Agenda Item: 8

TRUST BOARD – 27 FEBRUARY 2013

FRANCIS REPORT

PURPOSE	To present to the Board a summary of the key issues raised in the report published by Robert Francis QC on 6th February 2013 on the Mid-Staffordshire NHS Foundation Trust Public Inquiry and to set out a process for the Trust to consider the recommendations
PREVIOUSLY CONSIDERED BY	Risk & Quality Committee
Objective(s) to which issue relates *	☑ 1. To improve continuously the quality of all aspects of our services ☑ 2. To consolidate acute services for complex or serious conditions onto a single site ☑ 3. To work with colleagues in primary care to expand local access to specialist acute services ☑ 4. To maintain the pre-eminence of Mount Vernon as a tertiary Cancer Centre, and to provide more cancer care locally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key quality/ patient safety risks are identified and managed in line with the Trust's Assurance Framework and Quality Governance and Risk Management Strategy, December 2012.
Healthcare/ National Policy (includes CQC/Monitor)	Healthcare regulation including CQC, NHSLA, Department of Health and Monitor.
CRR/Board Assurance Framework	☐ **Corporate Risk Register** ☐ **BAF**

ACTION REQUIRED

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	Chief Executive
PRESENTED BY:	Chief Executive
AUTHOR:	Chief Executive
DATE:	February 2013

The Mid-Staffordshire NHS Foundation Trust Public Inquiry

On 6th February 2013 Robert Francis QC, Chairman of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, published his report.

The report is extensive and wide-ranging and makes 290 recommendations for improvement. An executive summary of the Francis Report has been circulated under separate cover to all Directors and the report itself can be found on the enquiries website with the responses from the Department of Health and the NHS Commissioning Board also available on their respective websites. Attached to this report are:-

- Appendix A, a brief summary of the Francis Report prepared by Capsticks
- Appendix B, a summary prepared by the Foundation Trust Network
- Appendix C, a letter from Sir David Nicholson, NHS Chief Executive

The Francis Report records truly shocking episodes of care and it is very important that the whole NHS, including this Trust Board, spends time to reflect upon the report's findings and examines its performance in the light of these findings.

In recent times within this Trust, we have noted a number of positive indicators that suggest that the Trust is providing care of a very different standard to that observed in Mid-Staffordshire. Mortality has been falling, the Trust has received a number of positive CQC reports following unannounced visits, infection rates are low and recent staff surveys suggest an improving and better than average level of staff satisfaction. However, it is extremely important that the Trust does not become complacent, but instead continues to drive to improve the standard of care that we offer to our patients.

Upon the publication of the report the Trust Chairman and myself wrote to all public members, local political leaders and Trust staff emphasising that the key lesson from the Francis Report is the need for us all, individually and collectively, to re-double our efforts as we strive to become "amongst the best" and provide the best possible care for our patients. A copy of this letter is attached as Appendix D.

The Trust's ARC programme and the Trust's PIVOT values were launched some 18 months ago in anticipation of some of the findings of the Francis Report and in recognition of the need to ensure that all Trust staff are increasingly culturally aligned around prioritising the needs of our patients and ensuring that each and every one of us operates in accordance with these values.

- P - we put our *patients* first;
- I - we strive for excellence and continuous *improvement*;
- V - we *value* everybody;
- O - we are *open* and honest;
- T - we work as a *team*.

There is a substantial research base that suggests that in hospitals where staff are engaged around clear values, organisational outcomes are better. Indeed, the BMJ this month reports in the paper "staff perceptions of quality of care: an observational study of the NHS Staff Survey in hospitals in England", that there is some correlation between staff satisfaction and mortality, albeit that it is unclear whether higher staff satisfaction drives quality or merely reflects it.

The Francis Report has been discussed by the Executive Directors, the Risk and Quality Committee and the Involvement Committee. The report also features in the Trust's "delivering excellent customer service" programme, launched this month, which will see 5,000 Trust staff participate in innovative customer service education.

It is proposed that the Executive Team will review all of the 290 recommendations of the Francis Report over the coming weeks and provide a report to the Board at its March Board development session to be held on 27th March. This session has already been scheduled to discuss and review the Trust's organisational culture in the context of the Francis Report.

Nick Carver
21st February 2013

Francis report published

On 6 February 2013, Robert Francis QC published his report following his two-year Public Inquiry into the operation of the commissioning, supervisory and regulatory organisations in relation to their monitoring role of Mid Staffordshire NHS Foundation Trust between 2005 and 2009.

Across three volumes, Francis recognises institutional and cultural practices that he finds need to change in order to drive up quality in patient care. He makes 290 recommendations to that effect.

Key findings and recommendations

Governance and trust boards

The board at the Trust lost sight of quality, and was not sufficiently aware or responsive to problems at the Trust. Francis recommends enhanced accountability at board level for poor quality care, which would be achieved through:

- Registration of providers' directors with CQC, and a 'fit and proper person' test for directors;
- A requirement to comply with a prescribed code of conduct for directors;
- More robust processes to be available so that those that are not fit for the job can be removed. Where employment contracts are terminated because a person is believed not to be a fit or proper person, it is recommended that NHS providers be obliged to report the matter to regulators;
- Enhanced training and support for directors to ensure they have sufficient skills and experience for the important duties they fulfil;
- All directors to sign off quality accounts; and
- A board member responsible for information about patient care.

Monitor and the authorisation of NHS foundation trusts

Francis has called for a change in the regulation of NHS providers, which would include:

- A single regulator dealing with authorisation, corporate governance, financial competence, viability, safety and quality standards. Francis recommends that this should be CQC;
- Changes to the authorisation process (with specific roles for the NHS Trust Development Authority, Monitor and the Department of Health) with a view to ensuring fitness for purpose and delivering the appropriate quality of care that is safe and sustainable.

New fundamental and enhanced standards of quality

The report calls for a hierarchical system of standards to ensure patient safety with:-

- Fundamental standards of minimum safety and quality, to be established through legislation and enforced by the regulator;
- Enhanced quality standards, to be developed by the NHSCB and CCGs, should be used as a tool by commissioners to drive up quality;
- Longer term developmental standards as goals for providers.

The Report states that there should be a 'zero tolerance' approach amongst providers, commissioners and regulators to sub-standard care. CQC and commissioners should not permit services that are incapable of meeting fundamental quality standards to continue. New criminal sanctions – beyond prosecution for corporate manslaughter or breach of the Health and Safety at Work Act – are envisaged in the event of patient death or serious harm from poor quality.

Duty of candour, complaints and clinical risk

The report found that there were organisational and structural impediments to staff reporting episodes of poor quality care, which meant that patients and their families were not able to find out about it and obtain closure. To combat this, Francis recommends:

- A new statutory duty of candour both on healthcare organisations and on clinical and healthcare management professionals, with related criminal and regulatory penalties for non-compliance;
- The duty of candour should include the provision of information to patients and their relatives, regardless of whether or not they have asked for it;
- That complying with the duty of candour should not constitute an admission of civil or criminal liability;
- There should be sanctions for knowingly making a misleading statement to a regulator or commissioner;
- Publishing anonymised complaints reports on trust websites;
- Arm's length investigation of complaints by providers that constitute SUIs, which raise substantive issues of professional misconduct; or about the nature or extent of services commissioned; and
- Criminal liability for any doctor, nurse or director who does not comply with the duty of candour or misleads a patient or relative about an incident.

Francis is clear that patient safety must be a priority at board level and NHS trusts must have risk management standards "at least as rigorous as those required by the NHS Litigation Authority". Measures must be in place to ensure openness and transparency from the outset of any incident occurring. The proposed duty of candour extends far beyond cases where claims may arise.

Enhancements to provision of information, inspection and monitoring

Francis is clear that although there was a range of warning signs regarding substandard care at Mid Staffordshire – through both direct experience and statistical information – the intelligence was not fully put together until it was too late. There are over 100 references to 'information' in the recommendations. Among them:

- CQC, commissioners and patients should have access to a broader range of shared information, which should be published as a matter of course;
- There should be a mandated return from providers about patterns of complaints, how they were dealt with and outcomes;
- Quality accounts should be standardised, made available to commissioners and regulators and independently audited;
- Details of SUIs should be made known to CQC;
- CQC should have clearer responsibilities to review how providers have responded to complaints and episodes of patient harm;
- Whilst information is important, there needs to be an emphasis on inspection by the CQC as a central method of monitoring non-compliance; and
- Corporate memory in times of transition is vital for ensuring quality. The NHSCB and local commissioners should develop and oversee a code of practice for managing organisational transitions.

Workforce issues

Francis has called for a more rigorous approach to the management of difficult personnel issues by the NHS. This will include giving contractual force to duties around NHS values and the NHS Constitution, and requiring senior managers to comply with a code of conduct and standards. The report also recommends that fitness to practise procedures should not delay actions of providers and that employment disciplinary proceedings may need to be reviewed to enable this.

Francis also highlights the need to assess the impact of proposed staff reductions on patient care which is particularly relevant at a time when many trusts face very challenging CIP targets.

Commissioning for quality

Francis emphasises that commissioners should have a primary responsibility for ensuring quality, as well as providers. Commissioners would:

- Decide what services they want and who they want to provide them;
- Have the power to call time on services that are not meeting the fundamental standards described above; and
- Have recourse to commission services from an alternative provider wherever possible.

The report envisages commissioners using their contractual arrangements to regularly and effectively hold providers to account for poor quality, and incentivising improvements in meeting enhanced quality. Francis recommends that the NHS Commissioning Board and CCGs have increased support to ensure they are able to do this.

Role for the regulators

The report envisages a clear role for the national regulators in bringing about the cultural change called for. It recommends that:

- The GMC and NMC ensure that the system of training and education of the medical and nursing profession maintains as its first priority the safety of patients, including, for example, that the NMC consider an aptitude test for applicant registrants to explore attitude towards caring, compassion and other necessary professional values;

- The NMC introduce revalidation and a responsible officer for nursing in each trust;

- The regulators provide a clear guidance setting out when concerns should be reported to them, including by the deaneries, and that both the GMC and NMC have a clear policy as to when they should be informed of generic complaints;

- Whilst recognising that this will require increased resource, it also recommends that the GMC and NMC should launch their own proactive investigations.

The report recommends the regulation of those involved in the provision and delivery of care not currently under the remit of the existing healthcare professional regulators. It calls for healthcare workers to be registered and subject to a uniform code of conduct and training standards to be maintained by the NMC. Senior managers should also be subject to enhanced obligations, as set out above, and the report raises the possibility of a new professional regulator for senior managers.

What do you need to do now?

Whilst many of Francis's recommendations will require new legislation or other input from government, the first recommendation is that all healthcare bodies immediately evaluate their own organisation against the report's findings and recommendations, and continue to do so in the future. In particular, you should consider:

- How far your organisation at all levels supports a positive, patient centred, safety and quality culture across the services you commission or provide, with openness, honesty and candour inbuilt and applied within your organisational systems and processes;

- Whether your organisation allows a cultural tolerance of poor practice and continuing safety issues to operate;

- Whether the information which your organisation produces or interprets accurately reflects what is happening "on the ground";

- Whether your board leads on improving quality across your organisation and the whole of the patient experience, or if its words speak louder than the organisation's actions as a whole.

The Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Chaired by Robert Francis QC

On the day briefing by the Foundation Trust Network (FTN)

1. Background

The following briefing provides a summary of the Francis recommendations, the Government's initial reaction and an initial response from the FTN. We would encourage members to read the full content of this significant report which raises serious issues about care quality for consideration by trusts and the wider NHS.

2. Key proposals from today's announcements

Today, Robert Francis QC delivered his report, followed by a statement from David Cameron in the House of Commons. The very clear message from Robert Francis was that improvement should be driven by cultural change putting patients first. A fuller summary of the detail is below however here are the most important, high level proposals impacting on NHS trusts and foundation trusts:

Inspection and regulation:

- Single healthcare regulator (merging CQC and Monitor) dealing with corporate governance, financial competence, viability and compliance with patient safety and quality for all trusts;
- Creation of a Chief Inspector for hospitals to be appointed by CQC in autumn 2013;
- Clearer and legal consequences for failure including a power for CQC to remove trust boards on the basis of poor quality care;
- Poor scores on Friends and Family Test resulting in immediate CQC inspection;
- Sir Bruce Keogh to conduct an immediate investigation into care at hospitals with the highest mortality rates, and check remedial action is being taken.

Employee duties:

- Statutory duty of candour, and fit and proper persons test for directors;
- Requirements on FTs to provide adequate training for directors;
- Provision of misleading information by providers to regulators to be a criminal offence;
- Regulation of healthcare workers;
- Nurses to be hired and promoted on the basis of compassion.

Authorisation:

- Transfer of FT authorisation process to CQC with support from the NHS Trust Development Authority to develop the quality of care as a pre-condition for authorisation;
- Inspection should be strengthened as an element of the authorisation process. Trusts applying for FT status should be subject to a 'duty of utmost good faith.'

Local accountability:

- Proposals for strengthening support for governors, and for strengthening the role of governors and NEDs including their accountability to the public.

3. The Government's initial reaction

The Prime Minister laid the Francis Report before parliament today. The government will respond in detail next month, however David Cameron today committed to moving more quickly on:

Putting patients first:

- There will be a single failure regime covering care quality, finances and governance, meaning the Care Quality Commission (CQC) will have the power to suspend provider Boards;
- Poor scores on the Friends and Family Test will result in immediate CQC inspection;
- Don Berwick (former Obama health adviser) will lead a review into making 'zero harm' a reality;
- Nurses should be hired and promoted on the basis of compassion as a vocation not just an academic qualification. Cameron favours linking pay to care quality over length of service.

Accountability and transparency:

- The Secretary of State has asked the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) to explain why no-one has been struck off for the failures at Mid Staffordshire and to strengthen their systems of accountability. The Law Commission will advise on updating the NMC's decision making processes;
- Government will look at moving responsibility for conducting criminal prosecutions in the NHS away from the Health and Safety Executive to CQC.

Regulatory action:

- CQC will have a new Chief Inspector of Hospitals to develop and implement a new hospital inspection regime to start autumn 2013. It will examine the quality of care and make an explicit judgement about the culture of trusts. Government will re-examine the inspection regime to ensure judgements focus on whether a hospital is clean, safe and caring;
- Sir Bruce Keogh will conduct an immediate investigation into care at hospitals with the highest mortality rates, and check remedial action is being taken;
- Ann Clwyd MP (Labour) and Tricia Hart (Chief executive, South Tees Hospitals NHS FT) will lead a review into how hospitals in the NHS should handle complaints.

4. Initial Reaction from the FTN

In the run up to publication of the Francis Report, our Chair, Peter Griffiths and Chief Executive, Chris Hopson wrote an open letter to members acknowledging that pockets of poor quality care can exist in all types of trust, but emphasising that failures as serious, protracted and devastating as Mid Staffordshire are rare and isolated.

We recognised that the FTN and the wider NHS need to do much more to identify and share best practice on improving quality of care and to provide practical tools to support trusts in doing so. Our work programme will identify how the FTN can help develop sector led support to complement government led initiatives, focussing on:

- The drivers of quality identified through research such as culture, ward level leadership, team effectiveness, staff satisfaction and support;
- The role of the board;
- Defining what support could be provided to trusts finding it difficult to meet standards;
- Exploring the link between increasing financial pressure and quality.

Clearly, today's announcements and recommendations will have a major impact on everyone in the NHS. We are committed to engaging fully in the evolving debate, and to consulting widely with

members and stakeholders to address the issues raised. Therefore, any views presented here are our initial responses to proposals.

We would welcome members' views on the recommendations and our initial response. Please contact Miriam.deakin@foundationtrustnetwork.org

5. Recommendations from the Francis Report

The report emphasises the need to avoid further structural change, and does not seek to scapegoat individuals. It makes a total of 290 recommendations along the following four themes. For the full detail, please refer to the report.

A STRUCTURE OF FUNDAMENTAL STANDARDS AND MEASURES OF COMPLIANCE

NHS Constitution and values:

- Strengthen NHS Constitution to place patients first as an 'overriding value' and to articulate fundamental standards of staff behaviour;

Development of fundamental standards – of behaviour, safety and quality:

- List of clear, fundamental quality and safety standards, which any patient is entitled to expect, and to permit any hospital service to continue;
- NICE should produce standard procedures and guidance to enable organisations and individuals to comply with these fundamental standards. They should work with professional and patient organisations to do so, and cover clinical outcomes as well as staff mix and cultural outcomes;
- 'Enhanced standards' should be developed and made available to commissioners to raise standards. Clear focus on the role of commissioners in driving standards;
- Non-compliance should not be tolerated and any organisation not able to consistently comply should be prevented from continuing a service;
- Causing death or serious harm to a patient by non-compliance without reasonable excuse of the fundamental standards should be a criminal offence.

Regulation of standards:

- CQC should become the single regulator dealing with corporate governance, financial competence, viability and compliance with patient safety and quality for all trusts (i.e. combining CQC's current role with Monitor's previous role as an FT regulator);
- Consider transferring the regulation of governance, and fitness of persons to be directors, governors etc. from Monitor to CQC;
- CQC should have a duty for monitoring the accuracy of the data providers supply and to require providers to provide a fuller narrative about patient complaints. Provision of misleading information to a regulator should become a criminal offence;
- CQC should expand its work with overview and scrutiny functions and foundation trust governors as a valuable source of intelligence and feedback;
- Routine and risk based monitoring, notably inspection, is advocated as a key source of regulatory information and regulators are encouraged to adopt 'zero tolerance' and 'a low threshold of suspicion.' Regulators must have policies in place to intervene to protect patients and to repeatedly review if intervention is necessary;
- CQC must develop well trained, specialist inspectors, integrate patient representation into its structures and consider formalising partnership input from professional bodies such as the GMC;

- Government should look at moving responsibility for conducting criminal prosecutions in the NHS away from the Health and Safety Executive to CQC;
- Providers to comply with risk schemes of equal rigour to the NHS LA. Various recommendations for the NHS LA to consider how it evaluates elements of risk, including staffing levels;
- All regulators to improve information sharing;
- National Patient Safety Agency and Health Protection Agency functions to be protected and potentially transferred to another regulator;
- Transfer of FT authorisation process to CQC with support from TDA in developing quality of care as a pre-condition for authorisation. Inspection should be strengthened as part of the authorisation process. Aspirant trusts should be subject to a 'duty of utmost good faith';
- However, any evolution of the CQC should be gradual and staged. The report explicitly states the CQC should not be dissolved and replaced by another organisation.

Initial views from the FTN

We welcome moves to clarify the standards of care which patients can expect and the recommendation that standards are developed in partnership with patients, the public and clinicians. We also welcome the involvement of NICE within this process, and hope that this will build naturally on their growing library of quality standards.

If a growing number of standards are to become mandatory, we would welcome sector input, and indeed sector leadership of elements of this process to ensure healthcare professionals contribute their expertise and to enable the NHS to take greater ownership for its own improvement.

We also agree that the consequences for non-compliance should be clear and form a deterrent at organisational and individual staff member levels. However we will need to give careful consideration to proposals for individuals to be at risk of criminal prosecution for failures in care. We will undertake more research to understand how this compares to other industries, and to evaluate the costs and benefits of what may risk becoming a 'litigation culture' within the NHS at odds with the spirit of the Francis recommendations.

We would add as a general point, that many of the recommendations within the Francis Report are aimed at secondary care. Poor quality care can occur in all sectors of the NHS, including primary care, and we would like to see the spirit of the Francis recommendations enacted across the system.

We are keen to see, and have consistently lobbied for, greater synergy and co-operation between the regulators to avoid issues of 'double jeopardy' (where providers are penalised twice by different regulators for the same issue). Our members would welcome any streamlining of the regulatory burden in the interest of patients and the best use of resources. However the inspections of care quality and finance require very different skill sets and the potential merging of the regulators could provide too broad a remit for one single organisation. While we are keen to see a strong, and effective quality regulator in the CQC, we feel that some of Monitor's existing responsibilities, particularly around policing compliance with competition legislation and mergers and acquisitions, may not sit well within a single regulator of trusts and that the regulation of individual organisations (both quality and financial regulation) should be treated separately from regulation in terms of compliance with competition law.

We recognise that the CQC has improved, and is a changing organisation. However, we would be cautious about a large and hurried expansion of the CQC's role at a time when they are consolidating their core and fundamental role as a regulator of essential quality standards. Further reform of what is essentially a new regulatory framework will need to be a carefully managed process over time.

OPENNESS, TRANSPARENCY AND CANDOUR THROUGH THE SYSTEM, UNDERPINNED BY STATUTE

- A statutory duty to be truthful to patients where harm has or may have been caused;
- Staff to be obliged by statute to make their employers aware of incidents in which harm has been or may have been caused to a patient;
- Trusts have to be open and honest in their quality accounts which will be consistent, publicly available. Quality and risk profiles should also be made public;
- The deliberate obstruction of the performance of these duties and the deliberate deception of patients and the public should be a criminal offence;
- It should be a criminal offence for the directors of trusts to give deliberately misleading information to the public and the regulators;
- Proposals for strengthening support for governors, and for strengthening the role of governors and NEDs including their accountability to the public;
- Complaints handling must be improved nationally and locally;
- There should be a consistent structure for local Healthwatch across the country;
- Each provider board should have a member responsible for information;
- The CQC should be responsible for policing these obligations.

Initial views from the FTN

We welcome measures to enhance transparency and openness within the culture of the NHS at local and national levels and the principles behind the recommendations.

We would encourage trusts to act on, and respond to, local complaints which form an important source of information about the quality of their care.

We have supported the organisational, contractual 'duty of candour' as all providers strive to act on the information available to them to improve services, and protect patients. However we are cautious that the development of some of the legal duties proposed at individual employee levels may work against a culture in which staff feel empowered to highlight and act on issues of concern by perpetuating, and exacerbating fear of blame and repercussions. We will take more time to review the recommendations, and their legal implications in detail, and we welcome members' views on this issue.

We look forward to contributing to the discussion about proposals to strengthen the role of governors, and NEDs who play a crucial role in representing and being held to account by members, and the wider community in the foundation trust accountability model.

IMPROVED SUPPORT FOR COMPASSIONATE, CARING AND COMMITTED NURSING

- Nurses should be assessed for their aptitude to deliver and lead proper care, and their ability to commit themselves to the welfare of patients;
- Training standards need to be created to ensure that qualified nurses are competent to deliver compassionate care to a consistent standard;
- Nurses need a stronger voice with suggestions NMC strengthens its role;
- Healthcare workers should be regulated by a registration scheme, with a uniform description of their role;
- Patients should be allocated a key nurse for each shift. Ward leaders should not be office-bound. Particular attention should be given to care for the elderly.

Initial views from the FTN

We have welcomed developments to adopt a more value based approach to nursing, such as the publication of 'Compassion in Practice' and are fully supportive of training and development measures which enable nurses to fulfil their roles effectively and compassionately.

We remain of the view that it is for individual providers to ascertain the skills mix, and patient/staff ratio for their services. While professional guidance on these issues is always welcome, we would wish to resist a prescriptive approach which could undermine local innovation and provider autonomy and fail to serve the best interests of patients.

We would also highlight the need for all staff within NHS settings in both primary and secondary care to adopt and enact the values of compassion in their interactions with patients. While nurses form a crucial interface with patients in relation to quality of care, we would not wish to see their profession unduly singled out when all healthcare professionals have a central role to play.

STRONGER HEALTHCARE LEADERSHIP

- An NHS leadership college to offer potential and current leaders the chance to share in a common form of training to exemplify and implement a common culture, code of ethics and conduct;
- It should be possible to disqualify those guilty of serious breaches of the code of conduct or otherwise found unfit from eligibility for leadership posts;
- A registration scheme and a requirement need to be established that only fit and proper persons are eligible to be directors of NHS organisations;
- Requirements on FTs to provide adequate training for directors;
- Strengthened role for training organisations in providing safety information, for instance recommended skill mix and staff ratios;
- Professional regulators to play a tougher role in relation to protecting patients and the public;
- Health Education England should have a medical director and a lay person on its board. LETBs should have a post of medically qualified post graduate dean.

Initial views from the FTN

We remain cautious about measures to introduce regulation of managers, beyond what might be expected in comparable industries outside of the NHS. It is for the provider board to assure themselves of the quality of leadership and management within the trust and to act accordingly. We are interested to hear further detail about how these recommendations might be implemented and which organisation might fulfil this role.

We do however welcome moves to strengthen medical input to training plans nationally and locally.

FOUNDATION TRUST NETWORK
February 6 2013

Richmond House
79 Whitehall
London
SW1A 2NS

Date: 06 February 2013

To:
All Chief Executives of NHS Trusts in England
All Chief Executives of NHS Foundation Trusts in England
All Chief Executives of Strategic Healthcare Authorities in England
All Chief Executives of Primary Care Trusts in England
Clinical Commissioning Group Accountable Officers and Clinical Leaders

Cc:
Monitor
All Chief Executives of Local Authorities in England

Gateway reference: 18732

Dear Colleague

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Today marks an important moment for the NHS: the people who work in it, the people it cares for, and the people who rely on it being there for them when they need it. The long-anticipated publication of the Robert Francis report describes not just what happened at Mid Staffordshire NHS Foundation Trust, but sets out in graphic detail what happens when the NHS fails to put patients first.

And it makes uncomfortable reading. Because like me, I am sure that you joined the NHS because of your commitment to patient care and public service. I know that every day you are working hard, saving and improving the lives of patients and their families. But sometimes we fall short of the standards that our patients and public rightly expect of us. And although we know that the NHS treats 1 million people every 36 hours, we also know that we would never accept this as an excuse if it was our child or parent that was harmed.

Unfortunately, we cannot go back and undo the damage and distress experienced by patients in the community served by Mid Staffordshire NHS Foundation Trust. I have already apologised on behalf of the NHS to the people of Stafford for the widespread failings, and do so again unreservedly. But moving forward, the most important thing we can all do now is to learn from the quality failings exposed in the report and use them to ensure that we drive out poor care in the NHS, so that no matter where patients are treated, they can be confident that their needs, both emotional and physical, will come first.

But if we are to learn the lessons of Mid Staffordshire, then every individual needs to take the time to read the full report published today by Robert Francis, and most important of all, make the time to reflect on what went so badly wrong at every level of the service. I would ask you all to reflect carefully on the findings of the report, in the context of the services you deliver, and discuss it in a public board meeting. The Secretary of State is today writing to the chairs of every organisation asking that internal events are held with staff to listen to them, and to ask them, not just what we can learn from Francis, but also how, in an ever busier NHS, we can make sure that we provide every patient with a service that stays true to our core values of care and compassion.

The timing could not be more urgent. As we move towards a new healthcare system, the Robert Francis report provides a salutary reminder to us all of what can happen if organisations care more about their statutory roles and processes rather than doing what is best for patients. This is a watershed moment for the NHS. We have to seize this opportunity to create not just another set of action plans, but to drive the cultural change in the NHS further and faster, so that the values and principles set out in the NHS Constitution become part of the DNA of every ward and board.

Because although much of the media will quite rightly focus on what happens when the NHS gets it wrong, I know that what motivates you is the pride you feel when we get it right. As Robert Francis himself says in his report:

'The NHS is a service of which the country can be justly proud, offering as it does universal access to free medical care, often of the highest order. It is a service staffed by thousands of dedicated and committed staff and managers who have been shocked by what they heard of the events surrounding by the Trust. It is inconceivable to many of them that condition of the type described by so many patients can have been allowed to exist, let alone persist.'

I will be writing out again in the coming weeks as the Government considers how best to take forward Robert Francis's recommendations. But I know that you won't want to wait to be told what to do. Because the real passion for improvement and the power to deliver it lies in your hands: our staff who go to work every day with the sole aim of improving and saving lives.

So please, read the report, reflect upon the findings, discuss and debate the recommendations with your colleagues, friends and families. Most of all, talk and listen to the patients you serve, and together we can build a momentum for improvement, and an NHS of which we can all be proud.

Kind regards

Sir David Nicholson KCB CBE
NHS Chief Executive

East and North Hertfordshire NHS Trust

Memo

To: All Trust staff

From: Ian Morfett, chairman and Nick Carver, chief executive

CC: Non-executive directors

Date: 6 February 2013

Re: Francis report

Today the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC, has been published. The report itself can be found on the Inquiry's website, with the responses from the Department of Health and the NHS Commissioning Board also available from their respective websites.

Whilst the report deals with failings in the care provided to patients at Stafford Hospital in the West Midlands, we expect the boards of every NHS organisation in the country to be asked to review the recommendations to help ensure that they are embedded across the health service over the coming months and years.

Over the last few years, our Trust has built on its good operational performance and improved patient outcomes and the experience of those who use our services. Whilst there is still more to be done, we can all point to areas of real success already:

- Numbers of pressure ulcers, falls and hospital-acquired infections have all fallen significantly, with our performance being amongst the best in our region;
- Initiatives such as our work around nutrition and hydration have brought very real benefits for our patients and their families/carers – for example through the use of red trays, and supporting those with dementia;
- Mortality rates at our hospitals have also improved year-on-year;
- The majority of those making comments on online services such as NHS Choices and Patient Experience report good care at the hands of our staff.

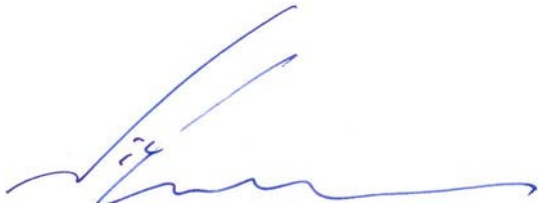
Whilst we have no doubt that some of the recommendations carried in today's report will require our attention, much has been done to help ensure that both operationally and clinically our patients continue to receive good quality, safe care. This does not mean, however, that no more needs to be done; quite the contrary in fact.

Our focus will remain, therefore, on placing the needs of our patients at the heart of everything we do and ensuring that each of us operates in accordance with the Trust's values:

- **P** – we put our *patients* first;
- **I** – we strive for excellence and continuous *improvement*;
- **V** – we value *everybody*;
- **O** – we are *open* and honest;
- **T** – we work as a *team*.

The key lessons from the Francis report, however, is that we individually and collectively, whatever our role within the Trust, must redouble our efforts in striving to become *amongst the best* in providing the best possible care for our patients.

Kind regards,



Ian Morfett
Chairman

Nick Carver
Chief Executive