

HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title:	The Francis Report
Report of the Barking and Dagenham Clinical Commissioning Group	
Open Report	For Discussion
Wards Affected: NONE	Key Decision: NO
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Summary: Further to an update report on the implementation of the Francis recommendations and the establishment of a designated task and finish group presented at the September meeting of the Health and Wellbeing Board, this report aims to appraise members of progress made to date.	
Recommendation(s) The Health and Wellbeing Board is asked to: a) Consider the report noting the progress made to date b) Discuss the implications for Barking and Dagenham and propose any further actions the Board agrees are required.	

1. Introduction

- 1.1 While the Francis report may have focused on the care failings in Mid Staffordshire, the lessons learned apply to commissioners and providers across the country. The Francis report is arguably the most influential report in recent years on the state and practice of the NHS. The Health and Wellbeing Board confirmed this at their meeting in June and recommended that a system wide task and finish group (the group), led by the Clinical Commissioning Group (CCG) be established. The purpose of the group is to review the recommendations in detail and to develop a system wide plan to implement the recommendations.
- 1.2 It was acknowledged by the Board that the report describes a systemic failure, over the course of several years, to proactively set meaningful quality standards, monitor compliance by the provider and take effective action when standards were breached. The immediate actions to be implemented across the local health and care system reflect the most important failings described in the Francis report.

1.3 The group is now established and this report details the preliminary progress made since the last update.

2. Progress to date

2.1 Building on the goals outlined in the September update report and the output of the July workshop the group have agreed a series of ten priority actions. The ten actions will deliver 80 of the Francis recommendations. These actions with initial progress are detailed below:

a. All organisations must publish their response to the Report and Recommendations.

Progress: This has been agreed and organisations are currently considering how they will publish responses. Responses are due by December 2013 as this is currently the date the Department of Health has requested an annual report on organisational progress of achieving planned actions.

b. Contracts for services must be clear on minimum standards and be Francis compliant.

Progress: All organisations are reviewing their contracts, and their capacity to monitor the performance of every contract with a view to confirming what formally agreed reference points are in place for addressing and tackling poor performance. The Duty of Candour should be embedded into all contracts, and this is especially relevant to all non NHS standard contracts, which are already Francis compliant.

c. Develop integrated processes for tracking and reporting on patient experience and safety. The Francis report says that the possession of accurate, relevant and useable information, from which the safety and quality of a service can be ascertained, is the vital key to early warning systems and patient/service user safety.

Progress: Each organisation has confirmed that systems and process are in place for tracking and reporting on patient experience, however recent examples of poor patient experience that have been referred to the CCG for formal contractual follow up were reported using informal contacts as opposed to formal processes. This has confirmed that gaps in the quality monitoring processes across the health and care system exist. The group are planning a workshop for early January to confirm current individual systems and processes with the aim of collaborating on the design of a system wide model. This is a very complex work stream and the timeframe reflects the required planning.

d. Develop process for tracking patient experience by primary care as referrers and commissioners of services.

Progress: CCGs need to undertake monitoring on behalf of patients who receive acute hospital treatment and other specialist services and develop internal systems that allow GP's to recognise patterns of concerns. Barking and Dagenham CCG are progressing the implementation of actions to do this.

e. Ensure open and shared communication of up-held complaints by all organisations and for the safeguarding boards to be made aware of all upheld complaints by all organisations related to patient or service user care.

Progress: Each organisation as a first step will consider the process required to obtain consent from patients/service users to share any information. Before any

upheld complaints can be published the consent of the complainant to share must be obtained. Intelligence sharing from complaints is a key driver to improving care across the system.

- f. Local Authorities to develop implementation plans to deliver the recommendations related to scrutiny committees and processes.

Progress: Local Authorities are reviewing this action internally.

- g. To ensure active involvement of clinical leaders in performance management of quality and safety as routine practice.

Progress: Clinical leaders are active members of the monthly quality monitoring meetings held as part of the formal contract monitoring for both North East London Foundation NHS Trust and Barking Havering Redbridge University Trust.

- h. All patients in acute setting to be seen by consultants. Minimum standards to be agreed with both Barking Havering Redbridge University Trust and North East London Foundation NHS Trust.

Progress: This requirement will be addressed and implemented through the contract negotiation process that is just beginning for 2014/15.

- i. Have clear workforce plans for safer recruitment and retention that meet national requirements.

Progress: The members of the group are working with Human Resource Departments to report back on this action

- j. Develop effective shared governance for quality and safety that forms an element of an early warning system.

Progress: Local Authorities and Healthwatch are now participating members of the regional Quality Surveillance Group which is led by NHS England (London) and are working to identify system wide issues through intelligence sharing.

2.4 It is important to emphasise that the progress detailed above is the first stages of the implementation plan and the group will build on this as the week's progress.

2.5 The group also agreed that the work programmes from the Integrated Care Coalition and the Urgent Care Board should also be considered as many of the actions arising from these senior led programmes will implement the Francis recommendations.

3. Next steps

3.1 Members of the group have agreed to benchmark the ten actions against current organisational activity aimed at driving quality improvements. At the next meeting the benchmarking from each organisation will be combined to develop a system wide high level implementation plan.

3.2 The execution of the implementation plan will be monitored at each meeting with corrective or remedial actions being recommended as required.

3.2 At the next meeting, the group expects to finalise the terms of reference and the membership. It was agreed to invite Healthwatch representation.

3.3 The next meeting is scheduled for 23 October 2013. The Group expects to meet fortnightly thereafter.

4. Mandatory Implications

4.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) has a strong overall mortality analysis as well as a detailed safeguarding element within it. Integration and addressing issues presented by Francis are key themes of the JSNA 2013 and this paper is well aligned to address and follow up these priorities and the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA.

4.2. Health and Wellbeing Strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with the Children 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's recommendations can be picked up 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

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

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

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>