

REPORT TO THE TRUST BOARD – 31st OCTOBER 2013

Title	Update on the Trust response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Inquiry)
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Executive summary

This paper aims to update the Trust Board on the work undertaken within the Trust against the five priority themes approved by the Trust Board at its July 2013 meeting (minute TB/13/256).

It identifies a number of key activities and actions that have either been delivered or are in progress, mapped to the five priority themes. As agreed at the July 2013 Board meeting the activity across the Trust in response to the detail of the Francis report recommendations should not be seen as a separate activity or initiative, and must be fundamental to our staff delivering our overarching vision for improving quality, integration and excellence.

More recently, Prof. Don Berwick, (world-renowned Patient Safety expert), undertook an Independent Review focusing on Patient Safety following the publication of the Francis Report. The Berwick Report, with a number of recommendations, was published on 6th August 2013.

Following the CQC visit to the Bradgate Mental Health Unit, the Trust has been developing a Quality Improvement Programme which includes the priority themes identified from the Francis Report. This paper must therefore be viewed in conjunction with the Quality Improvement Programme paper submitted to this meeting.

Recommendations

- The Trust Board is recommended to:
- Review the progress highlighted within this report against the five priority themes identified by the Trust in response to the Francis Report.
 - Support the next steps proposed.

Related Trust objectives	The implications of this report relate to all our strategic objectives.
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Risk and assurance	Increased risk to patient care and experience if findings and recommendations are not addressed.
Legal implications/ regulatory requirements	No legal implications identified.
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*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.	

TRUST BOARD – 31st October 2013

Update on the Trust response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Inquiry)

Introduction/Background

1. The Trust Board received a report at its 28 February 2013 meeting presenting the recommendations of the Francis Report and confirming that a considered review of the findings had commenced within the Trust. The Board has previously reviewed the findings of the Francis Report and had approved five priority themes; these can be found in detail at Appendix 1 of this paper. The priority themes are:
 - A. *Openness / transparency*
 - B. *Listening*
 - C. *Working together*
 - D. *Capacity within teams*
 - E. *Clinical Leadership*

Aim

2. This paper aims to update the Trust Board on the work undertaken, or in progress, within the Trust in response to the Francis Report and the key identified themes.

Recommendations

3. The Trust Board is recommended to:

Review the progress highlighted within this report against the five priority themes identified by the Trust in response to the Francis Report, and to support the next steps proposed.
Support the next steps proposed.

Discussion

4. The Quality Strategy and Workforce and Organisational Development Strategy are the two key vehicles for the delivery of the recommendations in the Francis Report. The Quality Strategy is currently being refreshed and updated in order to reflect the key findings of the Francis Report. A revised Workforce and Organisational Development Strategy will also be seen by Trust Board in due course.

5. Progress against the Priority Themes

A. Openness and Transparency

The Trust has carried out a review of the way it shares information at a strategic level with patients, carers, and the Voluntary and Community Sector, and has taken the following steps:-

- i. The Trust Board receives a regular report on all serious incidents enabling discussion within the public section of the monthly Trust Board meeting. This provides an opportunity for the public to ask questions, raise concerns and gain confidence from the way in which issues are discussed and debated, and to obtain first-hand experience of how key decisions are taken.
- ii. The Trust has made, and continues to make, changes to the website to provide more open, clear and prominent information on key issues. There is also a much more conscious effort to make use of social networking communication channels such as Facebook, Twitter and YouTube. This provides a number of benefits:
 - Social networking provides hot spots for debating issues, bringing together people and ideas that otherwise might not meet
 - Networks are expanded with individuals and organisations/charities beyond boundaries such as accessibility and geography
 - The Trust is enabled to provide balanced information to the public direct from source which is not subject to external editing. This is also then open to public scrutiny and challenge
 - Collective thinking – social networks are an excellent method for connecting new ideas, a process which is open to everyone, bringing together experts by profession (staff) and experts by experience (patients, carers and families).
- iii. The Trust has also set up a dedicated phone line for staff to report concerns. This is a confidential service for those who feels unable to raise a particular concern with their line manager or clinical supervisor.
- iv. The Trust has established a clinical forum (known as the 'Clinical Cabinet') which is for staff to raise and discuss collective concerns. These discussions are reported to the Trust's Senior Management Team in order to enable swift escalation of any issues of concern.

B. Listening

The Trust has made a significant commitment to 'listening' and to evidence that listening by removing the challenges that sometimes are perceived to block the making of decisions at the correct level of the organisation.

- i. The Trust has signed up to a programme of work called 'Listening into Action', a programme tested in other NHS Trusts and proven to improve staff engagement and empowerment to take actions. As part of this programme, the Trust's Executive Team hosted five 'conversation' sessions with over 450 staff. Themes from this exercise have been identified and discussed at Senior Management Team and Trust Board. A number of actions for immediate implementation have been identified as well as actions for longer term development. Staff members are made aware of actions taken through regular staff newsletter briefings.
- ii. The Trust has continued to roll out its 'Changing Your Experience for the Better' Programme which includes 'In Your Shoes' listening events, aimed at supporting staff to listen to patients on a one-to-one basis to better understand their perspective. The programme has already been rolled out across Adult Learning Disability Services, Child and Adolescent Mental Health Services, Adult Mental Health Services (currently looking at actions as a result of the listening work), and eventually throughout Community Hospitals. St Luke's Hospital has already completed the Programme, with Hinckley and Bosworth Community Hospital due to commence in late October 2013. Ward 1, St Luke's Hospital Stroke Unit was nominated for Team of the Year for their 'Enhancing the Patient Experience' Project, which has fundamentally changed the way they work as a team through listening to patients. The project has seen many benefits with a 30% reduction in complaints overall and a 250% increase in compliments received.
- iii. Listening is also carried out through engaging much more closely with local Voluntary and Community Sector (VCS) organisations through regular 'Meet and Greet' sessions with the Chief Executive, and/or Executive Director, and through Division Specific meetings and events with Divisional staff.
- iv. The Trust has also worked closely with the local Healthwatch organisations to ensure that it capitalises on the support that the Healthwatch network can bring and the support from engaging with local communities.
- v. The Trust has engaged with a public opinion website called 'Patient Opinion'. Further information on how the Trust is listening to the patients can be found within the Quarterly Customer Care report.

C. Working Together

- i. The Trust's approach to service developments is based upon the model of integrated care pathways, which focuses on an integrated team approach to meeting the needs of patients, and this is reflected in the Service Development Initiatives across the four Divisions.

- ii. Enhancing multi-disciplinary team working is an important element of the Quality Improvement Programme (to be seen at Trust Board in October).
- iii. The Trust is committed to working together with health and social care partners, an element of which is reflected in the Trust becoming a partner in the 'Better Care Together' Programme.

D. Capacity within Teams (Safe staffing numbers)

- i. The Trust has invested in the improvement of the staffing in in-patient areas.
- ii. Within the Bradgate Mental Health Unit, the Trust is working towards recruiting more qualified nurses, and staffing levels are monitored daily. The same approach is being rolled over to other areas.
- iii. Staff number and the capacity of the teams to deliver good quality clinical care is part of the Quality Improvement Programme.

E. Leadership

- i. Enhancing clinical leadership is an important part of the Trust Quality Improvement Programme. Professional leadership across the Trust is currently reviewed by the Lead Nurse and Medical Director.
- ii. Clinical leadership within Community Hospitals has been further enhanced through the appointment of Advanced Nurse Practitioners. The appointment of two senior matrons within the Bradgate Unit has similarly enhanced the professional leadership within the Unit.
- iii. The Workforce and Organisational Development Group, and the Human Resources Strategy focus on
 - o Developing a culture where the workforce is engaged, committed and supported.
 - o Supporting the application of high quality management and leadership practices
- iv. The Trust has developed a Leadership Development Programme integrating training currently offered nationally, regionally, and how they relate to LPT's Leadership Development Framework.

6. Next Steps

- a. Recommendations from the Berwick Report are discussed within Trust Board and Quality Assurance Committee, and actions mapped against the Quality Improvement Plan, Organisational Developmental plans, and the Quality Strategy. The Quality Strategy will be refreshed by December 2013.
- b. Professional leadership across the Trust is being reviewed. The New Professional Leadership Plan for LPT will be agreed by January 2014.
- c. Trust Board will receive assurance on the pace of progress regarding key areas through the Quality Improvement Programme, which will be reported to Trust Board monthly from December 2013.
- d. Trust Board will receive further updates on the Priority Themes on a quarterly basis.

7. Conclusion

It is the aim of this report to provide highlights to the approach that the Trust has taken in reflecting the Francis Report in a meaningful and sustainable manner. It demonstrates how the Trust has identified clear areas for prioritization and is taking appropriate actions to progress these. However, there is a need to have ongoing discussion with patients, public, carers and staff in order to map progress as well as set future development needs. It is the recommendation of this report that quarterly update reports be presented to the Trust Board to ensure continual assurance is provided and to ensure that the focus is maintained.

Appendix 1

Trust Priority Themes

- A. *Openness / transparency*: There is an LLR wide commitment to working on this theme together. The work will include promoting openness as
1. Openness as a value – building on the Trust values of RIQHTCARE - in particular, Honesty.
 2. Cultural change - achieving the cultural shift in being alert to issues of quality and patient safety for not only one's own work but also that of others.
 3. System facilitating openness – within the organisation as well as externally, for example, increased use of website.
- B. *Listening*: To continue listening and really hearing from patients, public, carers and staff, ensuring what is heard is not forgotten; supported by the Patient, Public and Carer Reference Group
- C. *Working together*: Working together with other professionals and staff, with patients and their carers and families, to ensure effective team working within the Trust. To develop and embed integrated care pathways as well as working with other organisations around us to bridge gaps in quality and patient safety.
- D. *Capacity within teams*: Safe staff number and skill mix across all inpatient and community services.
- E. *Clinical Leadership*: Leadership at all levels with a patient centred approach, innovative thinking and ownership of holistic approach needs embedding within the clinical teams and wider Trust business.