
9. Staff engagement Government Response pg70 Francis Report Rec 185	Ensuring effective staff engagement – organisations should be actively using information such as the NHS staff survey results to improve staff experience	Nil identified	<ul style="list-style-type: none"> Staff survey results available within Trust and reviewed. Action plan to improve approved at Trust Board in 2013. Quarterly staff surveys in place Annual staff survey plans at Divisional level and improvements over time Organisational development and service line implementation plans are to improve staff engagement and decision making Staff engagement a Quality Account objective for 2013/14 	<ul style="list-style-type: none"> Implement existing staff survey action plan Implement organisational development programme and service line management and clarify roles within new structures 	David Grantham, Director of Workforce & OD	Cheryl Samuels, Deputy Director of HR	Jan 2014	Service lines created and organisational development underway
10. Staffing Government Response pg68 Francis Report	Staff need – clarity about roles and responsibilities, team structures, team working and cooperation	Nil identified	<ul style="list-style-type: none"> Staff have JDs which include structure and accountability Management structure in place Staff receive Trust and Local induction which includes overview of PDR process in place 	<ul style="list-style-type: none"> Implement Organisational development programme and service line management and clarify roles within new structures 	Kate Grimes, Chief Executive	David Grantham, Director of Workforce & OD	Jan 2014	OD plan and service line management structures implemented

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			<ul style="list-style-type: none"> Organisational Development plan and service line reporting proposals drafted which include clarification of roles, teams and responsibilities 					
<p>11. Having the right staff.</p> <p>Government Response pg.</p> <p>Francis Report Rec 5, 7, 8, 10, 23, 93, 163, 197</p>	Staff with the right values, skills and training available	Nil identified	<ul style="list-style-type: none"> Trust Values in place and visible Values used in appraisal and training Training simulation programme in place Trust has education centre Education and training strategy required and recognised to be developed as part of organisational development plan CEO representative on LETB Investment in additional Practice Development Nurse (PDN's) and reorganisation of management across medicine and surgery taking place Recruitment 	<ul style="list-style-type: none"> Education & training strategy to be developed 	David Grantham, Director of Workforce & OD	Cheryl Samuels, Deputy Director of HR	October 2013	<ul style="list-style-type: none"> Draft strategy in place and for Trust Board approval on 29th January 2014

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			processes in place for all staff to include assessment of values					
12. Appraisals Government Response pg71 Francis Report Rec 193, 194, 195	Appraisals will be strengthened, made more consistent and explicitly include values and behaviours (nurses)	Nil identified	<ul style="list-style-type: none"> Trust Values are included in appraisal Appraisal (PDR) process in place and monitored for completion rates Manager feedback in place as part of appraisal process High level completion of PDR's across the Trust There is potentially variability, compliance and quality of appraisal – training in appraisals is available 	<ul style="list-style-type: none"> Continue to monitor appraisal rates and improve compliance as part of PDR process 	David Grantham, Director of Workforce & OD	Cheryl Samuels, Deputy Director of HR	Nov 2013	Completed

The Board/Leadership								
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13. Trust Board Francis Rec 204, 60, 79-86	<ul style="list-style-type: none"> At least one executive director who is a registered nurse Appointing more 	Nil identified	<ul style="list-style-type: none"> The Trust has two clinical executive directors on the Trust Board (the Medical Director and Director of 	<ul style="list-style-type: none"> As non-executive director posts become vacant consideration of this recommendation 	Trust Chairman	Head of Corporate Affairs &	As required	Board and Registered Nurse – COG currently considering the appointment of a NED due to

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Govt Resp. P76	<p>former nurses as non-executive directors</p> <ul style="list-style-type: none"> Attract and retain high quality non-executives from all walks of life 		<p>Nursing & Patient Experience)</p> <ul style="list-style-type: none"> Currently there are no non-executive directors who are former nurses on the Trust Board. The Trust currently has a mix of non-executive directors from different walks of life, which includes a medically qualified non-executive director 	will be made in the recruitment process				resignation of current Board Member, with clinical and quality experience – a candidate with nursing experience may come forward. In addition COG considering whether a NED with commercial experience would enhance the Board (link to Theme 17)
<p>14. Board accountability & engagement</p> <p>Government Response pg61, 26, 31</p> <p>Francis Report Rec 79, 80, 81, 82, 83, 84, 85, 86, 177, 176, 182, 183</p>	<p>Stronger accountability for boards</p> <p>Boards & leaders create environments where staff feel supported to cope with risks and challenges</p> <p>Board engagement with staff</p>	<ul style="list-style-type: none"> Chief Inspector of Hospital Review of capacity to act by H&S Executive 	<ul style="list-style-type: none"> Trust Board holds regular board development sessions Trust Board has undergone recent process of review as part of foundation Trust application Mechanisms in place to self-assess e.g. Quality Governance; Monitor Submissions On-going Monitor assessment framework in place High level of engagement of 	Nil identified	Sian Bates, Chairman/ Kate Grimes, Chief Executive	Deborah Lawrenson, Head of Corporate Affairs	N/A	Work with Council of Governors is further strengthening accountability and engagement

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			<p>Board members and visibility through programme of walkabouts</p> <ul style="list-style-type: none"> All Directors undertake 360 feedback through appraisals Whistleblowing policy in place Risk assessments of CIPs in place reported to Board 					
<p>15. Foundation Trust Governors</p> <p>Government Response Pg27</p> <p>Francis Report recs. 47,60, 74-78</p>	<p>Monitor will be carrying out work in parallel to ensure that the governors and non-executives of NHS foundation trusts have the support they need to hold their organisations to account</p> <p>It is important that regular and constructive contact between governors and the public is maintained</p>	CQC, Monitor	<ul style="list-style-type: none"> Development programme in place for members of the Council of Governors All Governors have been through induction process - which includes raising concerns Francis session held jointly with Council of Governors and Trust Board in June 2013 Membership & Engagement Committee established to ensure mechanisms for communication with membership in place 	<ul style="list-style-type: none"> Establish Quality Scrutiny Committee in line with Patient & Public Involvement Strategy approval at Trust Board on 31st July 2013 	Deborah Lawrenson, Head of Corporate Affairs	Lucy Carter, Assistant Company Secretary	Sept 2013	<ul style="list-style-type: none"> Quality Scrutiny Committee established and Terms of Reference approved by November 2014 Council of Governors Meeting

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			<ul style="list-style-type: none"> Role of Governors included in Patient & Public Involvement Strategy with establishment of Quality Scrutiny Committee 					
16. Leaders Government Response pg75 Francis Report 2, 13, 185, 202, 195, 197, 214-221	Leaders with the right values, behaviours and competencies Leaders need time to lead and staff need time to care	Yes – NHS Leadership academy developing programmes NHS Confederation review of bureaucracy on providers	<ul style="list-style-type: none"> Supervisory ward sister/charge nurses in place Appraisal process includes manager feedback Organisational development plan written and service line implementation plan being considered currently Identified need to take more structured approach to leadership development across Trust Organisational development plan identifies need to reduce number of meetings, papers, documentation and decision making at a lower level in the organisation Service lines to be 	<ul style="list-style-type: none"> Implement Organisational development programme and service line management and clarify roles within new structures 	Kate Grimes, Chief Executive	David Grantham, Director of Workforce & OD	Jan 2014	Organisational Development Programme commissioned and starts January 2014

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			clinically led					
17. Recruitment from beyond NHS Government Response pg76	Senior leaders from other sectors want to join the NHS and NHS would benefit from their talents	Yes – NHS Leadership academy	<ul style="list-style-type: none"> Currently Trust mainly recruits from within the NHS & Healthcare sector Jobs mainly advertised on NHS jobs Trust undertakes some working with other organisations such as through IT which brings in expertise Partnerships with other Need to identify suitable opportunities for recruitment and drawing on talent from beyond NHS 	<ul style="list-style-type: none"> Identify as required opportunities for senior leadership posts to be recruited from outside the NHS 	David Grantham, Director of Workforce & OD	Veronica Grant, Head of Recruitment, Medical HR & Trust Bank	On-going	One senior manager has joined from outside NHS
18. Supervisory Ward Sisters Francis Rec Govt Resp. Pg. 71, 76 Government Response pg. Francis	Supervisory roles for ward managers (including sister, charge nurse & team leader) A supervisory role is about having the time to lead, support staff in their clinical role and ensure patients are having a good experience of	Nil identified at present – national guidance for ward sisters in existence e.g. RCN role of ward sister	<ul style="list-style-type: none"> Ward sister/charge nurses within Kingston are in supervisory roles Leadership development programme in place for ward sister/Charge nurses and other band 7 nurse leaders. Cohort 1 completed; cohort 2 currently 	<ul style="list-style-type: none"> Make role expectations explicit through service line management plan Complete further development plan for ward sister/charge nurse roles 	Duncan Burton Director of Nursing & Patient Experience	Fergus Keegan, Deputy Director of Nursing	October 2013	Development Programme commissioned and in place. Due to be completed in March 2014. Ward sister/charge nurse role expectations have been reviewed and are for approval by EMC in January 2014. JD revisions

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Report Rec 220, 195, 196, 197, 202	care This includes supporting leaders to be supervisory giving them time to lead action plans Creating a system of accreditation for leaders in nursing		undertaking, scoping for cohort 3 taking place <ul style="list-style-type: none"> • Ward sister/Charge Nurse monthly forum with Director of Nursing in place and commences at end July 2013 • Review of paperwork taking place to release more time • Plan for further ward sister/charge nurse role development currently being drafted 					to follow approval.
19. Role of the Director of Nursing Government Response pg76 Francis Report Rec 192, 203, 205, 220	Reviewing the role and function of Directors of Nursing (DoN) Creating a system of accreditation for leaders in nursing	Compassion in Practice	<ul style="list-style-type: none"> • The Trust has recently reviewed the role of DoN during recruitment process for new DoN • Further review of line management portfolio as part of organisational development plan and service line management taking place – no further changes required currently • Takes part in Board walkarounds • The DoN has regular 	<ul style="list-style-type: none"> • Implement Organisational development programme and service line management 	Kate Grimes, Chief Executive	Duncan Burton, Director of Nursing & Patient Experience	Nov 2013	Completed in line with introduction of service line management and organisational development programme

The Board/Leadership								
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			mechanisms in place to connect with patients, carers, public representatives, staff and in particular senior nurse leaders across the Trust					

Listening to Patients								
Theme	Recommendation with potential for action by us Francis/Government recommendation	Further national recommendations likely to result in further consideration of actions by us	Trust Position	Areas for action	Board Lead	Managerial Lead	Timescale for completion	Update
<p>20. Complaints & Duty of Candour</p> <p>Government Response pg46, 51, 52,</p> <p>Francis Report Rec 40, 39, 109, 111, 112, 114, 115, 116, 117, 118, 174, 175, 180</p>	<p>Being open and honest with patients when things go wrong</p> <p>Making it easier to complain & make complaints process easier</p> <p>Complaints – learning must be effectively identified, disseminated and implemented</p> <p>Ombudsman cases – investigation more</p>	NHS Governance of Complaints Handling Report from the Ombudsman	<ul style="list-style-type: none"> Being Open Policy in place Complaints Procedure Serious Incident Procedure includes and this is monitored through SI investigation process – Trust Board receives report on Serious incidents All complaints responded to by Chief Executive Trust Board Complaints 	<ul style="list-style-type: none"> Implement actions arising from inpatient survey related to patients knowing how to complain Embed new Trust Board Complaints Committee Review if all complainants should be surveyed on their experience of complaints process Implement 	Duncan Burton Director of Nursing & Patient Experience	Clare Parker, Head of Litigation, Complaints and PALS	Dec 2013	<ul style="list-style-type: none"> Complaints Sub Committee of Board in place Review of complaints process in light of Clwyd/Hart reports taking place and to be reported to Complaints Sub Committee in February 2014 Information on knowing how to complain added to FFT survey. New

	<p>quickly & publication of good & bad summaries of cases</p> <p>Review the role of Trust boards & senior managers in developing a culture that takes the concerns of individuals seriously</p>		<p>Committee commenced in June 2013 to focus more on content of complaints</p> <ul style="list-style-type: none"> • Volume of issues raised through PALS & complaints service would suggest patients access services • NHS Governance of Complaints Handling report reviewed by the Complaints Committee in June 2013 – noted that not all complainants are asked to provide feedback on complaints process • Inpatient Survey results 2012 suggest need to do more on patients knowing how to complain – action to address in place through inpatient survey action plan • Learning from complaints reviewed at Patient Experience Committee and Divisional Risk Boards. Further work as identified in 2012/13 annual Report on Complaints, PALS, incidents, claims to 	<p>improved complaints analysis</p>				<p>posters for ward areas are being arranged for January 2014</p>
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			improve analysis of the information obtained from complaints and triangulated assessment of areas of concern					
<p>21. Groups whose voice can be harder to hear</p> <p>Government Response pg50</p> <p>Francis Report Rec 230, 202, 185, 225</p>	Older people and other groups whose voice can sometimes be harder to hear	Nil identified	<ul style="list-style-type: none"> • Dementia carer's survey in place • Dementia Strategy commissioned which will include components of listening to carers and experience of patients with dementia • Trust works closely with local Learning Disabilities parliament • Local refugee action representative on Patient Assembly • PALS & Complaints Service in place with access to interpreters • Frail/elderly CQUIN work taking place • Safeguarding process in place • Visiting times to be reviewed in light of help with meals work and Francis recommendation for more open visiting times – visiting times mostly in afternoon at present 	<ul style="list-style-type: none"> • Complete review of visiting times and implement visitors policy which allows for more open approach to visiting 	Duncan Burton Director of Nursing & Patient Experience	Reinette Nell, Patient Experience Improvement Manager	Oct 2013	<ul style="list-style-type: none"> • Visitors Policy and charter in place • New open visiting times launched in December 2013

<p>22. Patient & Public Involvement</p> <p>Government Response pg50</p> <p>Francis Report Rec 62</p>	<p>Involving them (patients) at all stages of service delivery / work informed by the voice of patients and citizens</p>	<p>Nil identified</p>	<ul style="list-style-type: none"> • Patient Assembly and Governing Body in place • Some examples of good practice e.g. patient representative on patient safety committee and work with Learning Disabilities Parliament • Need for a PPI strategy recognised within Trust and PPI strategy to be approved at Trust Board on 31st July 2013 	<ul style="list-style-type: none"> • Approve and implement Patient & Public Involvement Strategy 	<p>Duncan Burton Director of Nursing & Patient Experience</p>	<p>Reinette Nell, Patient Experience Improvement Manager</p>	<p>Sept 2013</p>	<p>Completed – PPI Strategy approved in July 2013; implementation taking place</p>
<p>23. Feedback on Care</p> <p>Government Response pg51</p> <p>Francis Report Rec 255, 256</p>	<p>NHS patients will have the opportunity to leave feedback in real time on any service by 2015</p> <p>From April 2013 NHS choices will include new care and support information, including online comments to compare care from different providers</p>	<p>Friends and Family Test roll out plan</p>	<ul style="list-style-type: none"> • Friends and family test in place in A&E, Inpatients & Outpatient areas • Plan to increase response rates in place • Trust is a pilot site for NHS Care Connect with planned start of 30th July 2013 • Established process in place for reviewing and responding to NHS Choices comments • Trust has social media in place – <i>twitter & Facebook</i> where comments can be left and Trust has a process for 	<ul style="list-style-type: none"> • Roll out FFT for maternity areas by September 2013 • Implement roll out of NHS Care Connect within the Trust by end of July 2013 	<p>Duncan Burton Director of Nursing & Patient Experience</p>	<p>Lisa Ward, Head of Communications</p>	<p>Sept 2013</p>	<p>Completed – Maternity FFT and NHS Care Connect implemented</p>

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External Relationships								Update
Theme	Recommendation with potential for action by us Francis/Government recommendation	Further national recommendations likely to result in further consideration of actions by us	Trust Position	Areas for action	Board Lead	Managerial Lead	Timescale for completion	
24. Health & Wellbeing boards/ Local Healthwatch Government Response pg29 Francis Report Rec 49, 119, 145, 246, 247	Health & Wellbeing boards/ Local Healthwatch – new consumer champion Local Healthwatch organisations are diverse and inclusive of local people and communities	New NHS structural arrangements since April 13	<ul style="list-style-type: none"> Medical Director attends Kingston Health & Wellbeing Board meetings Healthwatch (formerly LINKS) representatives currently on a number of Trust committees Kingston Hospital Patient & Public Involvement (PPI) Strategy has been developed in conjunction with Healthwatch representatives PPI strategy to be approved at July 2013 Trust Board meeting clarifying roles and implementing new vehicle for interaction between Trust Board members and local Healthwatch Healthwatch have been involved in June 2013 PLACE 	<ul style="list-style-type: none"> Complete and implement the PPI strategy Instigate Quarterly Meetings with local Healthwatch groups as per PPI strategy 	Duncan Burton Director of Nursing & Patient Experience	Reinette Nell, Patient Experience Improvement Manager	Sept 2013	Completed – quarterly Healthwatch meetings in place

External Relationships								
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			visits to the Trust					
25. CCGs Government Response pg27 Francis Report Rec 13, 17, 36, 107, 120, 123, 124, 125, 130, 132, 133, 134, 137, 138, 246, 262	CCGs must be able to commission safely and to exercise their functions in relation to improving quality, reduced inequality & delivering improved outcomes within the available resources	New NHS commissioning arrangements since April 13	<ul style="list-style-type: none"> Clinical Quality Review meeting with CCG and their quality managers in place monthly Contract review meetings in place Working with commissioners to ensure they understand the process in CIP program & quality measures Walkabouts with Trust and CCG representatives planned to commence as part of agreement in CQUIN framework 	<ul style="list-style-type: none"> Commence programme of joint Trust and Kingston CCG visits to clinical areas 	Duncan Burton, Director of Nursing & Patient Experience	Laura Winder, Contracts Manager	October 2013	Completed – arranged and in place

Information								
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26. Outcomes measures Government	NHS must focus on outcomes rather than processes	Changes to commissioning since April 2013	<ul style="list-style-type: none"> Trust has in place a number of outcome measures as part of key performance 	<ul style="list-style-type: none"> Complete quality governance review as planned by Trust 	Duncan Burton Director of Nursing &	Jacky Bush, Head of Quality & Risk Assurance	Nov 2013	Completed – review held at Board development day in November

Information								Update
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Response pg27 Francis Report Rec 20, 23, 36, 144, 246			indicators which are reviewed ward to board <ul style="list-style-type: none"> Measures have been reviewed as part of Foundation Trust preparations and will be reviewed as part of annual Quality Governance review 	Board in November 2013	Patient Experience			2013. Report to Trust Board in January 2014
27. Data collection Government Response pg34 Francis Report recs. 21,36,37,102, 244, 255, 245, 262, 269	Make information easy for organisations to provide and easy for frontline staff to collect	Implementation of DH Fundamental review of data returns	<ul style="list-style-type: none"> Coding systems in place Audit team highly valued part of Trust and participate in national audits Business Intelligence Team in place and new data warehouse system – DISCO implemented (?) e-procurement & e-rostering systems in place CRS upgrade Electronic solution for Friends & Family deployed into inpatient areas and A&E, planned roll out in place for OPD and maternity Electronic audit 	<ul style="list-style-type: none"> Implement CRS clinical documentation and e-prescribing and transition audit requirements Complete review of nursing documentation & audits and implement actions arising 	Sarah Tedford, Chief Operating Officer Duncan Burton Director of Nursing & Patient Experience (nursing documentation)	Kevin Fitzgerald, IT Director Fergus Keegan, Deputy Director of Nursing	March 2014 Oct 2013	<ul style="list-style-type: none"> Clinical documentation will be rolled out in A&E in February 2014. A pilot will then take place on the gynaecology ward if clinical documentation and e-prescribing. This will commence in March 2014. Following the pilot, both clinical documentation and e-prescribing will be rolled out across the

Information								Update
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			solution being scoped for Safety Thermometer data collection <ul style="list-style-type: none"> Review of audit requirements in nursing taking place to reduce overall audit burden Further roll out of CRS will enable audit data to be generated from CRS system 					Trust. To be completed by 31.12.14
28. Ward level information Government Response pg54 Francis Report recs.262	The Chief Inspector of Hospitals considers data – differences between parts of a hospital can provide insights into which wards may be providing a lower quality of care for their patients	Introduction of Chief Inspector of Hospitals role to CQC	<ul style="list-style-type: none"> Ward/unit level data available on DISCO system Ward Scorecards with a range of KPI's reviewed at Nursing & Midwifery Advisory Committee; Risk Management Committee & Divisional risk Boards & Divisional performance reviews Friends & Family Test scores available to ward level 	<ul style="list-style-type: none"> Publish ward level data for Friends & Family Test to ward level from July 2013 	Duncan Burton, Director of Nursing & Patient Experience	Reinette Nell, Patient Experience Manager /Lisa Ward, Head of Comms	31 st July 2013	Information published
29. Technology	Reduce the volume of paperwork staff are required to fill in	Technology Fund provided in 2013/14 & 2014/15 to bid	<ul style="list-style-type: none"> Wifi capability in place across hospital site 	<ul style="list-style-type: none"> Implement CRS clinical documentation 	Sarah Tedford, Chief Operating	Kevin Fitzgerald, IT Director	March 2014	<ul style="list-style-type: none"> Clinical documentation will be rolled

Information								Update
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Government Response pg69 Francis Report Rec 243, 202	Technology to transform the experiences of staff enabling them to spend more time caring for people	against	<ul style="list-style-type: none"> CRS clinical documentation programme in place Mobile devices plan in place Survey collection being migrated NHS jobs in place SCR/Ledger e-procurement e-rostering Review of nursing documentation and audit requirements underway to reduce documentation burden Opportunity exists for more communication to be undertaken by electronic rather than paper methods 	and e-prescribing <ul style="list-style-type: none"> Complete bid to Technology fund for further measures to reduce volume of paperwork – including bid for electronic vital signs capability Complete review of nursing documentation & audits and implement actions arising 	Officer Duncan Burton Director of Nursing & Patient Experience (nursing documentation)	Fergus Keegan, Deputy Director of Nursing	Oct 2013	out in A&E in February 2014. A pilot will then take place on the gynaecology ward if clinical documentation and e-prescribing. This will commence in March 2014. Following the pilot, both clinical documentation and e-prescribing will be rolled out across the Trust. To be completed by 31.12.14. <ul style="list-style-type: none"> Technology bid – awaiting response to bid, expected w/c 18.04.13

Fundamental Standards								Update
Theme	Recommendation with potential for action by us Francis/Government recommendation	Further national recommendations likely to result in further consideration of actions by us	Trust Position	Areas for action	Board Lead	Managerial Lead	Timescale for completion	Update
30. Fundamental Standards: Medicines Management Government Response pg56 Francis Report Rec 242	People are getting the medicines they have been prescribed at the right time and the right dose, including appropriate pain relief	Review of CQC fundamental standards	<ul style="list-style-type: none"> Audits in place for a range of medication management standards for example antibiotic prescribing Patient survey includes aspects of information on medication Pain relief highlighted in inpatient survey as an areas for further analysis Medication administration identified as an area for making more efficient in ward areas through productive ward Redesign work taking place to review administration methods for example use of patient own drug (POD) lockers 	<ul style="list-style-type: none"> Implement e-prescribing Review drug administration processes and standards for wards in line with roll out of e-prescribing Implement actions to improve pain relief as indicated by inpatient survey action plan 	Sarah Tedford, Chief Operating Officer/ Duncan Burton, Director of Nursing & Patient Experience	Kevin Fitzgerald, IT Director/ Sarah Connor, Professional Development Lead	March 2014	<ul style="list-style-type: none"> Clinical documentation will be rolled out in A&E in February 2014. A pilot will then take place on the gynaecology ward if clinical documentation and e-prescribing. This will commence in March 2014. Following the pilot, both clinical documentation and e-prescribing will be rolled out across the Trust. To be completed by 31.12.14 E-prescribing – awaiting response to bid, expected w/c 18.04.13
31. Fundamental Standards:	People are getting the food and water and help to eat and	Review of CQC fundamental standards	<ul style="list-style-type: none"> Nutritional audits in place Question on help 	<ul style="list-style-type: none"> Implement Dining Companions 	Duncan Burton Director of	Lisa Ward, Head of Communicatio	Nov 2013	<ul style="list-style-type: none"> Dinings companions plan in place

Fundamental Standards								Update
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<p>Help with eating & drinking</p> <p>Government Response pg56</p> <p>Francis Report Rec 241, 202</p>	drink if they need it		<p>with meals added in July 2013 to patient feedback questions</p> <ul style="list-style-type: none"> Action plan in place to ensure sufficient help with mealtimes in place which includes recruiting more dining companions from corporate areas and volunteers from outside the Trust MUST compliance monitored in Clinical Quality Report and results are good Dining rooms have been brought back to care of elderly wards. 	plan	Nursing & Patient Experience	ns		<ul style="list-style-type: none"> Increases to number of evening volunteers required New spaces for social dining are being identified
<p>32. Fundamental Standards:</p> <p>Continence</p> <p>Government Response pg56</p> <p>Francis Report Rec 196, 238, 186,</p>	People are being helped when they need it to go to the lavatory and not left in wet or soiled clothing or beds	Review of CQC fundamental standards	<ul style="list-style-type: none"> Rounding introduced to ward areas in 2012 Requirement to provide ward areas with specialist continence advisory support identified and recruitment to post taking place – this will assist in standardisation and reduction in continence product 	<ul style="list-style-type: none"> Complete recruitment to continence advisor role 	Duncan Burton Director of Nursing & Patient Experience	Deputy Director of Nursing	<p>Sept 2013</p> <p><i>Revised timeline for implementation of actions May 2014</i></p>	<ul style="list-style-type: none"> Recruitment to continence advisor role has been unsuccessful despite multiple attempts and approaches. Alternative measures have been put in place – band 6 development

Fundamental Standards								Update
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202			usage <ul style="list-style-type: none"> Complaints monitoring in place to identify areas of concern suggest a problem Dementia strategy work will include identifying any environmental changes required to support aspects such as continence 					programme includes catheterisation skills assessments. New catheterisation policy has been written <ul style="list-style-type: none"> Review of alternative sources of specialist continence support taking place Dementia Strategy for approval at Trust Board in Jan 2014
33. Fundamental Standards: Consent to treatment Government Response pg56	People are being asked consent to treatment and all staff communicate effectively about their care and treatment	Review of CQC fundamental standards	<ul style="list-style-type: none"> Consent to operations in place supported by consent policy Patient survey suggests opportunity for improvement in information patients receive about how they will feel after surgery Safeguarding policy in place and 	<ul style="list-style-type: none"> Implement actions arising from patient survey related to improving information on how patients will feel after surgery 	Jane Wilson, Medical Director	Roland Morley, Divisional Director Surgery & Critical Care <i>Revised to Renette Nell, Patient Experience Manager</i>	Dec 2013 <i>Revised timeline for implementation of actions - April 2014</i>	<ul style="list-style-type: none"> Further provision of patient information to be made available and more visible – Patient Experience Manager to lead

Fundamental Standards								Update
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			reported on quarterly					
34. Fundamental Standards: Cleanliness Government Response pg56 Francis Report Rec 240	<i>The environment is clean and hygienic</i>	Review of CQC fundamental standards	<ul style="list-style-type: none"> • PLACE assessment completed in June 2013 – awaiting results • Inpatient survey results good for cleanliness – further room for improvement in cleanliness of toilets • Staff access to hand hygiene facilities highlighted in staff survey • New hand gel and awareness materials implemented across Trust • Action plan in place to address hand hygiene facilities • Pre-and post-rectification scoring in place to assess quality of cleaning and shows on ward scorecards • Regular contractual reviews of ISS in place • Latest NHS Cleaning standards (2007) implemented in 	<ul style="list-style-type: none"> • Complete implementation of hand hygiene facilities action plan 	Sarah Tedford, Chief Operating Officer	Director of Estates	Oct 2013	<ul style="list-style-type: none"> • The hand hygiene issues raised as part of the PLACE inspection have been addressed with antibacterial hand rub now more visibly available at the bedside and elsewhere. The PLACE action plan is being monitored through the Patient Experience Committee

Fundamental Standards								Update
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			March 2013					
35. Hourly rounding Government Response pg68 Francis Report Rec 238	Hour by hour nursing rounds on hospital wards	Compassion in Practice	<ul style="list-style-type: none"> 2 hourly rounding implemented across the Trust in 2012 which included training from specialist in implementation of rounding Ward Sister/Charge Nurses are supervisory to ensure overview of Wards in medicine made smaller in June 2013 to ensure ward sister/charge nurse able to have sufficient oversight over ward areas 	<ul style="list-style-type: none"> Undertake further check of all clinical areas during 2013/14 to ensure rounding fully embedded 	Duncan Burton Director of Nursing & Patient Experience	Fergus Keegan, Deputy Director of Nursing/ Heads of Nursing	Jan 2014	<ul style="list-style-type: none"> Plan for reinvigoration of intentional rounding being led through falls workstream
36. Dementia Training Government Response pg74 Francis Report Rec 185, 190	Improving education and training on dementia	Nil identified	<ul style="list-style-type: none"> Dementia care training provided at trust inductions Safeguarding training (mandatory) provided which includes CQUIN training requirements met Forget me not scheme in place and training with roll out has taken place Additional training commissioned and 	<ul style="list-style-type: none"> Complete and implement Kingston Hospital Dementia strategy inclusive of training needs and approach 	Duncan Burton Director of Nursing & Patient Experience	Chooi Lee, Consultant physician, General and Geriatric Medicine	Oct 2013	<ul style="list-style-type: none"> Dementia Strategy for presentation to Trust Board in January 2014

Fundamental Standards								Update
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			<p>provided from London South Bank University</p> <ul style="list-style-type: none"> Kingston University (Pre-registration nursing) have recruited additional dementia specialists to faculty for educational provision The Trust has commissioned April Strategy to work on developing a Kingston Hospital Dementia Care strategy by the end of October 2013. 					
<p>37. Pre-registration nurse education</p> <p>Government Response pg74</p> <p>Francis Report Rec 187, 188, 189, 190, 200</p>	<p>Review content of Registered Adult pre-registration nurse education to ensure all new nurses have skills to work with older people in all parts of hospital and beyond</p>	<p>NMC, Health Education England and HEI's</p>	<ul style="list-style-type: none"> Newly qualified nurses receive full induction to Trust and period of preceptorship Dementia training core component of curriculum at Kingston University and they have recently recruited additional dementia expertise Focus group held with pre-registration students to elicit 	<ul style="list-style-type: none"> Increase frequency of Director of Nursing level reviews of with Kingston University Faculty from annually to bi-annually Develop further Undertake further focus groups with pre-registration student nurses 	<p>Duncan Burton Director of Nursing & Patient Experience</p>	<p>Sarah Connor, Professional Development Lead</p>	<p>Oct 2013</p>	<ul style="list-style-type: none"> Quarterly review meetings in place with university Focus groups set up with September 2013 students over next year Completed

Fundamental Standards								Update
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			experience	to gain feedback on sufficiency of training in working with older people				

KEY	
Action Status	
On track	
Some slippage	
Overdue	
Complete	