

Agenda Item:

Dorset Health Scrutiny Committee

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Dorset County Council



Date of Meeting	19 November 2013
Officer	Director for Adult and Community Services
Subject of Report	NHS Dorset Clinical Commissioning Group - Progress on the Francis Inquiry Recommendations
Executive Summary	<p>Members will be aware of the Francis Inquiry. The report contained 290 recommendations for the NHS to consider.</p> <p>The NHS Dorset Clinical Commissioning Group (CCG) has provided a report that outlines the current work and actions being undertaken by all of the local NHS provider organisations in implementing relevant recommendations of the Francis Inquiry.</p> <p>The report also sets out the CCG's own approach, its response to the recommendations and the action plan that is now in place.</p> <p>Susanne Rastrick, Director of Quality at the CCG, will attend the Committee to present the report and respond to questions raised by members.</p>
Impact Assessment :	<p><u>Equalities Impact Assessment</u> Not applicable.</p> <p><u>Use of Evidence</u> Report provided by NHS Dorset Clinical Commissioning Group</p> <p><u>Budget</u> None for the County Council.</p>

	<p><u>Risk Assessment</u> Not applicable.</p>
	<p><u>Other considerations</u> None.</p>
Recommendation	That the Committee notes and comments on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and enrich the health and well-being of Dorset's most vulnerable adults and children.
Appendices	1. NHS Dorset Clinical Commissioning Group – Progress on the Francis Inquiry Recommendations.
Background Papers	1. Report by the Director for Adult and Community Services to Dorset Health Scrutiny Committee – 30 May 2013. The Francis Inquiry – Lessons for Health Scrutiny in Dorset.
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Report to the Dorset Health Scrutiny Committee

Progress on the Francis Inquiry Recommendations

Introduction

- 1.1 Robert Francis QC published his extensive Inquiry Report into Mid Staffordshire NHS Foundation Trust in February 2013. The report contained a total of 290 recommendations for the NHS to consider.
- 1.2 Robert Francis's first recommendation was that all organisations in healthcare should consider the findings and recommendations and decide how to apply them in their own work, announce the extent to which it accepts the recommendations and thereafter publishes a report on its progress at least annually.
- 1.3 All of the local provider organisations have individually considered the findings and made commitment to implementing relevant recommendations. This report details key current work and actions by Trusts in this regard for the period to 30 September 2013.
- 1.4 At its inaugural meeting on 2 April 2013 the Dorset Clinical Commissioning Group (CCG) Governing Body received and approved a report setting out its own approach and response to the Inquiry recommendations. This report also sets out the progress made against the action plan set in place for the CCG.

Report

- 2.1 A particular requirement for CCGs and providers was to “develop ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations”.
- 2.2 Along with the Assurance Framework, the Quality Report to the Governing Body of the CCG seeks to provide a summation of this understanding of quality performance in relation to care given to and experienced by Dorset residents.
- 2.3 The Quality Directorate, to give a more nuanced scrutiny of quality performance, aside from attendance at monthly contract review meetings have developed a range of other mechanisms to engage with provider organisations from unannounced site

visits; announced thematic reviews; one to ones with Medical Directors/Directors of Nursing and their deputies and liaison with Regulatory Bodies.

2.4 In relation to systematic information sharing, endorsed by the Inquiry Report the Wessex Local Area Team have convened a Quality Surveillance Group which is attended by the Chief Officer and Director of Quality.

2.5 Each local provider organisation has chosen, with its Board, an approach to the recommendations which reflect their particular configuration and circumstances.

Dorset County Hospital NHS Foundation Trust

2.6 The Trust has established a Francis Report Review Group that is chaired by Professor Jenny Reid, one of the non-Executive Directors and consists of a diagonal cross section of staff, governors and members of the public. The group has a number of workstreams that are exploring in detail the themes of the review and establishing whether action is required at the Trust in relation to the review findings. The Chief Executive updates the Trust Board on a monthly basis on the progress being made to address the issues. Following the work of the Review Group the Trust's response is being drafted and consulted upon before being formally presented to the Board for sign off.

Poole Hospital NHS Foundation Trust

2.7 The Trust has reviewed the recommendations of the Francis Report and undertaken a detailed gap analysis. To provide a Poole Hospital context the Trust has held a number of listening events (n=8) with staff and patient representatives. These events have sought to establish where people think the Trust is at risk of failing and the priorities for action. The Board of Directors and Trust groups have considered the feedback from the gap analysis and listening events. The Board of Directors have identified four areas for action:

- refresh the Poole Approach/Golden Rules;
- review of staffing levels across the Trust;
- reduction in bureaucracy;
- action on communication with patients and the public.

2.8 The outcome of this initial response was published in the public part of the May 2013 Board meeting. Further updates have been planned and there will be a progress review by the Board in August 2013.

Dorset Healthcare University NHS Foundation Trust

2.9 The Trust's overall strategy and approach to the report includes creating a strong unified culture of safety, outcomes, compassion, kindness and learning that is based on trust, partnership working, co-operation, openness and empowerment.

2.10 The Trust has identified four key groups are vitally important if the culture above is to be delivered, and the Trust has developed a series of pledges, listed below with an example, in relation to each of these groups:

- **Patients, service users, carers and their families:**
 - * patients will be asked to rate the Trust against the vision statement of “providing care all of us would recommend to family and friends” every quarter;
 - * the Trust will ensure that all complaints and adverse incidents are promptly investigated and reviewed and details fed back to the patient and responsible clinician, with overall trends reported to the Board;
 - * the Trust have committed to starting every Board meeting with a patient story.

- **Frontline Staff:**
 - * the Trust are reviewing staffing levels, to ensure people have time to care, participate in regular multi-disciplinary reviews ensuring there is a key named clinician responsible for each patient and ensure that Ward Managers, Sisters and Matrons operate in a supervisory capacity;
 - * the Trust continues to work closely with Bournemouth University to ensure compassion and caring is embedded in all placements, and proactively seek feedback from students as “fresh eyes”;
 - * all staff will be encouraged to raise concerns about the quality and safety of services direct to the Board if appropriate.

- **Clinical and Managerial Leadership Teams:**
 - * leadership training is being developed at all levels in the organisation from the Board down to Ward Managers and Team Leaders;
 - * the Trust will ensure that all proposed service changes and developments will clearly demonstrate that the impact on patient care has been considered and evaluated.

- **External Governance Structures:**
 - * the Trust’s Constitution and Directors’ contracts are being amended to provide a requirement that they remain fit and proper persons for the role. “Gagging clauses” or non-disparagement clauses which seek to limit legitimate disclosure of public interest issues concerning patient safety and care will not be applied;

 - * the Trust is supporting the enhanced role of governors to ensure that they have the skills and training to hold the Trust Board to account and to represent members and the public at large.

2.11 The Trust is tracking progress against these pledges, and it intends to produce a public annual report which will be discussed at the Board.

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust

- 2.12 The Trust has carried out Listening events for frontline staff (nursing, allied health professionals, managerial and domestic staff representation).

The 290 recommendations have been reviewed with the production of a list of recommendations for acute Trust providers to consider, and a paper with the proposed process for review has been presented to the Healthcare Assurance Committee (HAC) and the Board of Directors (BoD).

- 2.13 Further action is detailed below:

1. Each Acute Trust recommendation has been assigned the appropriate Board subcommittee where status, actions and progress will be reported. Indicative status, required action and proposed RAG rating against compliance has been completed and reviewed within the committees for confirmation.
2. Overall updates are through HAC, the Trust Management Board (TMB) and BoD.
3. A Quality Strategy has been produced which encapsulates the themes of the Francis recommendations. This details the aims, objectives, timescales, responsibilities and monitoring processes of how to achieve the strategic goals for patient safety, patient outcome and patient experience. It is the driver for delivering healthcare that is safe, clinically effective and a positive experience for all those involved.
4. A Quality Toolkit has been developed to support the Quality Strategy, which is on the Trust's intranet. This has a range of materials aimed at promoting high-quality care. These include:
 - 'Focus on Quality' bulletin – details of regular briefings and updates on current initiative within the Trust;
 - powerpoint presentations to help staff brief their teams about quality;
 - quality case studies.
5. A Board Seminar is planned in September 2013 to review the progress against the recommendations.

Salisbury Hospital NHS Foundation Trust

- 2.14 Following publication of the Francis Report the Trust has held a number of Chief Executive led presentations for staff to highlight the key findings in the report and the approach that is being taken locally to respond to the issues identified in Mid Staffordshire. This followed a comprehensive Chief Executive's Message sent out to staff on the day of publication. Whilst the Board noted that Salisbury District

Hospital provides good standards of care the Trust felt it important to highlight its strengths, but also acknowledge that there is no room for complacency – emphasising it will continue to act positively on patient feedback and improve services for patients.

- 2.15 The Trust intends to use its AGM in September 2013 to provide more details to the public on any actions that the Board feel is required. The staff presentations were also used to provide staff with an update on the NHS reforms briefing on recent CQC inspections and an update on the Trust’s long term strategy.

Yeovil District Hospital NHS Foundation Trust

Overview

- 2.16 When the Francis report was published the Trust sought to involve the patient voice in the Trust actions to meet all the relevant recommendation. A gap analysis was performed and then the Patients Association were invited to assess where they felt the Trust could focus more attention and how patients and carers could be involved in this work. The full survey including the Patients Association comments has been published on the Trust intranet and when the new internet is launched in the autumn it will be published there for full public access.
- 2.17 The Trust Board receives an update monthly of workstreams and progress, and the Patients Association have presented at Board their involvement.
- 2.18 The Trust have undertaken key actions in the report theme areas below, with examples noted:
- **Responding to Problems:**
 - * a Trust-wide launch of a new initiative has taken place to encourage staff, patients and visitors to act on concerns quickly and take action to protect patients from any poor standards of care. Yeovil District Hospital is fully engaged with the South West patient safety collaborative and is recruiting new clinical teams to be engaged with the process;
 - * the Trust is reviewing the complaints process and have had a representative at a mid staffs review panel. The process supports the triggering of RCA’s if a safety concern is raised.
 - **Culture**
 - * the Trust enjoys a good reputation for the organisational culture built around the iCARE principles. This has been a focus for further work to strengthen and refresh those principles in line with the NHS Constitution and the Francis recommendations.

- * staff have real time feedback from patients via the “your care” questionnaires and these are reviewed monthly through local ward level peer review.
- **Workforce**
 - * safe staffing actions are in progress to include all wards to have their Band 7 supervisory by October 2013.
Levels of staff on wards will be measured against the acuity dependency modelling piloted by the DOH in 2012;
 - * a new ‘Connect’ forum has been set up for staff to have easy access to the executive team and this has provided opportunity for feedback and discussion of concerns. The executive team walk the hospital at least weekly and the Director of Nursing has a clinical day and week to be visible to staff and patients.
- **Patient Concerns**
 - * multiple gateways are provided including the Patients Association helpline;
 - * a new Patient Experience Team is being developed with a new post of Patient Experience Team Leader. This will eventually provide a 7 service including bereavement support.
- **Organisational Processes**
 - * new work is in progress to bring all Trust dashboards in line with national standards and ensuring robust validated reports;
 - * the new Trust internet will publish all relevant Trust information and statistics.

South Western Ambulance NHS Foundation Trust

2.19 The Trust Board has previously undertaken assurance reviews against the earlier reports into Mid Staffs’ failings: in March 2009; and in July 2010 (the first Francis report) where a considerable amount of assurance was noted, with some improvement actions put in place which have continued or subsequently built upon. These include (not exhaustively):

- Development of an induction workbook;
- Monitoring of appraisal completion by Quality & Governance Committee;
- Introduction of Board to Board meetings within the health community;
- Appointment of a Patient Safety champion from amongst the Non-Executive Directors;
- Strengthening of patient engagement through surveys, a new Have Your Say leaflet, and subscription to Patient Opinion, plus dedicated roles allocated within the new structure including the management of Duty of Candour compliance;

- Ongoing strengthening of clinical supervisory arrangements and clinical advisory support (additional Medical Director time);
- Contract Review meetings with commissioners held bi monthly which devote half the agenda to Quality;
- Ongoing review of the work of the Learning from Experience Group resulting in new terms of reference for 2013/14 to ensure that the (clinically led) Group will analyse information presented to it, identify lessons to be learned and disseminated these through the organisation, with input from review of relevant incidents by clinical groups. It will propose changes to clinical policy and/or guidance and allocate tasks as necessary including where an issue is raised which requires more in-depth review or greater assurance.
The Group will also assess any impact on compliance with key indicators, recommending development of or amendment to local controls as required.

2.20 In addition, members of the Board of Directors attended a Bevan Brittan briefing on 26 February 2013 to provide further commentary and guidance to the Board Seminar on interpretation and implementation of the Francis recommendations and support initial discussions about the report findings.

2.21 The action plan was revised and submitted again in May 2013. However, this has yet to be published.

Dorset Clinical Commissioning Group (CCG)

2.22 The CCG has developed its own action plan in order to ensure that all relevant recommendations for CCGs are implemented appropriately within Dorset. This plan was scrutinised in detail at the Quality Group in June and September 2013 and is available upon request.

2.23 30 areas from the Francis Inquiry recommendations were identified that required action by Dorset CCG. Good progress has been made against these actions, with eighteen being completed and the majority of the others on target to be completed by March 2014.

2.24 A summary of the actions completed thus far is as follows:

- All major providers and newly procured services have standard NHS contracts in place with stretching quality standards in place which include the provider requirements of the Francis Inquiry;
- The CCG infrastructure has been set up to allow for robust quality monitoring, including greater clinical input to this process. Increased resource has been invested to improve monitoring of care homes and domiciliary care providers;
- Clinical Commissioning Programmes are in place, which set commissioning intentions and give messages to providers that commissioner's decisions prevail;
- An Engagement Strategy has been developed and patient/ public involvement has been strengthened across the CCG;

- Close working relationships have been established between the CCG and the CQC, Monitor, NHS England, Health Education England, Local Authorities and the Safeguarding Boards.
- A Professional Practice Lead has commenced work within the Quality Directorate. Her role is to ensure patient experience is captured across all areas, to ensure that early warning signs of failure are identified and that quality improvements are made.
- Agreements have been made with Poole Hospital which will allow for greater scrutiny by commissioners of patient complaints and concerns. Meetings have been set up with the other main providers to make similar arrangements.

2.25 Further action is required in respect of:

- Improved contractual arrangements required for care home and domiciliary care providers under NHS Continuing Healthcare funding, NHS funded nursing care and Section 117 MH Act funding;
- Improved scrutiny of provider complaints to ensure positive change occurs as a result of complaints;
- Enhanced quality metrics and standards to be developed for 2014/15 contracts.

2.26 Further national response from Government is awaited. This is likely to require further actions to be undertaken locally.

2.27 An internal audit is being carried out during September and October 2013 to assess the arrangements for monitoring the progress of its providers in addressing the recommendations of the Francis Report and the effectiveness of the actions taken by the CCG as a commissioner. The results of this audit will be presented to the Quality Group

3. Conclusion

3.1 Dorset CCG and all of the main provider organisations which it commissions have committed to responding positively to the Francis Inquiry report, and to implementing its recommendations, where applicable.

3.2 Each organisation is developing its own responses, through listening to patients, the public and staff. Whilst there clearly remains much work to be undertaken, good progress has been made in working towards ensuring the lessons learnt from the Francis Inquiry are embedded within Dorset.

3.3 The key areas of focus across the whole health community are to foster a common culture shared by all in the service of putting the patient first and ensuring openness, transparency and candour throughout the system about matters of concern.

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