

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation trust January 2005- March 2009 : The Whittington Hospital NHS Trust Response

| Mid-Staffordshire Recommendation | Whittington NHS Hospital Trust Priority | Evidence | Lead | Review date | Risk rating (RAG) |
|--|---|---|----------------|---|-------------------|
| <p>To make its visible priority the delivery of a high-class standard of care to all its patients by putting their needs first</p> | <ul style="list-style-type: none"> ▪ To embed a culture of openness and transparency through out the Trust where there is visible leadership at all levels of the organisation and where staff are encouraged and facilitated to report issues of concern. • Staff know and sign up to the Vision of the Trust and the Trust Corporate Objectives. • The patient Experience is clearly every one's business • The business of the Trust is everyone's business. • Each ward has an appointed/identified ward manager who provides leadership to all staff working on the ward. • The role of ward manager as the key leader and advocate for patient care and experience is recognised throughout the Trust | <ul style="list-style-type: none"> ▪ Visible nurse leadership programme in place across Trust with involvement of NEDs, Chairman and CEO. ▪ Patient Safety programme in place with involvement of NEDs, Chairman and CEO, Directors, clinical directors and other senior staff. ▪ A program of environmental and other audits are conducted on a weekly basis. ▪ Food tasting sessions in random ward areas in place ▪ Development of nursing and midwifery strategy, which has a core theme of enhancing the patient experience, is planned. Will be developed jointly with NHHSH and NHHSI alliance ▪ Patient safety and patient focus items at the top of all agendas e.g. Trust Board/ CEO briefings etc. | <p>BS/ CIC</p> | <p>Oct 2010</p> <p>Oct 2010 to Jan 2011</p> | <p>Amber</p> |

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| | | <ul style="list-style-type: none"> ▪ Agreed to establish a trust-wide Patient Experience Steering Group, and a outpatients improvement group to drive improvements in the areas identified in our patient survey results ▪ RCN's Ward managers development programme planned. In-house facilitator identified in September 2010 ▪ Ward managers forum in place and is being strengthened and enhanced | | Dec 2010 | |
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| To review its training programmes for all staff to ensure that high quality professional training and development is provided at all levels and that high quality service is recognised and valued | <ul style="list-style-type: none"> ▪ There is a Trust education and Training strategy ▪ There is a clear policy on mandatory Training and attendance at Mandatory Training ▪ There is a clear staff Induction policy and programme for all staff | <ul style="list-style-type: none"> ▪ E-learning tools are available and supported at departmental level where appropriate ▪ A Trust wide training need analysis by professional and other groupings is developed • There is an agreed evaluation of all training ▪ PDP is an accepted element of the | MB | Oct 2010 | Green |

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| | <ul style="list-style-type: none"> ▪ There are local ward and department Induction programmes ▪ The Trust has a clear position on Organisational Development | <p>staff annual appraisal and supervision policy</p> <ul style="list-style-type: none"> • The Trust Participates in NHS London CPD Quality Monitoring Annual Reviews • The Trust participates in the NHS London Annual Review of Pre Reg programmes for Nursing • The Trust participate in annual NMC review | | | |
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| To improve audit arrangements and the Board to review audit processes and outcomes on a regular basis | <ul style="list-style-type: none"> ▪ The Trust has an annual audit plan which is agreed by the Clinical Audit Committee and reported through to Clinical Governance Committee ▪ The Trust will participate in NHS London's Energising for Excellence programme which measures nurse sensitive indicators ▪ The Trust is committed to the Concept of Releasing Time to Care (RTTC) | <ul style="list-style-type: none"> ▪ Audit is explicit in consultants SPAs ▪ Audits are aligned to external requirements including CQC evidence and SLAs ▪ Activity and data pertaining to the identified nurse sensitive indicators is submitted to NHS London as required ▪ A steering Group to drive the concept of RTTC in place. ToR recently updated | <p>CIC/BS</p> <p>Director of Audit & Clinical Effectiveness (IW)</p> | Oct 2010 | Amber |

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| | <ul style="list-style-type: none"> A suite of patient safety KPIs is identified and measured monthly | <ul style="list-style-type: none"> Progress against the patient safety KPIs is reported to Trust Board monthly: new indicators to be agreed and added | | | |
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| To review and improve complaints and Incidents process across the Trust | <ul style="list-style-type: none"> The Trust acknowledges the key role of learning from complaints as part of its core business The Trust establishes a forum to link the actions and learning from incidents and complaints The Trust through its management of incidents risks and complaints devises an early warning system indicator set to identify potential dangers and risks to patients | <ul style="list-style-type: none"> There is a 1/4ly report to Trust Board that outlines the key themes and trends identified through complaints. The 1/4ly Trust Board complaints report contains a synopsis of the actions taken as a result of the complaints Reports of SUIs and high level incidents and complaints to be provided by division and discussed at monthly divisional board meetings, so that relevant service improvements are planned, implemented and monitored Senior member of staff to oversee the day-to-day management of the Complaints Team | BS | Oct 2010 | Amber |

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| To review the management and leadership of nursing staff | <ul style="list-style-type: none"> The Trust recognises that Nursing leadership is key to the whole patient experience | <ul style="list-style-type: none"> Visible Leadership Programme ensures that nurse leaders are visible within the organisation: programme reviewed and re-focussed in Sept 2010 Matrons areas reviewed and adjusted to provide more equal distribution, and a dedicated matron for elderly care and ED Nursing and midwifery executive committee established in Sept 2010 Ward managers forum strengthened and re-focussed Ward managers development programme agreed | BS | Oct 2010 | Green |

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| To develop clear set of principles for nursing across the Trust based on patient safety | | <ul style="list-style-type: none"> • A Nursing Strategy using a consensus development approach will be developed and presented to Trust Board in early 2011 • A set of nurse sensitive indicators to be agreed and put in place and reported to Trust Board 1/4ly | BS | January 2011 | Amber |