

The Shrewsbury and Telford Hospital NHS Trust

Trust Board – 26th May 2011

National Reports and Recommendations

Executive Lead	Vicky Morris: Director of Quality and Safety/ Chief Nurse
Author	Director of Quality and Safety/ Chief Nurse
Corporate Objective	<p>C1. Ensure that we learn from mistakes and embrace what works well C2. Design care around patient needs C3. Provide the right care, right time, right place, right professional C4. Deliver services that offer safe, evidence-based practice C5. Meet regulatory requirements and healthcare standards C6. Ensure our patients suffer no avoidable harm</p> <p>D7. Build service and redesign capacity and capability</p>
Goal	<p>Quality and Safety: We will always provide the right care for our patients and ensure that they suffer no harm Learning and Growth: We will develop our internal processes to sustain our ability to change and improve</p>
Executive Summary	<p>The Board received a briefing paper and copy of the SHA regional tracking tool on national reports and recommendations in January 2011. This paper provides an outline of the review process subsequently undertaken by the Quality and Safety Committee and outlines a process whereby the themed areas of recommendations are reviewed through the internal Governance and Operational processes; with an assigned Executive lead and a formal review process to ensure that these recommendations are fully implemented where appropriate.</p>
Recommendations	<p>The Board is asked:</p> <ul style="list-style-type: none"> • to NOTE the review undertaken by the Quality and Safety Committee • to APPROVE the monitoring process outlined in the main Board paper.

Contribution to Inspection, Registration, Performance and Delivery

Risks and Assurance	
Contribution to Key Performance Indicators	
Compliance with Clinical and other Governance Requirements	

Impact Assessment

Quality	
Financial	
Workforce	
Legislation and Policy	
Equality and Diversity	
Communication and Marketing	

Engagement and Decision-Making Process

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1.0 Introduction

The Board received a briefing paper and a copy of the West Midlands Strategic Health Authority tracking tool on National reports and recommendations in January 2011. The original document provided a national and regional reference point to ensure recommendations have been reviewed, considered and actions put in place across the organisation, where applicable.

2.0 Background of consideration

- 2.1 The Quality and Safety Committee have considered the full range of recommendations and removed those that were applicable to the Strategic Health Authority and Primary care Trust.
- 2.2 With an extensive list of recommendations, the Committee then themed the recommendations into 11 key work areas.
- 2.3 The Committee has reviewed these themes and analysed the work currently being undertaken within the Trust to assess how these recommendations can be embedded into Governance and operational systems whilst still being tracked at Board level.

3.0 Current position and implementing and monitoring progress

- 3.1 Having reduced any replication and themed the recommendations the Quality and Safety Committee has summarised an overview position of the work required and is able to see where this work will be progressed within operational and Governance processes (Appendix 1).
- 3.2 The overview position/ balanced score card presented in this paper provides the ongoing accountability arrangements for tracking the work through, with an Executive lead and Trust Committee through which the recommendations will be formally considered and tracked.
- 3.3 The Quality and Safety Committee will retain the delegated Board overview on the full range of recommendations through a Quarterly review.
- 3.4 It is proposed that Bi-annually the Quality and Safety Chair and Audit Committee Chair formally review the progress against recommendations made for Trust wide Governance arrangements
- 3.5 The Board will receive an annual update which will be reflected through the Quality Account and contribute to the Statement of Internal Control.

4.0 Conclusion and recommendations

- 4.1 The Board are asked to **Note** the review undertaken by the Quality and Safety Committee.
- 4.2 The Board are asked to **Approve** the monitoring process for further work in each of the themed recommendations.

Director of Quality and Safety/ Chief Nurse

May 2011

National Reports and Recommendations

Area 1	Area 2	Area 3	Area 4
<p>Detecting a deteriorating Patient & Mortality</p> <p>Medical Director</p> <p>Mortality Group Committee</p> <p>Trusts Safety Plan</p>	<p>Patient Safety Recommendations</p> <p>Chief Nurse</p> <p>Hospital Executive Committee</p> <p>Trusts Safety Plan</p>	<p>High Impact recommendations</p> <p>Chief Nurse</p> <p>Nursing and Midwifery Forum</p> <p>High Impact actions plan / CQUINs</p>	<p>Infection Control Recommendations</p> <p>Chief Nurse</p> <p>Infection Prevention and Control</p> <p>Infection Control Annual Plan</p>
Area 5	Area 6	Area 7	Area 8
<p>Medications Recommendations</p> <p>Medical Director</p> <p>Trusts Drugs and Therapeutics Committee</p> <p>Medicines Policy Care</p>	<p>Quality review process recommendations</p> <p>Medical Director and Chief Nurse</p> <p>Monthly Quality review (Internal and PCT)</p> <p>Quality Improvement Strategy</p>	<p>Managing Emergency Flow Patients</p> <p>Chief Operating Officer</p> <p>Hospital Executive Committee</p> <p>Value Stream work on Unscheduled Care</p>	<p>Management of Medical Patient Flow</p> <p>Chief Operating Officer</p> <p>Hospital Executive Committee</p> <p>Value Stream on Unscheduled Care</p>
Area 9	Area 10	Area 11	
<p>Staffing recommendations</p> <p>Chief Operating Officer</p> <p>Hospital Executive Committee</p> <p>Staffing reviews / HR Policy Framework</p>	<p>Patient Experience</p> <p>Chief Nurse</p> <p>Patient Experience and involvement Board</p> <p>Quality Improvement Strategy</p>	<p>Trust wide Governance arrangements</p> <p>Chief Executive</p> <p>Trust Board / Audit Committee</p> <p>Board Assurance report</p>	

Source of Recommendation	<p align="center">Detecting a deteriorating patient & Mortality Executive lead- Medical Director Hospital Executive Committee Reporting through Quality and Safety Committee</p>
<p>(1) Patient Safety First Priorities NPSA 2008 (June)</p> <p>(2) Ten for 2010 programme (Feb 2010)</p> <p>(3) Mid Staffs Review - Professor Alberti 2009 (April)</p> <p>(4) Colin Norris Inquiry 2010 (Jan 2010)</p> <p>(5) Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)</p> <p>(6) Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust July 2010</p>	<p><u>Recommendations made:</u></p> <ul style="list-style-type: none"> • Limit mortality from in-hospital cardiac arrests through earlier recognition and treatment of deteriorating patients • Regular, timely audits should be put in place for all patients who die in hospital • Reduce harm associated with the deteriorating patient • Review the internal processes and practices for certification of death in line with best practice. Trust; • Review processes in place for mortality and Morbidity review; agree a consistent model for this, including reviewing all deaths and implement in all specialty areas and directorates • Trusts should standardize their procedures for morbidity and mortality meetings, including the presentation of information on trends in clinical outcome, record keeping and links with the clinical governance mechanism. <p><u>Work to date:</u></p> <p>Work has been undertaken to understand any key trends or themes and areas of concern Significant work has been undertaken through a mortality group including a Public Health Director on behalf of the PCT. The work undertaken has received a positive evaluation from the SHA and will continue to understand any key issues that the Trust will need to be sighted on. This is being reported through to Commissioners.</p> <p>The Trust has undertaken some baseline data on patient deterioration and correlation with mortality and initiated a Trust wide Safety plan which is going to the Board in May. The LIPs team have now held an engagement event from which Clinical teams will take forward a range of safety improvement program with a Trust wide agreed goal to reduce Death and harm events. The detail of the Plan is subject to further final details and will progress into a weeks training program in June 2011.</p> <p>Trusts should standardise its procedure on giving families an estimate of the difficulties and the risks of prospective surgery, and should standardise its procedure for explaining to families after a death, the options for a post mortem.</p> <p>consent audit will provide baseline with Further work required to ensure policy and practice reflects best practice The SHA should review the training of junior doctors to improve their knowledge and understanding of Certification of Death and equip them to understand the importance of managing risk and the associated processes as a key facet of clinical practice.</p> <p>Trust will need to undertake a baseline position on this recommendation and then ensure policy and practice reflect best practice All patients should receive a risk assessment of venous thromboembolism (VTE) upon admission to hospital (Template published 2008, and NICE guidance Jan 2010)</p> <p>The Trust has failed to implement the consistent use of the nationally recommended Risk assessment, only achieving 43% of patients receiving a risk assessment in the agreed format. This is a priority in the 2011 performance framework.</p>

<p>The Operating Framework for the NHS in England 2010/15</p>	<p><u>Recommendations made:</u> PCT's should continue to use the national set of 'Never Events' as part of their contract agreements with providers. Never Events should be reported to the National Patient Safety Agency (NPSA) and publically reported as part of the annual reporting on quality and safety</p> <p><u>Trust position</u></p> <p>The Trust commissioned an external review of its reporting processes and exports to the NPSA. This identified system and processes that needed to improve and an action plan is now in place to reflect best practice (April 11).</p> <p>The Serious Incident report has been updated and approved by the Board in February 2011 which includes the Never event criteria. Any updates to the Never event criteria provided nationally will be formally reviewed in Quality and Safety Committee and all wards and Depts informed.</p>
<p>HealthSelect Committee Report 2009(Oct)</p>	<p><u>Recommendations made:</u> Patient harm rates must be measured by regular reviews of samples of patients' case notes.</p> <p><u>Trust position</u> The Trust registered with the LIPS programme in late 2010 and has undertaken a review of case notes as advised by the national safety team using the Global trigger tool. This has provided a baseline of data and safety themes to improve the management of the deteriorating patient and has established key priorities for a Trust wide safety plan.</p>
<p>Ten for 2010 programme</p>	<p><u>Recommendation made:</u></p> <ul style="list-style-type: none"> • Reduce the number of suicides in community health, mental health, prisons and acute care using a suicide prevention toolkit • Reduce harm for people with learning disabilities with a focused campaign to raise awareness <p><u>Trust position</u></p> <p>Patients with a learning Disability or patients with a reduced mental capacity have been agreed as a priority objective for quality improvement in 2011/12.</p> <p>The use of the Suicide prevention toolkit- No known work has been undertaken on this recommendation and will be considered through the Vulnerable adults and safeguarding Committee.</p>

Source of Recommendation and Status	<p align="center">Ensuring best practice safety checks generally and also before Operations Executive lead: Director of Quality and Safety/ Chief Nurse Review through Hospital Executive Committee Reporting to Quality and Safety Committee</p>
<p>(1) Patient Safety First Priorities NPSA -2008</p> <p>(2) Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust- 2010</p> <p>(3) Ten for 2010 programme</p>	<p><u>Recommendations made</u></p> <ul style="list-style-type: none"> • Reduce preoperative harm through elective surgical site infection prevention and usage of the WHO's "Safe Surgery Checklist • Trusts should ensure that all staff in the surgical team take part in a team brief and use the 2008 theatre checklist before surgery commended by WHO as good practice. • Reduce harm during the peri-operative process using the five steps of safer surgery - briefing, sign in, time out, sign out and debriefing. <p><u>Trust position</u></p> <ul style="list-style-type: none"> • The WHO safer surgery is being used by the Theatre teams but its use could be more effective to ensure that actual practice reflects the full range of principles established by WHO. • Currently audit is being undertaken with revised WHO forms to reflect feedback from clinicians. • Any safety Incidents recorded in Theatres will need to reflect performance against WHO requirements.
<p>Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust July 2010</p>	<p><u>Recommendations made</u></p> <ul style="list-style-type: none"> • Arrangements can be put in place that will create a critical mass of clinicians who, working as a single team and dealing with an adequate caseload, can maintain their expertise. • This might require some mix of both expanding the Trust's service and forging robust links with another centre. • <p><u>Trust position</u></p> <ul style="list-style-type: none"> • There are single handed Clinicians within the Trust and Operational discussions are in place to ensure that appropriate supervisory arrangements are in place. • The Centre Chiefs will need to develop clear strategies to reflect links with other centres in specialty areas that require support. •
<p>Colin Norris Inquiry 2010 (Jan 2010)</p>	<p><u>Recommendations made</u> Review and update as necessary the Trust policy on safeguarding vulnerable adults in light of the latest guidance following the "No "Secrets" consultation process.</p> <p>The Trust has adopted the Local Health economy policy (Inter agency policy) on Vulnerable adults which reflects the consultation process. The Trust does have a significant amount of work to do to ensure that adequate numbers of staff have the training, awareness and skills to meet the needs of all Vulnerable adults.</p>

	<p>Develop and actively use evidence-based measures of the quality and safety of patient care, focusing on the Releasing Time to Care and patient safety programmes that are being implemented across the Trust.</p> <p>The Trust has been a pilot site for the Productive ward over the last couple of years using the evidence based measures. The focus on Patient safety programmes commenced in 2010 and the Trust has developed a Trust wide Safety plan and within that will review the full range of safety programmes available.</p>
<p>Source of Recommendation and Status</p>	<p>Ensuring best practice safety checks generally and also before Operations Executive lead: Director of Quality and Safety/ Chief Nurse Review through Hospital Executive Committee Reporting to Quality and Safety Committee</p>
<p>(1) Colin Norris Inquiry 2010 (Jan 2010)</p> <p>(2) Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust (July 2010)</p>	<p><u>Recommendations made and Trust position:</u></p> <p>Review the process for the timely inputting of incident data into Datix and the sharing of lessons learned from incidents The Trust commissioned an external review of its reporting processes and exports to the NPSA. This identified system and processes that needed to improve and an action plan is now in place to reflect best practice (April 11).</p> <p>Trusts should act to ensure that staff can identify serious untoward incidents, for which there is then an explicit responsibility to devise and implement an action plan, including timely notification of relevant individuals, the Trust Board and external bodies when appropriate. The Serious Incident report has been updated and approved by the Board in February 2011 which includes the Never event criteria. Any updates to the Never event criteria provided nationally will be formally reviewed in Quality and Safety Committee and all wards and Departments informed.</p> <p>Trusts should strengthen their approach to incident reporting, based on a just and open culture, to promote full reporting by responsible clinicians (including consultant medical staff), analysis and promulgation of lessons learned. The Trust has a positive reporting culture and uploads to the NPSA on a regular basis but will need to ensure timely review, undertaking RCA and sharing lessons learned and the tracking of the recommendations is key. The Trust will need to develop a robust system for doing this.</p> <p>Audit compliance with the Trust's Serious Untoward Incident (SUI) policy to ensure that following incidents there is effective communication with and support to patients, their relatives and staff. The Trust has an Openness policy in line with the NPSA alert on best practice but will need to audit and monitor patient feedback for the effectiveness of our communication and sharing information to support families after SI incidents.</p> <p>Review how the central risk team is formally co-ordinated with and supports the devolved directorate structures; use wealth of experience and knowledge more effectively. The Trust is currently reviewing the process for the patient safety team to coordinate with and support the Clinical centres.</p>

Source of Recommendation and Status	<p style="text-align: center;">High Impact Actions- Personalised & safe care Executive lead: Director of Quality and Safety/ Chief Nurse Nursing and Midwifery Forum Reporting to Quality and Safety Committee</p>
<p>Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)</p>	<p><u>Recommendations made:</u></p> <p>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.</p> <p>The Trust has developed a vision and Strategy that clearly puts the patients needs first and needs to work with the centre Chiefs to ensure that this is achieved consistently with clinical outcomes demonstrating this. Board paper for review in April 2011 will review service areas where capacity is constrained and the standard of care is or may be compromised.</p> <p>The Trust has a Trust wide safety plan which is being considered by the Board as well as a plan for a Quality Improvement Strategy to be approved by the Board in March 2011</p>
<p>High Impact Actions for Nursing and Midwifery Nov 2009 Ten for 2010 programme</p>	<p><u>Recommendations made:</u></p> <p>Your skin matters - No avoidable pressure sores in NHS provided care. Reduce patient deaths and harm associated with pressure ulcers.</p> <p>The Trust has formed a High Impact group working on nationally recommended initiatives to improve the skin integrity of patients. The Trust has reduced the overall number of avoidable pressure sores but still has a significant number of grade 3 &4 pressure sores. The Trust will continue its improvement programme in this area with significant performance management on areas of concern.</p> <p>Reduce patient deaths and harm associated with pressure ulcers One patient referral has been made by the Coroner in which concerns have been expressed about the direct correlation between a grade 3 pressure sore and the death of a patient. This is currently subject to an Internal Serious case review.</p>
<p>High Impact Actions for Nursing and Midwifery Nov 2009</p>	<p><u>Recommendations made:</u></p> <p>Preventing falls -demonstrate year on year reduction in the number of falls sustained by older people in the NHS provided care. The Trust has a Falls High Impact action group and has implemented a number of initiatives to reduce the number of falls. Whilst there is a reduction the work has not made a significant impact and the group will continue their work and education programmes to ensure improvement</p> <p>Reduce patient deaths and harm associated with falls. There have been a number of harm events from patients falling within the Trust and 2-3 patients whose fall may have contributed to their death and has been subject to Coroners Inquest.</p>

<p>High Impact Actions for Nursing and Midwifery Nov 2009</p>	<p><u>Recommendations made:</u></p> <p>Keeping nourished - Stop inappropriate weight loss and deterioration in NHS provided care Ward reviews and assurance provides some evidence base for the nutritional assessments required to support all patients who need support. However there is further work required to ensure that all patients who need support with their nutrition whilst in hospital have a comprehensive plan that is documented and care needs met. Incidents and complaints highlight that there is more work that we need to do to meet the patients needs and this has been identified as CQUIN for 11/12 to achieve the improvements.</p>
<p>High Impact Actions for Nursing and Midwifery Nov 2009</p>	<p>End of life choice - Avoid inappropriate admission to hospital and increase the numbers of people who are able to die in the place of their choice. Work has been undertaken within the Trust to identify the patients who need to be on a supportive end of life pathway (Liverpool care pathway) and the CQUIN set last year has been achieved, realizing the benefits for families and patients. There is still however work that is still needed and the PCT have agreed to continue this as a CQUIN for 11/12 to support us in this work.</p>
<p>Source of Recommendation and Status</p>	<p style="text-align: center;">Infection Control Recommendations Executive lead: Director of Quality and Safety/Chief Nurse STICC Reporting to Quality and Safety</p>
<p>Patient Safety First Priorities NPSA 2008 (June)</p> <p>High Impact Actions for Nursing and Midwifery Nov 2009</p> <p>Ten for 2010 programme (Feb 2010)</p> <p>The Operating Framework for the NHS in England 2010/11</p>	<p><u>Recommendations made:</u></p> <ul style="list-style-type: none"> • Improve critical care through more reliable application of central line and ventilator care bundles • Protection from infection - Demonstrate a dramatic reduction in the rate of Urinary Tract Infections for patients in NHS provided care • Vital Signs - Meeting National Cleaning Standards • Reduce bacteraemia associated with central lines • Quick implementation of proven technologies which can improve safety <p><u>Trust position</u></p> <ul style="list-style-type: none"> • The Trust has made a significant increase to the Infection Control team and resources and support for Education and awareness to improve clinical practice for all aspects of Infection Control. • The Trust as a result of this work programme has achieved year on year reduction in the mandatory Infections. • A monthly Infection prevention and Control Committee reviews any key issues of concern and monitors all aspects of compliance very closely.

Health Select Committee Report 2009(Oct)	<ul style="list-style-type: none"> • The saving lives and the bundle approach to improvements are used although the rolling programme in place needs to cover all clinical areas.
<p align="center">Source of Recommendation and Status</p>	<p align="center">Medications Recommendations Executive lead: Medical Director Drugs and Therapeutics Committee Reporting to Quality and Safety Committee</p>
<p>Patient Safety First Priorities NPSA 2008 (June)</p> <p>Ten for 2010 programme Feb 2010</p> <p>The Airedale Inquiry</p> <p>Colin Norris Inquiry 2010</p>	<p>Reduce harm from high-risk medicines (e.g. anticoagulants, injectable sedatives, opiates and insulin). CQUIN improvement programme has supported improved performance with reducing harm from high risk drugs and this year the CQUIN target will focus on high risk patients to ensure all have a care plan to support their medicines management. Datix Incident management process enables indications of the number of errors and harm and this is uploaded to the NPSA.</p> <p>The Trust should consider whether doctors should be required to review prescription charts and clinical records when examining patients and to review the content of the doctors and nurses induction courses to ensure scope of professional practice is covered. Medicines reconciliation is in place for all patients admitted to the Trust supporting timely review of all drugs Medicines management and practice is included in Medical and nursing Induction and further work is planned through the Trusts safety plan about other areas for improvement.</p> <p>Complete review of pain management guidelines, including the assessment and management of “irregular pain” Review specific pharmacy procedures: “Scheduled visits by pharmacists to wards” and “Policy on clinical pharmacy practice”, ensure the role of the ward based visiting pharmacist is reviewed in this to include monitoring compliance with the Trust’s Medicines Code as a key component of the visit. A full range of SOP’s are in place to undertake these reviews and audit results available as well as the required policies.</p> <p>Review Terms of Reference and membership for the Trust Drugs & Therapeutics Risk Management sub-committee; clarify reporting arrangements within the Trust’s clinical governance and committee structure. Committee has been well established with a review required to understand how the Committee will have Centre representation and ensure the links with other formal sub Committees.</p> <p>Review clinical pharmacy support to the wards and ensure that provision is sufficient to meet ward needs –reviews undertaken periodically and current review in place to identify support to new Clinical centres.</p> <p>Review and place a higher priority on the implementation of technological solutions in medicines management to improve the audit trail of drug use and reduce patient risk of harm from medicines. Drugs and Therapeutics Committee to consider.</p>
Colin Norris Inquiry 2010	<p>Undertake an audit of the omission of prescribed drugs in conjunction with the introduction of the new drug treatment chart: address specifically the reasons why the drug has been omitted, what actions were taken to obtain the drug and who authorised the non administration. The CQUIN measure for 2010/11 was set to achieve this improvement and the goals were achieved. This requirement will now continue within the contract.</p>

	<p>Review the current controlled drugs checking procedures and ensure audits are up to date, including the specific aspects covered in the 3 monthly checking procedures (to broaden to include receipt signature monitoring). The content of the CD Accountable Officer report presented to the Trust Drugs & Therapeutics Risk Management Sub-Committee to be reviewed, and consideration given to a process which can highlight actions agreed in those areas where audits are not undertaken or where audit identifies concern; including this on Trust risk register. CD audits should include an audit of compliance of the receipt section of the CD order book bearing a signature to verify receipt has occurred and by whom. The Centre Chief for Pharmacy is the Accountable officer and has developed all the required SOP's established in the legislation for controlled drugs. A LIN has been established across the multi agency forum to review any incidents with CD drugs at which CQC attend.</p>
<p>Source of Recommendation and Status</p>	<p>Quality review processes Joint Executive lead: Medical Director and Chief Nurse PCT Quality review meeting and internally Quality and Safety Committee</p>
<p>Mid Staffs Review - Dr David Colin Thomé 2009 (April)</p> <p>Mid Staffs Review - Professor Alberti 2009 (April)</p> <p>Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)</p> <p>The Operating Framework for the NHS in England 2010/12 Dec 2009</p>	<p><u>Recommendations made:</u></p> <p>All hospital providers including foundation trusts must allow PCT's ready access to review their services. The contractual obligations for access are clear and access has and will always be provided.</p> <p>In the medium term the needs of the local population should be clearly enumerated by the PCT and the Acute Trust and these should be reflected in the 5-year strategy for the Foundation Trust. The focus should be on what can be done safely and well by the Trust and what should be left for other Trusts to do. Operational reviews of clinical services and reviews of safety incidents and management will be used to consider future service configuration. Recent consultation process has been undertaken to review the option of reconfiguring services to ensure that they are safe and effective, the process to develop the options is now continuing.</p> <p>The Trust and the Primary Care Trust should consider steps to enhance the rebuilding of public confidence in the Trust. Whilst this was specific to Mid Staffordshire Trust, there is a growing concern about some clinical issues within the Trust and the Trust through its clinical performance and improvement plans must work with the PCT and GPs to increase local confidence. This is reflected in the Trusts strategic objectives</p> <p>Vital Signs - Improving Health and Reducing Health Related Inequalities The contract agreed with the PCT includes the full range of indicators that are applicable to the Trust services.</p>

<p>Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 (Robert Francis QC)</p>	<p>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 delivery up-to-date and high-class standards of service provision and professional leadership. The Trust uses regional and national benchmarks where applicable and is actively seeking best practice internationally.</p>
<p>Source of Recommendation and Status</p>	<p>Managing Emergency flows of patients Executive lead: Chief Operating Officer Hospital Executive Committee Reporting to Finance and Performance Committee</p>
<p>Mid Staffs Review - Professor Alberti 2009 (April)</p>	<p>An emergency care directorate should be established in the Trust encompassing all acute specialties with responsibility for the rapid, effective delivery of care from the patient's admission throughout the whole of the patient's care pathway to discharge.</p> <p>The process of clinical engagement and desire for clinical leadership has resulted in a revised structure within the Trust using a Clinical centre model with lead clinicians/ Centre Chiefs, An emergency centre has been established which addresses this recommendation as well as Value stream lead who is focused on the unscheduled care pathway and the system improvements required for the patients benefit. This is reflected in the Trusts Strategic objectives</p> <p>The number of emergency physicians should be reviewed to ensure sufficient cover is achieved</p> <p>The Trust has reviewed the number of acute Physicians within the Trust and increased the number to address the needs of emergency patients. This has been in place for 6 months and an ongoing review of whether this resource meets the needs of these patients forms part of the unscheduled pathway work.</p> <p>Protocols for common conditions should be introduced in A&E.</p> <p>Protocols do exist in both A&E depts. Within the Trust, however there are differences to those protocols and therefore variances in patient management which has been highlighted as a key safety risk and will be reviewed through the Trusts safety plan and review of unscheduled care</p>

	<p>Equipment deficiencies in the Emergency Admissions Unit and on the medical wards should be reviewed and appropriate purchases made.</p> <p>Recent equipment purchases have provided consistency in equipment in these emergency areas. Further audit will be undertaken to ensure all equipment is consistent.</p> <p>The Trust should allow direct admission of suitable patients to the Emergency Admissions Unit, once patient flows have been improved.</p> <p>Clear pathways do exist for direct admission to the medical and surgical assessment units but capacity is limited and the unscheduled pathway work and work with LHE partners will need to progress to manage the demand in the most appropriate setting.</p> <p>Lengths of stay on the Emergency Admissions Unit should be limited to 48 hours. The institution of a short-stay ward should be considered.</p> <p>The admissions policy for the medical and surgical assessment unit is limited to 48hrs however there are breaches to this policy due to bed capacity and the complaints process and Incident reporting process highlight poor patient experience particularly at peak times of activity. Ongoing review of pathway improvements is in place.</p>
<p>Source of Recommendation and Status</p>	<p>Management of Medical Patient Flows Executive lead: Chief Operating Officer Hospital Executive Committee Reporting to Finance and Performance</p>
<p>Mid Staffs Review - Professor Alberti 2009(April)</p> <p>Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)</p> <p>Mid Staffs Review - Professor Alberti 2009(April)</p>	<p>A new model of care for medical patients who are admitted should be implemented which provides for much earlier consultant contact.</p> <p>Clinical centre for medicine created to provide the clinical leadership required for improving senior decision making at a much earlier point in patients care and is also subject to discussion with all Centre Chiefs.</p> <p>The Trust should not pursue the development of a hyper-acute stroke service.</p> <p>The Trust received a negative report into acute services in September 2010 which also reviewed stroke services. The Trust has undertaken significant work with improving stroke services and has commenced a number of initiatives to improvement areas highlighted. Thrombolysis commenced on PRH site in January and is due to commence in RSH at the end of May/ beg of June. Ward concerns has led to a commission of an external reviews focused on care delivery and leadership to address concerns previously raised.</p> <p>Care of the elderly services should be enhanced and a care of the elderly network established across primary, secondary and community care.</p> <p>More work needs to be undertaken within the Trust and is reflected in our Quality account and CQUINs.</p> <p>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)</p>

	<p>should have training in the diagnosis and management of acute confusion.</p> <p>Multidisciplinary meetings are held on a weekly basis. The medical workforce to support elderly care is subject to review with recognition that there is significant work required in the management of acute or chronic confusion. The Trust is developing its Dementia strategy, has the care of the older frail patient as 2 of its priorities for 2011/12 along with key safety improvements within the CQUIN measures (nutrition, falls, tissue viability).</p> <p>Plans should be put in place forthwith to improve bed management with a bed management team and early review of all patients in the hospital on a daily (7 days) basis. Currently being reviewed by Centre Chiefs.</p>
<p>Mid Staffs Review - Professor Alberti 2009(April)</p> <p>High Impact Actions for Nursing and Midwifery Nov 2009</p>	<p>The intermediate care capacity in the community should be reviewed with the PCT and increased if necessary. Ongoing LHE discussions are being held to review options.</p> <p>Managed Discharge - Increase the number of patients in NHS provided care who have their discharges managed and led by a nurse or midwife where appropriate. The CQUIN measure for 2011/12 outlines the high impact measure as a guide to the improvement required but will focus on action based discharge rather than nurse led discharge and will focus on a drive for EDD, timely information for patients on their medication, with information to GP in a timely manner. This area for improvement is also established in the Quality account as a priority for 2011.</p>
<p>Source of Recommendation and Status</p>	<p>Staffing Recommendations Executive lead: Chief Operating Officer Hospital Executive Committee Reporting to Finance and Performance</p>
<p>Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust July 2010</p>	<p>The Trust should ensure that all new members of staff receive appropriate induction on joining the Trust. The nature of the induction will depend on the nature of the post, but for consultant staff must include relevant clinical governance and multidisciplinary team working systems. Induction in place but monitoring processes and audit to ensure full compliance along with user evaluation on effectiveness will need to be established if not already in place.</p> <p>The Trust should ensure that all newly appointed consultant staff have access to an appropriate mentoring arrangement. The nature of this will vary according to the nature of clinical practice, but for technically demanding specialties such as paediatric cardiac surgery must include arrangements that facilitate joint operating. A process of review to understand the current facilities for support is needed</p> <p>The Trust should ensure that the effect of appointing a new consultant on clinical practice is identified before arrival, together with any consequences for equipment provision and potential impact on other members of the multidisciplinary team. Expectations of how the new consultant will work with other consultant members of the team must be explicit and agreed from the outset. Clear processes for each appointment and the requirements needs to be formally reviewed to ensure consistent understanding of need, cost and resources prior to commencement in post.</p>

<p>Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust July 2010</p> <p>Mid Staffs Review - Professor Alberti 2009(April)</p> <p>Colin Norris Inquiry 2010 Jan 2010</p> <p>The Airedale Inquiry June 2010</p> <p>Review of the early warning systems in the NHS</p>	<p>Trusts should implement clinical governance systems that set out explicit responsibilities service by service with a single line of accountability to the Trust Board. Creation of the Clinical Centres will require an operational and governance strategy that supports the Trust wide policies but the organizational framework sets out an explicit responsibility for each clinical centre.</p> <p>The Trust Board should ensure that Human Resource policies and procedures are followed including staff appraisal, development planning and HR department resources to deliver the organisational development programme. Monthly review of performance against these areas are provided at Divisional and Trust Board level.</p> <p>Ensure that the developments of the Scope of Professional Practice includes clear lines of accountability, training and development plans are fit for purpose, evaluation of the role and that there is effective dialogue with patients, carers and the public. A trust wide strategy needs to be developed to ensure a proactive and consistent approach is given to developments in the scope of practice that meets the needs of each patient pathway. Policy framework to support this will need to be developed.</p> <p>Minimum staffing levels policy must be considered to ensure skill mix is achieved which meets patient dependency. Staffing reviews have been undertaken across the Trust for ward based teams and gaps to professional views implemented into the budget.</p> <p>The complement of nurses in the Trust who provide care to patients in the emergency care pathway should be adequate according to need and the training of nurses and other ward workers enhanced. Will need to be reviewed.</p> <p>Review the effectiveness of the current model for the supervision of nursing and other clinical staff. Policy framework is in place but the supervisory arrangements unstructured and needs focused proactive framework developing to give all staff an equal opportunity for supervision and access to support where required.</p> <p>Raise awareness as part of patient safety training amongst staff of the potential for malicious action against patients by healthcare professionals Trust wide process in place. Increased awareness through training is still required.</p> <p>Professional bodies must encourage openness and transparency amongst all healthcare professionals, including supporting them in raising concerns early. The guidance should alert organisations to the need to give effective support to those who are giving witness statements. Additional training is required to support staff to have confidence in this process.</p> <p>The trust should ensure that its nurses work to a published set of principles, focusing on safe patient care. Significant work on a Quality Improvement Strategy is required to publish the principles of Quality improvement across safety, experience and effectiveness.</p>
<p>Colin Norris Inquiry 2010</p>	<p>Introduce a policy statement and standards for multidisciplinary working throughout the Trust and audit practice against these. Develop through the Quality Improvement Strategy process Fit and well in care - Reduce sickness absence in the nursing and midwifery workforce to no more than 3% Centre Chiefs to include within their KPI's and also monitor at Board to ensure action being taken to reduce sickness</p>

<p>High Impact Actions for Nursing and Midwifery Nov 2009</p>	<p>Establish a process for auditing personal files in order to ensure that ; (a) Trust recruitment processes are complied with; (b) performance of staff is assessed effectively through appraisal; (c) individual and collective training needs are identified from the appraisal process.</p> <p>Internal audit processes have reviewed these practices, ongoing programme of regular checks needs to be in place- baseline assessment required</p> <p>Develop a co-ordinated education and training programme for staff to respond to the training needs identified through staff appraisal; development of clinical supervision</p> <p>Teaching and learning academy being developed to review how we coordinate the training needs of the workforce Establish effective workforce information, including ward establishments, vacancies and sickness and absence levels and actively use this to support management at both Trust and divisional level. Currently provided.</p>
<p>Source of Recommendation and Status</p>	<p>Patient experience Executive lead: Director of Quality and Safety/ Chief Nurse Patient Experience and Involvement Board Reporting to Quality and Safety Committee</p>
<p>Mid Staffs Review - Professor Alberti 2009(April)</p>	<p>A member of the Board should be given responsibility as patients' champion and he/she or another Board member should have the same role specifically for older people.</p> <p>Non- Executive Director of the Board has been established for a number of years as the older peoples champion</p>
<p>Mid Staffs Review - Professor Alberti 2009(April)</p>	<p>More use should be made of real-time patient questionnaires</p> <p>Real time questionnaires have been used in 2010/11 and this will be expanded during 2011/12. A patient experience & Involvement Board will be established in June 2011 to develop the patient experience Strategy for improvements.</p>
<p>Mid Staffs Review - Professor Alberti 2009(April)</p>	<p>Patient/public representatives should be included on all Board committees and sub-committees</p> <p>This is being reviewed through the Committee and Patient experience Board.</p>
<p>Review of the early warning systems in the NHS Feb 2010</p>	<p>National Quality Board are to undertake a review of patient engagement and feedback mechanisms to understand how their outputs are connecting with trust boards and the decision making process.</p> <p>By creating a Patient Experience and involvement Board, the Trust wants patients, patient representatives to challenge as well as support the connection with improvements and decision making at every level.</p>
<p>Health Select Committee Report 2009(October)</p>	<p>Ensuring harmed patients and their families always receive full and frank information about incidents of harm</p> <p>The Trust has a "Being open policy" and will need to undertake some baseline work to assess its effectiveness with providing</p>

	families and patients about incidents of harm.
The Operating Framework for the NHS in England 2010/13 2009(Dec)	Vital Signs - Reputation, Satisfaction and Confidence in the NHS The Trust has a Complaints process and PALs service in place, which needs to be developed within the wider patient experience metrics, which will allow real time feedback and trends and themes to be understood by the Trust and within centres.
Colin Norris Inquiry 2010 Jan 2010	Clarify the roles and responsibilities of Matrons in relation to communicating with Patient Relations Department to ensure clarity regarding responding to patients concerns.
Colin Norris Inquiry 2010 Jan 2010	Review the Trust complaints process and handling, to ensure that there is sufficient independence in investigations and that action is taken in response to issues raised.
Colin Norris Inquiry 2010 Jan 2010	Raise awareness of the Trust complaints policy; review the process for ensuring that staff listen to and formally record information and concerns expressed by relatives and carers so that they are included as part of the care planning process and review.
Source of Recommendations	Trust wide Governance Arrangements Trust Wide lead: Chief Executive Audit Committee and Trust Board
Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)	All NHS Trusts and foundation Trusts responsible for the provision of hospital services should review their standards, governance and performance in the light of this report. January 2011, the Trust Board received the full report and tracking documents. Quality and Safety Committee have reviewed the documents recommendations in full. Board paper in May 2011 to outline how all the relevant recommendations will be considered and implemented. Q&S Committee will monitor and report annually to the Board through the Quality accounts.
The Airedale Inquiry June 2010	Periodic reviews should take place of corporate governance arrangements should take place at Trust Board level. Board development programme including review of Corporate risk register and Board assurance framework. Internal Audit report to review corporate arrangements
Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)	In the light of the findings of this 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.

Mid Staffs Review - Professor Alberti 2009(April)	Clinical governance arrangements should be enhanced with strong Board level support. Formal Sub Committee revised in October 2010.
The Airedale Inquiry June 2010	The Trust Chief Executive should ensure the management structure is under review to respond to changing organisational needs. Chief Executive has undertaken a review of the management structure through Devolution and cooperation and the development of the Centre Chief Structure with revised Executive portfolios.
The Airedale Inquiry June 2010	Governance systems in NHS provider organisations needs to be designed to reflect the Board's 24 hour a day responsibility for all areas of service delivery. Executive portfolios revised to ensure clear responsibility for 24hr a day service delivery.
Review of the early warning systems in the NHS Feb 2010	Provider – trust board is given further guidance on how best to govern for quality. The NQB will lead a piece of work during 2010 which will help boards to develop robust governance for quality. Risk register process in place with Board assurance process Quality and Safety Committee established to ensure a review of trends and themes in governing Quality which reports to the Trust Board Quality Improvement Strategy to be developed in 2011/12
Review of the early warning systems in the NHS Feb 2010	Develop closer alignment of compliance frameworks for different types of provider (e.g. Monitor's Compliance Framework for FT's and NHS Performance Framework for NHS Trusts) Board development programme in place with initial assessment against Foundation Trust compliance undertaken in January 2011.
Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust July 2010	Trusts should ensure that there is a written protocol setting out those procedures which should not normally be carried out in their Trust, but for which patients should be transferred for surgery elsewhere, taking into account the outcome data for procedures carried out less often. It is recognised that there will be exceptions in practice, but it is considered important that there is an explicit norm against which exceptions may be individually justified. Initial assessment to be undertaken by Centre Chiefs and taken through Hospital Executive Committee where applicable.
Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust July 2010	The Trust should ensure that management decisions about clinical services are subject to a proportionate appraisal of relevant facts and information, and include a risk assessment that takes clinical risks into account Hospital Executive Committee created to ensure robust process in place to support decisions about clinical services. This Committee will report to the Board through the Chief Executive.
Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust	Trusts should ensure that there is effective clinical and managerial leadership at each level to deliver an organisational culture that promotes openness, cooperation and high standards of service. Through Devolution and Cooperation, Centre Chiefs appointed into post and their revised operational and clinical leadership posts have developed and are currently being Consulted on.
Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust	The Trust should ensure that there is effective operational planning for clinical service changes that takes account of the expected impact on the capacity and capability of the relevant clinical teams, the level of support services required and the provision and utilisation of facilities such as theatres and intensive care. Revised structure in place. IST report to Board which covers the capacity of clinical services, with the revised structure taking into

July 2010	account the capability issues required to develop clinical services.
The Airedale Inquiry	Develop a communication plan for patients and families should events as identified in the Airedale report occur at any Trust in future. To be considered- Communication team in place with experienced leadership role to develop and enhance current communication plans
Health Select Committee Report 2009(October)	Boards and senior management make patient safety the top priority The Board have identified Safety as its top priority and revised the Executive portfolios to reflect this. A Trust safety plan is being introduced and the LIPS programme is being rolled out.
Colin Norris Inquiry 2010 Jan 2010	Review the effectiveness of the Trust's Assurance Framework and other mechanisms for the Board to evaluate Trust performance in relation to clinical quality Board development session has focused on the Corporate risk register and the Board assurance framework in March 2011.
Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)	The Board should give priority to ensuring that any member of staff who raises an honestly held concern about the standard of 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. Whistle blowing policy in place and work within Centres and clinical teams will need to develop a confidence in reporting.
Colin Norris Inquiry 2010 Jan 2010	Embed the new approach to governance across the Trust, ensuring that this is effective in meeting the needs of both the Trust as a whole and individual clinical areas such as the ortho-geriatric service. Centre Chiefs and Executive Directors through the Hospital Executive Committee will be able to consider and give approval for effective service provision for clinical services.
Colin Norris Inquiry 2010 Jan 2010	Address the gap between the development of policies and their implementation, ensuring that policies are regularly reviewed and that they are audited to check that they are working in practice Baseline reviews will be required over and above the current audit programme to be able to progress a position on this recommendation.
Colin Norris Inquiry 2010 Jan 2010	Establish an effective, standardised system of audit where directorates feed into a coherent Trust audit programme, resulting in consistent collection of information, action in response to recommendations and assurance mechanisms. The audit programme should include a specific audit of clinical records to assure the Board that the quality of record keeping meets clinical and legal requirements Centre Chiefs will need to consider their programmes of clinical audit and standards of record keeping within their governance arrangements.
Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March	The Trust should review its record-keeping procedures in consultation with the clinical and nursing staff and regularly audit the standards of performance. The ward assurance reviews and detailed reviews have commenced from January 2011, reviewing sets of case notes on each ward, training to improve record keeping will be required within 2011/12.

2009 (Robert Francis QC)	
Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)	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. The Trust has a Clinical audit Dept which supports clinical audit programme.
Colin Norris Inquiry 2010 Jan 2010	Actively promote the new whistle blowing policy through communication and training, supporting a culture of openness Whistle Blowing policy has been approved and subsequently updated through the Board.
Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)	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 Trust policies, procedures and practice regarding professional oversight and discipline should be reviewed in the light of the principles described in this report The Trust has undertaken a review of its Incident and Serious incident reporting processes and has an action plan in place to ensure the recommendations are embedded across the organisation. SI policy updated and approved through the Board in February.
Health Select Committee Report 2009(October)	Commissioning, performance management and regulation arrangements must be clarified and rationalised to become more effective PCT Quality review meeting is in place on a monthly basis.
Health Select Committee Report 2009(Oct)	Better and more explicit patient safety education for healthcare workers Trust Safety plan being introduced across the Trust and the LIPS (Leading Improvement in patient safety) being rolled out across the Trust, Quality Improvement Strategy will be developed during 2011/12.
Health Select Committee Report 2009(Oct)	The introduction without delay of the NHS Redress Scheme.