

## Report to Coventry Health Overview and Scrutiny Committee

### Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Trust Response Report

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#### 1. Purpose of Report

To provide a report to the Health Overview and Scrutiny Committee (HOSC) on the work undertaken by the Trust to date in response to the report on the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC.

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#### 2. Background

Robert Francis QC published the report on the Mid Staffordshire NHS Foundation Trust Public Inquiry on February 6th 2013. This final report, building on the initial independent report published in February 2010, is extensive and provides a systematic analysis into how the Trust and the wider healthcare and regulatory systems contributed to the failures in care. The report makes 290 recommendations focussing on creating a learning and patient centric culture, openness and transparency and a more cohesive system.

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#### 3. Current Position

In February 2013, the Trust Board of Coventry and Warwickshire Partnership Trust began considering its response to the final inquiry report and have developed an action plan in response to the provider related recommendations. The Trust Board has had four dedicated development sessions that have further matured its response and it has also received regular reports updating on progress on initial actions and also introducing any new national developments. The update report is due at the end of September.

Very importantly, the Trust Board is committed to genuine learning based on the key learning themes, particularly those relating to a culture that listens to patients, service users and carers and its staff, and that promotes safe and high quality care. In order to do this it has commenced engagement both within the Trust and with patients, service users and carers in the key learning theme of culture and values.

#### Our Engagement Work

Our engagement work to consider the learning from the inquiry using our Equal Active Partners programme approach was led by the Interim Chief Executive, David Allcock, and Director of Nursing and Quality, Tracey Wrench, and was undertaken between March and end of May 2013, with seven sessions including one with the Trust Leadership Team. Over 500 staff took part. Participants were asked to consider and feedback on how the Trust could promote compassionate practice and how to bring alive the NHS values alive, reflecting the Trust Board's focus on the culture within the organisation.

These sessions provided a rich feedback that has been analysed into themes and recommended responses that were presented to The Leadership Team in early June

and the Trust Board in a development session in June 2013, where the next steps to respond were agreed.

An Equal Partners Newsletter feeding back the themes and next steps was subsequently developed and sent to participants, and circulated widely in the Trust (attached).

A comparable approach was taken to engage patients, service users and carers during our Quality Event in April 2013. Some similar themes were gathered during feedback, with a particular focus on values and compassionate behaviours, including staff working in partnership and empowering patients and service users.

As a result of both pieces of engagement work, the Trust is currently refreshing its values, and very importantly, the behaviours that reflect these values as the foundation in which other work streams will be implemented i.e. value-based recruitment. There are three sessions that commenced in September and are due to complete in October 2013; these are being led by Chief Executive, Rachel Newson, and Director of Nursing and Quality, Tracey Wrench. The work is being co-produced by a group of patients, service users and carers, staff and governors, with opportunity for wider feedback in October, and it is anticipated that the refresh will be ratified by Trust Board at the end of October.

### **Duty of Candour**

The Trust is exploring its application of the duty of candour which will be routinely monitored through the contract monitoring meeting with the Clinical Commissioning Group (CCG).

The Health Act 2009 and standard NHS contract previously required NHS organisations to “have regard” to the NHS Constitution. The Constitution places an expectation on staff to acknowledge mistakes, apologise, explain what happened and put matters right.

Arrangements around candour apply for incidents where a patient safety incident causes a patient to suffer actual moderate or severe harm or death (as defined by the National Patient Safety Agency) and are currently contained within the Trust’s Being Open policy.

The Francis report has recommended the Duty of Candour be “enshrined in statute” and the Trust is expecting further national publications to influence direction further. The Berwick Report (A Promise to Learn – A Commitment to Act, August 2013) recommended that a Duty of Candour be applied to only the most serious of incidents. The Trust awaits the Government’s response to both the Francis Report and the Berwick Report.

While awaiting further national guidance the Trust is progressing and implementing the Duty through the current contract terms which include the following key points following a relevant patient safety incident:

- There should be a full investigation as soon as possible
- Within 10 working days there should be:
  - A verbal notification to the patient/appropriate other (unless they refuse)
  - Provision of all facts known as at the notification date
  - Include an appropriate apology (guidance from the NHS Litigation Authority refers to an “expression of regret”)
  - As soon as practicable offer a step-by-step explanation of what happened, to be updated during the investigation

- Provide a copy of the investigation report within 10 working days of sign off (this is locally supported by a best interests assessment and reference to the Data Protection Act).

Complaints about failures must be notified to Commissioners. Sanctions from Commissioners for failing to comply with obligations include:

- Notification to the CQC and/or
- Formal written apology signed by the Chief Executive
- Publication of the failure on the Trust website
- Financial consequences

There has been a significant amount of work to raise awareness of the new requirements across the Trust (development sessions with the Trust Leadership Team in June 2013 and to the Operational Management Team in August 2013, discussions with directorates, and included in Learning Alerts in June and July 2013). An approach to implement the new requirements, building on existing Serious Incidents Requiring Investigation (SIRI) processes is currently being piloted within the community mental health teams.

Through the work undertaken to implement the contract requirements a number of key work streams have been identified, each of which presents discrete challenges:

- Implementation for moderate (i.e. non SIRI) actual harm incidents
- Implementation for secondary care/specialist services incidents
- Implementation for pressure ulcer SIRI incidents
- Policy/procedure/process issues
- Monitoring systems

The Trust has developed an implementation plan for the Duty and is working with its commissioners to ensure that the arrangements are and remain robust.

### **Responding to the Recommendations**

Following initial consideration of all the recommendations, the ones directly relevant to the Trust have been allocated a lead director or directors who are responsible for their progression. It is managing the balance between those actions that can be taken by the Trust proactively now whilst also acknowledging that many recommendations require definitive strategy statements and actions from other bodies, particularly regulatory bodies, or from reviews set out in train by NHS England. Where progress in these areas is known they have been incorporated in the action plan.

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**Tracey Wrench - Director of Nursing and Quality**  
**September 2013**

# Back to the Floor

Visibility of our senior managers. Our Trust Board, both Directors and Non-Executive Directors have been going "back to the floor" and working with teams across the organisation to gain a wider understanding of the roles and services we provide. Just a few photos are shown below:



Roisin Fallon-Williams, Director of Strategy and Business Support spending time on Quinton Ward at the Caludon Centre



Rachel Newson, Chief Executive spending time with Community Physiotherapy/Falls Team



Sharon Binyon, Medical Director, spending time with Physiotherapy Team, City of Coventry Health Centre



Stewart Bell, Non-Executive Director spending time with the MAPA team



Alan Dodds, Non-Executive Director spending time with the Dental Team



Gale Hart, interim Director of Finance and Performance with our Smoking Cessation Team



Mike Williams, Non-Executive Director with staff on Sherbourne Ward at the Caludon Centre

# Special Issue Francis Report



The final report into the care provided by Mid Staffordshire NHS Foundation Trust has been published. Inquiry Chairman, Robert Francis QC, concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care.

Robert Francis QC has made 290 recommendations for all organisations in the health system and Government. His final report is based on evidence from over 900 patients and families who contacted the Inquiry with their views.

During March and April CWPT planned five sessions to present some of the key findings of the Francis Report to staff. The sessions were not only about presenting the findings, but also to give staff an opportunity to reflect and respond to some of these key findings. The response to the Big Conversation – Francis Reports were so popular that an additional event was offered. Over 500 staff attended one of the six Big Conversations which took place at locations around Coventry and Warwickshire. All written comments and feedback have been captured and themed in a way to enable us to respond and report back on the events.

Staff were asked to think about two main questions around compassionate care and the values within the NHS Constitution.



Tracey Wrench, Director of Nursing & Quality - headed the Big Conversation Francis Report Events

## Contact us...

The next issue of EAP news will be distributed in September.

If you have any questions about Equal Active Partners or you would like to feedback on the process so far, please contact us: [equalactivepartners@covwarkpt.nhs.uk](mailto:equalactivepartners@covwarkpt.nhs.uk) or call **024 7632 4358**.







## Compassionate care – What is compassion and compassionate practice?

### Some of the themes which came from this question included:

- Communicate what it is and what behaviours represent it and what behaviours do not represent it
- We should adopt a zero tolerance of non-compassionate behaviour
- Patients/service users should always be at the centre of all we do
- Compassionate care should be applied to both patients/service users and staff
- We should have Compassionate Care Champions in the Trust
- Showcase good/excellent practice



- Patient involvement and experiences (positive and negative) used to define compassionate practice
- Real time patient experience feedback given as part of 360 for staff as individuals
- Real time patient experience feedback given in relation to a culture of compassion at ward/team level
- Visibility of senior staff including Trust Board and role modelling
- Supervision including peer/team supervision should be across the organisation
- Team working and time for group reflection should be encouraged
- Student practice education placements
- Competent managers with focus on leading and managing
- Effective and regular communication across the whole Trust
- Safe place to raise concerns



### Investing in People – Protected Learning Time

- Training – not just Statutory and Mandatory but also external training
- Quality supervision and annual appraisals
- Focus on compassionate behaviours/ skills
- 360 Feedback including that from patients/service users
- Develop staff to have the right skills
- Supervision including peer/team supervision
- Team working and time for group reflection
- Time to be practice educators/mentors/supervisors




## How can we incorporate the NHS Constitution into our everyday work?

### Effectiveness and Time to Care

- Focus on quality and not just targets
- Focus on 'time to care'
- Too much paperwork/data collection
- Get IT systems right
- Appropriate clinical and staff spaces/environments

### Workload pressures

- Not always enough staff
- Capacity issues
- Skill mix
- Impact of vacancies/sickness/ absence



### Change Management

- Making the NHS Constitution Values 'our own'
- Re-aligning our Trust Values
- Develop clear, simple language 'owned' by all staff/patients/public
- Create a framework that allows individual services to communicate how their service will meet it
- Communication and dissemination of the NHS Constitution
- Recruitment/Selection and on-going Staff Responsibilities
- Recruit using our Values
- Our Values and the required behaviours
- Staff Induction/ Training
- Supervision and Appraisal
- Empower staff to promote values/zero tolerance of poor behaviours – use of disciplinary procedures
- Demonstrate we value our staff

These are just some of the key themes which emerged from our Big Conversation, Francis Report sessions. The findings have now been presented to our Trust Board and one of the big outcomes will be to consult on our Trust values. Our values are:

**Giving Hope**  
**Breaking down Barriers**  
**Respect for Everyone**  
**Seeking Excellence.**

We want to ensure that these values remain relevant, continue to be meaningful and represent who we are as an organisation. We will therefore be going out to service user/patient groups, as well as stakeholders and staff to test this out with them.

Other actions are already in place which will look at:

Our Recruitment and Selection process, how we can appoint staff not only based on skills and knowledge, but also on our values.

At our further Big Conversations for managers, we have asked staff to put themselves forward to join groups. One group to look at "keeping and developing our staff" and a second to review how we communicate in the Trust. Another key theme which has been echoed at all the Big Conversations was around Protected Learning Time. Again, this is a piece of work, captured in one of our Quality Goals which is a priority for us as an organisation.

Further information on progress will be available on the Intranet.

