

Board of Directors Meeting: Thursday 3 September 2009

BD2009.77

Subject	The Trust's response to the Healthcare Commission Investigation of Mid Staffordshire NHS Foundation Trust
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Purpose of paper	To update the Board of Directors on the outcome of the SHA's review, and to highlight areas of continued focus for the Trust
Board Lead	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership
Background papers (if any)	HCC Report ORH Return to South Central Strategic Health authority (SHA), April 2009 Outcome of SHA Review July 2009 (letter dated 22 July 2009) Public SHA Board paper HA09/091

Action/decision required	To note the outcome of the SHA Review and the continued work being done across the Trust To receive a further report in March 2010
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Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
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Strategic Goals	All, and specifically SG1: To be hospitals of choice
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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.
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Links to Board Assurance Framework/ Trust Risk Register/Annual Health Check element(s)/CQC Registration	The risks to the above objectives are monitored through the Board Assurance Framework and the Trust Risk Register A number of core standards apply, including: C1a: Patient safety and incidents C5b: Supervision and leadership of clinical treatment
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	C5d: Clinical audit and clinical reviews C7a and 7c: Governance and Risk
Also considered by	Care Quality Board

Resource and financial impact	Not applicable
Consideration of legal/equality/diversity/engagement/risk issues	Considered as part of the overall approach
Acronyms and abbreviations used	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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### Mid Staffordshire NHS Foundation Trust: Healthcare Commission (HCC) Investigation: Trust Response

#### Introduction

1. The HCC published its investigation into activities at the Mid Staffordshire Hospital NHS Foundation Trust in March 2009. The report was reviewed in detail, and considered by both the Board and the Governance Committee. The Trust completed a detailed return to the SHA in April; the SHA's review of the Trust's submission against SHA best practice indicators shows that, although two of the six areas have been rated as amber (Section 3: Staffing and Capacity and Section 4: Standards of Care), only three of the total number of 56 recommendations were so rated.
2. The three areas are as follows:
  - S3.4:** How does the Trust currently measure medical staffing levels?
  - S4.9:** How does the Trust ensure that there is a training programme of the care of deteriorating patients, and if so, what is the uptake?
  - S4.10:** How does the Trust ensure that there are agreed protocols and pathways for all surgical patients and that these are reviewed?
3. This paper sets out the current position with regard to the preparation and monitoring of action aimed at addressing these specific areas, and updates the Board on progress since the publication of the HCC report.

#### Board assurance and SHA review

4. The interim SHA findings showed that three areas were rated as amber. When the trust submitted additional evidence, the ratings were changed to green for:
  - S1.4/S1.5:** Board assurances and organisational learning in relation to SUIs, near misses, incidents and complaints
  - S1.10:** the review and mitigation of risks associated with cost improvement plans,
5. The SHA review gave the Trust the opportunity to review systems and procedures, and to explore those areas where further work was required. In addition, the Trust's own review had identified areas for further work.
6. The Care Quality Board, the Operational Performance Board and the Cost Reduction Programme Board continue to ensure that risks associated with managing the tensions between quality, operational and financial performance are identified and explored. These discussions feed into the review of the Trust Risk Register, and are brought to the attention of the Board through its regular review of the Risk Register.
7. The Quality Strategy, approved by the Board in July 2009, also highlights areas for further work and improvement. For example, the work on the recognition and identification of the deteriorating patient (RAID) will support improvements and provide additional assurances to the Board in this crucial area of patient safety.

8. The table in **Appendix 1** outlines the areas for action and shows the current status of the work. Work is continuing to develop across all areas in addition to those specifically highlighted in the SHA review.

Summary of actions arising from ORH Board and SHA review

Ref	Action Plan	Comment	Lead	Next review	Status	SHA RAG
1.1 open learning culture	n/a	Whistle blowing policy under review	SD	September 2009 Workforce Committee		
1.4/1.5 SUIs and learning	n/a	Updated reports on SUIs to BoD and Care Quality Board Plans in place to develop organisational learning with support from the communications team Working Group on management of surgical risk established	ESH	Ongoing - monthly meetings of CQB		
1.6/4.3 Audit	n/a	Full report on clinical audit and clinical effectiveness considered by the Governance Committee in June 2009 Assurance reports to Care Quality Board and Governance Committee include audit and effectiveness updates	ESH	Updates to Governance Committee and CQB Annual report June 2010		
1.7 patient experience (outcome) reports	n/a	Key element in Quality Strategy and Quality Accounts to be published by June 2010 PROMS work underway with reports to Care Quality Board and Governance Committee Regular reports on comments and complaints to Care Quality Board	ESH	Governance Committee December 2009		
2.1 Staffing levels A&E 3.1, 3.2, 3.3 nurse staffing and capacity	n/a	Report on nurse staffing to the Board in Autumn 2009 (covering Trust as a whole) - work underway Inclusion of patient feedback in quality reports and Quality Account	ESH	Board of Directors November 2009		

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Ref	Action Plan	Comment	Lead	Next review	Status	SHA RAG
4.2 measure nurse outcomes						
2.6 monitoring on 4 hour waits	n/a	Emergency pathway redesign work now underway. Executive oversight of emergency departments and 4 hours performance recovery plan Performance monitored through Operational Performance Board meetings	AM	October 2009		
3.4 medical staffing levels monitored	Tbc	Due account is taken on guidance from Royal Colleges on consultant staffing levels in preparing business cases for additional staff. In addition, the ability to ensure compliant junior staff rotas and compliance with EWTD is kept under regular review through the Deanery, PMETB and the Specialist Advisory Committees Annual report on medical staffing issues being considered as part of refresh of clinical services strategy	JM	September 2009		
4.1 regular review of patients and identifying complications (see also below 4.9)	n/a	Vital sign observation competency package implemented for both nursing and medical staff which includes using RSVP communication tool to convey relevant information between disciplines. Regular audit of track and trigger vital sign recording, adding of the scores and compliance with escalation pathway. Incident reporting and regular ward meeting relating to action learning. Monitoring of cardiac arrest call data and all emergency calls	ESH	Ongoing and see also below		
4.9 Training on care of deteriorating patient	In place	Policy being developed which focuses on recognition and managing acutely ill patients in hospital. The RAID committee has commissioned a 6 month multi-professional training project which is focused on vital sign competencies, interpretation and escalation of referral, how to use a track and trigger system and RSVP	ESH	Ongoing - suggest report to Governance Committee December 2009 Specific area for		

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Ref	Action Plan	Comment	Lead	Next review	Status	SHA RAG
		<p>communication tool. Funding from NESG.</p> <p>The ALERT course in place for all trained nurses and doctors and focuses on how to manage pts who deteriorate using ABCDE approach.</p> <p>ILS/ALS/BLS/HLS (Resuscitation) courses also have how to respond to deterioration patients and are for relevant target staff groups.</p> <p>Junior doctors have track and trigger on induction (latest August 2009). All areas have medical and nursing track and trigger link staff and a resource file.</p> <p>HDU course and course on emergency care for patients with tracheostomies for nursing and other clinical staff.</p> <p>The RAID staff have trained 40 people in medicine so far but aim to do 350 as part of programme. Attendance at Resuscitation and ALERT courses monitored and non attendance followed up.</p>		inclusion in Quality Account		
4.10	agreed protocols and pathways for surgical patients	<p>Surgical services have this under review and are looking at a programme of update over coming months: work already done for general surgery (in terms of time to get patients to theatres) and work in hand for specialist surgery.</p> <p>The following new pathways / protocols are being developed in vascular surgery in response to issues discussed at weekly M&amp;M meetings over the last 2 months.</p> <ol style="list-style-type: none"> <li>1) Abdominal aortic aneurysm fast-track pathway - revision of a pre-existing pathway is underway</li> <li>2) Tertiary referrals protocol in place now that the regional vascular on call rota has started</li> <li>3) Follow-up of Endovascular repair of Abdominal Aortic Aneurysm</li> </ol>	AM/KS	Ongoing - an update will be brought to Governance Committee December 2009		

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Ref	Action Plan	Comment	Lead	Next review	Status	SHA RAG
		4) IV heparin guidelines Agreed protocols in place for cardiothoracic patients - these are reviewed annually.				
5.4 Board focus on safety and quality of services	n/a	Board considered 'Could it happen here?' report and Quality Strategy in July 2009 Further update on ORH review on HCC's Mid Staffordshire report to Board of Directors September 2009 Care Quality Board established and dashboard for quality and safety performance indicators now being developed for integration with performance report	ESH	Ongoing and will be included in Quality Account September 2009		
5.6 experience of patients acted on		Patient experience feedback introduced from May 2009 and work continuing across the ORH with local surveys and action plans Outcome of CQC Patient Survey noted and regular reports to Governance Committee on patient experience and engagement matters (see also 1.7 above)	ESH	Ongoing and will be included in Quality Account		

### KEY

ORH		SHA
Done	Work well in hand	Sufficient evidence clearly identified for all recommendations and smart actions listed where required with a clear lead.
	Work yet to start	Evidence and/or actions listed are not sufficient and need revisiting by organisation and the lead for the identified actions is not clearly identified.
		Evidence and/or Actions are not adequate and/or available. Identified actions are insufficient.