Sheffield Teaching Hospitals NHS Foundation Trust
New areas for action in response to
The Mid Staffordshire NHS Foundation Trust Public Inquiry
as outlined in the 'Hard Truths' publication

The following extract has been compiled from a full analysis of the *Hard Truths, The Journey to Putting Patients first* publication. There are a number of key statements within the Mid-Staffordshire NHS Foundation Trust Public Inquiry report and associated publications that will require **new action** to be initiated by the Trust.

This plan includes all the objectives identified as requiring **New Action.** The necessary actions have been grouped into six key themes:

1. Patient Experience
2. Clinical Effectiveness
3. Patient Safety
4. Transparency
5. Regulatory compliance
6. Workforce

At the end of each statement there is a reference provided to enable the reader to cross reference with the full analysis undertaken by the Trust, a copy is available on the Trust Internet site.

Each New Action has been rated according to current progress: **Red – Not started**
Amber – Work in progress
Green – All action completed

1. Patient Experience

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
1.1 A sign in every ward and clinical setting would be a simple means of achieving this [how to complain about a service] and the Department will be discussing with Healthwatch England, Care Quality Commission and NHS England the best means of ensuring this becomes standard practice in all NHS hospitals in England. We would expect these **posters to set out how to complain about a hospital,** how to seek support from their local Healthwatch and how to refer their complaint to the Ombudsman (Clwyd and Hart Report - Ref: D3)	Provide patient centred services	Hilary Chapman October 2014	• Undertake a review of the existing posters to ensure the text aligns with the detailed requirements and ensure correct signposting to relevant organisations is in place. • If required re-publish the posters and distribute across the organisation. • Similar information to be made available on the Trust internet site.		• The ward information posters will be reviewed in June 14. The information explaining how to provide feedback and make a complaint will be updated. • A review of information available in outpatient areas is planned for August 14. • A pilot project to introduce digital information screens in 15 outpatient areas is proposed. This will provide information updated daily. Consideration is currently being given to the content and will likely include how to make a complaint. • The feedback webpage is currently under review with a revised, more user friendly page due to be launched in June 14.

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
1.2 **Detailed information on complaints and the lessons learned will be published quarterly.** This will include the number of complaints received as a percentage of patient interventions; the number of complaints the hospital has been informed have subsequently been referred to the Ombudsman and the lessons learned and improvements made as a result of complaints (Clwyd and Hart Report – Ref: D9)	Provide patient centred services	Hilary Chapman July 2014	• Review of existing reporting structure required to ensure all prescribed detail is included. • Publication of reports required following review and approval by the relevant Committees.		• Consultation on the new reporting framework has commenced. The proposed new patient experience reporting architecture is to be discussed at Healthcare Governance Committee. Quarterly Patient experience reports are published on the Trust Internet site including information on complaints. The number of complaints referred to the Ombudsman is already included. The number of complaints received as a percentage of patient interventions, and further information on lessons learned and improvements made as a result, is to be included in the more detailed quarterly patient experience reports from 2014/15 Q1 report.
1.3 We strongly agree that **complaints amounting to a serious or untoward incident warrant independent local investigation.** We want to see all hospitals using their statutory powers to offer this to patients (Clwyd and Hart Report – Ref: D10)	Provide patient centred services	Hilary Chapman October 2014	• Initiate Independent investigations when required. • Monitoring of national developments in place.		Developments to be incorporated into overall review of Complaints Management.
1.4 We also want to see Directors with responsibility for patient safety being required to give a **detailed update on complaints at each Board meeting** and we will work with NHS England to determine the most effective mechanism through which to achieve this (Clwyd and Hart Report – Ref: D7)	Provide patient centred services	Hilary Chapman June 14	• Monthly complaints report to be presented to the Board Committee – Healthcare Governance.		• Already in place and Included in Healthcare Governance Committee workplan 2014/15

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
1.5 Trust Chief Executives and Boards will be expected to take **personal responsibility for complaints,** for example by signing off letters and through an update at each board meeting. Detailed information on complaints and the lessons learned will be published quarterly (Berwick Report – Ref: C4)	Provide patient centred services	Hilary Chapman July 2014	• Senior Board member to sign each complaint letter • Monthly Complaints report to be presented at Healthcare Governance Committee • Review required to ensure quarterly publication of complaints data.		• Complaints letters are signed by the Chief Executive daily, or by the Assistant Chief Executive or Deputy Medical Director on his behalf. • Monthly complaints reports to be presented to the Healthcare Governance Committee from April 2014. More detailed information on complaints and lessons learned will be included in the quarterly patient experience report from the 2014/15 Q1 report.
1.6 The Department of Health has agreed with the nursing and medical Royal Colleges and clinical leaders that **every hospital patient should have the name of the consultant and nurse responsible for their care above their beds.** The Government also intends to introduce a named accountable clinician for people receiving care outside hospitals, starting with vulnerable older people (Berwick Report – Ref: C2)	Provide patient centred services	Hilary Chapman March 2015	• Objective agreed as part of Quality Report priorities 2014/15. • Implementation plan agreed to align with national requirements.		• Outline plan agreed
1.7 Every hospital patient should have the name above their bed of the consultant and nurse responsible for their care (Recommendations 199, 236, 243 – Hard Truths Ref: 1.12)	Provide patient centred services	As above			
1.8 NHS England has also begun to **publish data on the friends and family test** (Recommendations 246, 254, 255 – Ref: 1.9)	Provide patient centred services	Hilary Chapman October 2014	• Friends and Family Process in place • April 2014 KPMG testing robustness and accuracy of the process as part of Quality Report indicator testing. • Plan in place for FFT roll out to Out-patients/Day		• The FFT results are available via the NHS England website for all areas currently involved in the FFT (Inpatients, A&E, and Maternity Services). In addition the results are presented in quarterly patient experience

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			cases		reports, which are published on the Trust website.
					• KPMG's audit on the robustness and accuracy of the process for the quality report indicator testing commenced April 2014, due for completion by the end of May 2014.
					• The national deadline for FFT implementation in outpatients/ day cases is December 2014. STH have plans to implement FFT in these areas by 1st October 2014 to secure the CQUIN payment for early implementation. A new role of Patient Experience Project Manager has been created and is currently being advertised to support the roll out.

2. Clinical Effectiveness

2.1 By April 2015 every person with a long-term condition will be offered a personalised care plan. This will be agreed with their lead clinician. (Recommendations 238, 135 – Hard Truths Ref: 1.14)		Hilary Chapman David Throssell	• Clinical services to continue to provide support for patients with long term conditions. • Review required of expectations for secondary provider services.	 	

3. Patient Safety

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
3.1 NHS England is working with NHS Improving Quality to develop proposals for the establishment of a **network of Patient Safety Collaboratives** across England. The aim of the Collaboratives is to create a comprehensive, effective, and sustainable improvement system that will deliver a culture of continual learning and improvement in patient safety across the country over the next five years (Berwick Report – Ref: C6)	Deliver the best clinical outcomes	David Throssell April 15	• STH participation in the 'Sign up to Safety' programme. • STH inclusion in regional Patient Safety Collaborative.		• Overview summary presented to Trust Executive Group. Initial scoping undertaken to assess implications for STH. • Draft Yorkshire and Humber plan received.
3.2 NHS England will be **publishing never events quarterly** before the end of 2013 and monthly by April 2014, and is exploring ways to make **safety thermometer data** more accessible to the public. NHS England is leading on work to develop a single and agreed methodology for **retrospective case note reviews undertaken by Trusts** (Berwick Report – Ref: C9)	Deliver the best clinical outcomes	David Throssell October 14	• Ongoing implementation of Never Event improvement actions. • Plans required to ensure safety thermometer data are appropriately used to direct improvement actions. • Participation in AHSN, Improvement Academy - Mortality Workstream and training programme.		
3.3 The National Quality Board and the Chief Nursing Officer are publishing new guidance on safe staffing levels in hospitals and the National Institute for Health and Care Excellence has been commissioned to provide authoritative independent advice on evidence based tools to ensure the right levels of staff on every shift on every ward on every day in the NHS (Recommendation 23 – Ref: 1.8)	Caring and cared for staff	Hilary Chapman June 14	• Board to receive a report every 6 months on staffing capacity and capability • Staffing numbers to be displayed at ward level • Monthly update on staffing information to be provided to the Board and subsequently published on the internet • Actual versus planned staffing to be reviewed on a shift by shift basis		• A report on staffing will be presented to the Board in June • Plans are underway to display staffing at a ward level • Escalation policy for actions to be taken when a shortfall of nurses is noted is being drafted

4. Transparency

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
4.1 The review confirmed the Government's plans to introduce **a new statutory duty of candour** on providers. We are working with the professional regulators to strengthen the references to candour in professional regulation. The Government will also seek to introduce a **new criminal sanction that covers wilful neglect** designed for those guilty of the most extreme types of poor care (Berwick Report – Ref: C11)	Deliver the best clinical outcomes Provide patient centred services	Neil Riley April 15	• Duty of Candour action plan to be drawn up and implemented. • National guidance re new criminal sanctions for wilful neglect to be monitored		• Draft action plan in place, implications assessed.
4.2 Every organisation registered with the Care Quality Commission will have to meet a **new duty of candour** (Recommendations 2, 173-174, 180-181, 183-184 – Hard Truths Ref: 1.10)	Deliver the best clinical outcomes Provide patient centred services	As above			
4.3 There is a **culture of transparency** in the interests of patients and the public so that they are clear about the quality of care in their hospitals and on different wards (Recommendation 2 – Hard Truths Ref: 1.5)	Deliver the best clinical outcomes Provide patient centred services	Neil Riley Kirsten Major Jun 2014 Hilary Chapman	• Duty of Candour action plan to be drawn up and implemented.. • Integrated performance report to be produced • Ward level dashboards to be developed further in line with national work		• An Integrated Board Report is being developed and has been to TEG and Board (April 14)
4.4 **Criminal sanctions for care providers that falsify certain information** required by law (Hard Truths Ref: 4.11)	Deliver the best clinical outcomes Provide patient centred services	Kirsten Major Mar 2015	• Data quality plans to be enhanced and overall performance monitored • Internal Audit plans to ensure alignment with data quality matters		• Data Quality Framework will be subject to an internal audit review in 2014/15
4.5 Development of the **patient insight dashboard** in a format that can be understood by patients (Recommendation 2 – Hard Truths Ref: 1.18)	Deliver the best clinical outcomes Provide patient centred services	Kirsten Major Jun 2014	• Integrated performance report to be produced • Ward level dashboards to be developed further in line with national work • Monitoring of national developments		As above As above

5. Regulatory Compliance

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
5.1 Professor Sir Mike Richards, the Chief Inspector of Hospitals, issued a 'call to action' to **draw in patients and clinicians into expert inspection** teams (Recommendation 51 – Hard Truths Ref: 2.4)	Deliver the best clinical outcomes	Neil Riley	• Managed programme to be developed to enable STH to provide expert support to CQC Inspections	🟧	• Several staff are currently registered with CQC
5.2 By the end of 2015, the Care Quality Commission will systematically conduct **inspections of all acute trusts (**Recommendations 53-59 – Hard Truths Ref: 2.7)	Deliver the best clinical outcomes	David Throssell	• Revised inspection response plan required to align with new approach • Continue with CQC compliance framework		• Scoping work undertaken and new Internal inspection tools in place.

6. Workforce

Statement	Making a Difference	Lead & Deadline	Key Actions	RAG	Progress
7. Health Education England are leading the work with Skills Councils, other delivery partners and health and care providers to develop a new Care Certificate (Recommendation 211 – Hard Truths Ref: 5.10)		Mark Gwilliam Hilary Chapman	• Monitoring of national actions ongoing • 'Prepare to Care' programme in place.	🟧	• An increase in places on the Prepare to Care programme in place for 2014/15
8. Health Education England is supporting employers to test values, attitudes and aptitude for caring during recruitment (Recommendations 2, 191 – Hard Truths Ref: 5.11)		Mark Gwilliam Hilary Chapman	• Strengths based recruitment in place, to be developed to values based recruitment. • Assessment stations in place for nursing posts.	🟧	• Strengths based Ward sister/charge nurse recruitment commenced; training of assessors taken place.
8.1 The 11 Trusts in special measures have been partnered by successful Trusts working under 'improvement contracts' (Recommendations 28-32 – Hard Truths Ref: 3.4)		Neil Riley	Partner process in place	🟩	• Reciprocal support in place