Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
27th May 2010

TITLE	**Sharing the Learning From the Mid Staffordshire NHS FT Report. Robert Francis QC Jan 2005-March 2009**
EXECUTIVE SUMMARY	The Mid Staffordshire NHS FT (MSNHSFT) had a highly critical report from the Health Care Commission on their standards of patient care. This HCC investigation had been conducted as a result of public concern linked to high mortality statistics. Robert Francis QC was then asked to conduct an Independent Inquiry by the Rt Hon Andy Burnham MP, Secretary of State for Health. Both the investigation of the HCC and The Francis Report have been subject of much scrutiny across NHS Trusts in the UK. Trusts have been requested by the NHS CEO to take a serious look at the findings and benchmark them to their own Trusts to identify that they could not have these problems. ASPH has conducted several benchmarking activities but this final one is linked to the 18 recommendations of Francis Report. (Appendix 1). ASPH has examined all the major themes within the Francis Report; and this paper presents a view on our Trust's position to these salient pointers and outlines what action we have taken where we perceive there to be weaknesses. (Appendix 2).
Trust Board ASSURANCE (Risk) / IMPLICATIONS	The purpose of this report to give the Trust Board assurance that ASPH has conducted a thorough examination of all the national reports on MSNHSFT and has looked to glean corporate learning where ever possible. Whilst we acknowledge there is still a lot of work to do around the patient experience it is not considered that ASPH has the serious problems that were identified at MSNHSFT.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	All appropriate staff have been well informed of this report & the learning points
EQUALITY AND DIVERSITY ISSUES	Our risk management systems & processes are applied equitably regardless of any patient, staff or visitors ethnic, social, age, religious, & sexual status.
LEGAL ISSUES	None Identified
The Trust Board is asked to:	Note the Report
Submitted by:	Mrs Caroline Becher Chief Nurse 19th May 2010

Appendix 1

Re Independent Inquiry into Care provided by Mid Staffordshire NHS Foundation Trust January 2005- March 2009- Ashford and St Peter's Position

In response to the Robert Francis Report regarding the poor standards of care at the Mid Staffordshire NHS Foundation Trust, the Medical Director and Chief Nurse have undertaken a robust assessment of how Ashford and St Peter's compare to the issues outlined in the Report and propose a response to the eighteen recommendations outlined in the Report

This position statement has been acquired through a triangulation of data such as themes from complaints, incidents, patient and staff surveys and ward quality indicators. Current action being undertaken by the Trust has been included against each theme identified within the Francis Report. This paper is intended to reflect our position openly and transparently.

Continence and Bowel Care

Position: The Trust has had complaints relating to waiting for bedpans and commodes and also complaints regarding sheets not being changed quickly enough.

Action:

1. Discuss through the Nursing and Midwifery Committee and ward sisters meetings

Safety

Position: The Trust has had complaints regarding safety issues e.g Falls resulting in significant injury. Falls have reduced in the last year, however there have been occasions when the risk assessment for falls has not been undertaken when occupancy is high
Health and Safety Training has been alluded to in the staff survey as not being received as often as it should have.
There have been assaults by confused patients although these patients are nursed on a one to one basis.

Action:

1. Falls resulting in injury on the Trust Dashboard
2. Review of the Falls risk assessment
3. Specials policy being reviewed
4. Improve uptake regarding Health and Safety training for staff

Personal and oral hygiene:

Position: There has been some evidence to suggest that relatives have intervened and helped with personal hygiene needs. There has also been some complaints regarding lack of oral hygiene and loss of dentures.

Action:

1. Current review of the Nursing Documentation
2. Patient property policy reviewed
3. Discuss at the Nursing and Midwifery Committee
4. Introduce Essence of Care Audit for Nursing Documentation

Nutrition and Hydration

Position: There is some evidence to support the view that patients are not assisted at meal times, trays taken away too early and that meals are out of reach. There have been some complaints relating to poor monitoring and recording of fluid balance charts

Action:

1. Re launch of Protected meal times and the nutrition coordinator role
2. Improve nutritional audit through the essence of care benchmark
3. Re enforce the use of volunteers to help at meal times

Pressure Ulcer Care

Position**:** There have been some complaints regarding the development of pressure ulcers

Action:

1. Continue to monitor compliance through the Ward Quality Indicators. ASPH are recognised for good practice by the SHA

Cleanliness and Infection Control

Position: There has been some evidence that patients wait too long to be washed

Action:

1. Discuss at the NMC and ward sisters meetings

Privacy and Dignity

Position: There have been some complaints related to attitude

Action:

1. Addressed through the Programme 1 Improving the Patient Experience and New Behaviours to be launched

Record Keeping

Position: There have been concerns relating to nursing records and fluid balance charts

Action:
1. Review and standardisation of all nursing documentation
2. Nursing audit through Essence of Care

Diagnosis and Treatment

Position**:** There has been complaints regarding diagnosis and treatment

Action:

1. Performance reviews to highlight this indicator and respond from within the Directorates

Communication

Position: There is evidence that the Trust does not manage breaking of bad news and communication, information giving, sensitivity and also poor communication between staff in particular nurses and Doctors

Action**:**

1. Ward rounds must be organised to ensure that a nurse is present
2. A review needs to be undertaken to identify who has been trained regarding advanced communication skills and an action plan developed for clinicians in each Directorate as appropriate
3. Endorse, take ownership and implement the Trust ' Behaviours' strategy in line with the 4 Ps

Discharge Management

Position**:** This is a significant theme from complaints and is being addressed through the various groups within the Trust

Action:

1. LOS Project
2. LEAN Project
3. Collaborative working with Surrey PCT

The Culture- Attitudes and Behaviours

Position: There is some evidence to suggest this is an issue for the Trust. Staff indifference, lack of compassion and empathy are key themes from complaints. There is also some evidence to suggest in certain Directorates staff have witnessed bullying and harassment and a reluctance to address poor performance through the disciplinary process

Action:

1. Transformation is currently underway through new executive team
2. 4 Ps inherent to the culture of the Trust
3. New behaviours being launched to support the 4 P values
4. Directorate plans to address issues from the staff survey

Paper 5.3

Appendix 2

Mid Staffordshire Hospitals NHS Foundation Trust (MSFT)
Roberts Francis QC Inquiry

18 Recommendations

Recommendation	ASPH Position / response
1. The Trust must make its visible first priority the delivery of a high class standard of care for all its patients by putting their needs first. It should not provide a service in areas where it cannot achieve such a standard	1. First key strategic objective is "Patients First" It must collectively challenge any service area that lets the standard of care drop to what is not considered acceptable.
2. The Secretary of State (SoS) for Health should consider whether he ought to request that Monitor – under the provisions of the Health Act 2009 exercises its power of de-authorisation over the MSFT. In the event of his deciding that continuation of FT status is appropriate, the SoS should keep the decision under review.	2. ASPH currently applying for FT status. This is an issue for SoS & Monitor.
3. The Trust together with the PCT, should promote the development of links with other NHS trusts and FTs to enhance its ability to deliver up-to-date and high class standards of service provision and professional leadership.	3. ASPH has good links with a variety of health care organisation and has delivered on a number of Master classes for its board with Nationally known expert speakers. It is currently engaging in a leadership programme for a 100 of its staff.
4. The Trust, in conjunction with the Royal Colleges, the Deanery and the Nursing School of Staffordshire University, should review its training programmes for all staff to ensure that high-quality professional training and development is provided at all levels and that high-quality services is recognised and valued	4. The Chief Nurse is engaging with Surrey University to review training and introduce more customer focussed training for HCAs. The Trust has a mandatory training programme for all staff. Attendance is monitored and records held centrally. Junior staff are all part of the KSS Deanery and progress/training is reviewed by this programme. Consultant staff CPD and CME is recorded and reviewed as part of the appraisal process which is now being enhanced (personal outcome data, 360 review) to support the National Revalidation programme.

5.. The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review audit processes and outcomes on a regular basis.	5. ASPH has an active audit department with a full audit programme linked to National Audit. Its findings report to the Integrated Governance Assurance Committee (IGAC) as well as the Clinical effectiveness Committee & these drive the Clinical Directorates personal audit reviews.
6.The Board should review the Trust's arrangements for the management of complaints and incident reporting in the light of the findings of this report and ensure that it: • Provides responses and resolution to complaints which satisfy complainants; • Ensures that staff are engaged in the process from the investigation of a complaint or an incident to the implementation of any lessons to be learned; • Minimises the risk of deficiencies exposed by the problems recurring; and • Makes available full information on the matters reported, and the action to resolve deficiencies, to the Board, the governors and the public.	6. The Complaints procedure has just been reviewed. • There is a high rate of complaint resolution at first answer and some letters commending our detailed replies. We still have too many linked to capacity. • Staff are fully engaged in the full cycle of investigating & instilling corporate learning. • We do have some recurrence in certain areas that are being tackled. • Patients attend the Trust Board and share their experiences. We still need to take more of the detail to the Trust Board as well as the complaints monitoring group.
7. Trust policies, procedures and practices regarding professional oversight and discipline should be reviewed in the light of the principles described in this report.	7. The trusts disciplinary procedure as well as Whistle blowing have just been recently reviewed and ratified.
8. The Board should give priority to ensuring that any member of staff who raises an honestly held concern about the standard or safety of the provision of services to patients is supported and protected from any adverse consequences, and should foster a culture of openness and insight.	8. Staff members who raise concerns are taken very seriously and protected from any adverse consequences.
9. In the light of the findings of this report, the SoS and Monitor should review the arrangements for the training, appointment, support and accountability of	9. Issue for SoS & Monitor. ASPH has highly experienced executive director team and are sustaining current master class programmed to enhance knowledge

executive and non executive directors of NHS Trusts and FTs, with a view to creating and enforcing uniform professional standards for such posts by means of standards formulated and overseen by an independent body given powers of disciplinary sanction.	further.
10. The Board should review the management and leadership of the nursing staff to ensure that the principles described in the report are complied with.	10. A new Nursing team has been introduced in the last 9 months with the exception of one member.
11. The Board should review the management structure to ensure that clinical staff and their views are fully represented at all levels of the Trust and that they are aware of concerns raised by clinicians on matters relating to the standard and safety of the service provided to patients.	11. The Board has supported the development of 11 directorates and the Clinical views are expressed at fortnightly Trust Executive Committee. A TEC away day is planned in April to build on already good relationships.
12. The Trust should review its record-keeping procedures in consultation with the clinical and nursing staff and regularly audit the standards of performance.	12. The Trust conducts an annual audit of health records across all areas (inpatients, OPD and A&E) + annual audits of the consent process
13. All wards admitting elderly, acutely ill patients in significant numbers should have multidisciplinary meetings, with consultant medical input, on a weekly basis. The level of specialist elderly care medical input should also be reviewed, and all nursing staff (including health care assistants) should have training on the management of acute confusion.	13. Multidisciplinary meetings are routine in all disciplines across the Trust. ASPH has recognised the special needs of the elderly and two ortho- geriatricians were appointed in 2009. The Trust will review the training given to RNs & HCA's in the management of acute confusion.
14. The Trust should ensure that its nurses work to published set of principles, focussing on safe patient care.	14. Nurses work to the codes of conduct set by the Nursing & Midwifery council but we are also working on embedding the 4Ps across the trust.
15. In view of uncertainties surrounding the use of comparative mortality statistics in assessing hospital performance and the understanding of the term "excess deaths" an independent working group should be set up by the Department of Health (DH) to examine and report on the methodologies in use. It should make recommendations as to how such mortality statistics should	15. The Trust is using Dr Foster SMR data. It is however also reporting crude mortality rates, and using Trend and Benchmarker Comparison (via SHA observatory) to monitor progress. The Trust also has put in place a monthly Mortality and Morbidity meeting to review all deaths within the Trust. The Trust mortality data is presented in the Trust's monthly quality

be collected, analysed and published, both to promote public confidence and understanding the process, and to assist hospitals to use such statistics as a prompt to examine particular areas of patient care.	report which is presented at Trust Board and is an open public meeting. The papers are posted on the Trust's website.
16. The DH should consider instigating an independent examination of the operation of commissioning, supervisory and regulatory bodies to the monitoring role of Stafford hospital with the objective of learning lessons about how failing hospitals are identified.	16. ASPH does not believe it is a failing Trust far from it. It nonetheless is not complacent and to that end it conducts robust benchmarking every month to track and identify any failing wards or departments. This information is tabled at the Trust Board monthly for tracking and professional challenge.
17. The Trust and PCT should consider steps to enhance the rebuilding of public confidence in the Trust	17. ASPH has not always had the highest level of confidence from the population it serves. It has worked hard in conducting its meetings in Public, it had a very well attended AGM last year and many external events, where it engaged with the public and fielded questions enhancing reputation and level of confidence.
18 All NHS Trusts and FTs responsible for the provision of hospital services should review their standards, governance and performance in the light of this report.	18. ASPH has just had an SHA board to board challenge where the issues identified at MSFT were professionally challenged at every count. ASPH demonstrated sufficient responses to assure the SHA and the Medical Director scrutiny committee that it had good sound performance.