

Board of Directors meeting: Thursday 16 July 2009

BD2009.63

Subject	Healthcare Commission Investigation of Mid Staffordshire NHS Foundation Trust: <i>Could It Happen Here?</i>			
Purpose of paper	To assure the Board that the right systems and processes, and forums for discussion, are in place to ensure proper standards of safety, quality of care and risk management, particularly at a time of significant financial constraint.			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Healthcare Commission Report Trust response to South Central Strategic Health Authority, April 2009			
Action/decision required	To note work in hand, supported within the divisions and directorates, and the newly-established Care Quality Board; and to agree any further actions to assure the Board on its oversight of the quality and safety of the services provided in the Trust			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goals	All and specifically SG1: To be hospitals of choice			
Strategic Objectives	SO2: To provide high quality, efficient and innovative core services SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety SO8: To improve the overall patient experience by offering excellent customer care. SO9: To maximise the Trust's contribution to the health and wellbeing of the local community.			
Links to Board Assurance Framework/ Trust Risk Register/Annual Health Check element(s)	The risks to these objectives are monitored through the Board Assurance Framework and the Trust Risk Register. Several core standards apply including: C1a: Patient safety and incidents; C5b: Supervision and leadership of clinical treatment; C5d: Clinical audit and clinical reviews; and C7a and 7c: Governance and Risk			

Oxford Radcliffe Hospitals

Also considered by	Board Governance Committee
Resource and financial impact	–
Consideration of legal/equality/diversity/engagement/risk issues	Considered as part of the overall approach
Acronyms and abbreviations used	AHSC: Academic Health Science Centre CQC: Care Quality Commission HCC: Healthcare Commission HSMR: Hospital Standardised Mortality Ratio NCEPOD: National Confidential Enquiry into Patient Outcome and Death SHA: South Central Strategic Health Authority
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Introduction and background

1. The HCC published its investigation into activities at the Mid Staffordshire NHS Foundation Trust in March 2009. The report was reviewed in detail and the Trust intended to undertake a gap analysis to see if there were areas for improvement it could make to assure and ensure the quality and safety of its services.
2. South Central SHA asked all trusts to complete a detailed template covering all aspects of the Mid Staffordshire Report and in addition the template covered also issues arising from the HCC's report into the Birmingham Children's Hospital.
3. The Board reviewed the detailed template in April prior to its submission to the SHA in April. The SHA's response to the ORH response has now been received and its contents are covered within this paper. A report covering responses across the SHA will be considered by its Board in late July.
4. During the same month the HCC published two reports on safer patient care: *Safe in the Knowledge: How do NHS Trust Boards Ensure Safe Care for Their Patients?* and *Safely Does It: Implementing Safer Care for Patients*. Both documents have been brought to the attention of the Care Quality Board, the new executive-led committee chaired by the Director of Nursing and Clinical Leadership.
5. The Secretary of State commissioned two urgent reviews arising directly from the HCC Mid Staffordshire Report. The first, from Sir George Alberti, covered emergency admissions and treatment and care issues in the medical admissions wards, and the second, by Dr Colin-Thomé, focused on lessons for commissioners and performance managers and highlighted particularly the importance of clinical leadership, good quality data and the views of patients and the community.
6. This paper sets out the current position with regard to the review of the systems and approaches being used within the ORH to mitigate risks to patient safety and to improve the quality of care.

Initial review and response to SHA

7. There are four similarities between the issues faced by Mid Staffordshire and Oxford Radcliffe Hospitals:
 - 7.1. ORH is looking to become a foundation trust (as well as an AHSC). In its commitment to being financially-viable, ORH has an ambitious cost reduction programme. In the current economic climate and gloomy forecasts on NHS spend, this is likely to be equally challenging in the coming several years.
 - 7.2. A rise in the HSMR in acute general medicine in early 2009 was noted and is being investigated; and
 - 7.3. Mid Staffordshire was identifying concerns regarding the numbers of emergency admissions, reflecting the ORH's current position.
 - 7.4. ORH has relied on a predominance of targets and performance measures to inform debate about clinical quality at Board level.

8. The SHA review covered key areas highlighted in the HCC report: Board arrangements for systematic monitoring of mortality and outcomes; the safety of the A&E and emergency pathway; staffing and capacity and national recommendations. Children's services were also reviewed, but found to be satisfactory, although the general points made on all services apply equally to services for children.
9. The Board identified a number of areas where it wished to see further work and a number of these were also highlighted by the SHA. The key areas are as follows:
 - 9.1. the need for increased focus on serious untoward incidents, their investigation, reporting to the Board, and (crucially) the promulgation of organisational learning; this also applies to learning from complaints and comments received from patients and their families.
 - 9.2. The need for greater understanding of the data on mortality and better routine review to ensure continued focus on achieving improvements;
 - 9.3. the importance of managing the tensions between performance, safety and cost improvements.

Current actions and work

10. The Board of Directors has continued its focus on patient safety and quality and is looking to develop this further through the coming months. The requirement for Quality Accounts to be published in June 2010, has also focused attention on all aspects of patient safety, experience and outcomes. The Board will be reviewing its Quality Strategy in July 2009, and it will highlight a number of key areas of work, drawing on the work already underway as part of the implementation of the patient safety strategy and its safety action groups, which also support work across the SHA. In addition, the strategy will provide a focus on patient experience using the technology now purchased for instant patient feedback, PROMs and other outcome measures now being developed within the clinical services (for example dermatology, cardiac surgery and urology). It has also been decided that the identification and care of the deteriorating patient will continue to be a priority for the current year, building on the work already underway.
11. The Board will lead and promote the culture of openness and honesty so that staff and patients feel able to raise concerns that they have about the quality of care and the safety of services. The directorates will continue to look at all areas of risk but also will support their staff and clinical teams by ensuring that all areas of concern are discussed and analysed appropriately so that the necessary information can be brought together to support decision-making at all levels.
12. The whistle blowing policy is now being updated for discussion internally and circulation by the end of the year. The Leaders' Briefings will be used, with other means of communication, to discuss quality issues, the risks we face and the ways in which quality can be driven forward in partnerships between the Board and all staff.
13. As part of the focus on safety and quality, the Board of Directors has considered its risk register in some detail and identified three additional risks in relation to the longer-term financial pressures, workforce pressures and the tensions between

operational and financial performance and the safety and quality of services. The Board of Directors will continue to monitor these risks both directly and through the Governance Committee.

14. The Board has also established a Working Group on the management of surgical risk and this will be holding its first meeting in July and will draw on the work of other groups including the divisions and directorates and specifically the Technologies Advisory Group chaired by the Nuffield Professor of Surgery.
15. The newly established executive-led groups – the Operational Performance Board, the Care Quality Board and the Cost Reduction Programme Board – are working together to ensure that the real tensions between operational performance and safety are considered at each meeting and that appropriate steps are put in place to mitigate the risks. Common membership will make sure that key areas of concern can be addressed by those managing and delivering services very quickly. This close working and liaison will ensure that any risks identified can then be properly discussed, assessed and managed. Further work on how services are managed and on the development of clinical leadership will also support this approach.
16. As an example, the Care Quality Board is developing a series of reports that will highlight areas of concern, such as serious untoward incidents, trends in complaints, and failures in organisational learning. The reports will include qualitative and quantitative data so that the full picture is reviewed. They will also be developed to provide assurance reports for the Governance Committee and the Board of Directors.
17. The incident reporting procedure (which incorporates the serious untoward incident procedure and the procedure on unexpected deaths) has been reviewed to take account of lessons learned during several recent and very significant incidents. In particular, the importance of sharing the outcomes of action plans across all areas has been highlighted, and the Care Quality Board will seek to ensure that all areas have processes in place to implement such learning and monitor its effectiveness.
18. The experience of patients and their families will play an important part in the roll out of learning and experience. The Trust will develop its relationship with the Oxfordshire LINKs and other patient and partnership bodies during the year, so that they can contribute to the Trust's Quality Accounts for 2009/10.
19. The group that reviews *Dr Foster* data has been strengthened to ensure that areas flagged as 'red bells' (covering mortality, discharge, and length of stay) or by some other means, are investigated quickly, and any root causes are identified and tackled. Work continues in parallel to render accurate data in which clinicians can be confident. Detailed and specific work is already being done in two clinical areas when the preliminary data have indicated the need for further detailed review.
20. Regular reports, with relevant commentary, will be brought to the Care Quality Board and through it, to the Governance Committee and Board of Directors.
21. The process in place for monitoring compliance with core standards (required to the end of October 2009) will continue to draw on evidence provided through the divisions and directorates. At the same time, preparations are in hand for registration from 1 April 2010. It is already clear that registration will be based on

risks, and focus on quality and safety, on outcomes, and on the experiences of those using the services. Further briefing will be brought to the Governance Committee and the Board as the guidance develops.

22. In addition, the Trust works closely with Oxfordshire Primary Care Trust in monitoring agreed quality standards through the contract Schedule 3.4. This provides an external perspective on Trust performance.
23. Relevant external reports, for example from NCEPOD or the CQC, will be reviewed as published, to ensure that the necessary steps are taken in the Trust. The Care Quality Board will maintain an overview of such reports and the actions being taken, and report to the Governance Committee for assurance purposes as required.

Conclusions

24. Publication of the HCC's report on Mid Staffordshire, and of the additional reports commissioned by the Secretary of State, has highlighted the need for increased focus on patient safety, on the experiences described by patients and their families, and on the importance of ensuring that Boards consider all aspects of their services. The Trust's consideration of the key questions raised has re-emphasised the importance of continuing to focus on patient safety and service quality whilst also recognising the tensions that exist within the Trust.
25. The work now underway will continue and regular reports will be brought to the Board of Directors by a number of means. These will include:
 - 25.1. performance reports for the Board of Directors that highlight safety and quality issues and provide assurance but that also highlight areas requiring attention;
 - 25.2. regular review of the risk register by the Governance Committee and the Board, focusing on those with this highest residual risk scores, and ensuring a robust process for review by the Care Quality Board to ensure that all risks are appropriately evidenced and mitigated;
 - 25.3. reports to the Care Quality Board to ensure that trends can be identified and acted upon, for example, in comments and complaints, and in incidents;
 - 25.4. reports to the Care Quality Board from the divisions and directorates on their activities which can then support and populate assurance reports to the Governance Committee, and the Board;
 - 25.5. detailed reports on the work of specific safety action groups; and
 - 25.6. agreement of the Quality Strategy and Quality Accounts during the current year, working with patients and public engagement groups and highlighting particular areas of work.
26. In addition, further work is being done on the governance, safety, quality and risk framework and committee structures to make sure that the Board and the Directors can be assured that the right systems and processes are in place throughout the organisation to deliver safe and quality services. This work will build on the good progress already made across the Trust and will also take account of the new regulatory framework to come into force from 1 April 2010.