Sheffield Children's NHS
NHS Foundation Trust

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REPORT TO THE TRUST BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON 28 MAY 2013

PATIENTS FIRST AND FOREMOST
Sheffield Children's NHS Foundation Trust Response

Trust objectives supported by this paper

- The paper supports the achievement of all Trust Objectives

Purpose of the paper

To present to the Trust Board of Directors the response to the Department of Health paper on actions to be taken following publication of the Mid Staffordshire Public Inquiry report.

Summary of key points

- Alignment of the Trust to new quality indicators and national inspection regime
- Observation of the need to involve patients, governors and other public representatives in routine oversight of Trust activities
- Strengthening of the nursing oversight of clinical situations

Board Action required

The Board is asked to review the adequacy of the Trust's planned strategic response to the Department of Health's paper outlining actions to be taken following publication of the Mid Staffordshire Public Inquiry Report and agree a process for ongoing Board review.

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Executive Sponsor:		

PATIENTS FIRST AND FOREMOST
Sheffield Children's NHS Foundation Trust Response

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1 EXECUTIVE SUMMARY

The Secretary of State published "*Patients First and Foremost"* in March 2013, to respond to the recommendations of the Public Inquiry into Mid Staffordshire NHS FT.

Key recommendations were:

- Reducing Regulatory and Information Burdens by One Third
- Safety in the DNA of the NHS –The Berwick Review
- A new regulatory model with:
  - Chief Inspector of Social Care and possible Chief Inspector of Primary Care
  - Chief Inspector of Hospitals making assessments based on judgement as well as data
  - Fundamental standards of care
  - OFSTED style inspection and rating on compliance with these standards
  - Specialist teams of peer inspectors – not generalists
  - Publication of Individual Speciality Outcomes
  - Time limited failure regime for quality as well as finance
  - HSE use of criminal sanctions where neglect leads to serious patient harm
- Statutory Duty of Candour
  - Criminal Penalties for Disinformation
  - A Ban on Gagging Clauses
- Fit and proper person test for managers with associated national barring scheme
- Nursing
  - Ward Managers to be supernumery
  - Leadership training
  - National standards for health care assistant training and conduct
  - National barring scheme for health care assistants
- Front line experience for senior NHS management

Many of the above recommendations require detailed guidance from NHS England and this is still being developed. It is not clear how the inspectorate regime will work, or what the fundamental standards will be. The HCA recommendations and nursing revalidation are currently subject to national professional debate, while the duty of candour and the use of criminal sanctions is being discussed with government legal advisors.

This paper sets out initial proposals for how Sheffield NHS FT will respond to the report and the regulatory changes that emanate from it. Further detail and consultation will follow as national policy develops.

2 INTRODUCTION: MID STAFFORDSHIRE – FINDINGS AND RECOMMENDATIONS

"The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry makes horrifying reading. At every level, individuals and organisations let down the patients and families that they were there to care for and protect. A toxic culture was allowed to develop unchecked which fostered the normalisation of cruelty and the victimisation of those brave enough to speak up. For far too long, warning signs were not seen, ignored or dismissed. Regulators, commissioners, the Strategic Health Authority, the professional bodies and the Department of Health did not identify problems early enough, or, when they were clear, take swift action to tackle poor care. They failed to act together in the interests of patients."[1]

This trust has a duty to learn from the experiences of the patients and relatives at Mid-Staffordshire and to respond to the direction from commissioners to restore confidence in the quality of NHS care. The government response is based around five themes:

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

Many of the responses involve changes to national regulatory bodies or national commissioning priorities – the trust will respond to these as they translate to local actions. It is incumbent upon us to measure how robust our clinical care is in each of these themes and to set out our own response.

[1] Patients First and Foremost, p5, Dept. of Health, 2013

3 PREVENTING PROBLEMS

3.1 Changing Culture

The analysis of what went wrong shows Mid Staffordshire NHS Foundation Trust's leadership and board focused on the wrong things – "hitting the target and missing the point".[2]

Boards are encouraged to examine the culture within their organisation and to reflect the values within the NHS Constitution. The 2010 publication *The Healthy NHS Board* articulated the role of boards in the NHS and made it clear that patient safety and the quality of services is the key, over-arching priority.

Trust Actions:

1. Review of the trust values: A trust wide consultation, led by the HR Dept., on trust values.
2. The Director of Nursing and the Medical Director will risk assess all efficiency programs for the effect on patient safety.
3. Balanced review of quality, performance and financial status of the trust: All Divisions to be performance managed on a monthly balanced score card that includes key quality indicators.
4. Board members involved in a regular program of back to the floor initiatives and site visits.

3.2 Outcomes Information and Commissioning

The Health and Social Care Information Centre (HSCIC) collects and publishes comparable data on health and care to ensure that appropriate data standards are applied to that information. This data will be available to the public and will be the basis for comparing organisation outcomes and highlighting outlying organisations.

Each organisation will have a significant part of its income made dependent upon achieving locally agreed quality targets based upon national standards. The ultimate target is zero harm, achieved by reviewing incident reports and learning from them.

Trust Actions:

5. The trust will submit regular returns to the HSCIC to ensure that its performance can be benchmarked with appropriately matched services
6. Where national quality indicators are not appropriate to children's services e.g. national patient survey or the Friends and Family Test, a suitable alternative will be developed, comparable trusts identified and the results published.
7. Outcomes that have income dependent upon them will be published along with our achievements or failures in the annual quality report.
8. The trust will regularly publish its incident report and any root cause analyses, indicating where learning has resulted in safer patient care.

4 DETECTING PROBLEMS QUICKLY

4.1 Inspection

The Care Quality Commission will appoint a Chief Inspector of Hospitals later this year. Informed by expert judgements of specialist inspectors, the Chief Inspector will make an assessment of every NHS hospital's performance. Inspection will comprise of unannounced visits to health organisations informed by a review of centrally held quality indicator data.

[2] ITV News Interview, 8 March 2013, Jeremy Hunt, Secretary of State for Health

The Nuffield Trust report, *Rating Providers for quality: a policy worth pursing?*[3] has set out advice on an aggregate rating for GP practices, hospitals and care homes based on information that matters to patients and service users. The ratings system will be informed by this report, while the inspection program will be based upon the OFSTED model and will grade trusts with clear terms such as "outstanding", "good", "requiring improvement" or "poor". The lowest grade will automatically trigger regulatory action.

Trust Actions:

9. The trust will ensure that a central electronic directory of evidence will be held against the CQC quality standards and any other indicators that are developed.

10. The trust will review how the various forms of governance are coordinated to ensure that there is a single, coordinated system of assurance. This function will also oversee the accuracy of central quality data returns.

4.2 Publishing Outcomes and Benchmarking

As the publication of individual outcomes for heart surgery has driven up standards in that field of medicine, as a starting point, the NHS will extend this openness on outcomes to cardiology, vascular surgery, upper gastro intestinal surgery, colorectal surgery, orthopaedic surgery, bariatric surgery, urological surgery, head and neck surgery and thyroid and endocrine surgery. Most of these outcomes will initially concentrate on adult conditions and treatments: sub specialities such as paediatrics will be required to publish outcomes against specialist dashboard indicators defined by NHS England.

4.2.1 Quality Surveillance Groups

From April 2013, a network of local and regional Quality Surveillance Groups (QSGs) will bring together commissioners, regulators, local Healthwatch representatives and other bodies on a regular basis to share information and intelligence about quality across the system, including the views of patients and the public, and proactively spot potential problems early on. Such groups will often work with Operational Delivery Networks who have the responsibility to ensure that outcomes and evidence based, quality standards are improved.

4.2.2 Quality Accounts standardisation

The Department of Health will lead work on further standardising Quality Accounts to increase their impact and reduce burdens. Quality Accounts will also include comparable data from a set of quality indicators linked to the NHS Outcomes Framework. This will include the summary hospital-level mortality indicator, infection rates and levels of patient safety incidents.

Trust Actions:

11. The Trust is actively engaged in developing and submitting data to national audit programs and specialist Care Quality Indicators (CQUINS).

12. The Trust will collaborate with Quality Surveillance Groups and will host the Yorkshire and Humber Operational Delivery Network for paediatric critical care and neonatal critical care.

13. Quality Accounts will comply with the guidance from Monitor and the DoH.

14. The trust will work with commissioners to produce a mortality indicator for deaths in children that informs the public. We will continue to submit every death to the Child Death Overview Panel for scrutiny.

4.3 Engaging with patients, families and staff

All key organisations within the health and care system need to ensure that they are listening to and understand the views of people who have experience of using the NHS and care services so that the work they do is properly informed by the voice of patients and families. The 'Family and Friends' test is a national survey that all Trusts will submit returns to demonstrating real time information on those hospitals that users would recommend to their friends and families. Views can otherwise be canvassed in a number of forms:

- Surveys, real time and retrospective

3

Nuffield Publication Rating providers for quality: A policy worth reviewing? Nuffield Trust (March 2013). See http://www.nuffieldtrust.org.uk/sites/files/nuffield/130322_ratings_providers_for_quality_full_report.pdf

- Involvement in planning
- Involvement in scrutiny of quality performance
- Hospital and departmental inspection
- Healthwatch involvement
- Use of advocates
- Analysis of complaints and feedback

The views of staff is an important early warning indicator of where care is sub optimal. The National Staff Survey is a valuable tool for benchmarking where staff concerns indicate areas for further investigation. Asking whether staff would recommend their place of work to a family member or friend as a high-quality place to receive treatment and care is one of the ways that the public can take assurance.

4.4 Duty of Candour

Openness is a key element of healthy organisational cultures in health. There is a requirement to be open in the professional codes of practice for managers, doctors and nurses and the principles are also covered in the NHS Constitution and the Care Quality Commission's guidance. Where there have been adverse outcomes, clear guidance exists in Being Open published by the National Patient Safety Agency in 2010 about how this should be communicated to families. A contractual duty of candour exists and this will be supplemented by a statutory duty in the near future. There will be a ban on clauses intended to prevent public interest disclosures

Trust Actions:

15. The Trust proposes to engage with patients, governors and families as follows:

    a) Adoption of the '15 Steps' approach: Set up Challenge teams, to include patients, non executive directors, staff, governors and patient groups to go onto wards and departments, using the toolkit to record observations and feed back to the department team.
    b) Encourage patient governors to accompany Matrons on unannounced cleanliness inspections
    c) Involve governors in clinical governance and trust board meetings
    d) Commission Sheffield University to set up focus groups of children, parents and staff to understand what families need from the trust to get the most benefit from hospital episodes.
    e) Commission surveys into areas of care that are not subject to national surveys e.g. health visiting and school nursing services.
    f) Facilitate Heathwatch and Local Scrutiny Committee members in hospital visits.
    g) Participate in Patient Led Assessments of the Care Environment – allowing independent visits to scrutinise care and environmental standards.
    h) Complaints forum – governors' review of a random selection of anonymised complaints responses.
    i) Parents' Forum – an online forum for comments on our services.

16. Continued adherence to the principle that everyone has a duty to raise concerns where patient safety is at stake.

17. Use of the Patient Advice and Liaison service to advocate for families and pick up early indications of family dissatisfaction.

18. Finalise the review of the Trust "Raising your Concerns" Policy.

19. Set up a Staff Engagement Forum to review issues raised in the staff survey.

5 TAKING ACTION PROMPTLY

5.1 Fundamental Standards

The Care Quality Commission, working with the National Institute for Health and Clinical Excellence (NICE), commissioners, patients and the public, will draw up a new set of simpler fundamental standards which make explicit the basic standards beneath which care should never fall. This will be in language that both the public and professionals can easily understand. Breaching these standards will have the same status as never events.

These standards will include aspects such as:

- **Caring:** such as dignity, compassion, or pain relief
- **Safe:** such as avoiding pressure ulcers, MRSA, wrong site surgery, medication errors
- **Responsive:** such as waiting times, A&E waits and ease of access for appointments
- **Effective:** such as mortality rates, complications and readmissions; recovery rates; management of long term conditions
- **Well led:** such as visible leadership, organisational culture, helpful staff, openness and transparency.

Trust Actions:

20. The agreed fundamental standards will form the basis of quality dashboards upon which Divisional performance will be judged.

5.2 A Single Failure Regime

Assessing quality and highlighting failures of care should not be conflated with the responsibility for overseeing the turnaround of failing NHS providers; accordingly Monitor and CQC will remain separate but operate a single failure regime.

A new time-limited three stage failure regime, encompassing not just finance, but for the first time quality, will ensure that where fundamental standards of care are being breached, firm action is taken until they are properly and promptly resolved.

Stage 1. The Chief Inspector will require the Board with its commissioners to improve within a fixed time period, but it will not be responsible for making it happen.

Stage 2. If the Board with its commissioners is unable to resolve its own problems, then Monitor or the NHS Trust Development Authority would step in to take action.

Stage 3. Where fundamental problems in the Trust mean that its problems cannot be resolved, the Chief Inspector will initiate a failure regime in which the Board is suspended or the hospital is put into administration.

6 ENSURING ROBUST ACCOUNTABILITY

6.1 Health and Safety Executive Criminal Sanctions

If the Chief Inspector finds a potential breach of health and safety requirements, the Care Quality Commission would refer the matter immediately to the Health and Safety Executive, which in serious cases could use its existing powers to prosecute individual directors or managers.

6.2 Professional Assurance

The GMC, NMC and other professional regulators will come under increased scrutiny. The legal framework relating to the regulation of healthcare professionals, and in England social workers, is currently under review by the Law Commission. Amongst other things, the review will consider legislation on the investigation and adjudication of fitness to practise cases. The NMC is to look at how to introduce regular, professional revalidation based upon the developing GMC model.

6.3 Managerial Assurance

The Government will establish a barring mechanism to ensure that individuals whose conduct or competence makes them unsuitable for senior management roles in healthcare are prevented from securing them. However, such a scheme needs to be developed very carefully so that it enhances professional esteem for the vast majority of senior leaders and does not discourage capable and experienced individuals from serving in these roles.

Trust Actions:

21. Medical revalidation will be rolled out amongst all medical staff according to the timetable set by the GMC.

22. Nursing revalidation will be developed according to direction from the NMC.

23. Barring mechanisms will be incorporated into HR employment checks prior to recruitment and invoked as the mechanisms are developed nationally.

7 ENSURING STAFF ARE TRAINED AND MOTIVATED

High performing staff can improve the outcome for patients. Pay progression should be more closely linked to performance and delivering high quality patient care. NHS Employers will support this by working with the service on new model performance frameworks, which will place greater emphasis on the quality of care, including compassion, dignity and respect. They will also ensure that medical pay rewards current excellence, rather than historical performance.

Organisations should be actively using information such as the NHS Staff Survey results to review and improve staff experience so that staff can provide better care.

Trust Actions:

24. HR will work with managers and Staff Side representatives to agree how to implement performance frameworks that reward high quality patient care.

25. The Staff Survey results will be reviewed by a group set up by the HR dept. but comprising of a cross section of staff. It will be the responsibility of line managers to ensure that agreed actions are completed.

7.1 Care, Compassion, Competence, Communication, Courage and Commitment

Organisations should recruit and train staff to demonstrate the right values and behaviours – and to challenge colleagues who do not. Selection for nurse training will include assessment of professional values, with prior experience as a health care assistant becoming a pre-requisite for selection.

7.2 Nurse Staffing Levels

Right staffing in terms of numbers and skills is vital for good care, but minimum staffing numbers and ratios risk leading to a lack of flexibility or managers seeking to achieve staffing levels only at the minimum level. The Care Quality Commission will require that evidence-based tools are used to determine staffing numbers. *Compassion in Practice*[4] recommends that the trust board receives, publishes and endorses information on nurse staffing at least twice a year.

In late 2012, the Government announced the establishment of a £100m technology fund to help equip nurses and midwives with latest technologies designed to help them to provide safer, more effective and more efficient care to patients and service users.

Trust Actions:

26. Senior children's nurses will continue to be involved in student nurse selection processes in conjunction with Sheffield Hallam educational staff.

27. Nursing mentorship programs will provide the basis for clinical supervision of nurses while on clinical placement.

28. The trust will pilot a nursing dependency tool to provide a basis for comparison of nursing workload between wards and critical care areas.

    a) This may assist in defining at which point care should be transferred.
    b) This will allow internal and external benchmarking between departments
    c) The Director of Nursing and Clinical Operations will review nursing establishments and vacancies in April and October each year and report to the Board.

[4] *Compassion in Practice, Nursing, Midwifery and Care Staff. Our Vision and Strategy,* Jane Cummings, the Chief Nursing Officer for England (CNO), NHS Commissioning Board, and Viv Bennett, Director of Nursing at the Department of Health (December 2012). See http://www.commissioningboard.nhs.uk/files/2012/12/compassion-inpractice.pdf

7.3 Nursing Supervisory Ward Managers

There is a good body of evidence to demonstrate that supervisory roles for Ward Managers are important to delivering oversight to all aspects of care on a ward from cleanliness to allocation of staff.[5] [6] A 'supervisory' role is about having the time to lead, support staff in their clinical role and ensure patients are having a good experience of care. Many ward managers currently have the same caseload as other nurses on the ward, which does not always allow them time to perform the full scope of the supervisory role.

Most ward managers have a nominal allowance of 1 day per week for management activities e.g.

- Rostering
- PDRs
- Sickness and absence meetings
- Mentoring and Preceptorship
- Attendance at Ward, Divisional or Trust meetings
- Multi agency liaison about complex patient pathways

This position can result in:

- Lack of time to accompany consultant ward rounds
- Inability to support newly qualified nursing staff
- Lack of time to engage with student nurses training
- Inability to develop more efficient patient pathways
- Lack of time to engage with all resident parents and children
- Lack of engagement with the New Hospital planning process
- Lack of engagement with Trust transformational programs

Having sufficient nurses trained and with the capacity to respond to ensure the delivery of safe, patient focused care is currently a core standard requirement of the Care Quality Commission. *Compassion in Practice* commits to ensuring we have the right staff, with the right skills in the right place. This includes supporting leaders to be supervisory, giving them time to lead action plans by December 2013.

Trust Actions:

29. The Trust should invest in supernumerary ward managers. This would involve an approximate cost of £250K over two years to provide each ward with Band 5 staff nurse backfill for 4 days per week.

7.4 Acute Nursing Leadership

There is a wealth of evidence and understanding about what is required to deliver safe, compassionate, high quality care. The challenge of translating understanding into reality is primarily one of leadership.

The hospital has 154 acute beds currently open on the SCH site. In addition to this, is an Emergency Department; Theatre Assessment Unit taking day cases; Operating Theatres; Post Anaesthetic Recovery Unit; Sleep Studies Unit; Research and Medical Treatment Lounge; CF Unit and Outpatient Department. The nursing and patient care for these departments is managed by ward or department nurse managers. In addition to these acute facilities are the over 75 Clinical Nurse Specialists based within the hospital, at Ryegate or in the community; and the approximately 30 Nurses based with the Embrace Service at Barnsley.

The reduction in numbers of medical trainees and the increased frequency of trainee rotation have meant that the Trust is increasingly reliant upon the judgement of senior nurses. This judgement has generally maintained a safe service, with good CQC compliance and patient satisfaction, as reported in annual Picker Patient Satisfaction Results. Judgement is fundamentally about balancing rapidly changing workload with available nursing resources.

[5] *Breaking down barriers, driving up standards, The role of the ward sister and charge nurse.* Royal College of Nursing (2009). See http://www.rcn.org.uk/__data/assets/pdf_file/0010/230995/003312

[6] *Making the business case for ward sisters/team leaders to be supervisory to practice*, Royal College of Nursing (2011). See http://www.rcn.org.uk/__data/assets/pdf_file/0005/414536/004188.pdf

The Mid Staffordshire report made a number of points in relation to where nursing management can make a difference:

- Patients must be the first priority; ensuring that they receive effective care, compassion and protection from avoidable harm
- Visual inspection of clinical situations should remain the central method for monitoring clinical compliance with fundamental standards. This should be carried out by a clinician who is an expert in the speciality.

Trust Actions:

30. A Band 7 nursing post should be attached to the matron rota to release each matron for an additional 10 hrs per week.

    a) Provides a developmental post for nurses
    b) Retains the supervision of experienced Matrons
    c) Responds to Associate Director requests for more senior nurse assistance with divisional management responsibilities

31. Supernumerary Ward Managers would have the ability to further assist Associate Directors with divisional management responsibilities e.g. budget management, care pathway transformation, audits required to satisfy best practice tariffs, more effective management of ward rounds, better compliance with PDRs and training, involvement in MDT meetings.

7.5 Nursing Leadership Training

There has been a national lack of leadership training for nurses and in particular for ward and department managers. The Trust Learning and Development Department has provided a significant number of valuable component courses over the years that allow managers to top up particular skills, e.g. recruitment and selection, equalities training, IT skills, PDR provision, Handling Difficult Situations, Leaders Empower Organisations (LEO) Courses.

There has however been a lack of sustained take up of these locally tailored courses to prepare staff nurses for department management; ward managers for divisional management; and senior nurses for executive posts.

The NHS Leadership Academy has recently launched:

Aspirant Nurse Directors Leadership programme is aimed at Band 8c/d Senior Nurses and Midwives (e.g. Assistant Nursing Directors and Divisional Lead Nurses and Midwives or in comparable roles).

Front Line Leadership programme is aimed at nursing and midwifery staff currently working at Band 6 or 7.

This constitutes one of the key Mid Staffordshire Report recommendations and facilitates other recommendations aimed at having nursing representation on all providers and commissioning boards.

Trust Actions:

32. Divisions will support staff in applying for nationally facilitated courses, where this has been identified in their PDR and release them when application is successful.

33. Local alternative leadership programmes for band 6 staff will be a required pre-requisite for appointment to provide basic management skills e.g. budget management, HR management and site management.

7.6 Nursing Clinical Training

Training for nursing staff ranges from the needs of health care assistants to advanced nurse practitioners. There are a variety of settings and overall adequacy of the training provided.

7.6.1 Health Care Assistant Training

Arrangements for induction, training and performance managing healthcare assistants are uneven between trusts and sometimes underdeveloped. The DoH has announced a £13 million innovation fund for the training and education of unregulated health professionals, and the development by Skills for Health and Skills for Care in developing minimum training standards and a code of conduct for healthcare support workers.

7.6.2 In-Service Training for Staff Nurses

The Trust has responded to preceptorship needs of newly qualified staff by providing dedicated week long preparatory orientation training for these staff; this is in addition to the Trust Induction Day. The Clinical Skills Unit has been developed as a key resource to ensure that basic skills such as resuscitation, infection control, child protection and medicines management are properly covered and reinforced. This resource is in addition to the general induction training that all new starters obtain.

The Trust had struggled for many years to ensure that nurses from In-patient departments are released to take up the training they required. After concerns that attendance at training was being sacrificed to ensure that patient care was prioritised, the Trust reorganised ward training. The only way to combine staff training, department full cleaning and essential maintenance was to close the department for up to a week. This program has been in place for over three years: it has resulted in some of the highest training compliance in the trust, good infection control, access to areas for essential maintenance e.g. duct cleaning, painting, floor renewal, hoist installation and bed bay reconfiguration.

The CQC on the last two inspections has made special mention of this as an exemplar of good practice and a way of ensuring that nursing educational needs are prioritised, infection control reinforced and the quality of the clinical environment is given due consideration. To them, this demonstrates a Trust that has balanced its financial, performance and patient safety priorities.

Trust Actions:

34. Health care assistant training should be reviewed in line with national recommendations

35. Existing health care assistants should have their skills assessed against the training recommendations.

36. Training for nurses on 24/7 departments should continue to employ total or partial shut down arrangements to guarantee training release. Every ward must demonstrate that it has a training plan and is achieving it.

7.6.3 Training for Advanced Nursing Posts

7.6.3.1 Clinical Nurse Specialists

The hospital has over 75 clinical nurse specialist posts. These posts are largely associated with specialist clinical teams or consultants, have a generally flat structure and, as sub specialisations, are often professionally isolated. This poses a number of challenges;

- Posts take on delegated medical tasks including clinic review and prescribing
- Recruitment depletes the most senior ward nurses
- There are no nationally recognised qualifications
- Training is generally on the job and without funding
- There is only time for limited professional supervision
- There is rarely any administrative or secretarial support

7.6.3.2 Advanced Nurse Practitioner Posts

(a) Hospital Out of Hours

There has been a growing demand from medical staff to alleviate the load placed upon trainee medical staff outside 9-5, M-F.

As a result of concerns related to communication between clinical staff, the Trust is developing a proposal for a supernumery senior nurse, overnight. This will replicate the matron role and will assist the resident medical staff prioritise workload.

A more detailed paper is in preparation.

(b) PCCU ANPs

The inability of PCCU to receive Deanery allocation to the current medical trainee establishment of 12 WTE has resulted in a program of Advanced Nurse Practitioner recruitment since 2010. Each candidate has undergone

two years training at Liverpool and will complete a probationary year before contributing to the replacement workforce. A more detailed paper is currently in preparation.

(c) Embrace ANPs

The Embrace Critical Care Transport Service has been widely welcomed as a significant contribution to patient safety. A large proportion of the staffing is drawn from senior neonatal and paediatric critical care nurses.

Currently there are 24 Band 7 and Band 6 Nurses in the team. In common with the PCCU position, there is insufficient allocated trainee medical staff to support the service. Similarly, there has been a program to train Advanced Nurse Practitioners since 2010. A more detailed paper is currently in preparation.

7.6.3.3 Training Implications

The above posts are an innovative and pragmatic solution to a national medical training problem. Unlike nursing in Project 2000, there is no nationally funded plan to replace the service component of medical training. The numbers of medical trainees is in decline and the time allocated to service is increasingly being restricted.

The manpower pressures from this national approach to medical training have been transferred to nursing. The developmental nursing post appointments are largely made from the senior nurses who historically made up the core of the critical care, ED and ward nursing establishments.

There is a lack of local ANP training courses for senior children's nurses resulting in the use of Liverpool or Paisley for training. There is a need for a Yorkshire and Humber approach to this problem.

Trust Actions:

37. The Trust needs to recruit nurses more widely – involving stands at recruitment fairs in London and other cities.

38. The Trust must work with the Local Education and Training Boards to ensure that medical training allocations reflect a realistic balance between the training requirements and the service delivery infrastructure.

39. The Trust should use its hosting of Clinical Networks to ensure that LETBs are requested to set up ANP courses for children's and neonatal nurses to serve Yorkshire and Humber.

8 SUMMARY ACTION PLAN

This document sets out an initial overarching response, on behalf of the Sheffield Childrens NHS FT to the Mid Staffordshire NHS Foundation Trust Public Inquiry. It details key actions to ensure that patients are '*the first and foremost consideration of the system and everyone who works in it'* and to restore the faith in the NHS and its core humanitarian values. It sets out a collective commitment and a plan of action to eradicate harm and aspire to excellence.

Changing Culture

Trust Actions:

1. Review of the trust values: A trust wide consultation, led by the HR Dept., on trust values.
2. The Director of Nursing and the Medical Director will risk assess all efficiency programs for the effect on patient safety.
3. Balanced review of quality, performance and financial status of the trust: All Divisions to be performance managed on a monthly balanced score card that includes key quality indicators.
4. Board members involved in back to the floor initiatives and site visits

Outcomes Information and Commissioning

Trust Actions:

5. The trust will submit regular returns to the HSCIC to ensure that its performance can be benchmarked with appropriately matched services
6. Where national quality indicators are not appropriate to children's services e.g. national patient survey or the Friends and Family Test, a suitable alternative will be developed, comparable trusts identified and the results published.
7. Outcomes that have income dependent upon them will be published along with our achievements or failures in the annual quality report.
8. The trust will regularly publish its incident report and any root cause analyses, indicating where learning has resulted in safer patient care.

Inspection

Trust Actions:

9. The trust will ensure that a central electronic directory of evidence will be held against the CQC quality standards and any other indicators that are developed.
10. The trust will review how the various forms of governance are coordinated to ensure that there is a single, coordinated system of assurance. This function will also oversee the accuracy of central quality data returns.

Publishing Outcomes and Benchmarking

Trust Actions:

11. The Trust is actively engaged in developing and submitting data to national audit programs and specialist Care Quality Indicators (CQUINS).
12. The Trust will collaborate with Quality Surveillance Groups and will host the Yorkshire and Humber Operational Delivery Network for paediatric critical care and neonatal critical care.
13. Quality Accounts will comply with the guidance from Monitor and the DoH.
14. The trust will work with commissioners to produce a mortality indicator for deaths in children that informs the public. We will continue to submit every death to the Child Death Overview Panel for scrutiny.

Engaging with patients, families and staff

Trust Actions:

15. The Trust proposes to engage with patients, governors and families as follows:

    j) Adoption of the '15 Steps' approach: Set up Challenge teams, to include patients, non executive directors, staff, governors and patient groups to go onto wards and departments, using the toolkit to record observations and feed back to the department team.
    k) Encourage patient governors to accompany Matrons on unannounced cleanliness inspections
    l) Involve governors in clinical governance and trust board meetings
    m) Commission Sheffield University to set up focus groups of children, parents and staff to understand what families need from the trust to get the most benefit from hospital episodes.
    n) Commission surveys into areas of care that are not subject to national surveys e.g. health visiting and school nursing services.
    o) Facilitate Heathwatch and Local Scrutiny Committee members in hospital visits.
    p) Participate in Patient Led Assessments of the Care Environment – allowing independent visits to scrutinise care and environmental standards.

16. Continued adherence to the principle that everyone has a duty to raise concerns where patient safety is at stake.

17. Use of the Patient Advice and Liaison service to advocate for families and pick up early indications of family dissatisfaction.

18. Finalise the review of the Trust "Raising your Concerns" Policy.

19. Set up a Staff Engagement Forum to review issues raised in the staff survey.

Fundamental Standards

Trust Actions:

20. The agreed fundamental standards will form the basis of quality dashboards upon which Divisional performance will be judged.

Managerial Assurance

Trust Actions:

21. Medical revalidation will be rolled out amongst all medical staff according to the timetable set by the GMC.

22. Nursing revalidation will be developed according to direction from the NMC.

23. Barring mechanisms will be incorporated into HR employment checks prior to recruitment and invoked as the mechanisms are developed nationally.

Ensuring Staff Are Trained And Motivated

Trust Actions:

24. HR will work with managers and Staff Side representatives to agree how to implement performance frameworks that reward high quality patient care.

25. The Staff Survey results will be reviewed by a group set up by the HR dept. but comprising of a cross section of staff. It will be the responsibility of line managers to ensure that agreed actions are completed.

Nurse Staffing Levels

Trust Actions:

26. Senior children's nurses will continue to be involved in student nurse selection processes in conjunction with Sheffield Hallam educational staff.

27. Nursing mentorship programs will provide the basis for clinical supervision of nurses while on clinical placement.

28. The trust will pilot a nursing dependency tool to provide a basis for comparison of nursing workload between wards and critical care areas.

    d) This may assist in defining at which point care should be transferred.
    e) This will allow internal and external benchmarking between departments
    f) The Director of Nursing and Clinical Operations will review nursing establishments and vacancies in April and October each year and report to the Board.

Nursing Supervisory Ward Managers

Trust Actions:

29. The Trust should invest in supernumerary ward managers. This would involve an approximate cost of £250K over two years to provide each ward with Band 5 staff nurse backfill for 4 days per week.

Acute Nursing Leadership

Trust Actions:

30. A Band 7 nursing post should be attached to the matron rota to release each matron for an additional 10 hrs per week.

    d) Provides a developmental post for nurses
    e) Retains the supervision of experienced Matrons
    f) Responds to Associate Director requests for more senior nurse assistance with divisional management responsibilities

31. Supernumerary Ward Managers would have the ability to further assist Associate Directors with divisional management responsibilities e.g. budget management, care pathway transformation, audits required to satisfy best practice tariffs, more effective management of ward rounds, better compliance with PDRs and training, involvement in MDT meetings.

Nursing Leadership Training

Trust Actions:

32. Divisions will support staff in applying for nationally facilitated courses, where this has been identified in their PDR and release them when application is successful.

33. Local alternative leadership programmes for band 6 staff will be a required pre-requisite for appointment to provide basic management skills e.g. budget management, HR management and site management.

Nursing Clinical Training

Trust Actions:

34. Health care assistant training should be reviewed in line with national recommendations

35. Existing health care assistants should have their skills assessed against the training recommendations.

36. Training for nurses on 24/7 departments should continue to employ total or partial shut down arrangements to guarantee training release. Every ward must demonstrate that it has a training plan and is achieving it.

Training for Advanced Nursing Posts

Trust Actions:

37. The Trust needs to recruit nurses more widely – involving stands at recruitment fairs in London and other cities.

38. The Trust must work with the Local Education and Training Boards to ensure that medical training allocations reflect a realistic balance between the training requirements and the service delivery infrastructure.

39. The Trust should use its hosting of Clinical Networks to ensure that LETBs are requested to set up ANP courses for children's and neonatal nurses to serve Yorkshire and Humber.