



15th October 2010

Dr Kevin Woods
Director-General Health and Chief Executive NHS Scotland
Scottish Government Health Directorates
St Andrew's House
Regent Street
Edinburgh
EH1 3DG

Rec-20.10.10

Dear Dr Woods

**NHS 24's review of the Mid Staffordshire NHS Foundation Trust
Independent Inquiry**

I am writing further to your letter dated 26th March 2010.

NHS 24 has now concluded a detailed internal review against the eighteen recommendations published as a result of the Independent Inquiry into the care provided by Mid Staffordshire NHS Trust, along with the recommendations and conclusions provided by the Scottish Government Health Directorates.

A comprehensive review was undertaken with the findings and actions approved at the NHS 24 Board meeting held 30th September 2010. The document attached (appendix 1) outlines NHS 24's position against each of the recommendations and subsequent actions where appropriate.

The internal review process followed within NHS 24 comprised of:

- an initial review by the NHS 24 National Clinical Governance Group and Executive Team, against the recommendations, with the production of a draft summary of findings which were considered by the NHS 24 Board in June 2010;
- a more detailed cycle of review by key stakeholders including the Area Partnership Forum, National and Regional Clinical Governance Groups, Frontline Staff, and Directorate/Department Managers resulting in a full summary of findings and identification of associated evidence; and
- a final review by a Quality Assurance Group leading to the development of an associated action plan, which was considered initially by the NHS 24 Clinical Governance Committee and approved by the NHS 24 Board in September 2010.

As well as involvement at key stages during the consultative process, the full summary of findings and action plan were discussed in detail by the following groups within NHS 24:

- Executive Team
- Clinical Governance Committee (Mrs Jan Warner, Director of Patient Safety and Performance Assessment, NHS Quality Improvement Scotland was in attendance for the discussion at the NHS 24 Clinical Governance Committee meeting on 16 June 2010.)
- Staff Governance Committee
- Area Partnership Forum
- National Clinical Governance Group
- Regional Clinical Governance Groups

The actions identified have been incorporated within the NHS 24 Clinical Governance Workplan with monitoring undertaken by the NHS 24 National Clinical Governance Group under the aegis of the Clinical Governance Committee.

In addition to the implementation of identified actions, further steps will be taken on an ongoing basis, in order to embed the lessons learned from this inquiry, as part of the organisation's continuous improvement culture.

I trust that this response has addressed the points raised in your letter, but please do not hesitate to contact either Eunice Muir, Nurse Director or myself if you require any further information.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'John Turner', with a long horizontal flourish extending to the right.

JOHN TURNER
Chief Executive



Mid Staffordshire NHS Trust Independent Inquiry :-

Summary of NHS 24's position against the published recommendations

September 2010

Summary of NHS 24's position against the recommendations published following the Mid Staffordshire NHS Trust Independent Inquiry

This document aims to outline NHS 24's position against the eighteen recommendations published following an independent inquiry into the care provided by Mid Staffordshire NHS Trust.

In addition to these recommendations, the conclusions from the Scottish Government Health Directorates (SGHD) review of the Mid Staffordshire NHS Trust Independent Inquiry are detailed below. A cross-referencing exercise has been undertaken to ensure all conclusions have been addressed within the 18 recommendations.

Therefore, NHS 24's position in table 2, provides a response to the eighteen recommendations that have been cross-referenced against the SGHD conclusions.

NHS 24 has interpreted "Trust" within the recommendations as relating to Boards and Special Health Boards within NHSScotland.

[Table 1.]

| Scottish Government Health Directorate Conclusions | Mid Staffordshire Recommendation |
|--|----------------------------------|
| Deficiencies in Staff and Governance | 4 |
| Distinction between strategic and operational management and a failure to focus on the latter | 10 |
| Lack of urgency and follow-through in addressing problems in relation to areas such as governance | 1, 18 |
| Focus on generic date and benchmarks at the expense of patient experience detracting from an ability to identify serious systematic failings | 5 |
| Corporate focus on process at the expense of outcomes | 5 |
| Failure to listen to those who have received care through proper consideration of their complaint | 6 |
| Staff disengaged from the process of management | 10 |
| Insufficient attention to the maintenance of professional standards | 4, 6 |
| Lack of support for staff through appraisal, supervision and professional development | 4 |
| Weak professional voice in management decisions | 10 |
| Failure to meet the challenge of care of the elderly through provision of adequate professional resource – with very poor treatment of elderly patients underlined | 4 |
| Lack of external and internal transparency | 3 |
| False reassurance taken from external assessments | 16 |
| Disregard for the significance of mortality statistics | 15 |

The following table summarises NHS 24's position against each of the eighteen recommendations that have been cross referenced against the SGHD conclusions.

The actions identified within the summarised table below have been incorporated into the NHS 24 Clinical Governance Work Plan. Each action has been assigned to an action owner with an agreed implementation date. Progress will be monitored through the meetings of the National Clinical Governance Group and exceptions escalated to the Clinical Governance Committee in line with the current agreed process.

Position rating system: No Action Required ; Action Identified ; Not Applicable

[Table 2.]

| Recommendation | Position | Supporting Statement <i>* The evidence referenced in this column is available within NHS 24's review against all the recommendations made.</i> | Actions Identified |
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| 1: 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. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 1.</p> <p>Actions have been identified that will enhance existing performance management measures that will be strengthened by the development of a Quality Scorecard and Performance, increasing visibility of the performance and quality of the services provided to patients, putting their needs first.</p> <p>The Clinical Governance and Risk Management Peer Review undertaken by NHS Quality Improvement Scotland, August 2009, found that NHS 24 "embraced the patient focus public involvement agenda and is actively involving and engaging the public and patients across all it's work streams".</p> | <ol style="list-style-type: none"> 1. Develop and implement a Quality Scorecard. 2. Give consideration to the Health Efficiency and Access to Treatment (HEAT) workforce targets. 3. Review membership of groups within Clinical Governance Infrastructure. 4. Review and update the Clinical Governance, Quality & Patient Safety Communication Plan 5. Evaluation of Call Streaming. |
| 2: The Secretary of State for Health should consider whether he ought to request that Monitor – under the provisions of the Health Act 2009 – exercise its power of de-authorisation over the Mid Staffordshire NHS Foundation Trust. In the event of his deciding that continuation of foundation trust status is appropriate, the Secretary of State should keep that decision under review. | Not Applicable | | |

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| 3: 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 deliver up-to-date and high-class standards of service provision and professional leadership. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 3.</p> <p>Actions have been identified that will strengthen existing arrangements recognised as positive partnership working by the Cabinet Secretary for Health at the NHS 24 2010 Annual Review. The actions identified focus in particular on the Living and Dying Well Plan and Telehealth Service which will promote the development of links and enhance partnership working with NHS bodies and other organisations.</p> <p>The Clinical Governance and Risk Management Peer Review undertaken by NHS Quality Improvement Scotland, August 2009, found that NHS 24 "demonstrated a wide range of partnership working with all of its external partners to ensure that they are involved and engaged in taking forward the organisation's work".</p> | <ol style="list-style-type: none"> 1. Review the Living & Dying Well Action Plan to ensure interlinkages with the Electronic Care Palliative Summary. 2. Develop a Telehealth Service Strategy Implementation Plan. |
| 4: The Trust, in conjunction with the Royal Colleges, the Deanery and the Nursing School at Staffordshire University, should review its training programmes for all staff to ensure that high-quality professional training and development is provided at all levels to ensure that a high-quality service is recognised and valued. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 4.</p> <p>Actions have been identified that will build on the existing arrangements for the training and development for staff at all levels. The existing NHS 24 nursing Telehealth education and all education and training programmes are accredited by Glasgow Caledonian University and are subject to regular review. The actions identified will support an increase in additional nursing and medical student placements in conjunction with the relevant professional and academic bodies.</p> <p>The Clinical Governance and Risk Management Peer Review undertaken by NHS Quality Improvement Scotland, August 2009, found that NHS 24 "has arrangements in place to ensure that its workforce has the necessary skills, knowledge and experience to deliver its services". It was also recognised that NHS 24 is "clearly focused on ensuring that all its staff receive the necessary training and development in order to undertake their role effectively and efficiently".</p> | <ol style="list-style-type: none"> 1. Establish links with Allied Health Professional (AHP) Leads in wider education establishments. 2. Review the training system combining all Continuing Professional Development (CPD) activity & reporting. 3. Develop collaborative working between the Clinical Advisory Group and Dental Advisory Group. 4. Further development of nursing student clinical placements. 5. Further development of medical student clinical placements and awareness visits to NHS 24. 6. Develop dental nurse students placements. 7. Accreditation of the NHS 24 Dental Nurse Training Programme. |
| 5: 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. | Action Identified | <p>NHS 24 has a range of evidence of compliance with recommendation 5.</p> <p>Actions have been identified to support a review of audit processes and outcomes on a regular basis. NHS 24 is further developing its programme of clinical audit with a revised annual clinical audit operational plan and audit methodology approved during 2010. These developments have improved alignment and synergy with the internal audit programme and methodology.</p> | <ol style="list-style-type: none"> 1. Review the clinical audit arrangements further in light of the experience of the 2010/11 clinical audit programme. 2. Patient Safety Walk round actions to be aligned to the Patient Safety Report. |

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| 6: 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. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 6.</p> <p>Actions have been identified that will build on the existing arrangements in place for the review and management of complaints and incident reporting. A review of complaints management arrangements was undertaken during 2009/10 and full compliance with the guidelines laid down by the Scottish Government Health Department continues to be achieved. A review of Adverse Incident Management commenced during 2010, due to conclude October 2010.</p> <p>The Clinical Governance and Risk Management Peer Review undertaken by NHS Quality Improvement Scotland, August 2009, found that NHS 24 "recognises the importance and value of sharing its experiences of managing adverse incidents and provided a number of examples of shared learning with other organisations". The review also found that "other territorial NHS boards are invited to attend and participate in discussions around adverse events. The review team was also impressed with the involvement of patient/public representatives in the review of adverse incidents in different areas of the organisation".</p> | <ol style="list-style-type: none"> 1. Evaluation of complaints process (CG work plan) 2. Implementation of the Risk Management Workshop Action Plan. 3. Review the effectiveness of the Clinical Governance Public Panel and produce an Evaluation Report. 4. Review and further develop patient experience activities to inform the development of a Patient Experience Framework . |
| 7: Trust policies, procedures and practice regarding professional oversight and discipline should be reviewed in the light of the principles described in this report. | Action Identified | <p>NHS 24 has a range of evidence of compliance with recommendation 7.</p> <p>Actions have been identified that will build on the existing review cycle arrangements in place for policies, procedures and practice regarding professional oversight and discipline.</p> | <ol style="list-style-type: none"> 1. Audit of the Professional Regulation processes. 2. Implementation of Interactive Voice Recording at Head Quarters Reception. 3. Implement the standards contained within the Regulation of Healthcare Support Workers CEL within NHS 24. |
| 8: The Board should give priority to ensuring that any member of staff who raises an honestly held concern about the standard or 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. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 8.</p> <p>Actions have been identified that will enhance the existing mechanisms that are currently available to staff who wish to raise concerns about the standard or safety of the provision of services to patients. These actions aim to foster a culture of openness and are in addition to the Q&A sessions undertaken by the Chief Executive and Employee Director and the recently introduced Patient Safety Walkrounds .</p> <p>Actions have been identified that will enhance the existing processes and mechanisms through which staff can raise honestly held concerns about the standard or safety of the provision of the services to patients.</p> | <ol style="list-style-type: none"> 1. Consider use of Scottish Patient Safety Programme culture survey. 2. Review the Team Leader Framework to ensure that it supports empowerment. 3. Evaluation and Review of Adverse Incident Management. |
| 9: In the light of the findings | Not | | |

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| 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. | Applicable | | |
| 10: The Board should review the management and leadership of the nursing staff to ensure that the principles described are complied with. | Action Identified | <p>NHS 24 has a range of evidence of compliance with recommendation 10.</p> <p>A specific action focusing on management and leadership of nursing staff in relation to the principles described in the report has been identified. NHS 24 has a robust professional reporting line from frontline staff to the Board Nurse Director. A range of clinical leadership programmes are in place and a series of reviews have been undertaken ranging from the implementation of the Senior Charge Nurse Review, annual Frontline Reviews, and the Non-Frontline Review underway that spans clinical and non-clinical staff.</p> | <ol style="list-style-type: none"> 1. Undertake a review of management and leadership in relation to the principles described within the Mid Staffordshire NHS Trust Report. |
| 11: The Board should review the management structure to ensure that clinical staff and their views are fully represented at all levels of the Trust and that they are aware of concerns raised by clinicians on matters relating to the standard and safety of the service provided to patients. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 11.</p> <p>Actions have been identified to ensure that clinical staff and their views are fully represented at all levels of the organisation. A specific action has been identified to ensure that the Board is informed of any concerns raised by clinicians specifically with the Nurse Director and Medical Director on matters relating to the standard and safety of services. The Non-Frontline Review considers the management structures and fitness for purpose of specific functions within the organisation, some of which are undertaken by senior clinical staff. Within NHS 24 Clinical staff and their views are comprehensively represented at all levels of the organisation. Clinical Leads have been identified to drive forward a broad range of activities across the organisation for example implementation of the Quality Strategy, Scottish Patient Safety Programme, Clinical Effectiveness Programme. Through the clinical governance infrastructure, concerns raised by clinicians will be discussed and addressed as necessary. The Quarterly Patient Safety Performance Report is informed by and reviewed by a range of clinicians</p> | <ol style="list-style-type: none"> 1. Inclusion of concerns raised by clinical staff directly with the Nurse Director or Medical Director within their monthly Board reports. 2. Review the recommendations from the final report of the Non Frontline Review which includes clinical staff and agree actions to be undertaken. |

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| | | across the organisation prior to submission to the Executive Team and Clinical Governance Committee | |
| 12: The Trust should review its record-keeping procedures in consultation with the clinical and nursing staff and regularly audit the standards of performance. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 12.</p> <p>Actions have been identified that will further support NHS 24's approach to robust record keeping. The Record Keeping Policy has been reviewed in consultation with clinical and nursing staff during 2010 and will be submitted to the Clinical Governance Committee for approval in 2010. Routine monitoring is undertaken by nursing staff as part of Call Consultation Review which supports a routine review of the quality of all aspects of the patient consultation against agreed standards (including record keeping) which provides assurance in relation to performance.</p> | <ol style="list-style-type: none"> 1. Approval of Record Keeping Policy 2. Continue to audit performance against agreed standards of record keeping. 3. Consider initial findings of the review of Transfer of calls - SAS & NHS 24 – Stacker, and link to the development of the Single Common Triage Tool. 4. Document Control Policy Approval & Implementation |
| 13: 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) should have training in the diagnosis and management of acute confusion. | Not applicable | | |
| 14: The Trust should ensure that its nurses work to a published set of principles, focusing on safe patient care. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 14.</p> <p>Actions have been identified that will support nurses to work to a published set of principles, focusing on safe patient care that aims to enhance the existing arrangements, making clear the responsibility of every member of frontline staff in relation to patient safety. Nursing staff also work to the (NMC Code of Conduct), with compliance routinely monitored through existing monitoring mechanism.</p> | <ol style="list-style-type: none"> 1. Review the performance management framework to ensure that where appropriate, patient safety is included as a core competency. 2. Include the principles of the Clinical Supervision Framework within the Clinical Supervision offline activities pilot. 3. Improve reporting of clinical supervision activities. |
| 15: In view of the uncertainties surrounding the use of comparative mortality statistics in assessing hospital | Not Applicable | | |

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| performance and the understanding of the term 'excess' deaths, an independent working group should be set up by the Department of Health to examine and report on the methodologies in use. It should make recommendations as to how such mortality statistics should be collected, analysed and published, both to promote public confidence and understanding of the process, and to assist hospitals in using such statistics as a prompt to examine particular areas of patient care. | | | |
| 16: The Department of Health should consider instigating an independent examination of the operation of commissioning, supervisory and regulatory bodies in relation to their monitoring role at Stafford hospital with the objective of learning lessons about how failing hospitals are identified. | Not Applicable | | |
| 17: The Trust and the Primary Care Trust should consider steps to enhance the rebuilding of public confidence in the Trust. | Action Identified | <p>NHS 24 has strong evidence of compliance with recommendation 17.</p> <p>Actions have been identified that enhance the broad range of existing arrangements for engagement with patients and the public. The Communications Strategy, in relation to external communications, describes a proactive media strategy aimed at educating and informing the public and stakeholders about the services NHS 24 provides along with key developments.</p> <p>The Clinical Governance and Risk Management Peer Review undertaken by NHS Quality Improvement Scotland, August 2009, found that NHS 24 "has developed effective and innovative use of a range of media to communicate information to the public". A public relations and</p> | <ol style="list-style-type: none"> 1. Improve Management links with territorial Health Boards through regular engagement and communication at a senior level. 2. Work closely with NHS Boards to refine the patient journey to ensure timely clinically appropriate referrals. |

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| | | communication action plan was also noted, which accompanies the communication strategy, including detail of activities such as campaigns, marketing and media activity. | |
| 18: 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. | No Action Required | <p>NHS 24 has interpreted this recommendation as relating to clinical services and has strong evidence of compliance with recommendation 18.</p> <p>No further actions are required. A review of existing governance and performance arrangements has been undertaken. In particular a comprehensive internal review involving all stakeholders has been conducted which considered the recommendations of the Mid Staffordshire NHS Trust Review. NHS 24's findings against the recommendations have resulted in an action plan.</p> <p>The Clinical Governance and Risk Management Peer Review undertaken by NHS Quality Improvement Scotland, August 2009, found that "it was apparent that clinical governance is well embedded throughout the organisation".</p> | |

