

TRUST BOARD

Date of Meeting: 26/3/2013	Agenda Item No: 5.7	Enclosure: 10
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Francis Inquiry – Trust Development Plan		
Aims: This report aims to outline the action to be taken by the Trust, taking into account the recommendations of the Francis Inquiry Report.		
Executive Summary: The Trust Board held a Board Development Session on Tuesday, 26 February 2013 to consider the recommendations of the Francis Inquiry and an appropriate action plan for the Trust. The first step would be to engage with our staff and patients and seek their feedback on the key lessons to be learnt and start a broad engagement on our values. Priorities that emerge would be included in the Trust's draft Integrated Forward Plan. The Trust Board remains committed to providing high quality care and an outstanding patient experience and this Inquiry provides another opportunity for the Trust to reflect on these values. The Action Plan is appended to this report for discussion and approval.		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		✓
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: The Trust Board is requested to approve this report and action plan.		
Prepared by: Ann Farrar Interim Chief Executive	Presented by: Ann Farrar Interim Chief Executive	

FRANCIS INQUIRY – TRUST DEVELOPMENT PLAN

CULTURE AND STRATEGY			
ENHANCED OUTCOME	ACTION	ACCOUNTABILITY	TIMESCALE
<p>Staff to receive a briefing of the key lessons of '<i>What Went Wrong</i>' as described by the Francis Inquiry.</p> <p>Listen to staff feedback and act on this feedback.</p>	<p>To engage with staff via staff road-shows to explain the key lessons, listen and act on their feedback by including in this Board Action Plan and our safety and quality priorities.</p> <p>Start the consultation on our Values. Launch the Strategic Plan on a Page for each of the Clinical Business Units and linked to the safety and quality priorities for each service area by rolling out the Values Campaign.</p> <p>Confirm how the links from Values to Strategy fit with their personal contribution to deliver high quality care, excellent patient experience and they rate their place of work as excellent staff experience.</p> <p>Confirm the behaviours we expect from everyone.</p>	<p>Interim Chief Executive Director of Clinical Transformation Clinical Business Unit Directors</p>	<p>April 2013</p>

<p>The Trust Board Strategic Plan and Clinical Strategies to reflect the “early warning signs” by the regulators.</p>	<p>To map out the “early warning signs” by all the regulators and discuss at the Board to ensure all Board members are fully briefed and the key issues are reflected in the Strategic Plan.</p>	<p>Chief Executive Medical Director Director of Nursing Interim Director of Governance Interim Director of Teaching & Education</p>	<p>April 2013</p>
<p>The Board’s strategic safety and quality priorities need to reflect the themes from the serious incidents and serious complaints.</p>	<p>The Medical Director and Director of Nursing will lead a board development session in conjunction with the Clinical Business Unit Directors to advise on the recurring themes and agree the top priorities each year. These will be recommended to the Clinical Policy Group. From next year, the Clinical Business Units will have embedded clinical governance within their teams and they will recommend the themes from the serious incidents and complaints to the Clinical Policy Group and Trust Board. This will demonstrate their maturity and staff engagement.</p>	<p>Medical Director Director of Nursing</p>	<p>26 March 2013</p>
<p>The Trust Board should be open and transparent about the clinical services rated high risk and confirm the improvement plan in place to ensure the appropriate action is taken and the risks are</p>	<p>The Trust Board and the Clinical Business Unit Directors agreed in December that there are four clinical services rated as high risk and has worked with the clinical teams to develop an appropriate action plan</p>	<p>Interim Chief Executive Medical Director Director of Nursing Director of Service Transformation Clinical Business Unit Directors</p>	<p>April 2013</p>

<p>mitigated. This plan needs to demonstrate that it's flexible to respond to escalation of risk by the Regulators and/or the Clinical Business Unit through their early warning systems such as outcomes, staff experience and/or patient experience.</p>	<p>including mitigating risks. The four services are:</p> <ul style="list-style-type: none"> ▪ Acute medicine at WCH ▪ Emergency care flow at CIC ▪ Obstetrics and Gynaecology at WCH ▪ Haematology service across North Cumbria 		
<p>Higher and consistent standards for elderly frail patients</p>	<p>To describe how we fare against these recommended standards and confirm the action plan to deliver the agreed higher Board standards. This would be discussed at a Board Development session in April.</p>	<p>Director of Nursing Medical Director Clinical Business Unit Director for Medicine Clinical Director for Elderly</p>	<p>April 2013</p>

STRUCTURE			
ENHANCED OUTCOME	ACTION	ACCOUNTABILITY	TIMESCALE
Establish clinical governance at clinical business unit level in line with the best practice at Northumbria Healthcare NHS Foundation Trust.	<p>Clinical Business Unit Directors establish a Clinical Governance Group that covers the full range of business as defined as best practice by Northumbria.</p> <p>Recommendations of the clinical governance meetings to be reported to the Clinical Business Unit Board. These recommendations to be reported to staff via the Business Unit Newsletter at monthly intervals.</p>	Clinical Business Unit Directors Deputy Directors	March 2013
Establish Trust Wide Systems to provide more robust clinical assurance to the Trust Board.	<p>CQC outcome 16 requires a Trust wide system to confirm clinical practice meets the NICE standards. Recommendations on an appropriate system will be presented to the Trust Board in April.</p> <p>Evidence of minimum standards of personal nursing care and patient experience are in different stages of development. Patient experience systems are being implemented and first reports are to be provided to the Board in March. There needs to be evidence of nursing care/outcomes and staffing levels, by ward, reported to the Board. The Director of Nursing will advise on the Northumbria approach and confirm the system to be implemented during Quarter one.</p>	<p>Medical Director, Northumbria.</p> <p>Director of Nursing</p>	<p>April 2013</p> <p>March 2013</p>

PROCESSES			
ENHANCED OUTCOME	ACTION	ACCOUNTABILITY	TIMESCALE
CQUIN to be focused on our strategic and clinical risks, e.g., Care Closer to Home and our safety and quality priorities.	To be developed during the contract negotiations for 13/14.	Director of Operations	March 2013
Higher standards for Information and Quality Accounts	To describe how we fare against these recommended standards and confirm the action plan to deliver the agreed higher Board standards. This would be discussed at a Board Development session in April.	Interim Chief Executive Interim Director of Governance	April 2013
To share the action plan with the Clinical Commissioning Group and confirm compliance to the Draft Integrated Plan.	Compliance confirmed in the 2 nd version of the Draft Integrated Forward Plan.	Interim Chief Executive	April 2013