East London **NHS**

NHS Foundation Trust

FRANCIS REPORT WORKING GROUP – ACTION PLAN

This document should be read in conjunction with the Key Areas of Learning document, which reviews our areas of strengths and weakness in relation to the themes and recommendations of the public inquiry following failings in care at Mid Staffordshire NHS Foundation Trust.

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

Marie Gabriel (MG), Robert Dolan (RD), Kevin Cleary (KC), Jonathan Warren (JWa), John Wilkins (JWi), Jitesh Chotai (JC), Navina Evans (NE), Mason Fitzgerald (MF)

Theme	Action	Lead	Progress
Putting the patient first	Refresh our core values, in discussion with our staff, service users and carers.	MG	Board discussion in July and September, informed by previous consultations with staff and service users. New values are now confirmed and work begun on communicating and embedding these
	Recognising and celebrating good practice	JWi	Enhancing existing celebration schemes (employee of the month, staff awards). Entering national awards
	Ensuring there is patient voice at every forum within the organisation	JWa	People Participation leads appointed in each directorate. Patient representation at all forums.
	Expand how we get feedback from patients and staff about what they think about our services	JWa	Budget approved for piloting new system for capturing patient feedback (will also allow staff feedback to be captured)
	Testing the Friends & Family test within inpatient and community services	JWa	Being piloted in all mental health inpatient services, and already implemented within community health services. Results are part of the Board quality dashboard
	Trial of the Cultural barometer when available	JWa	Not available for use yet
Fundamental standards of behaviour	Identify key areas of practice for development of standard operating procedures, and improving the consistent application of existing standard operating procedures	MF, KC	To start with pharmacy area. Further update in September
	Identify possible ways of feeding back to staff on incident reports – possibly by theme, through monthly newsletters, or within the video briefings to staff	MF, KC	Video briefings. Datix review over next 3 months. Diane Hull organizing focus groups with frontline staff to obtain qualitative feedback on incident reporting culture
Openness, transparency and candour	Discussion at Trust board on how to support the development of openness, transparency and candour within the organisation	MG	Board have confirmed support for this and are considering how to implement
	Listening forums led by Chair and Executive director within each directorate	MG, KC	First two sessions have been held in City & Hackney and Forensics
	Improving the openness of Board reports, including considering a section on quality concerns raised by staff	MG, KC	New Board quality dashboard developed. Process underway to improve the strategic focus of Board reports

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	Conversations with our external partners to support this change in culture	RD, MG	Discussion with commissioners on quality strategy. Joint event with commissioners in December on our response to Francis report. Involvement of commissioners in our quality improvement project
	Providing feedback from the Exec WalkRounds	KC	System for capturing learning and feeding back to participants developed and implemented. Need to continue improving how we feedback to staff on the findings and themes.
Enhancement of role of Governors	Reviewing the role of the Council of Governors in light of the new legislation that will enable them to be our critical friends, involving them more in the system and, providing them with information and support, and implementing a development plan for Governors	MG	Continuing discussions with the Council of Governors on how to ensure quality is a theme through all Governor responsibilities. Development plan has been created and agreed by the Council.
Accountability of providers' directors	Continued Board Development programme, which will include relevant learning from Francis (i.e. review of Monitor Quality Governance Framework)	MG	New Board development programme has been agreed and is being implemented to improve the effectiveness of the Board
	Communication between team/service/ward and the Board, strengthening the patient and staff voice at the Board	MG	Trialling new ways to do this, and discussing with service users and staff groups. Board will be looking to go back to staff and service users on issues raised – for example, experiencing lunch on the ward with service users after complaints about the food were raised.
	Emphasis on improvement	KC	Board development day held. Group visits to other high performing organisations. New quality improvement strategy
Effective complaints handling	Intelligent use of complaints, and changing our attitude towards complaints	JWa	Monthly themes discussed at the Board as part of Quality report. Detailed reports sent to each Directorate monthly.
	Greater transparency around complaints and what we have learnt	JWa	Monthly reporting on trends and themes to the Board as part of Quality report.
	Involving Governors in the complaints process.	JWa	Audit completed by Governors reviewing complaints responses. New Learning from Complaints group to commence from January which will include Governors
	Assessing satisfaction of complainants with the process.	JWa	Piloting post-complaint satisfaction survey for 50 consecutive complaints
	Ensuring that recommendations from complaints have been implemented.	JWa	Aiming to replicate process in place for serious incidents. High grade complaints now been reviewed by the grading panel
	Improving learning within directorates from complaints.	JWa	Details of all closed and open complaints & PALS queries now being sent to all directorates monthly
	Making the complaints process easier, and showcasing the positive impact of complaints	JWa	Complaints and PALS teams and processes have now been merged to make simpler
	Capturing locally resolved complaints / issues	JWa	Aim to capture within newly designed patient feedback system
Nursing	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	JWa	August discussions across the Trust on compassion in practice. Draft strategy ready in November

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	behaviours of the 6 C's		
	Introduction of 360-degree performance appraisal for nurses, with service user and family feedback	JWa	Implementing in97 teams. Have met with RCPsych, and discussing with RCN / NMC. On the steering group at NMC for this project
	Ensure all nurses have access to reflective practice, clinical forums, support groups and supervision	JWa	Implemented
	All wards to have 3 monthly half day away days for support/learning/reflection	JWa	Implemented
	Develop preceptorship packages for band 3 and 4 unregistered nurses, development programmes for bands 3 & 4, and apprenticeship for band 3 social therapists	JWa	To start in November
	Involving service users in testing the culture/temperature of our wards and ensuring they are on any improvement focused action groups	JWa	Newham has introduced quality improvement groups involving service users and staff working together to test changes. Service user trainer now employed to work with Deputy Director of Nursing
	Maintaining and supporting the high standard of new recruits	JWa	Currently reviewing the experience of new recruits 6 months after joining
Caring for the elderly	Centralising inpatient beds, which should improve access to senior clinical support	JWi	Business case has been developed. This is currently being reviewed by a joint ELFT and CCG project group and it is aimed to submit the full business case to CCG Boards in September. If approved, a three month public consultation period will be undertaken.
	Improving communication and information-sharing with primary care	NE	Standardised arrangement for GPs to contact MHCOP Consultants across all boroughs. Same-day Consultant response system in place. Communication of discharge summaries hampered by few practices having a generic email address (not individual)
	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.	JWa	Working group set up and utilising improvement methodology to test changes
	Creating dementia friendly environments:	JWa	Pilot site for DH project to improve the environment of care for people with dementia at East Ham Care Centre.
	Dementia awareness training programme for all staff.	JWa	Train the trainer process has started, led by MHCOP consultant and Deputy Director of Nursing
	Embedding intentional rounding within patient wards CHN and adopt model for MHCOP	JWa	Has been tested on Ivory ward for past 2 months, with drop in levels of physical violence noted
	Improving the reliability of communications with patients	NE	Currently auditing the process for copying letters to patients, and will look to improve the process subsequently

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	Providing more 1:1 time with patients to discuss diagnosis and treatment	NE	To be discussed in September MHCOP DMT
	Consistency in the roles of ward managers across the services and allocation of supernumerary clinical days in EHCC wards	NE, JWa	Initial conversation held with all adult and forensic matrons. Due to meet with older persons service matrons
	Enhancing skills and competence/confidence of staff to meet the physical health needs of older people	KC	Physical health simulation training being spread across the Trust
Information	Service user input into new electronic clinical system procurement	JWi	The Associate Director of People Participation is a core member of the 2015 Programme Board and service users will also be involved in reviewing the specification for the new system and the procurement.
	Develop a dashboard of relevant Quality Measures that is easy to understand, access and use, incorporating safety, effectiveness, patient experience, and workforce data (integrating small scale but high value data)	KC	Board-level quality dashboard developed. Directorate-level dashboards in development
	More frequent central data quality spot checks	KC	Additional central/internal spot checks already introduced for Community Services and the scope of checks and additional audits will be expanded to cover metrics included in Quality Accounts in discussion with Assurance. To be presented in prototype assurance report to Trust Board in January 2014
	Development of Reporting Service and Data Warehouse capabilities	KC	To include session on use of information, Reporting Services and importance of data quality to staff induction. Targeted training will be provided for Reporting Service users with supporting materials and guidance documents placed on the Trust Intranet, and embedded in the system for ease of access. Forums and DMT visits now set up to receive feedback and support DMTs in using information and Reporting Services. Users and membership of the evolving user group will be expanded to ensure appropriate clinical representation. Trust Talk article on Reporting Services published in July 2013
	More regular reporting of all Quality Accounts measures to spot trends/issues and address them	KC	Quality Accounts are now presented to the Trust Quality Committee on a bi-monthly basis and a half year update will be presented to the Trust Board. Additional audits/spot checks will be arranged in discussion with Performance and Informatics/Assurance teams to establish the required assurance on data relied upon in published reports
	More transparent publication of data, internally and externally	KC	Internal audit of Quality accounts. Quality dashboard for the Board will allow trend analysis, and will be easily available to staff and public from end of September

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	Vigilant auditing at local level of data put into the system	KC	In addition to central/internal spot checks, It is recommended DMTs are required to conduct/retain records of local spot checks. DMTs will continue to sign-off all data sets provided for central returns and reports.
	Systems for real-time information on performance of services and Consultants / teams	KC	Performance dashboards and incident reporting dashboards available to service managers. Quality dashboards for directorates are in development and will be easily accessible by all staff
	Improving training for staff on using electronic clinical and business systems	KC	The training programme is being delivered through corporate and local workshops. It is overseen by the Electronic Clinical Systems Project Board and the Associate Director of Clinical Quality and Informatics together with the IT & RiO team ensure that the training it is fit for purpose.
	Balancing the desire for more data collection and reporting to commissioners with the shift to meaningful quality and outcome measures	KC	Discussions and presentation with commissioners aimed at reducing our external performance reporting and align commissioning levers with our improvement strategy