Report of the Mid Staffordshire Foundation Trust Public Inquiry – update against LCCCG action plan

Background

1. Following the publication of the report regarding the Mid Staffordshire NHS Foundation Trust Public Inquiry (February 2013) and the subsequent Department of Health (DH) response (March 2013) the LCCCG Governing Body identified four priority areas to be progressed (May 2013). This paper provides an update on those priority areas.

2. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (February 2013) identified numerous warnings which should have alerted the trust board and the wider NHS system to the problems that led to a catalogue of failures in care.

3. On the 26 March 2013 the Department of Health (DH) released "Patients First and Foremost: The initial Government response to the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry." This report highlighted areas where further work would be commissioned during 2013 (fig 1). A summary of the outputs of some of these reports can be found in Appendix A.

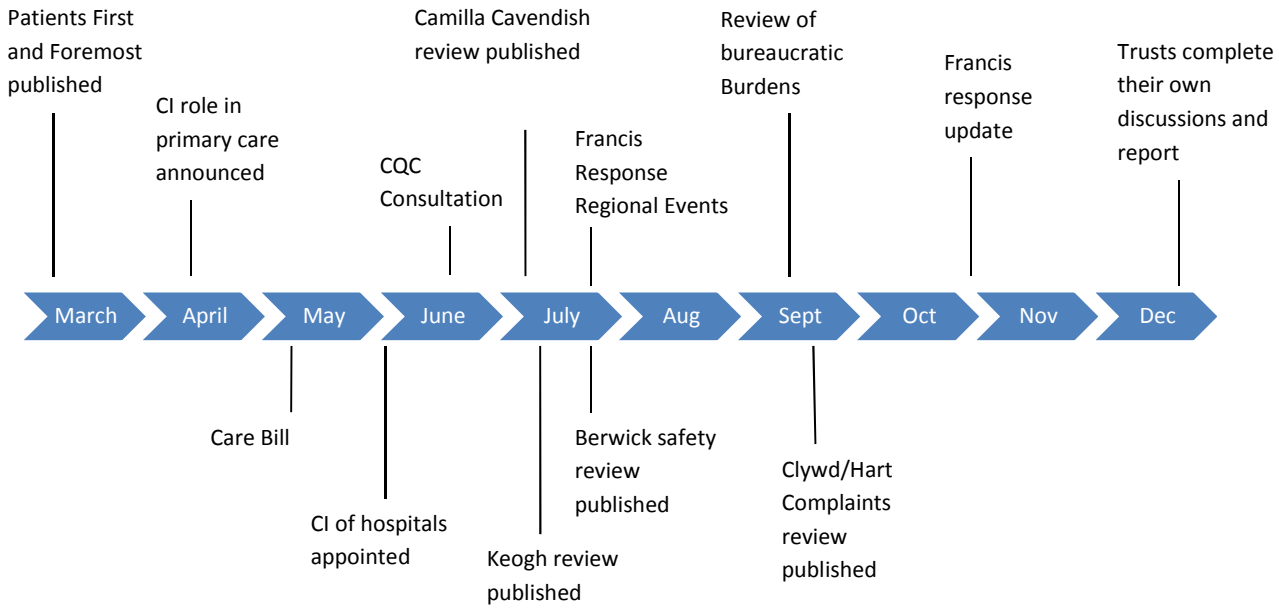
Mid Staffordshire Foundation Trust Public Inquiry (2013)

What went wrong?

- *Patients and families were not listened to*
- *Multiple warning signs not spotted or acted on*
- *Information not shared and inadequate action taken*

The system failed in its most essential duty to protect patients

Figure 1:



4. Professor Sir Mike Richards has been appointed at the Care Quality Commission (CQC) Chief Inspector of Hospitals (CI). The CI of Hospital will be responsible for assessing and judging how well hospitals put the quality of care and the interests of patients at the heart of everything that they do. He will provide the public with assurance that services are safe, effective, caring, well led and responsive to people's needs.

5. Professor Steve Fields has been appointed at the Chief Inspector of General Practice to lead the inspection and regulation of primary care services across the public, private and independent sectors. This will include launching a rating system for registered primary care providers and a drive to ensure that health and adult social services are more integrated. He will also work to champion the interests of people who use primary care medical services and makes judgments about the quality of care provided.

6. The findings from the recently published reports are being considered, as will future reports, in relation to implications for essential quality standards and specifically any amendments required for our contracting and quality monitoring arrangements with any of our providers. Three key reports available so far are:

I. The Cavendish Review: An Independent Review into Healthcare Assistants and Support Worker in the NHS and Social Care Settings (July 2013)

7. This report makes a number of recommendations on how the training and support of both healthcare assistants who work in hospitals and social care support workers who are employed in care homes and peoples own homes can be improved to ensure they provide care to a high standard.

8. NHS England, Health Education England and the Nursing and Midwifery Council are reviewing the implications of the report.

9. Locally, Leicestershire and Lincolnshire Area Team and Health Education East Midlands are coordinating a proposal to scope and deliver a programme of work to address the demand for a consistent and quality process for recruitment, training, management, development and support of the Health Care Support Workers/Health Care Assistants workforce. This is being taken to Leicester, Leicestershire and Rutland Local Education and Training Committee.

II. Keogh Mortality Review: Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report (July 2013)

10. This review looked at 14 acute trusts which were identified as having higher mortality rates than might have been expected over the past two years. Appendix A provides an outline of the problems identified.

11. One area of specific note is the learning from this review in relation to workforce requirements for providers and how organisations ensure that robust arrangements are in place for appropriate and safe staffing levels. As commissioners we are working closely with both UHL and LPT (via our contractual arrangements and quality monitoring)

to understand the staffing challenges they face and ensure robust arrangements are in place.

12. The learning from these reviews has been incorporated into the new CQC inspection regime (launched October 2013). University Hospitals of Leicester NHS Trust (UHL), one of our main service providers will be inspected in phase 1 of this process. All trusts will ultimately be inspected via this new format.
A pilot is underway to undertake similar inspections in non-acute trusts, but as yet no detail is available for this part of the inspection process.

> ***A promise to learn – a commitment to act, improving the Safety of Patients in the England (August 2013)***
>
> - *Placing the quality of patient care, especially patient safety, above all other aims*
> - *Engaging empowering and hearing patients and carers throughout the entire system and at all times*
> - *Fostering whole-heartedly the growth and development of all staff including their ability and support to improve the processes in which they work*
> - *Embracing transparency unequivocally and everywhere, in the services of accountability, trust and the growth of knowledge*

III. The Berwick Report A promise to learn – a commitment to act, improving the Safety of Patients in the England (August 2013)

13. This report pledged further action to make the NHS the safest healthcare system in the world. It made 10 recommendations as outlined in Appendix A. The recommendations require a cultural change in thinking from everybody working in the NHS, with specific emphasis on openness and transparency.

14. A key point within this report for the CCG is that the patient and carer voice is an essential asset in monitoring the safety and quality of care. This is an area which the CCG has already identified as a priority area for development and action and is discussed later in this report.

15. In conclusion since the initial publication of the Report of the Mid Staffordshire Foundation Trust Public Inquiry, a number of national reviews / reports have been commissioned which will potentially influence improvements across a range of CCG activities. The CCG will take account of relevant report, findings and recommendations in all aspects of its work going forward.

Leicester City CCG Priority Areas – Update in response to the Mid Staffordshire Foundation Trust Public Inquiry

16. The CCG identified four areas to focus upon which were agreed at the Governing Body in May 2013. Progress against these four areas is detailed below.

Priority one: Develop robust systems to ensure we are listening and engaging with patients and the public about current and future services and this feedback is acted upon.

17. The CCG has considerable experience and expertise in engaging with patients and utilises a range of tools, techniques and technology to achieve a range of views, for example, toolkits and use of social media. The CCG has spent considerable energy on data collection and has much information to draw upon.

18. The CCGs already approved and has implemented a communications and engagement strategy (August 2012). We have taken the opportunity over the last couple of months to review this strategy and explicitly include our approach to gaining patient experience feedback along with proactive engagement. The updated strategy will incorporate the appropriate elements recommended within the Francis report related to patient experience. A first draft of this strategy is expected during December 2013 and will be accompanied by an implementation plan fro 2014.

19. The CCGs current engagement toolkit has also been reviewed. The toolkit provides best practice information and is a resource for CCG staff who undertakes engagement and consultation as part of their role. The availability of the toolkit has been promoted across the CCG and an on-line version is available on the intranet.

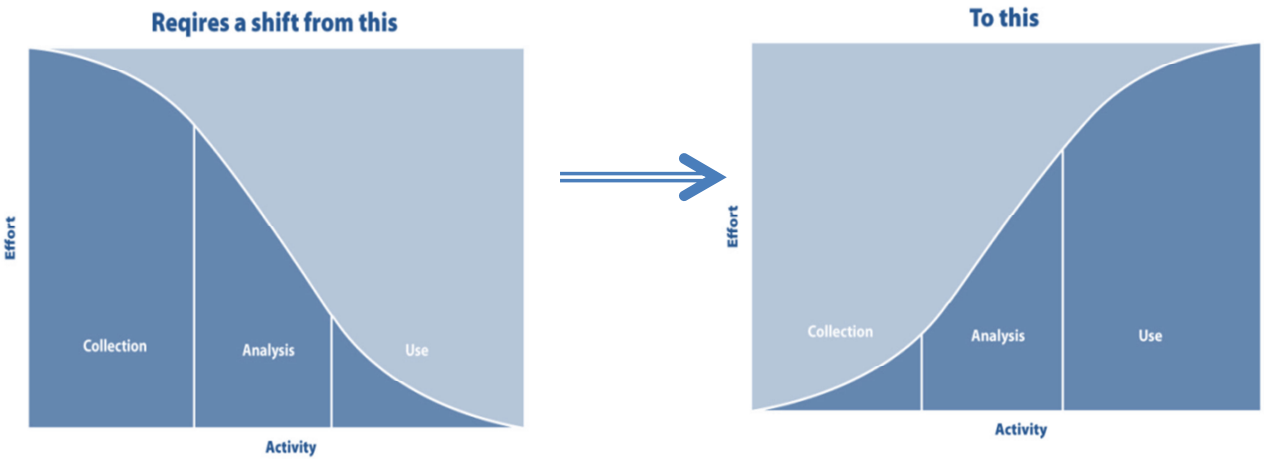
20. Patients are being encouraged to post their views on LCCCG NHS services online using social network sites such as Twitter and Facebook to identify opportunities to make improvements. This started in September 2013 and is on-going at the time of writing. Listening events have already taken place to gather feedback from patients, whether using interview via video or on hand written comment cards.

UHL Patient Choices July 2013

"Gallbladder removal via keyhole... I was very hesitant going into hospital however I would like to say how fabulous the ward staff were, especially the Nurse, they were the most caring, professional individual I have ever met. Praise where praise is due!! The theatre staff were excellent as well, including the two recovery nurses. My consultant I would highly recommend, very compassionate and did a great job with extremely neat and tidy wounds.
Before my surgery I needed to contact the consultant and I spoke to their secretary who was very helpful and accommodating. Overall what a great visit. Thank you"

21. A scoping exercise has been undertaken to identify what patient experience information is available to the CCG. This identified that the CCG has much information to draw upon. The task now is using this information consistently in our work to improve the quality of services we commission. To achieve this we need to create the shift from collection to analysis as depicted in in Figure 2 below. To enable this to happen the existing Nvivo software (a qualitative data analysis computer software package) has been selected to gather patient experience information in one place meaning that analysis can be undertaken of key themes which can then be used within the quality monitoring systems of commissioned services.

Figure 2:



22. To assist with this, the CCG capacity has been increased to systematically capture, analyse, act and report patient experience information. Working together with the engagement team the Quality Officer role (part of the Nursing and Quality team) was reviewed and amendments made to strengthen the patient experience aspect of the role. The role now includes explicit reference to monitoring external information on websites such as patient opinion, maintenance of the Nvivo database, analysing and reporting on the information. Interviews were held in July 2013 and the appointee commenced on 21 October 2013.

23. To conclude this section, there is evidence that information is collected and used by the CCG. To monitor and improve the quality of commissioned services and make a greater shift from patient experience data collection to acting on and using this information to improve services, the CCG has increased capacity and capability, and will utilise a range of resources, tools and technology to deliver the revised strategy and implementation plan. This will be supported by the updated engagement strategy and implementation plan.

Priority two: Provide opportunities to listen and act as a result of feedback from professionals involved in care delivery.

24. The CCG agreed to review and refresh General Practice based feedback mechanisms to ensure that issues related to patient care can be shared and acted upon promptly. The patient safety team were invited to and attended a LCCCG Locality Chairs meeting in April 2013 to discuss solutions for GPs to quickly and easily report incidents and to flag issues that do not require specific feedback but provide soft intelligence and paint a picture of the quality of care provision. SystmOne will be utilised and following system development a trial with one LCCCG practice and one practice within East Leicestershire and Rutland CCG started in October 2013. It is anticipated that roll out across LCCCG practices will commence later this year. Analysis of the themes and trends and learning for improvement will form part of the patient safety report to the CCG and also feed into the appropriate contracting teams for timely action and follow up.

25. Work has also been undertaken to raise awareness of how to raise concerns and procedures related to whistleblowing. This has been undertaken specifically with Practice Nurses at the Protected Learning Time, highlighting professional responsibilities and signposting to relevant policies and procedures. In addition the Area Team has established a Primary Care Medical Interface Group of which the CCG is an active member, one action is to develop simple flow sheet to make processed for raising concerns clear to all agencies (this work is on-going).

26. In conclusion, work has been undertaken to ensure that there are mechanisms to feedback concerns within primary care. This includes General Practice based feedback of quality and safety concerns. Work is underway and following evaluation of a pilot this will be rolled out across all participating areas across the city .

Priority three: Have robust and timely approaches to monitoring and measuring the quality of commissioned services and taking appropriate actions.

27. A programme of unannounced visits to our main providers is in place. Desktop reviews using a range of data and intelligence inform these visits, including: quality contract performance, GP feedback, experience are performance metrics. Visits have taken place throughout the year to both UHL and LPT and further visits are planned later this year. This approach has been useful in validating the intelligence within the CCG and to provide further assurance about what is happening in practice regarding the quality and safety of care.

28. In order to provide a cohesive approach to the reporting of patient safety and quality the patient safety reports received by the CCGs were reviewed. These now contain a wider breath of information, with triangulation of all quality and safety functions managed by the patient safety team in one integrated report.

29. The Quality Team and Contracting Team updated current quality schedules following the publication of the Francis report. For example, the Duty of Candour, organisational response to the Francis report and workforce assurance are included within the contracts and are monitored as part of established processes. This will be further reviewed for 2014/15 contracts in light of additional developments and requirements.

30. Work has been undertaken to strengthen the quality monitoring process with the development of dashboards to act as an early warning mechanisms. The quality and safety dashboards cover areas of patient safety, patient experience and outcomes. Whilst this currently focuses on the main provider's plans will be developed to move towards increasing the spectrum of areas covered during 2014.

31. In conclusion, the CCG is enhancing and continues to strengthen approaches to monitoring and measuring quality and safety, which includes a programme of quality monitoring visits to providers of care and early warning systems in relation to quality and safety of care.

Priority four: Supporting the local implementation of the Nursing and Midwifery Strategy (National Commissioning Board)

32. The NHS England Area Team are supporting the Directors of Nursing (provider and commissioner) across Leicestershire and Lincolnshire to implement the Compassion in Practice - Nursing and Midwifery Strategy, with dedicated project management. They have prioritised a number of key areas / work programmes. These include:

- Recruiting, developing and supporting the bands 1-4 workforce
- Integrated working to deliver care closer to the home
- Review of metrics to assess quality
- Recruiting staff based on values and behaviours
- Flexible workforce planning
- Measuring culture and staff satisfaction

33. These work programmes are currently being further developed and will be finalised at the Directors of Nursing meeting in November.

34. To increase the nursing voice within the CCG one Practice Nurse Advisor has been appointed for each locality working 4 hours per month. Together they form the Practice Nurse Reference Group along with members of the nursing and quality team. The first meeting was held in July 2013. The terms reference for the group were agreed at the Executive Committee in August 2013 following which they were circulated along with meeting details and Practice Nurse Advisor details to CCG staff. Already the practice nurses have had an influence project delivery within the CCG and on the delivery and content of protected learning time (PLT) for the nurses, with good attendance and positive evaluation.

35. The quality monitoring templates used for visits by commissioners to LPT has been reviewed to take into account the nursing strategy. These will be used on the next visit and if successful we will then look towards utilising the same principles for UHL and other provider quality visits.

36. In summary the nursing input and professional voice within the CCG has enhanced and the use of existing forums such as PLT is being used effectively to raise both professional issues and CCG activities. The nursing strategy is being acted upon across LLR and has been incorporated into the quality schedule and quality monitoring visits.

PLT: Practice Nursing Forum (Sept 2013)

"I have never been to this event as I am new in post. Great to meet other nurses and have access to this information"

"asthma/COPD session very good"

"providing useful information and tips - great to have an experienced advisor"

"Good to have information on the work of the Practice Nurse CCG group"

"Provide good timely updates on current and professional issues"

Conclusion

37. A number of supplementary reports have been produced nationally following the publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry (February 2013).

38. The CCGs local actions to the Francis report is an on-going process to take into account the findings of these reports.

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