

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	The Francis Report Update		
Report of the Barking & Dagenham, Havering and Redbridge CCGs			
Open Report	For Discussion		
Wards Affected: ALL	Key Decision: YES		
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Summary: Following the presentation of a detailed and comprehensive paper on the Francis Report to the Health and Wellbeing Board at its June meeting, this paper provides an update on the agreement that the Clinical Commissioning Group (CCG) establish a task and finish group to progress the implementation of recommendations across the local health and social care system This report is the first update report on progress to date.			
Recommendation(s) The Health and Wellbeing Board is asked to: (i) Consider the report noting the progress made to date (ii) Discuss the implications for Barking and Dagenham and propose any further actions the Board agrees are required.			
Reason: Under the Health and Social Care Act 2012 the statutory Health and Wellbeing board has a duty to review and comment on public inquiries into health and social care and make recommendations to improve the quality of care.			

1. Background

- 1.1. At its meeting on 4th June 2013 the Board received a paper on the Francis Report which was presented by the director of public health.
- 1.2. The report was very detailed, thus providing a comprehensive overview of the content of the Francis Report, the key findings including themes of the 290 recommendations and also making local recommendations for the Board to consider.

1.3. It was agreed that the CCGs would establish a focused task and finish group to devise a comprehensive plan that will enable the implementation of the recommendations made in the Francis Report.

1.4. This report details progress made to date.

2. Progress to date

2.1. Before establishing the task and finish group it was important to establish the scope for the group, to set the direction and agree some immediate individual organisational and joint actions.

2.2. To do this a workshop was held in July, led by the CCGs and involving council officers from all three Boroughs. The purpose of the workshop was to develop a common understanding of the Francis report recommendations with local health and social care commissioning organisations, to agree priorities for attention over the next 9 months and immediate follow up actions.

2.3. A list of workshop participants is attached in Appendix A.

2.4. Workshop participants collectively agreed that Robert Francis intended that the recommendations “change the culture of care and put patients/users first”. Some of the recommendations require national consideration and response before local implementation, but many can be acted upon and are within our control, collectively as health and care organisations and as individual organisations within a collaborative system.

2.5. The following goals were agreed for delivery in 9 months:

- There is an effective joint governance process in place to oversee system development and compliance
- Quality standards will have been jointly agreed for all services and adopted by providers, which outline the key principle of quality such as listening to service user/patient feedback and acting upon it
- Local Authority and CCG contracts will be compliant with Francis, with a particular focus on the duty of candour
- The CCG will lead, through the task and finish group, partners coming together to develop a formal early warning system that provides an early indication of services that are potentially unsafe or failing. This work needs to be developed with both children’s and adult safeguarding boards
- Develop integrated processes for tracking and reporting on patient experience and safety

- Mechanisms will be established and integrated to identify quality issues from patients/service users and for capturing their very valuable feedback and experience.

2.6. The London Borough of Havering and the London Borough of Redbridge have agreed to support this approach and will join the membership of the task and finish group.

2.7. A programme manager has now been appointed by BHR CCGs and is in post.

3. Next steps

3.1. A task and finish group will be established in September comprised of commissioners, providers and user representatives from across the Barking and Dagenham, Havering and Redbridge health and social care system.

3.2. The group will meet in early September to develop a more detailed implementation plan that balances the views of the partnership and enables delivery of actions.

3.3. A progress report will be provided on the above will be provided to the next Board meeting.

4. Mandatory Implications

4.1. Joint Strategic Needs Assessment

4.1.1. The Joint Strategic Needs Assessment (JSNA) has a strong overall focus on public health indicators and mortality analysis that can be used to effectively inform many of the actions that will need to be considered by the group. The director of public health attended the initial workshop and will be a member of the group, thus he can ensure that the JSNA and Francis Report plan are aligned.

4.2 Health and Wellbeing Strategy

4.2.1 The Health and Wellbeing Board mapped the outcomes frameworks for the NHS, Public Health, and Adult Social Care with the Children's and Young People's Plan. The strategy is based on four priority themes that cover the breadth of the frameworks and in which a large number of Francis report recommendations can be addressed within. These are: Care and support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures are mapped across the life course against the four priority themes.

4.3 Integration

4.3.1 One of the outcomes we want to achieve for our joint Health and Wellbeing Strategy is to improve health and social care outcomes through integrated services. Implementing the recommendations from the Francis Report will need to take account of integration and many of the actions will further support and strengthen

integration, such as developing a joint mechanism for capturing service user/patient experience feedback to inform further integration.

4.4 Risk Management

- 4.4.1 Patient/service user care may be compromised if there is a failure to consider or implement relevant recommendations, which is in addition to organisational reputational risks. Agreement to establish the task and finish group and the consideration the Health and Wellbeing Board has already given to implementing the recommendations will mitigate this risk.

5. Non-mandatory Implications

5.1 Safeguarding

- 5.1.1 By its very nature the Francis Report has significant safeguarding implications and the overall report is aimed at making both the health and care system and the individual services within this more safe and driving continuous quality improvement. The CCGs are actively collaborating with the Children's and Adults Safeguarding Boards to lead and progress the implementation of the recommendations.

6 Background Papers Used in Preparation of the Report:

The Mid Staffordshire NHS Foundation Trust Inquiry. Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – march 2009. February 2010. Chaired by Robert Francis QC <http://www.midstaffsinquiry.com>

Report from the Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Sir Robert Francis QC. February 2013 <http://www.midstaffpublication.com/report>

Kings Fund. Francis Report Lessons learnt from Stafford. June 2013
<http://www.kingsfund.org.uk/events/francis-inquiry>

7 List of Appendices:

- Appendix A: Francis Report Attendees