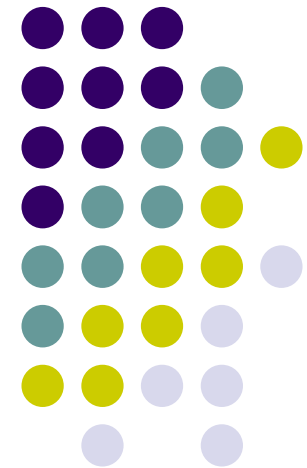


A Nursing Response to the Francis Report

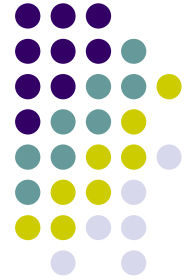
**SUE HARDY – Director of Nursing,
Midwifery & Patient Services**





CONTEXT

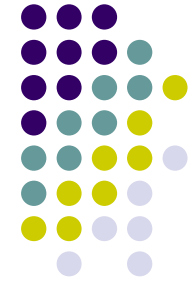
- The Francis Report denotes many aspects of fundamental nursing care
 - Privacy & Dignity (Respect)
 - Personal Hygiene
 - Food & Drink
 - Communication
 - Care Environment



Other factors of concern

- No evidence of learning from complaints
- Poor nurse staffing levels
- Slow response from the Trust Board when issues highlighted
- Organisational focus on targets rather than patient safety
- Lack of clinical engagement (both medical and nursing)

Where is NGH?

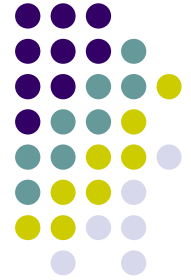


- Significant increased focus on quality & safety by the Trust Board over last 18-24mths
- Highly visible clinical leadership by Medical & Nursing Directors
- Focus on measurement of clinical standards for continuous improvement
- Significant reductions in HCAI
- Embedded ownership of accountabilities for cleanliness



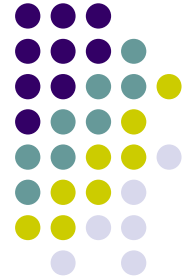
- Complaints process being de-centralised to increase directorate ownership and learning
- Ward staffing review completed with recommendations to be implemented
- Improving results on the Patient Experience Tracker (PET)
- Essential nursing care identified as our No 1 priority on the newly formed Quality Accounts

- HOW DO WE GET ASSURANCE OF FUNDAMENTAL NURSING CARE?

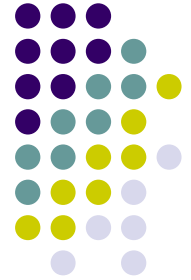


WARD PEER REVIEW

- A process that supports a review of the fundamentals of nursing care
- Built around the Essence of Care 12 national benchmarks of fundamental nursing care:
 - Communication
 - Bladder and bowel care
 - Care environment
 - Food & drink



- Personal hygiene
- Pressure ulcers
- Respect
- Promoting health & wellbeing
- Recordkeeping
- Safety
- Self care
- Pain management



Other relevant inclusions

- Review of complaints and actions taken
- Staffing levels/sickness/vacancies
- Incident reporting
- Methods of assessment undertaken for the benchmark
 - Observation
 - Asking patients
 - Asking staff
 - Sister/Charge Nurse leadership

Example Peer Review Group



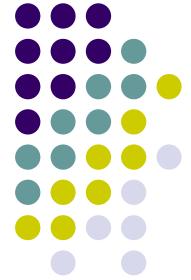
- Multi-professional invited members
 - ‘External’ to Directorate Chair of group (Senior leader)
 - Ward Sister/Charge Nurse
 - Health Care Assistant
 - Junior ward nurse
 - Dietician/Physiotherapist/Occupational Therapist
 - Practice development nurse
 - Consultant
 - Student

Proposal



- 31 wards (including Paediatrics, Maternity and Danetre)
- 3 standards of EOC split between 31 wards
- Standard reviewed for 2 months
- Rotational basis throughout all standards
- 6 standards per ward each year
- All 12 standards reviewed throughout organisation with learning shared at structured Sisters Forum
- Close the loop and agree next steps

Next Steps



- Sister's Forum 6th May
- Review of lessons from Francis Report
- Revisit and restate 'Expectations of Ward Sister/Charge Nurse'
- Roll out and follow through of expectations of all nursing team
- Performance manage bad behaviours
- Board approval of Ward Nurse Staffing Review and recommendations with prompt implementation
- Implement Ward Peer Review