

HEALTH & WELLBEING BOARD

Subject Heading:	The Francis Report
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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- ☐ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Robert Francis QC described the extent of older people's care service failures that led to the inquiry, saying: "I heard so many stories of shocking care. These patients were not simply numbers they were husbands, wives, sons, daughters, fathers, mothers, grandparents. They were people who entered Stafford Hospital and rightly expected to be well cared for and treated. Instead, many suffered horrific experiences that will haunt them and their loved ones for the rest of their lives."

This paper provides an update to Health & Well-being Board on the progress made to address and implement the Francis Report recommendations across the Barking & Dagenham, Havering and Redbridge care and health economy. How the Clinical

Commissioning Group (CCG), partners and the NHS as a whole responds to this report is a critical test of the systems ability to make a real difference to improving patient safety and to caring for some of the most at risk people (previously referred to as vulnerable people) in society.

The overarching lesson from events at Mid-Staffordshire is that a fundamental culture change is needed to put people at the centre of the NHS. This is why the CCG and Local Authority have made a commitment to consider, fully review and implement the Francis Report recommendations.

The changes that are required to ensure that the CCG develops and fosters a culture of compassionate care in which patients are genuinely and consistently at the centre of everything we do cannot be managed or delivered through a discrete programme management approach. However, the CCG and Local Authority have made commitments to implement a number of specific early actions and changes arising from the Public Inquiry, and this paper focuses on progress with those actions.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note the progress report and the action taken by the LA/CCG to implement the recommendations to date
- Advise on any further activities/actions that are required
- To receive assurance that the progress made is in line with the commitments Havering CCG has given, and will have a key impact on the culture changes required to put patients/service users at the centre of everything we do.

REPORT DETAIL

1. Introduction

- 1.1 The purpose of this update report is to provide the Havering Health & Wellbeing Board (HWB) with a summary of the main issues and key recommendations raised in the second report from the public inquiry into the events at Mid Staffordshire Hospital carried out by Robert Francis QC.
- 1.2 The nurse director was asked to develop and implementation plan to the Francis Report recommendations, and this work commenced in April 2013. This report provides the Francis recommendation and action plan as developed by the BHR

system wide task and finish group (the group) and details progress made to date with implementation of the actions across the BHR social care and health economy. The plan is attached at appendix 1.

- 1.3 The group is now well established and this report details the preliminary progress made over the past 12 months.

2. Background

- 2.1 The report of the public inquiry, tells first and foremost of the appalling suffering of many patients. This was primarily caused by a serious failure on the part of a provider Trust Board. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies were brought to the regulators attention. Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. This failure was in part the consequence of allowing a focus of reaching national access targets, achieving financial balance and seeking foundation trust status to be at the cost of delivering acceptable standards of care. The report set out 290 recommendations but its overarching theme was clear: that a fundamental culture change is needed in the NHS to put patients first.
- 2.2 The government's initial response to Francis, *Patients First and Foremost*, was published by the Department of Health (DH) on 26 March 2013 on behalf of the health and care system. It set out how the NHS would begin to respond to Robert Francis's challenge to make patients 'the first and foremost consideration of the system and everyone who works in it'. It included a statement of common purpose, jointly developed and signed by a wide range of partners who share responsibility for patient care.
- 2.3 A more comprehensive response, entitled *Hard Truths: the journey to putting patients first*, was published in November of the same year, which presented a detailed response to each recommendation, and set out new actions planned by the government, including requiring commissioners to make better use of patient safety information, such as detailed patient complaints data. The recommendations of both government responses were considered and reviewed during the development of our implementation plan,
- 2.4 The NHS system includes many checks and balances which should have prevented serious systemic failure of this sort. There were and are a plethora of agencies, scrutiny groups, commissioners, regulators and professional bodies, all of whom might have been expected by patients and the public to detect and do something effective to remedy non-compliance with acceptable standards of care. Francis states that " Primary Care Trusts were not as effective as might have been expected in commissioning or monitoring delivery of care".
- 2.5 A BHR system wide task and finish group (the group) was established in September 2013, chaired by the Nurse Director and comprising members of BHR CCGs and Local Authorities. The group also sought the views of and engaged with providers, Lay members of the governing bodies, Healthwatch and Safeguarding

Board Chairs to review the recommendations in detail, agree priorities for delivery and to develop an implementation plan. The group confirmed our commitment to work in partnership, recognising that changing culture in the health and care system can only be achieved with the continued support of the various organisations locally. The task and finish group considered the failings detailed above and in doing so agreed the actions in the implementation plan.

- 2.6 The Chairs of all safeguarding boards, Healthwatch representatives and the Lay members of the Clinical Commissioning Groups (CCGs) have provided input to the development of the Francis Implementation BHR System Wide Plan.
- 2.7 All three Local Authorities and CCGs report significant progress of actions in the plan. Progress against actions is detailed in Appendix 1. We recognise that success will require sustained action and leadership over a number of years. In this context, the table at Appendix 1 provides only a snapshot of progress and work continues on implementing and revising the actions.
- 2.8 During 2013/14 we have achieved:
- The CCG has published its response to the Francis Report on our website
 - A quality assurance monitoring framework has been implemented for all our large and medium size contracts
 - The CCG has welcomed patient and public feedback, have acknowledged service difficulties where they exist and have worked and encouraged providers to do the same.
 - The sharing of quality and safeguarding information with the CCG and its partners has alerted us to potential quality concerns and enabled us to take immediate action
 - The CCG has developed internal systems that enable the quality team to work with general practitioners to follow up concerns raised during patient consultations
 - Clinical directors actively participate in the Clinical Quality Review Meetings and this has strengthened the CCG's clinical contract management

3. Next Steps

- 3.1 To continue to implement the agreed actions, with progress reviewed by the CCG's Quality and Safety Committee in April 14.
- 3.2 To continue to implement all completed actions within our current commissioning system and daily activities, such as quality assurance walk round visits to departments in Barking, Havering, Redbridge University NHS Trust and North East London NHS Foundation Trust. This will ensure that quality and patient centred care underpins all that we do as commissioning organisations.

IMPLICATIONS AND RISKS

Financial implications and risks:

The actions taken as a result of the Francis report will be funded from within existing resources. This report carries no direct financial implications or risks as is for information purposes only.

Caroline May – Strategic Finance Business Partner (Children, Adults and Housing).

Legal implications and risks:

There are no apparent legal implications in accepting the recommendations in the Report

Stephen Doye – Legal Manager

Human Resources implications and risks:

Not applicable

BACKGROUND PAPERS

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/pressrelease.html>

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

Patients First and Foremost. The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry. Department of Health. March 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf

NHS Confederation Member Briefing. Government response to the Francis report.
<http://www.nhsconfed.org/Documents/NHS%20CONFED%20BRIEFING%20GOV%20FRANCIS%20RESPONSE.pdf>

Association of Directors of Adult Social Services (ADASS) Francis - Government response to be considered in relation to all health and social care services. 25th March 2013.
http://www.adass.org.uk/index.php?option=com_content&view=article&id=913&Itemid=489

Kings Fund. Francis Report Lesson learnt from Stafford.
<http://www.kingsfund.org.uk/events/francis-inquiry?gclid=Cl3hjdOy97YCFcXKtAod118A0w>

Royal College of General Practitioners Position Statement on the Recommendations of the Mid Staffordshire NHS Foundation Trust public inquiry report.