East London NHS
NHS Foundation Trust

KEY AREAS OF LEARNING FROM THE FRANCIS REPORT

The public inquiry provided detailed and systematic analysis of what contributed to the failings in care at Mid Staffordshire NHS Foundation Trust. It identified how the extensive regulatory and oversight infrastructure failed to detect and act effectively to address the Trust's problems for so long, even when the extent of the problems were known. The report recognises that what happened in Mid Staffordshire was a system failure, as well as a failure of the organisation itself. The public inquiry makes 290 recommendations which focus primarily on securing a greater cohesion and improved culture across the system, concluding that a fundamental change in culture is required to prevent this system failure from happening again.

The key areas highlighted are that of **creating a common culture** and **putting the patient first**. For our organisation, the key lessons from the public inquiry findings are that:

- we need to create a more open and compassionate culture of caring
- we need to really listen, to patients, families and carers, in order to make sure that we provide every patient with a service that stays true to our core values of care and compassion
- we need to support and encourage our staff to provide compassionate care for our service users, by engaging, involving, supporting and listening to them

All 290 recommendations have been reviewed and, while the majority are targeted at national bodies, many are relevant to the Trust and do not require a national mandate or change in policy for us to consider and action. Therefore, all actions relevant to the Trust have been identified, categorized by theme and against each recommendation we have identified:

- What we already do well
- What we were planning to do in 2013-14
- What we have in place that we know needs to improve
- What would be new for East London NHS Foundation Trust

Themes from the recommendations	What we do well	Work planned for 2013-14	What we know we need to improve	What would be new for us
Putting the patient first *The patient must be the first priority in all that the NHS does. Within available resources, they must receive effective*	Ask service users what they think about the care and treatment we provide through service user groups and patient experience	Testing the Friends & Family test within inpatient and community services Developing a space within each service	Refresh our core values, in discussion with our staff, service users and carers.	Introducing a commitment to abide by NHS values within employment contracts

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services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights. *The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first.* *All NHS staff should be required to enter into an express commitment to abide by the NHS values*	surveys. Service user involvement in selection of some levels of staff. Service user involvement at key Trust meetings.	to listen to staff about how we can improve Trial of the Cultural barometer when available	Expand how we get feedback from patients and staff about what they think about our services Recognising and celebrating good practice Ensuring there is patient voice at every forum within the organisation	Expanding service user involvement in other areas of staff selection
Fundamental standards of behaviour *Health professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work* *Insisting on the reporting of incidents relevant to patient safety* *Staff to receive feedback in relation to any report they make, including action taken or reasons for not acting*	Standard operating procedures for some areas of practice – particularly pharmacy, CPR, safeguarding and observation	Identify key areas of practice for development of standard operating procedures Identify possible ways of feeding back to staff on incident reports – possibly by theme, through monthly newsletters, or within the video briefings to staff	Improve some standard operating procedures so that they are more consistently applied in practice Supporting staff to prioritise patient-centred care, compassion and maintaining our values over rules-based care	
Openness, transparency and candour *Enabling concerns and complaints to be raised freely without fear, and questions asked to be answered* *Allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators*	Executive and non-executive WalkRounds three times each week.	Discussion at Trust board away-day on how to support the development of openness, transparency and candour within the organisation Listening forums led by Chair and Chief Executive within each directorate. Introducing patient stories at the Board	Making the complaints process easier Showcasing the positive impact that complaints can have Improving the openness of Board reports, including considering a section on quality concerns raised by staff	

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Any patient harmed by the provision of a healthcare service should be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it	Patients are generally informed of harm only when a complaint or serious incident occurs.	Consider use of the Being Open framework	Conversations with our external partners to support this change in culture Providing feedback from the Exec WalkRounds	
Enhancement of role of Governors *The Council of Governors and the Board of each FT should together consider how best to enhance the ability of the council to assist in maintaining compliance with its obligations and to represent the public interest, producing an agreed description of the role of governors and how they should perform it* *Arrangements made to ensure that governors are accountable to the immediate membership and the public at large, with regular and constructive contact between governors and the public*	Council is representative of our local population diversity Development plan for the Council is currently being created	Reviewing the role of the Council of Governors in light of the new legislation	Involvement of Governors in the system – direct observation of practice, contact with patients and families Enabling Governors to be our critical friends, by providing more information and support	
Accountability of providers' directors *All directors to be fit and proper persons for the role, and compliance to a code of conduct for directors* *Programme of training and continued development of directors*	The Trust is required to certify each year that the Board has the capabilities and capacity to fulfil their roles. The Board has a Code of Conduct. The Board has a Development Programme in place, supported by an external facilitator.	Continued Board Development Programme, which will include relevant learning from Francis (i.e. review of Monitor Quality Governance Framework)	Communication from ward/team/service to Board Emphasis on improvement	A chance to review the Board's role and responsibilities in relation to quality governance Role of Nominations Committee in relation to non-executives
Effective complaints handling *Recommendations from the Patients*	All complaints are graded on receipt, with high graded	Involving the Governors in Complaints through a retrospective audit reviewing	We need to improve on closing the loop by ensuring that	Publishing information about complaints on

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Association review into complaints at Mid Staffs should be reviewed and implemented *Making a complaint should be easy, with multiple gateways for patients to comment or complain* *Learning from comments, and encouraging feedback from service users* *Advocates and advice to be readily available to all complainants* *A summary of each upheld complaint should be published on website, along with the Trust's response*	complaints being highlighted and where appropriate referred to the Serious Incident Grading meeting for consideration. Ease of access – freepost, freephone, leaflet with translation and advocacy details. Reporting to trust board (via Integrated Governance Report), Patient and Carer experience committee and Serious Incident committee. Senior management oversight, with response letters signed by Chief Exec Reports to Directorates on a quarterly basis, with breakdown by ward/CMHT. All staff subject to a complaint receive a support package	responses to complaints, openness and transparency. Setting up a working party to explore how best in involve Governors in Complaints on an ongoing basis Piloting of questionnaire to complainants with their final response letter to ascertain levels of satisfaction.	recommendations have been implemented. Improving feedback from the quarterly reports to the Directorates on complaints within their services.	our website.
Nursing *Focus on culture of caring and delivering compassionate care, through the selection of recruits with appropriate values, attitudes and behaviours, training and experience in delivery of compassionate care, leadership which reinforces the values and standards of compassionate care, and constant support and incentivisation which values nurses and the work they do*	Values based selection days for nurses focusing on emotional literacy, compassion and the art of engagement. Service users involved in every aspect of this process. Nurse leadership development programmes Apprentice band 6 development programme - nurturing,	Revising our nursing strategy to align with the national vision for nursing and care staff 'Compassion in practice' and to deliver on 6 action areas to achieve the values and behaviours of the 6 C's - Care, Compassion, Competence, Communication, Courage and Commitment Introduction of 360-degree performance appraisal for nurses	Maintaining and supporting the high standard of new recruits	

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Annual performance appraisal for each nurse *Nurse leadership - ward nurse managers to be supervisory and not office-bound* *Measuring cultural health of front-line nursing workplaces and teams* *Each patient to have an allocated 'key nurse' for each shift* *Uniform description of healthcare support workers, with code of conduct, education and training*	developing potential and creating compassionate, courageous future leaders Clear job descriptions and job plans for clinical nurse managers and matrons with clinical nurse managers working a minimum of three days on the front line All patients have an allocated nurse each shift	Ensure all nurses have access to reflective practice, clinical forums, support groups and supervision All wards to have 3 monthly half day away days for support/learning/reflection Develop preceptorship packages for band 3 and 4 unregistered nurses, development programmes for band 3 & 4, and apprenticeship for band 3 social therapists Increase access to nursing from band 3 & 4 to provide clear career development pathway Service user/family/friends feedback to form part of the appraisal process Involving service users in testing the culture/temperature of our wards and ensuring they are on any solution focused action groups		
Caring for the elderly *Consider identifying a senior clinician in charge of each patient's care* *Teamwork between disciplines and services* *Communication with and about patients* *Hygiene* *Provision of food and drink to elderly*	Clearly identified Consultant in charge of each patient's care, both in hospital and in community Using CPA as the framework for care provision, bringing all disciplines and services together in a patient-centred approach Using Rio as the sole source of clinical records	Centralising inpatient beds, which should improve access to senior clinical support Improving communications with GPs Setting up a working group to look at Violence & aggression with the intention of looking at our wards and creating safe environments for both staff and patients.	Communication and information-sharing with primary care Timeliness of sharing information Improving the reliability of communications with patients Providing more 1:1 time with patients to discuss diagnosis and	

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patients *Medicines administration to be overseen by nurse in charge or nominated delegate, with frequent checks that patients have received what they have been prescribed* *Recording of routine observations as they are taken and available to all staff electronically*	All documents are copied to patients and other interested parties Development of Dementia Care Pathway for Columbia ward (centralised ward that serves three Boroughs) The appointment of a Patient participation lead for MHCOP in the last few months Having a Carer rep attending HCG and DMT. Development of Star Wards across the directorate with lots of good initiatives.	Creating dementia friendly environments: Submission of application to be a pilot site for DH project to improve the environment of care for people with dementia at EHCC (awaiting outcome of stage 2 application) Dementia awareness training programme for all staff. Embed hourly rounding within patient wards CHN and adopt model for MHCOP Embed 6 C's as part of Trust Nursing strategy	treatment Consistency in the roles of ward managers across the services and allocation of supernumerary clinical days in EHCC wards Enhance skills and competence/confidence of staff to meet the physical health needs of older people Increase access to training for health care support workers	
Information *Electronic records - patients to be granted access to their records and ability to enter comments* *Systems must be designed in partnership with patient groups* *Board-level member with responsibility for information* *Independent auditing of quality accounts* *Anonymised data to be used for managerial and regulatory purposes* *Vigilant auditing at local level of data*	RiO now the primary clinical record in MH and Community Services We already have Executive level responsibilities for Senior Information Risk Officer, Caldicott Guardian and lead on Clinical Systems Annual audit of Quality Accounts Current "Reporting Services" platform can deliver data (on RiO MH) to Team and consultant level within 24 hours of capture	Information Governance Steering Group oversight of standards, record keeping and Freedom of Information Electronic Clinical Systems Project Board oversight of Clinical System development and use Service user input into new electronic clinical system procurement Wider engagement in establishing 2013-14 and future year Q A/Cs indicators Agree a dashboard of relevant Quality Measures that is easy to understand,	More regular reporting of all Quality Accounts measures to spot trends/issues and address them More transparent publication of data, internally and externally Use of Information and Data Quality training Improving record-keeping standards Improving training for staff on using electronic clinical and business systems	Patient access to clinical records.

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put into the system *Patient feedback to be made available to all stakeholders in near "real time"* *Follow up of patients shortly after discharge for feedback on their care* *Systems for real-time information on performance of services and Consultants / teams*	Minimum National Audits undertaken on Performance Management and Quality Accounts Local/DMT sign off key national indicators and returns Monthly review cycles involving DMTs for key Executive and Commissioner reports Nationals Patient Surveys CQUIN data collection and developments	access and use Accelerate work to integrate Workforce and Incident data into the Trust Data warehouse so a more holistic dashboard of better correlated quality and risk based measures can be presented at Board, directorate, team and Clinician level More frequent data quality spot checks Development of Reporting Service and Data Warehouse capabilities	Integrating small scale but high value data such as patient surveys, PROMs/PREMs Improving the way we collect patient feedback / intelligence Providing near real time feedback on patient experience measures Balancing the desire for more data collection and reporting to commissioners with the shift to meaningful quality and outcome measures	