Francis Report
Task & Finish Group
System Wide Implementation Plan

Week Commencing: 26 March 2014

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

No update available

Goals	Francis Recommendation	Task	Due Date	Owner (s)	Status	RAG
All organisations must publish their response to the Report and Recommendations	1	Prepare and publish a response to the Francis report on organisational websites.	December	BDCCG	Response now on the CCG website	
				HCCG	Response now on the CCG website	
				RCCG	Response now on the CCG website	
		All organisations to prepare an annual report on the implementation of the Francis recommendations and to progress through internal governance mechanisms.	30 March 14	LBBD	Update report presented to HWB	
				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. 2014/15 Duty of Candour strengthened in NHS Standard contract. Francis specifically referenced in the 14/15 contracts.	31 January 14	BDCCG	Standard NHS contracts to be issued to all providers when new contracts issued.	
				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	

					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 green.	
		Escalation and reference points are in place for addressing and managing poor performance	31 January 13	BDCCG	Clinical quality review meetings and service 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 (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 Meetings (CQRM) and Strategic Performance Review (SPR) meetings. PELC has a combined meeting.	
				LBBD	Performance mechanisms in place across council contracting	
				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.	
				LBR	Reviewed and complete	
Develop system wide integrated processes for tracking and reporting on patient experience and safety	12, 252, 253, 254	Systems & processes are in place for tracking poor performance.	31 December 13	BDCCG	Complete	
				HCCG	Complete	
				RCCG	Complete	
				LBBD	Complete	
				LBH	Complete	
		The sharing of information is through the safeguarding boards, Quality Surveillance Group, LD Partnership Boards and the local operational systems. All agencies to review effectiveness at keeping people safe.	14 March 14	LBR	Complete	

		Identify and close gaps in monitoring. To consider and collaborate with Frailty Academy. Incorporate work from delayed cancer diagnosis audit – primary and secondary care	28 February 14	BDCCG	Collaborative cancer commissioning group established, which will focus on early diagnosis. Quality and Safety Committee responsible for tracking and reporting on patient experience and safety.	
				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, shared, mature patient and service users safety culture across the entire health and care system.	123, 134, 135	Monitor patients receiving acute treatment. Clinical insights on quality of services is captured from front line staff in general practice Work with CSU on reporting framework to CCGs. To be monitored by the Quality and Safety Committee	28 March 14	BDCCG	A formal system is in place, although this requires a review which will be completed at end of February 14	
				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 up-held complaints	109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122	Consider processes required to obtain adequate consent	28 February 14	BDCCG	CCG complaints policy in place. Review of consent policy in progress	
				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	

					adults etc.	
		Write to providers to formally enquire how they propose to implement these recommendations	12 February 14	BDCCG		
				HCCG	Contracting are drafting a letter template to send to providers	
				RCCG	Contracting are drafting a letter template to send to providers	
				LBBD	Public Health contracts been built in for future contracting discussions	
				LBH		
				LBR	Discussion will be built into Public Health contract monitoring discussions	
		Develop process for sharing upheld complaints when consent given	26 March 14	BDCCG		
				HCCG	Process in place including opening Governing Board meetings with a patient sharing their experience.	
				RCCG		
				LBBD	Public Health being discussed locally and nationally	
				LBH		
				LBR	Process for Public Health being discussed locally and nationally	
Revise LA Scrutiny process	145, 146, 147, 149, 150	Revise and implement local scrutiny processes	12 February 14	LBBD	Complete	
				LBH	Via Quality and Suspension Board and Safeguarding	
				LBR	Complete	
To ensure active involvement of clinical leaders in performance management of quality and safety	2, 11	Clinical leaders to attend CQRM meetings to strengthen focus on clinical outcomes and triangulation of quality indicators	29 January 14	BDCCG	Complete	
				HCCG	Complete	
				RCCG	Complete – Two Clinical Directors are members of the Quality and Safety Committee	
All patients in acute settings to have an identified consultant who is responsible for their care and to be seen by consultants	236, 238	Ensure acute and mental contracts contain this provision and that this is monitored through the CQRM's	31 March 2014	BDCCG	This is being discussed during the clinical contracting discussions and was discussed at the January CQRM.	
				HCCG	This is within the BHRUT contract and for A&E is monitored through the Emergency Care Standards Group.	
				RCCG	Barts Health contract is currently under discussion through the negotiation process	
Culture and organisational development. Culture must be defined, understood and accepted by all staff who work within our organisations. This should then be continually reinforced by leadership, training, personal engagement and commitment. Have clear workforce plans for recruitment, retention and development of staff to create a positive culture	7, 126, 179, 180, 191, 194	Review existing workforce development plans and build on these plans in conjunction with Human Resources. Recruitment and retention must be specific actions	26 February 2014	BDCCG	Initial governing body away day held to build concept of behaviour charter that puts the patient at the heart of all we do.	
				HCCG	Output of governing body away day shared with all staff at organisational staff briefing	
				RCCG	Check with CSU HR staff	
				LBBD	Borough based workforce plans being developed	
				LBH	Normal Practice	
				LBR	Normal practice	
		Examine how new vetting system impacts on recruitment and retention	26 February 14	BDCCG	The safeguarding assurance committee is reviewing this working with corporate services	
				HCCG	The safeguarding assurance committee is reviewing this working with corporate services	
				RCCG	The safeguarding assurance committee is reviewing this working with corporate services	
				LBBD	In progress	
				LBH	In progress	

				LBR	In progress	
Develop effective shared governance for quality and safety that demonstrates our commitment to quality	11, 244	NHS England's QSG to invite representatives from local authorities and Health Watch		NHS England	Complete	
		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"	Ongoing	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	Ongoing	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

Francis Report System Wide Implementation Action Plan
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