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**Select Committee on Health and Adult Social Care – 4th April 2011**

**Report of the Nursing Director, The Dudley Group of Hospitals (DGoH) NHS Foundation Trust**

**Mid Staffordshire Hospital Independent Enquiry (Francis Report)**

**1.0 Purpose of Report**

- 1.1 To bring to members' attention the response the DGoH has made to the outcome of the independent enquiry into the Mid Staffordshire Hospital and to assure the panel that the Trust has fully addressed the report's recommendations.

**2.0 Background**

- 2.1 An in-depth investigation by the Care Quality Commission was carried out of Mid Staffordshire Hospital between March and October 2008. Released in March 2009, the Commission's report severely criticized the management and detailed poor conditions and inadequacies at the hospital.

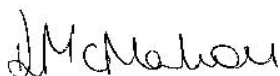
In July 2009, the then Secretary of State for Health, Andrew Burnham, announced an independent inquiry into care provided by Mid Staffordshire Hospital. The generally critical inquiry report was published on 24 February 2010. The report made 18 local and national recommendations.

The Trust Board of DGoH assessed the 18 recommendations of the Francis Report when it was initially published, allocating the recommendations to the relevant Directors and has updated its position with ongoing actions on a regular basis since then; most recently in May, August, October 2010 and February 2011. It has shared its assessment with the Governors and members on a number of occasions. This assessment is detailed in the attached Appendix

In June 2010, the new government announced that a full public inquiry would be held, which was expected to report in March 2011. The inquiry began on 8 November 2010 chaired by Robert Francis QC, who had chaired the independent inquiry which he had criticised for its narrow remit. The ongoing public inquiry is likely to report later than planned. DGoH awaits the results of the public enquiry and will undertake a similar assessment of the recommendations.

**3.0 Recommendation**

- 3.1 The Health Overview and Scrutiny Panel is asked to consider this paper. The panel is asked to assure itself that DGoH has actively considered and fully addressed the Francis Report recommendations.



**Denise McMahon, Nursing Director**

## Appendix

### Mid Staffordshire Hospital Independent Enquiry (Francis Report) recommendations and the response of DGoH

1	<p><i>The Trust must make its visible first priority the delivery of a high-class standard of care to all its patients by putting their needs first. It should not provide a service in areas where it cannot achieve such a standard.</i></p>	<p><b>Director (s) Responsible Chief Executive</b></p>
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Annual report/strategic statements/Quality Account/Recently drawn up Board statement</li> <li>• Performance dashboard in use to monitor key quality indicators</li> <li>• New Risk Committee and review of Board Committees</li> </ul> <p>In line with its Board development programme and work plan agreed with Monitor, the Board now has a direct line of sight to the clinical directorates via directorate presentations and the Matron’s reports. In addition, the new performance dashboard allows each Board member close to real time access to performance data with a detailed drill down facility. The Board Committee structure has been reviewed to ensure that it is fit for purpose and provides adequate assurance. There is a scheduled weekly patient safety visit by the Trust directors to all areas of the Trust so that the Board gains a picture of staff views and perceptions on patient safety issues.</p> <p>The Trust has purchased and started implementation of ‘Performance Accelerator’ software which assists in compiling and monitoring information on care quality required for a variety of regulatory bodies (e.g. Care Quality Commission (CQC), National Health Service Litigation Authority (NHSLA)).</p> <p>Recent outside inspections that have occurred include: NHSLA and CNST assessments in November 10 and January 11, CQC in February 11.</p>	
2	<p><i>The Secretary of State for health should consider whether he ought to request that Monitor – under the provisions of the Health Act 2009 – exercise its power of de-authorisation over the Mid Staffordshire NHS Foundation Trust. In the event of his deciding that continuation of foundation trust status is appropriate, the Secretary of State should keep that decision under review.</i></p>	<p><b>Chief Executive</b></p>
	<p><b>Points of Assurance</b></p> <p>The Board are required to give regular feedback on the Trust’s “status” with Monitor and ensure that its focus is on service quality and forward planning as well as financial viability. In addition the Trust works closely with the Strategic Health</p>	

	Authority to ensure it operates effectively within the wider West Midlands health community.	
3	<i>The Trust, together with the Primary Care Trust, should promote the development of links with other NHS trusts and foundation trusts to enhance its ability to deliver up-to-date and high-class standards of service provision and professional leadership.</i>	Chief Executive Director of Operations
	<p><b>Points of Assurance</b></p> <p>The Board have worked alongside their Primary Care Trust (PCT) Board colleagues on a programme of development events. These are aimed to improve joint working and shared understanding across the health community. Both the Trust and the PCT (NHS Dudley) had relatively new Chief Executives and this enabled the building of a new relationship between Executive teams and both organisations. This is particularly important with the links between the Medical and Clinical Directors and GPs. The Director of Nursing and the Medical Director work closely as the professional clinical leads across the Trust and at Board level. PCT Senior staff attend Trust Patient Safety Leadership Walkrounds discussed above.</p> <p>Transforming Community Services is another strong indicator of the growing trust between the organisations with the adult community services coming to DGOH in April 11. A cross organisation board oversees this development to ensure maintenance of quality and service standards.</p> <p>New Quality Review Meetings have been set up with the PCT, which monitors quality of care issues at the Trust. The PCT has commenced 'Appreciative Visits' (with LINK representatives). The first visit was on Nutrition and a good report received and an action plan agreed.</p> <p>The Trust has close clinical links with Sandwell and New Cross with consultants working across both sites in a number of specialities e.g. ENT, Ophthalmology and Oncology.</p>	
4	<i>The Trust, in conjunction with the Royal Colleges, the Deanery and the nursing school at 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 service is recognised and valued.</i>	Medical and Nursing Directors

	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• West Midlands Deanery Visit Reports</li> <li>• Learning and Development Agreement with NHS West Midlands</li> <li>• Liaison with Wolverhampton, Birmingham City and other universities particularly in light of changing service needs</li> <li>• National Medical Trainee Survey Reports and last NMC visit report</li> <li>• An education board has been set up as a sub-committee of the Board to manage educational issues. It has associated Key Performance Indicators and an assurance process.</li> <li>• Learning and Development agreement with SHA agreed for 10/11.</li> <li>• Appointment of Head of Teaching Academy for medical undergraduates – Dr A Rehman.</li> <li>• Director of Nursing attends University of Wolverhampton bi-monthly meetings</li> </ul>	
5	<p><i>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.</i></p>	Medical and Nursing Directors
	<p><b>Points of Assurance</b></p> <p>The Trust :</p> <ul style="list-style-type: none"> <li>• Has a Clinical Audit Policy, Department and Audit Leads Structure</li> <li>• Produces a Clinical Audit Annual Report</li> <li>• Produces a public Quality Account that includes its position with regards to participation in nationally organised audits</li> <li>• Complies with the CQC requirements on clinical audit</li> <li>• Has regular reports on clinical audit to the Trust Audit Committee</li> <li>• Organises monthly Chief Executive, Chairman and Medical Director morbidity/mortality meetings include audit presentations</li> <li>• Has a review of audit work included in consultant appraisal</li> <li>• System of review of consultant job plans includes an assessment of audit activity</li> <li>• Has undertaken a review of audit which included looking at the role of dept/speciality audit leads and prioritisation of national audits</li> <li>• Undertakes monthly audits of nursing care on each ward</li> </ul>	

6	<p><i>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:</i></p> <ul style="list-style-type: none"> <li>• <i>Provides responses and resolutions to complaints which satisfy complainants;</i></li> <li>• <i>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;</i></li> <li>• <i>Minimises the risk of deficiencies exposed by the problems recurring; and</i></li> <li>• <i>Makes available full information on the matters reported, and the action to resolve deficiencies to the Board, the governors and the public.</i></li> </ul>	Nursing Director
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Reports on Incidents which include lessons learned are regularly reviewed at the Risk Committee and Trust Board</li> <li>• Reports on all Serious Incidents are discussed at the Risk Committee and with the PCT</li> <li>• Complaints and claims reports, which include lessons learned are reviewed monthly report to Board</li> <li>• New Datix integrated software implementation commenced in complaints and PALs departments with roll out to reporting incidents planned before March 2011</li> </ul>	
7	<p><i>Trust policies, procedures and practice regarding professional oversight and discipline should be reviewed in the light of the principles described in the report</i></p>	Medical and Nursing Directors
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Trust Policies reviewed: Disciplinary, Capability, Supervision of Nurses</li> <li>• Chief Executive, Chairman and Medical Director Mortality/Morbidity Meetings</li> <li>• Annual Appraisal System</li> <li>• Mentorship and supervision systems in place</li> <li>• Policy on nursing supervision being extended to include all professional staff</li> <li>• Contents of new DoH 'Maintaining high professional standards in the modern NHS' being incorporated into medical contracts and relevant policies</li> <li>• Nursing Clinical Practice Development Team now up to strength providing supervision and mentorship to all undergraduates and qualified nurses.</li> </ul>	

8	<i>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.</i>	Medical and Nursing Directors
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Whistleblowing, Incident Reporting and Being Open policies all indicate this</li> <li>• Board public statement on this issue</li> <li>• Reports on Incidents which include lessons learned to Risk Committee</li> <li>• Reports on all Serious Incidents (SIs) to Risk Committee and PCT</li> <li>• SI reporting procedures reviewed and publicised across Trust</li> <li>• Chief Executive has led a number of 'Listening into Action' events to emphasise listening to staff is a key issue within the organisation</li> <li>• As well as ad hoc visits, executives and non-executives visit wards and departments on a weekly basis with a formal schedule in place.</li> </ul>	
9	<i>In the light of the findings in the report, the Secretary of State and Monitor should review the arrangements for the training, appointment, support and accountability of executive and non-executive directors of NHS trusts and NHS foundation trusts, 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.</i>	Chief Executive
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Acknowledge that we will follow whatever standards are put in place</li> <li>• There is an annual schedule of professional development plans for all Executives &amp; Non Executives</li> </ul>	
10	<i>The Board should review the management and leadership of the nursing staff to ensure that the principles described in the report are complied with.</i>	Nursing Director
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Matron Structure in place</li> <li>• Monthly Nursing indicators are measured in each area and published and reviewed by the Trust Board</li> <li>• A review of nursing establishments has occurred recently and nursing numbers increased</li> <li>• Weekly Patient Safety Walkrounds that take place enable Board members to listen to concerns raised by nursing staff</li> <li>• New Senior Nurse weekly assessments of wards and</li> </ul>	

	<p>departments has started with Governors also taking part</p> <ul style="list-style-type: none"> <li>• Wards and theatres are implementing the 'Productive Ward/Theatre' packages, which has shown to improve face to face contact time with patients</li> </ul>	
11	<p><i>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 standards and safety of the service provided to patients.</i></p>	<p>Medical and Nursing Directors</p>
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• All clinical areas are led by a Clinical Director with support from a Matron and General Manager and sub-divisions have a Medical Head of Service</li> <li>• Clinical Directors/Matrons report on a rolling programme directly to the Trust Board</li> <li>• The Chief Executive, Chairman and Medical Directors attend monthly Mortality/Morbidity Meetings out in the clinical directorates</li> <li>• Patient Safety Walkrounds enable the Trust Board to listen to concerns from all levels of clinical staff</li> </ul>	
12	<p><i>The Trust should review its record-keeping procedures in consultation with the clinical and nursing staff and regularly audit the standards of performance.</i></p>	<p>Medical and Nursing Directors</p>
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Audits of all records are undertaken by each specialty on at least a yearly basis</li> <li>• Nursing indicator programme that occurs monthly on each ward includes a review of nursing notes.</li> <li>• Documentation training is now part of the mandatory training programme for all clinicians</li> </ul>	
13	<p><i>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 healthcare assistants) should have training in diagnosis and management of acute confusion.</i></p>	<p>Medical Director Director of Operations</p>
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• The Trust has a nurse specialist for elderly mental health in post</li> <li>• Daily (M-F) multidisciplinary meetings regarding all patients occur on all wards</li> <li>• Consultant led Multi Disciplinary Teams occur on rehabilitation wards and in orthogeriatrics</li> </ul>	

	<ul style="list-style-type: none"> <li>• Acute confusion is covered in the Mental Health Awareness Workshops held monthly.</li> <li>• 'Time to Care' initiative has started on main wards that have patients with dementia which ensures that all such patients ongoing personal care needs are clearly ascertained from relatives and incorporated in the care plan at the Trust.</li> </ul>	
14	<i>The Trust should ensure that its nurses work to a published set of principles, focusing on safe patient care.</i>	Nursing Director
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• Trust policies such as privacy and dignity, customer care, patient centred care etc are in place</li> <li>• Monthly measures of Nursing Indicators audit that nurses are complying with agreed standards</li> <li>• The trust has published a set of principles for all, not just nursing, staff that have contact with patients.</li> <li>• All staff have an annual appraisal</li> <li>• New patient experience strategy in place</li> </ul>	
15	<i>In view of the 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 to examine and report on the methodologies in use. It should make recommendations as to how such mortality statistics should be collected, analysed and published, both to promote public confidence and understanding of the process, and to assist hospitals to use such statistics as a prompt to examine particular areas of patient care.</i>	Medical Director
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• The Trust presently uses CHKS, a nationally available tool which allows us to assess our own position with regards to mortality as well as compare our rates with similar organisations</li> <li>• A policy on the review of deaths is in place which includes all deaths in the hospital being reviewed by the Deputy Medical Director with assistance from other consultants</li> <li>• The Chief Executive and Chairman attend monthly Morbidity/Mortality Meetings with the senior consultants in each speciality</li> </ul>	
16	<i>The Department of health should consider instigating an independent examination of the operation of commissioning, supervisory and regulatory bodies in relation to their monitoring role at Stafford hospital with the objective of learning lessons about how failing hospitals are identified.</i>	Chief Executive
	<p><b>Points of Assurance</b></p> <ul style="list-style-type: none"> <li>• A public enquiry is now being held to look at this action for</li> </ul>	



	the DoH. Findings will be published next year.	
17	<i>The Trust and the Primary Care Trust should consider steps to enhance the rebuilding of public confidence in the Trust.</i>	Chief Executive
	<p><b>Points of Assurance</b></p> <p>(Not a direct issue here in that we have not been subject to the same issues as Mid Staffs.)</p> <ul style="list-style-type: none"> <li>• A 'Listening in Action' event, which included stakeholders, has taken place to look at what the key quality of care indicators should be for the forthcoming year 2011/12. This is for the Quality Account which is the public summary of how we ensure we monitor the quality of our services and how we are performing against national and local quality indicators.</li> <li>• A new Patient Experience strategy is being put in place with emphasis on gaining and responding to patients views .</li> <li>• We produce and distribute to over 11,000 local people a quarterly newsletter that lets people know what services we provide, any events that the public is invited to and general hospital news. In the newsletter we provide a performance update on areas of particular interest to patients and the public such as infection rates, waiting times and length of stay details.</li> <li>• We run a series of membership engagement events such as tours 'behind the scenes', health talks and health fairs where people are invited to come and find out more about our services and what to expect when someone comes into hospital.</li> <li>• We continue to work closely with the Overview and Scrutiny Committee to provide information and discussion about key topics.</li> <li>• An active volunteer team provide vital links with the community and provide the 'added extras' for patients whilst in hospital.</li> <li>• We continue to issue positive news to the local media to help highlight the successes.</li> </ul>	
18	<i>All NHS trusts and foundation trusts responsible for the provisions of hospital services should review their standards, governance and performance in the light of this report.</i>	Chief Executive

	<b>Points of Assurance</b> <ul style="list-style-type: none"><li>• Covered in the introduction and points 1-17 above</li></ul>	
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Updated by Derek Eaves. March 2011