

Mid Staffs report calls for culture change

Robert Francis QC's long-awaited final report into the Mid Staffordshire NHS Foundation Trust scandal has now been published, highlighting the appalling suffering of many patients. Reflecting on the Trust's failings, Robert Francis QC commented that the Trust "did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention." It also failed to tackle "an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities."

This failure, he asserted, was in part "the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking Foundation Trust status", which was at the cost of delivering acceptable standards of care.

He further criticised the agencies, scrutiny groups, commissioners, regulators and professional bodies that failed to detect and remedy non-compliance with acceptable standards of care, commenting: "A system which ought to have picked up and dealt with a deficiency of this scale failed in its primary duty to protect patients and maintain confidence in the healthcare system."

Calling for a 'fundamental culture change' in the NHS, the report makes 290 recommendations designed to create a common patient-centred culture across the NHS. Organised around four key themes, the recommendations cover: a structure of fundamental standards and measures of compliance; openness, transparency and candour throughout the system underpinned by

statute; improved support for compassionate, caring and committed nursing; and stronger healthcare leadership.

Recommendations on ensuring 'openness, transparency and candour' included:

- 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 describing their faults as well as their successes.
- 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.

Robert Francis QC stated that the reporting of concerns regarding patient safety, or compliance with fundamental standards, should 'not only be encouraged but insisted upon'. Staff should also

be entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.

There should also be improved support for compassionate, caring and committed nursing:

- Entrants to the nursing profession 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 must be created to ensure that qualified nurses are competent to deliver compassionate care.
- Nurses also need a stronger voice, including representation in organisational leadership.

As an immediate first step in responding to the report, the NHS Commissioning Board Medical Director, Sir Bruce Keogh, announced that he is to conduct an investigation into a number of hospitals that have been outliers on mortality.

NHS Commissioning Board Chief Executive Sir David Nicholson, further commented: "It is important that we, in the NHS, reflect soberly and sensitively on what happened at the Mid Staffordshire NHS Foundation Trust and decide what action the NHS needs to take to ensure this never happens again."

RCN welcomes more rigorous standards for European nurses

A recent vote in European Parliament has recommended improvements to the regulation of nurses working throughout the EU through the introduction of language checks and more rigorous competency requirements.

The Royal College of Nursing (RCN) has welcomed this move. Dr Peter Carter, chief executive & general secretary of the Royal College of Nursing, said: "There is much to be pleased about in the vote. A number of the measures echo what the RCN has called for and will improve patient safety across the EU. We are encouraged by the recommendation to allow regulators to introduce language checks on EU health professionals. This will ensure

that healthcare staff can communicate with their colleagues and patients. Another positive is the alert system, which will prevent health professionals prohibited from practicing in one member state from working in another.

"However, we were disappointed to not see greater support for a minimum 12 years' general education requirement before commencing nursing studies. This would have brought member countries in line with the UK. We fully support the right for nurses to use their skills around the world, but patient safety must be the top priority. We hope today's vote will be a good starting point to ensure all patients receive the same high quality care."

Trust to be dissolved

South London Healthcare NHS Trust, the most financially challenged NHS Trust in England, will be dissolved by October 2013 to address the risk it carries for ongoing patient care and the pressure it is placing on other parts of the NHS, according to Health Secretary, Jeremy Hunt. The Trust is currently losing more than £1 m every week and by the end of this year, is expected to have an accumulated debt of more than £200 m.

The future of health and social care spending

A King's Fund report, *Spending on health and social care over the next 50 years*, states that health and social care could account for half of all Government spending within 50 years.

Changes to the population, increases in wealth and medical advances will increase pressures to spend more on health and social care in the future, says the report. The ageing population will also be a factor although – contrary to popular perception – this is likely to drive only a small proportion of the increase.

The report also compares the situation in the UK with that in other countries which showed that spending on health and social care in the UK is currently around the average among industrialised nations and that other countries are facing similar pressures to spend more in the years ahead.

The report calls for an informed public debate about these choices – including whether taxation or borrowing should rise to pay for increased

spending or the scope of publicly funded services should be limited, with individuals paying more through user charges or private insurance. It also recommends that regular reviews of spending pressures should be commissioned to inform public debate and future spending decisions.

The report stresses that increases will depend on a number of factors. However, it highlights the potentially significant implications for the public purse and other Government budgets if spending on healthcare continues to follow historic trends. This would suggest that difficult choices lie ahead about how much to spend and how to fund this.

The UK currently spends around 9% of its national income on health and social care, more than twice as much as 50 years ago. This could more than double again to nearly 20% by 2061, according to forecasts by the Office for Budget Responsibility.

Mortality analysis highlights concerns

Five NHS Trusts in England have been categorised as having a 'higher than expected' mortality ratio over two years, new analysis shows. During the same period – between July 2010 to June 2012 – 11 Trusts were categorised as having a 'lower than expected' ratio, based on Summary Hospital-level Mortality Indicator (SHMI) data.

This analysis features in an experimental report *Summary Hospital-level Mortality Indicator (SHMI) – Deaths associated with hospitalisation, England, Experimental Statistics Supplementary Report, July 2010 – June 2012* which is supplementary to the standard quarterly publication of mortality ratios – or SHMI values – for all 142 non-specialist acute Trusts in England.

The SHMI compares the actual number of patients who die following hospitalisation at a Trust with the number who would be expected to die, given the characteristics of the patients treated there. It categorises them as 'as expected', 'higher than expected' or 'lower than expected'.

The Trusts categorised as higher than expected in both the first and latest SHMI publication, which both cover a 12 month period (July 2010 to June 2011 and July 2011 to June 2012) are Colchester Hospital University NHS Foundation Trust, Tameside Hospital NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Basildon and Thurrock University Hospitals NHS Foundation Trust and East Lancashire Hospitals NHS Trust.

Trusts with lower than expected figures include James Paget University Hospitals NHS Foundation Trust; Cambridge University Hospitals NHS Foundation Trust, Royal Free London NHS Foundation Trust, Kingston Hospital NHS Trust, St George's Healthcare NHS Trust, The Whittington Hospital NHS Trust, Chelsea and Westminster Hospital NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, North West London Hospitals NHS Trust, Imperial College Healthcare NHS Trust, Barnet and Chase Farm Hospitals NHS Trust.

Initiative to explain blood tests to children

A Europe-wide initiative to explain blood tests to children has been sponsored by BD (Becton, Dickinson and Company). With medical education publisher, Medikidz, BD has developed a cartoon-style booklet and poster with the aim of helping children to understand what blood tests are for and how they help doctors make them better.

According to Dr Kate Hersov, deputy CEO at Medikidz: "Up to 70% of children with a

chronic illness do not comply with their treatment as they do not understand the doctor's instructions or their illness."

Commenting on the initiative, Jacqui Hough, phlebotomy manager at Ashford and St Peters Hospitals NHS Foundation Trust, said: "Removing the fear from blood tests by explaining why they are important is really important, as it helps to reduce anxiety and gets kids to cooperate."

NEWS IN BRIEF

Healthcare assistants: induction programme

The Royal College of Nursing's online induction programme for new healthcare assistants, *First Steps for Health Care Assistants*, has a new look and a number of new features.

Improvements to the programme include the introduction of an assessment quiz. When all programme sections have been studied, and the quiz is successfully completed, a certificate of completion is issued for your learning portfolio. Accessibility to the programme has also been improved. It is now available via mobile devices such as tablets and smartphones.

Vegetarians have a lower risk of heart disease

A study of 45,000 British adults found that not eating meat or fish was associated with better heart health, while vegetarians also displayed lower levels of harmful cholesterol in their blood and reduced systolic, or maximum, blood pressure.

Between the ages of 50 and 70, the chances of dying, or becoming seriously ill, with heart disease were 6.8% for non-vegetarians and 4.6% for vegetarians. A total of 34% of participants were vegetarian, the vast majority of whom were women.

The study, undertaken in the UK, was published in the *American Journal of Clinical Nutrition*.

Marriage reduces the risk of heart attack

A study from Finland, published in the *European Journal of Preventive Cardiology*, has shown that being unmarried increases the risk of fatal and non-fatal heart attack in both men and women.

Particularly among middle-aged couples, being married and cohabiting are associated with 'considerably better prognosis of acute cardiac events both before hospitalisation and after reaching the hospital alive'.

New appointments spearhead organ transplant

NHS Blood and Transplant has appointed three new clinical leads who will work towards developing and improving organ transplantation standards across the UK.

Professor Rutger Ploeg and Mr Roberto Cacciola will share the role of national clinical lead for retrieval and Professor John Dark will take on the new role of national clinical lead for governance.

Action needed to tackle the burden of bureaucracy

A review of bureaucracy in the NHS by the NHS Confederation has assessed the progress made in reducing the bureaucratic burden on organisations in the past three years, and looks at where new burdens may lie as a result of changes to the NHS architecture.

The review findings have led to a call to the Department of Health and Arms Length Bodies (ALBs) to help organisations focus on securing the best patient care by reducing the unnecessary bureaucratic burdens on NHS organisations.

In recent years, the number of administrative staff working in the NHS has dropped by 10% and the number of managers has dropped by 18%. However, the NHS Confederation paper, *Information Overload: Tackling Bureaucracy in the NHS* suggests that the requests for organisations to provide information may have not decreased in line with this.

The NHS Confederation has warned that, unless the bureaucratic burden on NHS organisations is reduced, there is a risk that frontline staff will be diverted from patient care to form filling and box ticking, an issue that has also been highlighted in the latest Francis report on Mid Staffordshire NHS Foundation Trust.

The NHS Confederation report claims that insufficient progress has been made in reducing bureaucracy in the health service since it carried out its last review in 2009. This lack of progress may, in part, be due to a lack of cooperation between the various agencies that require information from NHS organisations, particularly agencies working at a local level.

The problem is compounded by the fact that providers still lack the right to formally challenge agencies which ask for the same or similar information that has been requested by others.

There is a risk that the complex structure of the new NHS and the increased number of organisations will further add to the administrative burden on NHS organisations.

The NHS Confederation believes that the information demanded of NHS organisations should be limited to what is necessary to support the delivery of high-quality patient care and to drive improvements in services. It must also provide real assurance for the public on compassionate patient care.

The development of a potential new inspection regime currently being considered by the Secretary of State must take account of these objectives. If this generates new information collections for the NHS, they should only be introduced if they add real value



and should be compensated for by addressing burdens elsewhere.

The NHS Confederation is calling on the Department of Health to support the implementation of its review as soon as possible, to free up staff resources and money for frontline services. The NHS is committed to working with the Department and ALBs to go further and to

give immediate consideration of how new burdens could be averted in the new NHS landscape.

Commenting on the review findings, Mike Farrar, chief executive of the NHS Confederation, said: "NHS organisations have a responsibility to provide the right information so they are accountable to patients and taxpayers. But we need to strike the right balance of providing information which allows patients to have a clear picture of the standards of care, without spending a disproportionate amount of time providing the same information to numerous organisations in different ways.

"We are concerned that patient care could be affected because organisations and staff are distracted by the burdens of administrative requests from external organisations. Our members have told us that this is a growing problem. We will be working with them in the coming months to help them address this issue and feed back their concerns and proposals to the Government and other relevant bodies."

A&E attendances peak on Monday mornings

New figures suggest that English A&E departments see the most attendances on a Monday morning, when they deal with double the hourly average.

Departments across England collectively deal with around 4,000 cases per hour between 10 am and 12 noon on a Monday, compared to the typical hourly average of 2,000; according to new analysis for 2011-12.

The Monday peak also occurred in 2010-11 according to a recent report *Accident and Emergency Attendances in England (experimental statistics) 2011/12*.

While more attendances occur during the Monday peak, the attendee pattern within this period (such as by age, gender and region) is broadly the same as the pattern at other times.

NICE consults on recommendations for treating myocardial infarction

The National Institute for Health and Clinical Excellence (NICE) is in the process of developing a clinical guideline on the acute management of myocardial infarction (heart attack) with ST-segment-elevation (STEMI) and has recently issued a draft version of the guideline for public consultation.

Although the incidence of STEMI is in decline, rates still vary between regions of the UK and it still averages around 750 cases per million people each year.

The incidence of in-hospital mortality after acute coronary syndromes, which includes STEMI, has also fallen from around 20% in the early 1980s to nearer 5% today. This has been

attributed to various factors, including improved drug therapy and speed of access to effective treatments.

In recent years mechanical techniques such as coronary angioplasty, thrombus extraction catheters and stenting have replaced fibrinolysis as the intervention of choice for improving outcomes by restoring an adequate coronary blood flow (reperfusion) as quickly as possible during the acute phase of STEMI. It is estimated that around 95% of the population in England and Wales are now covered by a Primary

Percutaneous Coronary Intervention (PPCI) care pathway.

The timeliness of PPCI is a crucial factor in improving outcomes successfully since nearly half of potentially salvageable myocardium is lost within one hour of the coronary artery being blocked, and two-thirds are lost within three hours. The timeliness of PPCI therefore forms a key part of this draft guideline so commissioners and those delivering services for people with STEMI can plan their configuration in such a way that outcomes are optimal.

The potential impact of WHO's '25 by 25' cancer target

The Union for International Cancer Control (UICC) and the International Agency for Research on Cancer (IARC) has stated that that 1.5 million lives, which would be lost to cancer, could be saved every year if decisive measures were taken to achieve the World Health Organization's (WHO) '25 by 25' target; to reduce premature deaths due to non-communicable diseases (NCDs) by 25% by 2025.

Currently, 7.6 million people die from cancer worldwide every year, out of which, four million people die prematurely (aged 30 to 69 years). If no action is taken to raise awareness about the disease and to develop practical strategies to address cancer these figures are expected to increase to six million premature cancer deaths per year by 2025.

"The estimate of 1.5 m lives lost per year to cancer that could be prevented must serve to galvanise our efforts in implementing WHO's '25 by 25' target," said Dr Christopher Wild, director of IARC. "There is now a need for a global commitment to help drive advancements in policy and encourage implementation of comprehensive National Cancer Control Plans. If we are to succeed in this, we have a collective responsibility to support low- and middle-income countries who are tackling a cancer epidemic with insufficient resources."

The 1.5 million lives lost per year represent 25% of the estimated six million premature cancer deaths that will occur by 2025, and the six million figure is itself based on population projections of current numbers and ageing.

Research shows DNA editing enzyme could fuel breast cancer

Genetic errors driving the majority of breast cancers could be caused by a hyperactive enzyme called APOBEC3B, according to researchers at the University of Minnesota.

The finding could lead to new ways to diagnose and treat breast cancer, exploiting the root cause of genetic damage – 'DNA editing' by the enzyme – rather than the damage itself. Under normal circumstances,

APOBEC enzymes help repair damaged DNA and protect against viruses such as HIV.

But the researchers showed in a paper, published in *Nature*, that one particular form of APOBEC was found in high levels in breast cancer cells. The next step for the researchers is to focus on the connections between high levels of APOBEC3B, age and other genetic risk factors that are known breast cancer markers.

UK to face a nursing shortage by 2050

The UK will face a shortfall of 61,200 nurses by 2050 due to skills shortages, an ageing workforce and restrictive migration policy, according to Randstad Care, a specialist recruiter.

The UK workforce as a whole will have a deficit of 3.1 million by 2050, a figure which represents 9% of the required workforce. Using employment rates from the most recent European population analysis from Eurostat, the statistical office of the European Union, as a measure of demand, Randstad has analysed the projected changes in UK population and working age rate for 2050 to establish the gap between employment demand and workforce supply.

Analysis showed that, with a population of 74.5m, in 2050 the UK will require a workforce of 35.4 m to meet demand. However, with a pool of just 45.1 m people forecast to be eligible to work in 2050, even if the employment rate matches pre-downturn levels of 71.6%, an ageing population will leave the UK with only 32.3 m people in employment – 3.1m short of the 35.4 m required to meet demand.

Commenting on the analysis, Victoria Short, managing director at Randstad Care, said: "No one can question the importance of the healthcare sector and while our projections for the size of the nursing workforce are conservative, they paint a concerning picture for the UK's future welfare. Unless we can plug the employment gap, the healthcare sector is under threat.

"We know already from the increasing requests we see every day to supply nurses for urgent same day cover, that the service is under severe strain. If it is unable to perform efficiently over the coming decades, there will serious consequences, not only for the country's health, but the knock on effects of the Government having to fund an understaffed service."

The NHS has also had to deal with a significant drop in the number of international nurses coming to work in the UK. In 2011/2012 approximately 4,000 international nurses were admitted to the UK nursing register. This is a 75% fall since the peak in 2001 when around 16,000 international nurses were admitted.

The Royal College of Nursing has stated that the UK has moved from a situation of net inflow of nurses to a position of net outflow in recent years, meaning that more nurses are moving abroad than are coming to the UK with the main destinations being Australia, Canada, New Zealand and the US.

"Unfortunately, the UK represents a much less attractive option for both domestic and overseas talent than it did a few years ago and without foreign talent bolstering the nursing workforce the sector will have to deal with a large black hole over the coming years. If migration policy is to remain prohibitive then there must be a push to incentivise and train new nurses into the workforce," concluded Victoria Short.

Centralised approach needed for planning

BMA council chair, Mark Porter, has called for national oversight of workforce planning to prevent the over-supply or under-supply of doctors.

MPs on a Commons joint select committee scrutinising the Draft Care and Support Bill have focused on the medical workforce implications as part of a wider inquiry into possible improvements to the draft legislation.

Dr Porter has argued that although clauses in the draft bill do mention having sufficient skilled care workers in the local medical workforce, there should be a focus on matching training

numbers to jobs. He has also argued for recognition that the process of workforce planning needs to take place at a national level and not left to new LETBs (local education and training boards).

In written evidence to the committee, the BMA welcomed the fact that Health Secretary, Jeremy Hunt, will have a duty to secure an effective system for the education and training of healthcare workers. However, it has called for this duty to further include an assurance that England has enough social care workers with the right skills and training.

Infection prevention meeting to examine current practice

The Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) Spring Meeting will take place on 24 April at the East Midlands Conference Centre in Nottingham. It aims to provide a specialist education forum for nurses and doctors working within infection

prevention and control, microbiology and infectious diseases.

Both organisations have a commitment to reducing the impact of preventable infections and have collaborated to produce a programme entitled *Surveillance for Action*, which will examine current practice and shape future development.

Speakers will cover a range of topics, such as: Surgical Site Infection (SSI), Catheter Associated Urinary Tract Infection (CAUTI), device-related bacteraemia, Surveillance of Healthcare Acquired Infection (HCAI) in mental health and community settings, *E. coli* bacteraemia, and where next for *Clostridium difficile*.

The programme has been awarded five Continuing Professional Development (CPD) credits for medical staff from the Royal College of Pathologists.

For information on the programme and abstract submission visit the event website: www.eventsforce.net/his&ipsspring2013

Most cancer patients are referred to a specialist after two GP visits

More than 80% of patients suspected of having cancer are being referred by their GP to a specialist within their first two consultations, with more than half being sent to see a specialist at the first appointment, according to new research published in the *British Journal of Cancer*.

Researchers from the universities of Cambridge, Durham and Bangor looked at data from over 13,000 patients to measure the promptness of cancer diagnosis in primary care. They found that 82% of people were referred after two visits, with over half of patients referred to a specialist after the first visit.

The study also revealed that some cancers are proving harder to spot in the first few consultations, such as lung cancer and myeloma. This may be because they often produce symptoms that are common and not unique to cancer, so can be mistaken for less serious conditions.

The findings show that, the more consultations a patient needs, the greater number of weeks between first presentation and referral. With most of the patients who have these harder-to-spot cancers, it takes longer before there is a suspicion of cancer and they are seen by hospital specialists.

Shared expertise drives innovation

HORIBA's medical division in the UK is now able to share and draw on expertise and information from other industry areas such as scientific, environmental and automotive following the announcement that the UK's HORIBA Group companies have been brought together into one company to establish HORIBA UK Ltd.

The company believes that this move will enhance its ability to deliver innovative solutions that meet specific UK customer requirements by combining pooled resources to deliver improved customer services.

Managing NHS hospital consultants

A new contract for hospital consultants was introduced in October 2003 in exchange for a significant increase in consultants' pay. However, according to the National Audit Office (NAO), there is still room for improvement in how Trusts manage their consultants.

By 2011/12 around 40,000 hospital consultants were employed at a cost to the NHS of £5.6 billion, 97% of whom were on the 2003 contract.

Of the expected benefits that could be measured, all have been either fully or partly achieved. Consultants' private practice work has not increased, pay progression has slowed and 97% now have a job plan setting out their objectives, although 16% of these have not been reviewed in the last 12 months.

While indicators show that consultant

productivity has continued to fall, the rate of decline has slowed. The consultant participation rate has also increased although it remains unclear to what extent this has resulted in consultants doing more actual work for the NHS.

More could be done to achieve better value for money, says the NAO, by fully realising the benefits set out in the Department's business case. Despite, for example, the contract providing a clear structure for paying for additional work at contractual rates, most Trusts still use locally agreed rates of pay for additional work outside job plans. Pay progression is also the norm and not linked to consultant performance.

The contract significantly increased the cost

of employing consultants. Between 2002/03 and 2003/04, total earnings per full-time consultant increased by 12% in real terms, with a 24% increase in the bottom of the consultants' pay band and a 28% increase in the top.

Commenting on the figures, Amyas Morse, head of the National Audit Office, said: "NHS consultants play a key role in the NHS. Given the size of the pay increase given to consultants under the 2003 contract, it is reasonable to expect Trusts to have made more progress in improving how consultants are managed and realising the expected benefits of the contract. Trusts need to get consultants strongly involved in achieving the Trusts' objectives as well as their own clinical goals."

Potential new indicators to improve quality

Dementia, stroke, cancer, and end-of-life care are among 32 new indicators that have been put forward for inclusion in the new Clinical Commissioning Group Outcomes Indicator Set (CCG OIS, formerly known as the Commissioning Outcomes Framework). The CCG OIS aims to support clinical commissioning groups (CCGs) and improve the quality of patient care across England.

Dementia is placing an increasing burden on the NHS, with more than 800,000 people currently believed to have it in the UK at a cost of £23 billion to the economy. However, diagnosis remains low. The proposed indicator for dementia includes a measure that people presenting with suspected dementia are referred and seen by memory assessment services within three months.

Further indicators aim to reduce premature mortality from cancer through measuring the timeliness of diagnosis, since detecting cancer at an early stage can improve outcomes. The proposed indicators for cancer will measure the number of cancers diagnosed via emergency routes, the stage of cancer at diagnosis and the number of cancers detected at stage 1 or 2.

Another proposed indicator aims to ensure people have a positive experience of care at the end of their lives, by measuring the proportion of people who have died in their preferred place of death.

A further indicator measures the proportion of people closely affected by a death who report satisfactory experiences of factors such as communication, care around the time of death and bereavement care. The NHS Commissioning Board will be responsible for deciding the final set of indicators towards the end of 2013.