Francis Report Task & Finish Group System Wide Implementation Plan

Week Commencing: 26 March 2014

No update available

RAG Key for monitoring progress

Tasks and outcomes are completed Tasks and outcomes are on track, milestones met but not completed Tasks and outcomes have not been met or timescale slipped

Goals	Francis Recommendation	Task	Due Date	Owner (s)	Status	RAG
All organisations must publish their response to	1	Prepare and publish a response to the Francis report on	December	BDCCG	Response now on the CCG website	
the Report and Recommendations		organisational websites.		HCCG	Response now on the CCG website	
				RCCG	Response now on the CCG website	
		All organisations to prepare an annual report on the	30 March	LBBD	Update report presented to HWB	
		implementation of the Francis recommendations and to progress through internal governance mechanisms.	14	LBH	In progress	
		Receive provider response to Francis Inquiry – BHRUT, NELFT, BH, PELC, Basildon University Hospital Trust. This should be included in the Quality Accounts	28 February 13	LBR	Progress reports programmed in for Health Scrutiny Committee	
Contracts for services must be clear on minimum standards and be Francis compliant	8, 13, 14, 124, 125, 127, 129, 130, 131, 132, 135, 136, 137, 205, 245	Review all contracts & ensure Duty of Candour or an equivalent requirement is included.	31 January 14	BDCCG	Standard NHS contracts to be issued to all providers when new contracts issued.	
		2014/15 Duty of Candour strengthened in NHS Standard contract. Francis specifically referenced in the 14/15 contracts.		HCCG	Contract negotiation process ongoing. New contracts will be issued for 14/15	
				RCCG	CSU to be asked to do this	
				LBBD	Public Health Contracts to have included as appropriate on renewal	
				LBH	This is a commissioning task and is in hand	
				LBR	DoC will be considered in the context of existing frameworks for adult social care which includes ongoing working relationships with CQC and Safeguarding Adults Board	
		Ensure there is sufficient commissioning capacity to quality monitor and performance manage all contracts. Processes for identifying risks and emerging risks need to be clearly defined. This must include the appropriate escalation of risks	24 January 13	BDCCG	The larger contracts have a formal quality and performance framework in place. Medium size contracts are now quality assured. Smaller contracts are being reviewed, quality indicators are being developed that act as an early warning system. For Care homes joint quality assurance visits are being completed by LBH and CCG. Strong links with the CQC have also been developed.	
				HCCG	The larger contracts have a formal quality and performance framework in place and we have	

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					quality assured medium size contracts. Smaller	
					contracts are being reviewed, quality indicators	
					are being developed that act as an early warning	
					system. For Care homes, we undertake joint	
					quality assurance visits with LBH and CCG.	
				RCCG	There is capacity to manage – the governance	
					structure is in place for all major contract	
					management. Capacity issues have been	
					identified with medium and smaller value	
					contracts. This is on the risk register and plans	
					are in place to mitigate the risks.	
				LBBD	There is capacity to manage public health	
					contracts	
				LBH	There is capacity to manage contracts and this	
					has been reviewed across all contracts. Quality	
					performance governance frameworks are in place	
					to monitor public health contracts such as school	
					nursing, health visiting and sexual health	
					services. CSU represent the CCG on the Quality	
					and Suspension Committee. Provider	
					performance is reviewed and monitored at this	
					meeting.	
				LBR	This has been reviewed and can be recorded as	
				LDIX	green.	
		Escalation and reference points are in place for addressing	31 January	BDCCG	Clinical quality review meetings and service	
			13	выссв		
		and managing poor performance	13		performance review meetings are in place for major contracts. Contract management	
					arrangements are being reviewed for some small	
					contracts.	
				HCCG	We use the Clinical Quality Review Meetings	
				11000	(CQRM) and Strategic Performance Review	
					(SPR) meetings with our major providers to do	
					this. We are reviewing the contract management	
					arrangements for small providers.	
				RCCG	This is done through the Clinical Quality Review	
				RCCG	Meetings (CQRM) and Strategic Performance	
					Review (SPR) meetings. PELC has a combined	
				1000	meeting.	
				LBBD	Performance mechanisms in place across council	
				LDU	contracting This is addressed by the Custity and Syspension	
				LBH	This is addressed by the Quality and Suspension	
					Board for all our contracts. Issues of concern are	
					escalated to the Safeguarding Adults Board or	
					LSCB. Winterbourne reviews of people with	
					learning disabilities are undertaken and	
					monitored through specific arrangements.	
	10.000.000			LBR	Reviewed and complete	
Develop system wide integrated processes for	12, 252, 253, 254	Systems & processes are in place for tracking poor	31	BDCCG	Complete	
tracking and reporting on patient experience and		performance.	December	HCCG	Complete	
safety			13	RCCG	Complete	
				LBBD	Complete	
		The charing of information is through the sefecuerding	14 March	LBH	Complete	
		The sharing of information is through the safeguarding boards, Quality Surveillance Group, LD Partnership Boards	14 March	LBR	Complete	
		and the local operational systems. All agencies to review	14			
		i and the local operational systems. All agencies to feview	1	1	I	
		effectiveness at keeping people safe.				

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		Identify and close gaps in monitoring.	28	BDCCG	Collaborative cancer commissioning group
		To consider and collaborate with Frailty Academy.	February 14		established, which will focus on early diagnosis. Quality and Safety Committee responsible for tracking and reporting on patient experience and
		Incorporate work from delayed cancer diagnosis audit –			safety.
		primary and secondary care		HCCG	This is a focus at both CQRMs and Quality and Assurance Committee. We are supporting the Frailty Academy through a Lead Clinical Director for Care Homes and have encouraged two care homes leaders to join the Frailty Action Learning set.
				RCCG	This is done through the CQRMs. Gaps exists for smaller providers. Actions are in place to close the gaps
				LBBD	Public Health reviewed and fine
				LBH	This is done jointly between Quality Team and Safeguarding
				LBR	Reviewed and reported complete. Gaps identified and closed.
		Collaborate on design of system-wide model to develop a Clinical Quality Board Consider other models and learn from best practice. Integrated social care and health models reviewed. Kings Fund and UCLP research also reviewed.	31 Mar 14	All	Workshop held. Quality Improvement Board to be established to manage response across BHR economy. To go to ICC end of March
Develop process for tracking patient experience by primary care as referrers and commissioners of services. This is to develop a sustainable,	123, 134, 135	Monitor patients receiving acute treatment. Clinical insights on quality of services is captured from front line staff in general practice	28 March 14	BDCCG	A formal system is in place, although this requires a review which will be completed at end of February 14
shared, mature patient and service users safety culture across the entire health and care system.		Work with CSU on reporting framework to CCGs. To be monitored by the Quality and Safety Committee		HCCG	Plans are in place to implement a formal system of capturing real patient experience. The financial resourcing issues are in the process of being resolved.
				RCCG	This is done through a CQUIN, monitored by the CQRM. Still to develop a systematic process for capturing feedback and patient stories.
		Develop internal systems to allow GP's to track areas of concern	28 March 14	BDCCG	Process in place for capturing practice feedback is through locality meetings and localities issues log.
				HCCG	We use our locality meetings to capture practice feedback and considering further how this can be developed into an early warning system across the local health economy.
				RCCG	This takes place through the 4 Locality Committee meetings
Ensure open and shared communication of upheld complaints	109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120,	Consider processes required to obtain adequate consent	28 February	BDCCG	CCG complaints policy in place. Review of consent policy in progress
	121, 122		14	HCCG	CCG complaints policy in place. Review of consent policy in progress
				RCCG	This is detailed in contracts
				LBBD	Public Health contracts where appropriate consent is built in i.e. sexual health, healthy adults etc
				LBH	Normal practice
				LBR	Public Health contracts: where appropriate consent is built in i.e. sexual health, healthy

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				LBR	In progress	
Develop effective shared governance for quality and safety that demonstrates our commitment to	11, 244	NHS England's QSG to invite representatives from local authorities and Health Watch		NHS England	Complete	
quality		Identify system wide issues through intelligence sharing		BHR GGS Nurse Director	Strategically and operationally systems have been reviewed and changes made. Formal intelligence sharing now common practice.	
Patient and Public Involvement and insights to ensure service user and patient feedback drives quality improvement.		Locally led conversations with patients, service users and their families and carers about "what matters to you"	ngoing	All	Each agency to identify methods of communication working with communication leads	
·		Patient vignettes to go to every governing body meeting to present a patient perspective of receiving care	ngoing	BHRCCG	This was discussed at all governing body meetings in January and is being progressed working with PPE lay members of the governing body's	

Action Plan to be updated every fortnight after each meeting of the Task and Finish Group New actions to be agreed at Task and Finish group and added as needed

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