Briefing paper: Report of the Mid Staffordshire Public Inquiry

Situation

1. This report provides a brief summary of the report of the Mid Staffordshire Public Inquiry (February 2013) and recommends the next steps required by Leicester City Clinical Commissioning Group in response to this report and associated recommendations.

Background to the Inquiry

2. An independent inquiry into care at Mid Staffordshire Hospital between January 2005 and March 2009 (published 2010) contained damning criticism of the trust and identified a culture which was not conducive to providing acceptable level of care, compassion or dignity for its patients.

3. The evidence disclosed that the most basic standards of care were not observed, and fundamental rights to dignity were not respected:

   • Elderly and vulnerable patients were left unwashed, unfed and without fluids
   • They were deprived of dignity and respect
   • Some patients had to relieve themselves in their beds when they offered no help to get to the bathroom. Some were left in excrement stained sheets and beds.
   • They had to endure filthy conditions in their wards. There were incidents of callous treatment by ward staff. Patients who could not eat or drink without help did not receive it
   • Medicines were prescribed but not given.
   • The accident and emergency department as well as some wards had insufficient staff to deliver safe and effective care.
   • Patients were discharged without proper regard for their welfare.

4. Within this initial inquiry, questions were also asked about why these failings happened at all and why actions were not taken to avoid the harm that occurred. As a result the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. The inquiry was chaired by Robert Francis QC, who made recommendations to the Secretary of State based on the lessons learnt from Mid Staffordshire. The report of this inquiry was published on 6th February 2013.
5. The scope of the public inquiry can be summarised into a number of areas:

- To examine the operations of commissioning, supervisory, regulatory organisations in relation to their monitoring role
- To identify why problems were not identified sooner and appropriate action taken
- To where appropriate build on evidence from the first inquiry
- To identify the lessons to be learnt and to make recommendations to the Secretary of State for health.

6. The report contains 290 recommendations. These are wide reaching in their potential impact on future health care delivery and monitoring of those services and cover 22 themes for consideration and action:

- Accountability for implementation of recommendations
- Putting the patient first
- Fundamental standards of behaviour
- A common culture made real through the system
- Responsibility for, and effectiveness of, healthcare standards
- Responsibility for, and effectiveness of, regulating healthcare systems governance – Monitor's healthcare system regulatory function
- Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and safety executive functions
- Enhancement of the role of supportive agencies
- Effective complaints handling
- Commissioning for standards
- Performance management and strategic oversight
- Patient, public and local scrutiny
- Medical training and education
- Openness, transparency and candour
- Nursing
- Leadership
- Professional regulation and fitness to practice
- Nursing and Midwifery council
- Caring for the elderly
- Information
- Coroners and inquests
- Department of Health leadership

**Next steps**

7. The Government is currently reviewing the recommendations in the Public Inquiry report and will shortly issue its. It is important to receive and
understand this response prior to developing a full action plan from the CCG.

8. The report makes clear what is required as a first step by the CCG: ‘All commissioning, service provision and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their work’

9. To inform our initial response a number of meetings and events have taken place during February and March or are planned in the near future, to facilitate consideration of the report and associated recommendations. This has involved members of this governing body, general practitioners and their teams, patients and the public. A number of key priority areas have started to emerge for further consideration and agreement about how these could be further developed and are included within this paper. These are not exhaustive and as mentioned earlier a full action plan will need to be developed as formal governmental responses are issued:

**Listening and engagement with patients and the public**

10. The inquiry found that whilst there was evidence of patient dissatisfaction with services at Mid Staffordshire FT, there was a lack of awareness at board level of the reality of care and no effective action was taken. The recommendations clearly state the commissioner’s role as a publically accountable body to ensure the **full involvement and engagement of the public**.

11. Whilst the CCG does have an engagement strategy it is felt that more could be done to ensure that the ‘voice of the patient’ is heard by the governing body and acted upon by the CCG. This specifically relates to the perceived experience of commissioned healthcare provision. Given the diversity of the population we serve this will need to include:
   - A range of appropriate approaches and techniques to ensure inclusion (this would include working in partnership with others)
   - A full and on-going understanding of the range of experiences
   - A clear agreement about how this feedback is to be reviewed, understood and addressed.

12. As an example we have held a very successful ‘listening event’ with the public recently in which a video booth, comment cards and face to face feedback were made available and enabled people to feedback on experiences both good and bad. This information is currently being evaluated.

*Actions proposed:*
   a) Develop and agree an approach to ensure we facilitate effective feedback and listen to people within the City regarding their experiences of healthcare provision.
b) Agree how the CCG will effectively review and respond as a result of this feedback.

Listening to professionals involved in care delivery

13. The Inquiry identifies **general practitioners** as having a key role on behalf of patients who receive hospital services in terms of monitoring the quality of services received and assessment of outcomes. General practitioners and their teams will have a unique insight due to their relationship with their patients and carers in terms of the whole patient journey.

14. To do this there will need to be mechanisms in place to collect evaluate and act on this intelligence this will need to include individual cases and the recognition of patterns of concern.

15. The CCG is taking the opportunity to explore with GP members and their teams how best we should approach this issue. This feedback will then inform how we take this forward as a CCG.

16. The other issue related to staff involvement is the requirement to have robust and effective systems in place for staff to raise concerns when they see or become aware of poor care.

17. There has been concern raised within the public inquiry report about the impact of a culture that does not allow escalation, honesty and openness. Also within the media and professional journals recently debate is ongoing about the impact on individuals who do speak out. It is important that all parts of the system review, refresh and evaluate the effectiveness of current **whistleblowing policies**.

**Actions proposed:**

a) To develop and agree the mechanisms required to collect, evaluate and act on intelligence from general practitioners and their teams this will need to include individual cases and the recognition of patterns of concern.

b) To review, refresh and evaluate the effectiveness of current whistleblowing policies in commissioned services and within LCCCG.

Have robust approaches to monitoring and measuring the quality of services

18. The inquiry report reinforces the existing CCG duty to **monitor the delivery of fundamental standards** in relation the quality of commissioned services. To do this effectively requires appropriate infrastructure, expertise, timely review and sharing of relevant information / intelligence sources and appropriate / timely reporting and enforcement action as required.
19. Work is currently on-going to agree the contracts for 2013 / 14 and ensuring that the quality schedule and CQUIN (Commissioning for Quality and Innovation payment) are robust. These will then be a significant vehicle to monitor standards going forward. The CCG is already involved in evaluating the effectiveness of the current quality monitoring systems via internal audit (report due during March 2013).

20. It is important for the committee to be assured and confident that our approach to the monitoring of quality standards is effective. For example changes have already been made to the process of provider site visits based on best practice guidance, and a number of unannounced visits have been carried out to providers by general practitioners and quality leads during February and March 2013. The CCG is also actively participating in the newly developed Quality Surveillance Group for Leicester, Leicestershire and Rutland hosted by the Area Office.

Action proposed:

a) Further work is required to consider the inquiry recommendation regarding the CCG role in quality monitoring along with the findings of the internal audit report. As a result a review and refresh existing systems should be conducted as required.

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

21. The public inquiry report raises a number of concerns about the nursing profession and has a range of associated actions related to recruitment, education, support, supervision, leadership, support worker roles, nursing practice and regulation.

22. In autumn 2013 the Chief Nursing Officer (NCB) Jane Cumming launched a new strategy for Nurses and Midwives (Our Culture of Compassionate Care). This strategy is seen as an important vehicle to address some of the issues identified by the public inquiry around culture, care and compassion in nursing. There is an expectation that commissioning organisations will demonstrate leadership in terms of ensuring that this strategy becomes a reality in practice. A number of actions are already underway regarding this strategy. These include:

- An explicit requirement for commissioned services to demonstrate implementation within organisations is included within the quality schedule
- Specific sessions are planned with city practice nurses as part of the protected learning time to elicit their views and engagement.
- The Directors of Nursing across LLR are working collaboratively to understand the aspects that require a collective response.
- LCCCG Director of Nursing is participating in a National Commissioning Board (NCB) event in March with other CCG nurses
directors to agree the commissioning actions required from nurse leader.

**Action proposed:**

a) *The LCCCG should develop an approach to this strategy and how this will be implemented and evaluated locally.*

**Recommendations**

23. The committee is requested to consider the contents of the briefing paper and the four areas for action identified.