The College of Emergency Medicine

Francis Report Recommendations

A Checklist for Emergency Departments

Safer Care

June 2013

Francis Report Recommendations – a Checklist for Emergency Departments

The Francis report has many recommendations for organisations as a result of the enquiry. The College has developed this checklist for Clinical Directors of the Emergency Department – taking the most relevant recommendations and identifying key actions for clinical leaders of emergency departments. While the list is not exhaustive it is meant as a handy guide to action that might usefully be taken in the first instance.

Accountability for implementation of the recommendations

These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service.

Rec#	*Recommendation*	*Points to consider*
1	All healthcare organisations should consider the findings and recommendations of this report and decide how to apply them to their own work	Identify how your own organisation is going to implement the findings of the Francis report. Who is the responsible member of staff for this programme of work? How will any required changes be shared with you and colleagues?
2	The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done.	Has the culture of your organisation or department ever been measured? Are all staff joining the ED aware of the organisational values? Are these values included in their induction? Are all your staff held to account in delivering these values and standards? Is there a process for raising concerns regarding the care of patients? Does everybody know of this process? Is there any evidence that concerns have ever been ignored or actively discouraged?

Fundamental standards of behaviour

Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards.

Rec#	*Recommendation*	*Points to consider*
11	Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work.	Are there a clear set of behavioural standards in use within your organisation? Are all staff informed of these and held to account for following them, no matter their seniority? Is there a procedure (e.g. dignity at work policy) or help (coaching) available for those who are affected by professional disagreements?
12/98	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon.	What is the reporting rate of your organisation? Is it a high or low reporter nationally? Does every incident or near miss get reported in your organisation? Is every incident (moderate and above) investigated formally and the results fed back to all staff? Do staff know how to report? Is the process as simple as it can be? Is every incident reviewed and the themes collated within the department? How is the learning from these incidents incorporated into policy, procedure etc.

A common culture made real throughout the system – an integrated hierarchy of standards of service **No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.**		
Rec#	***Recommendation***	***Points to consider***
17	Standards, governance and working with the commissioners	Ensure service is engaged locally with the commissioners about standards and monitoring of those standards
23/25	NICE evidence based guidelines and standards	Do you monitor the NICE guidance and have plans for implementation? Does your audit system include a structured programme to systematically audit against such guidance?
40	Complaints; It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	How do you monitor your complaints data – and themes?
76	Governors ;Arrangements must be made to ensure that governors are accountable not just to the immediate membership but to the public at large – it is important that regular and constructive contact between governors and the public is maintained	If you are a foundation trust – who are your Governors, do you have clear links to Governors , is one of your Team a governor of your Trust?

Openness, transparency and candour

Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.

Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

Rec#	*Recommendation*	*Points to consider*
173	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	Is there a clear process for being open within the organisation and department? Do the processes allow this to occur with minimal delay? Are all ED staff aware of their obligation to being open? Have all ED staff received training in communicating such information?
174	Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	Are all ED staff aware of the processes used in investigation of serious incidents?
181	A statutory obligation should be imposed to observe a duty of candour: on registered medical practitioners and registered nurses and other registered professionals who believe or suspect that treatment or care provided to a patient by or on behalf of any healthcare provider by which they are employed has caused death or serious injury to the patient to report their belief or suspicion to their employer as soon as is reasonably practicable.	Are all staff aware of the process to raise a concern? Are all staff aware of the procedure to be followed when they do believe their concerns have not been listened to? Are there processes in place to support staff who are involved in a serious incident (the second victim)?

Nursing		
Rec#	***Recommendation***	***Points to consider***
185	There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires: Selection of recruits to the profession who evidence the: ■ Possession of the appropriate values, attitudes and behaviours; ■ Ability and motivation to enable them to put the welfare of others above their own interests; ■ Drive to maintain, develop and improve their own standards and abilities; ■ Intellectual achievements to enable them to acquire through training the necessary technical skills; Training and experience in delivery of compassionate care; Leadership which constantly reinforces values and standards of compassionate care; Involvement in, and responsibility for, the planning and delivery of compassionate care; Constant support and incentivisation which values nurses and the work they do through: ■ Recognition of achievement; ■ Regular, comprehensive feedback on performance and concerns; ■ Encouraging them to report concerns and to give priority to patient well-being.	Is there is an emphasis and commitment in your ED to recruiting high calibre nurses who are motivated to deliver compassionate effective care? Does your recruitment process prioritise qualities that are important and in most cases essential to delivering good nursing such as good communication skills, evidence of a caring attitude toward patients, relatives and colleagues, a receptiveness to diversity and a non-judgmental attitude, high motivation to achieve and an aspiration for a career which is continually changing and evolving? Consider whether your ED actively supports nursing staff in developing their problems solving skills and abilities to function effectively and with compassion in stressful situations and often with limited resources? Consider whether your ED appreciates that nursing and nursing education are physically, mentally and emotionally demanding, this calls for vigilance to ensure good role models are recognised and their practice exemplified and encouraged in the nursing team as a whole Consider whether your ED adequately supports nursing staff who are undertaking further education and training so they do not become "burnt out" by working and studying thus losing compassion for those in their care Do all of your nursing staff have a professional development plan and regular appraisal to ensure they are supported in achieving this? Does your ED debrief with nursing and medical staff after challenging shifts commending good performance and addressing in a positive and constructive way areas of shortfall and ways of improving particularly with respect to safety, compassion and dignity of patients? Are you confident that your nursing staff, particularly junior nurses could report to you or any senior staff member incidents or areas of concern without fear of adverse repercussion?

191	Healthcare employers recruiting nursing staff, whether qualified or unqualified, should assess candidates' values, attitudes and behaviours towards the well-being of patients and their basic care needs, and care providers should be required to do so by commissioning and regulatory requirements.	Does your department have adequate supervision and mentorship for untrained staff to ensure they are supported and learning in practice? Does your department support NVQ training programmes for health care assistants?

Caring for the Elderly – Approaches applicable to all patient but requiring special attention for the elderly		
Rec#	***Recommendation***	***Points to consider***
237	There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.	Is their effective, multidisciplinary team work within the ED? Are all staff involved in team briefings? Governance committees etc? Have all your staff including ancillary staff had some training in responding to and caring for patients with Dementia? Are all clinical staff aware of Safeguarding of vulnerable patients and the appropriate channels to follow?
238	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds: All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. The NHS should develop a greater willingness to communicate by email with relatives. The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled.	Both within the ED and the CDU how is regular interaction between nurses and patients ensured? Are nursing rounds embedded within the ED and CDU? Are detailed discharge letters produced after an ED or CDU attendance? Are all staff supported in finding an appropriate amount of time completing this administrative task? Is it seen as an important part of a clinicians duties or is their more emphasis placed on seeing new patients and achieving the 4hr standards? Are copies of discharge letters from the ED and summaries from the CDU given to patients?

239	The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.	Are there clear processes for when elderly patients can be discharged from the ED and CDU late at night? Are there agreed pathways with the commissioners and community services for those patients who do not require admission late at night? Is the discharge lounge open 24 hrs day? If so can ED patients be transferred to this area?
240	All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.	Are all staff aware of their obligation in terms of hand hygiene? Is mandatory training in infection control up to date for all staff? Is the culture such that all staff, no matter how junior, and patients can remind staff no matter how senior to clean their hands?
242	In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.	What is the current performance within the ED and CDU for the administration of medicines at the correct time? What are the main reasons for poor performance in this regard?
243	The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.	Are electronic systems in use for the recording of observations? What is the current performance within the ED and CDU for the recording of observation according to national standards and local requirements?
244	Common information systems	Who participates in the Trust IC strategy from your department? Are your systems integrated? Can you influence locally for the ICt strategy ?

Information		
Rec#	***Recommendation***	***Points to consider***
256	A proactive system for following up patients shortly after discharge would not only be good "customer service", it would probably provide a wider range of responses and feedback on their care.	Are processes in place for this to occur? If not what resources would be required for this to become standard practice?
262	All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them: Effective real-time information on the performance of each of their services against patient safety and minimum quality standards; Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges. The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.	Is real time information in regard to safety and quality available to all staff? How is such information made available to all grades and disciplines of staff? Mortality data is difficult to assign to individual consultants in the ED but does the team review all deaths, poor outcomes and satisfaction related to care delivered within the ED and CDU?
263	It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.	Do all members of clinical staff collaborate in the collection and discussion of data regarding efficacy of treatment?

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