

East and North Hertfordshire NHS Trust action plan following the Francis Report

The Francis report into the failings at Mid Staffordshire hospital was published in February 2013 and this was followed more recently by the Don Berwick report, A Promise to Learn - Commitment to act: Improving the Safety of Patients in England. They call for all NHS organisations to develop responses to the recommendations to bring about lasting improvements. East & North Hertfordshire NHS Trust takes the issues raised in the reports extremely seriously and as part of our vision to “be amongst the best” is committed to ensuring the recommendations identified in both reports are applied across the Trust. The key lessons from the Francis report, is that individually and collectively, whatever their role within the Trust, every staff member must redouble their efforts in striving to become amongst the best in providing the best possible care for patients.

The Trust’s focus will remain, therefore, on placing the needs of its patients at the heart of everything it does, as well as ensuring that all staff operate in accordance with the Trust’s values.

ARC & Trust values

ARC is a Trust-wide organisational development programme of activities to aid us in delivering the highest quality of healthcare to our patients whilst recognising that an engaged and effective workforce is essential in achieving this aim. ARC stands for:

- Accelerate** – quality, staff training, communication
- Refocus** – on our patients, on our staff, on our values, on our partners
- Consolidate** – services, patient pathways, our hospitals, our teams

The Trust’s core values which are becoming fully embedded into the way our staff go about their work are closely aligned to the NHS values and support a culture that looks to continually improve. We welcome the findings in Francis report as another tool to help us to achieve our aim of “to be amongst the best”.

-  **We put our PATIENTS first**, focussing on the patient to provide high quality care and a service that is tailored to the individual
-  **We strive for excellence and continuous IMPROVEMENT**, taking personal responsibility for making things happen and achieving results
-  **We VALUE everybody**, considering and showing respect for the opinions, circumstances and feelings of colleagues and members of the public
-  **We are OPEN and honest**, ensuring that we communicate with tact, diplomacy and transparency, that information is accurate and that others feel able to ask questions
-  **We work as a TEAM**, working effectively as a team member and developing strong working relationships to achieve common goals

What we have done since the publication of the Francis report and Don Berwick report.

The review process began at the Board February 2013 meeting, following which a number of steps have been taken to consider the impact of the recommendations for the Trust and how these may further improve patient care.

We have reviewed ourselves against all the 290 recommendations in the Francis Enquiry and those in the Berwick report.

We have looked at what we are already doing and what we could do better.

We have held focus groups listened to the views of our staff, our patients and our members.

We have considered the responses from other organisations that directly or indirectly impact on us.

We have reviewed and re-launched our Raising Concerns at Work Policy (Whistle-blowing).

We have continued to undertake a comprehensive review our staffing establishment each year and taken action on the outcomes.

We have continued our ARC programme for all clinical and non clinical leaders.

We have commenced our commitment to put every single member of its staff through customer care training. Over 2,300 staff attended this training so far.

We have clear strategies and ambitions that support continued improvement to the delivery of patient care including Nursing and Midwifery strategy, Patient Experience and Carer Strategy, Improving Patient Outcomes Strategy, Engagement Strategy and Quality Governance and Risk Management Strategy.

We have developed an action plan to ensure we continue to improve and we will monitor ourselves against the agreed actions and report on this at least annually through our Risk and Quality Committee to Trust Board. This will be published on the Trust website.

Summary of planned actions

The table below summarises our Francis report action plan.

We have also themed the views by staff, Patients and our members and will publish this feedback and communication what we are doing through our routine publications to patients, staff and members.

In addition to monitoring and reviewing the action plan we will continue to seek the views of our staff, patients and members through patient experience feedback, focus groups and engagement activities and ARC and we will continue to work with our partners across Health and Social Care.

Francis Report –Action Plan

Francis Report Recommendation /& cross reference to Berwick	Focus Group Theme reference	Action	Outcome	Lead / Timescale	Monitoring / Progress
Accountability					
<p>1. 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</p> <p>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.</p>	N/A	<p>i) To publish the Francis Action Plan, approved by the Board in December 2013.</p> <p>ii) To review the action plan and assurance against the recommendations at least annually and report to RAQC & Board.</p>	<p>We will continue to improve our services to support the delivery of our vision and objectives.</p> <p>Our staff, patients, members and key partners are informed on progress.</p>	<p>Company Secretary, December 2013 and annually</p>	<p>The Board considered the report and an initial benchmark against each of the recommendations in February and March 2013.</p> <p>Initial statement published in the Trust Annual Report 2012/13.</p> <p>Draft action plan considered by Trust Partnership Committee, ARC Steering Group & RAQC in October 2013.</p>

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<p>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. This requires:</p> <ul style="list-style-type: none"> -A common set of core values and standards shared throughout the system; -Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; - A system which recognises and applies the values of transparency, honesty and candour; -Freely available, useful, reliable and full information on attainment of the values and standards; -A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system. <p><i>Berwick Report 1, 2, 5, 6, 7</i></p>		<ul style="list-style-type: none"> i) Continue to implement, monitor and review the ARC programme (organisational development) and associated project work streams to embed our values ii) Continue to undertake staff surveys and develop and implement associated plans iii) Continue to promote the Raising Concerns at work policy 2013 and monitor its effectiveness. 	<p>We continue to improve our services to support the delivery of our vision and objectives.</p> <p>We are recognised by our staff and partners as an organisation that is open and honest.</p>	<p>Director of Workforce & OD</p> <p>ARC Steering Group & Project leads; ongoing</p>	<p>Raising Concerns Policy reviewed and re-launched in 2013.</p>

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Putting Patients First / Common Culture/ Effectiveness of Standards / Regulation / Effectiveness of Complaints					
3-8. NHS Constitution – Ensure the NHS Constitution and NHS and Trust Values are incorporated into all staff contracts and with contractors		<ul style="list-style-type: none"> i) Review of staff and contractor contracts to confirm NHS Constitution and NHS and Trust Values are incorporated ii) Review Director and Governor Codes of Conduct iii) To develop and implement a code of conduct for the Involvement Committee members and FT members on other trust Committees 	NHS and Trust values are embedded across the Organisation	<ul style="list-style-type: none"> i) Director of Workforce & OD, March 2014 ii) Company Secretary, in line with FT timeline, March 2014. iii) Company Secretary, March 2014 	
13-18 Fundamental standards <i>Berwick Report 1, 2, 3, 4, 5, 6, 7, 8</i>		<ul style="list-style-type: none"> i) To undertake a gap analysis against the new fundamental, enhanced quality and developmental standards of care following publication by the CQC ii) Develop, implement and monitor identified actions associated with the above. 	<p>To continue to improve our services to support the delivery of our vision and objectives.</p> <p>To maintain compliance with CQC registration.</p>	i & ii) Company Secretary /TBC following publication of guidance	

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		<ul style="list-style-type: none"> iii) Review current governance and assurance systems and structures in place iv) To develop and implement communication plan and educate Board and staff of the changes. 		iii & iv) Company Secretary	
<p>23. The measures formulated by the National Institute for Health and Clinical Excellence should include measures not only of clinical outcomes, but of the suitability and competence of staff, and the culture of organisations. The standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix. This should include nursing staff on wards, as well as clinical staff. These tools should be created after appropriate input from specialties,</p>		<ul style="list-style-type: none"> i) Continue to undertake an annual nursing establishment review. <i>Where possible this should be completed in line with the annual budget setting timetable.</i> ii) Review the Trust's reporting and publish the staff to patient ratios at ward level in line with the new guidance 	To ensure all clinical areas are staffed safely to meet the needs of the patient group.	<ul style="list-style-type: none"> i) Director of Nursing – Next review due to commence November 2013. ii) Director of Nursing – April 2014 	<p>2013 establishment review was completed and additional funding agreed by Board in September 2013. <i>This was the second annual review.</i></p> <ul style="list-style-type: none"> i) November 2013 review of the staffing establishment commenced. ii) Report due for submission to RAQC in December outlining the requirements. Collection of the data has commenced.

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<p>professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios.</p> <p><i>Berwick Report 4</i></p>					
<p>60-86- Monitor and CQC to review guidance for NHS and FT Trusts</p> <ul style="list-style-type: none"> - FT application process - Fit and proper persons test - Provider Licence <p><i>Berwick Report 1, 2, 3, 9, 10</i></p>		<p>To review Trust compliance against the new guidance and develop and implement associated action plan.</p>	<p>To ensure we are compliant with the new systems and requirements</p>	<p>Company Secretary/ ongoing as guidance released</p>	
<p>181: A statutory obligation to observe the duty of candour</p> <p><i>Berwick Report 1, 2, 6, 7, 8</i></p>		<p>Continue to review systems of compliance against the new statutory duty and raise awareness of individual responsibilities</p> <p>Continue to ensure duty of candour test is applied to Trust Board</p>	<p>To ensure we have an open and honest culture</p>	<p>Medical Director/ Director of Nursing/ Company Secretary</p>	<p>Being Open Policy in place.</p> <p>All serious incident reports continue to be shared in full with patients and families.</p> <p>Cross reference to review of complaints policy and procedures</p>

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193 194 – Standards for Appraisal and Support <i>Berwick Report 1, 5, 6</i>	1, 2, 3, 4, 7	Implementation of the new Appraisal system in a structured way.	Ensuring individuals have clear measures to the values to be held to account to.	Director of Workforce and OD/ January 2014	Staff training commenced. Transition on to the new system on track to commence January 2014
2 – Accountability and Culture 13-18 Fundamental standards <i>Berwick Report 1, 5, 6</i>	1, 2, 3, 4, 6	i) Develop team measures – to be amongst the best ii) All Teams should be encouraged to select and/ or develop and then publish in their area – 3-4 statements as to how they are responding to the Francis report.	Core standards for teams to be amongst the best and being able to demonstrate best improvement. Able to demonstrate refocus on individual responsibility and patient centred care.	Divisional Leads (TBC)	
111 – Effective complaints handling / promotion of learning <i>Berwick Report 1, 2, 3, 5, 6, 7</i>	1, 2, 3, 4, 7	i) To review the Complaints policy, process and reporting and implement the changes required ii) Further develop the use of Patient Stories at team and departmental level	To ensure compliance with the new systems and requirements Teams are to demonstrate continued improvements as a result of patient stories.	Director of Nursing/ April 2014	Complaints focus group held in December 2013. Medical Division are rolling out of Empathy project – and plans in place to share this across the organisation through the rolling half days.
2 – Accountability and Culture <i>Berwick Report 2, 5</i>	1, 2, 3, 4	Provide support to individuals and teams in submissions for regional and national awards	Wider recognition of the Trusts achievements.	Director of Workforce and OD	November 2013 Regional leadership awards
	2	Re-launch the Employee Assistance Programme	All staff aware of the EAP and how to	Director of Workforce and	Re- launched in November 2013

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			access it.	OD/ November 2013	
1 & 2 – Accountability and Culture <i>Berwick Report 1, 2, 3, 5, 8</i>	2, 4, 7	Review the programme of visits to ward/clinical or non clinical areas to provide greater visibility by the Board and Executive Team. Consider how this is published to enable staff and patients speak to then if they wish.	Greater awareness and accessibility of the Board and Executive at ward/clinical or non clinical areas.	Company Secretary / Chairman/ November 2013 and ongoing	The first ‘Mission Possible’ undertaken by Board in November / December 2013.
13-18 Fundamental standards 188 – Nursing <i>Berwick Report 1, 2, 3, 4, 5, 6, 7</i>	3, 7	Continue to implement the pledges in the Nursing and Midwifery Strategy (includes the 6 C’s)	Nursing and Midwifery Strategy is delivering/ on target to deliver the outcomes/ pledges as set out in the strategy.	Director of Nursing/ September 2014	Review of year 1 of the Strategy reported through RAQC in September 2013.
13-18 Fundamental standards 199 – Nursing	3, 7	Seek confirmation that the ‘named nurse’ principle is implemented across the Trust	Named nurse implemented across the Trust.	Director of Nursing/ January 2014	
13-18 Fundamental standards 190 – Nursing	4, 7	Review the customer care training to ensure it incorporates enough on the staff member/team working with the individual patient and their family on the ward.	Ensure patient and family engagement	Director of Workforce and OD / January 2014	
13-18 Fundamental standards <i>Berwick Report 2, 3, 5, 8</i>	4, 7	Review how the medical staff use and receive feedback from patient stories – training and Rolling half days.	Improved engagement and communication demonstrated in patient survey results	Medical Director	Medical Division are rolling out of Empathy project – and plans in place to share this across the organisation through the rolling half days.

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2 – Accountability and Culture Leadership succession planning <i>Berwick Report 2, 4, 6</i>	4, 5	Review and develop succession planning across the organisation for potential leaders and at a senior management level (long term action 2014/15)	Recruitment and promotion success of our leaders	Director of Workforce and OD / TBC	
2 – Accountability and Culture 13-18 Fundamental standards <i>Berwick Report 6</i>	5	Divisions/ Corporate Directorates to review how information is cascaded to their teams effectively	Greater staff awareness of key issues and activities across the Trust.	Communications Team/ Divisional Directors	
	5	Develop short guidance for good use of email	More effective use of email.	Associate Director of Workforce and OD	
2 – Accountability and Culture	6, 5, 7	Review process for patient information to support accessible information for the patient/public	Accessible and accurate patient information	Director of Nursing	
2 – Accountability and Culture	6, 1, 2, 4	All Teams should select and/ or develop and then publish in their area – 3-4 statements as to how they are responding to the Francis report.	Able to demonstrate refocus on individual responsibility and patient centred care.	Divisional Directors / Nursing Services Managers	

Key to focus group theme reference:

1. Having clear standards of care
2. Having an open, honest & transparent system
3. Providing compassionate & committed nursing/midwifery care
4. Demonstrating patient-centred leadership
5. Having accurate, useful and relevant information to inform decisions
6. Individual responsibility
7. Patient Focus Groups