NHS

Hull Clinical Commissioning Group

Agenda Item: 6.2

Report to: Hull Clinical Commissioning Group Committee

Date of Meeting: 22nd March 2013

Subject: The Mid Staffordshire NHS Foundation Trust Public Inquiry Report

Presented by: Sarah Smyth, Director of Quality and Clinical Governance - Executive Nurse

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STATUS OF THE REPORT:

To approve	X	To endorse	
To ratify		To discuss	
To consider		For information	

PURPOSE OF REPORT:

The purpose of this report is to inform the Clinical Commission Group (CCGC) of the release of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report referred to within this paper and the larger health community as Francis 2.

To identify and advise the CCGC:

- On key issues and themes within the report
- Activities undertaken to date
- Planned activities including the establishment of a Programme Board

RECOMMENDATIONS:

1. Take assurance form the report and the activities undertaken to date.
2. Support the establishment of the Francis 2 Programme Board.
3. Request regular progress and assurance updates to the Quality & Performance Group and to the NHS Hull CCGC

REPORT EXEMPT FROM PUBLIC DISCLOSURE No **X** Yes ☐

If yes, grounds for exemption
(*FOIA or DPA section reference*)

CCG STRATEGY NUMBER REFERENCE	**ASSURANCE FRAMEWORK REFERENCE NUMBER**
Short summary as to how the report links to the CCG's strategic objectives Supports delivery of both the NHS and CCG constitutions.	*Short summary as to how the report adds assurance to the Assurance Framework* To be linked once updated AF developed.

IMPLICATIONS: (*summary of key implications, including risks, associated with the paper*),

Finance	No additional risks identified at this early stage of the programme plan.
HR	No additional risks identified at this early stage of the programme plan.
Quality	The implementation of the recommendations contained within the Mid Staffordshire NHS Foundation Trust Public Inquiry Report will strengthen and enhance the quality of services provided by commissioned organisations and provide assurance that NHS Hull CCG are improving the quality of healthcare to the local population.
Safety	The implementation of the recommendations contained within the Mid Staffordshire NHS Foundation Trust Public Inquiry Report will strengthen and enhance the safety of services provided by commissioned organisations and provide assurance that NHS Hull CCG are improving the quality of healthcare to the local population. Whilst no safety or quality risks have been identified at this very early stage of the programme, risks will be scoped, captured, managed and reported in line with the NHS Hull CCG Policy. These issues and risks shall be recorded in the DATIX Risk Management module.

ENGAGEMENT: (*Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this*)

A comprehensive plan of engagement activities has been undertaken to date and this has included:

- A précis report presented to the February 2013 meeting of the Quality & Performance Group
- A précis report presented to the February 2013 meeting of the Senior Leadership Team
- A NHS Hull CCG Board Development Session was undertaken in February 2013 where an initial draft action plan was produced.

Whilst not scoped at the moment a key theme running throughout the report of Sir Robert Francis QC is that the voice of patients must be heard and acted upon. This shall form a key aspect of the work above and will be undertaken once the implementation programme and programme board are more fully understood.

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

The failure to implement the applicable recommendations of the report may result in legal and or regulatory challenge from patients, patient groups and regulatory bodies.

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report*).

An Equality Impact Assessment has not been undertaken on the Mid Staffordshire NHS Foundation Trust Public Inquiry Report by the issuing authority and the attached report is very much setting the scene for the work to commence.

Upon completion of a detailed implementation programme and programme board this shall be subject to an Equality Impact Analysis.

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The proposals support delivery of Section 2a of the NHS Constitution: "You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide."

Definitions

To approve - An item of business that requires the Committee to take a formal decision.

To endorse - An item of business that requires the Committee to endorse the actions taken by the CCG.

To ratify - An item of business where the Committee is required to ratify the action(s) taken on the behalf of the Committee, for example, by a formal group established by the Committee.

To discuss - An item of business that requires discussion by the Committee prior to agreement of a formal resolution or a general policy steer to the executive officers.

To consider - A report containing a positional statement relating to the delivery of the CCG's functions for which the Committee has a corporate responsibility but is not explicitly required to make a decision.

To note - An item of business for which the Committee is required to give due regard to but for which there is not expected to be discussion.

For information - An item of information that is of general interest but is not of significance to the Committee's corporate or operational activities. These items will be included on a specific section on the agenda but will not be for discussion unless exceptionally Members have not been able to obtain assurance from the author outside of the meeting *and* the Chair has been notified of the request at least 1 hour in advance of the start of the meeting.

1. INTRODUCTION

The purpose of this report is to inform the Clinical Commission Group (CCG) of the release of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report referred to within this paper and the larger health community as Francis 2.

To identify and advise the CCGC:

- On key issues and themes within the report
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2. BACKGROUND

The Francis 2 report is the successor to the original Independent Inquiry (referred to as Francis 1) into the care and treatment provided by the Mid Staffordshire NHS Foundation Trust between 2005 and 2009 with both inquiries chaired by Sir Robert Frances QC.

The original Independent Inquiry reported its findings in February 2010. The then Secretary of State for Health Mr. Andrew Lansley commissioned the Public Enquiry in June 2010 to again review and make recommendations into the care and treatment provided by the Mid Staffordshire NHS Foundation Trust between 2005 and 2009. The findings of the second public inquiry were published on the 6th February 2013.

The report is large and complex running to nearly some 2,000 pages, with an executive summary of 125 pages and 290 recommendations. The government has received the report, will study the recommendations and will respond in detail in March 2013. However the expectation from Sir Robert Francis QC is that organisations do not wait until this formal response and commence activities straight away.

3. KEY THEMES FROM THE EXECUTIVE SUMMARY

Sir Robert Francis QC in his press statement noted that:

“The purpose of this inquiry was to work out why these problems, many of which should have been evident over a period of years, were not discovered earlier. Regrettably there was a failure of the NHS system at every level to detect and take the action patients and the public were entitled to expect.

- The patient voice was not heard or listened to, either by the Trust Board or local organisations which were meant to represent their interests. Complaints were made but often nothing effective was done about them.
- The Local Medical Community did not raise concerns until it was too late.
- Local scrutiny groups were not equipped to understand or represent patient concerns or to challenge reassuring statements issued by the Trust.
- The Primary Care Trusts which were under a duty to arrange for the provision of safe and effective care were not set up for and did not

effectively ensure the quality of the health services they were buying; they did not have the tools to do the job properly

- The Strategic Health Authority was the regional representatives of the NHS and the Department of Health. It did not put patient safety and wellbeing at the forefront of its work. It defended trusts rather than holding them to account on behalf of patients. It was uncritical in its support of Foundation trust status for the Trust. It preferred to explain away concerns such as those about high mortality rates rather than root out matters which would concern any patient.
- The duty of Monitor was to ensure that trusts were fit to be granted the independence of Foundation Trust status. It focussed on corporate governance and financial control without properly considering whether there were issues of patient safety and poor care.
- The Department of Health did not ensure that ministers were given the full picture when advising that the Trust's application for Foundation Trust status should be supported. It was remote from the reality of the service at the front line.
- The Healthcare Commission was required to assess trusts against standards which did not adequately test the quality of care being provided to patients, but it was the painstaking investigation by a team of skilled CQC inspectors that eventually brought the truth to light. Even then there was reluctance by those who had the power to do so to intervene urgently to protect patients.
- Other organisations, including healthcare professional regulators, training and professional representative organisations failed to uncover the lack of professionalism and take action to protect patients."

The Executive Summary and Sir Robert Francis QC press statement advise against a structural change to the NHS of which he suggests there has been excessive leading to a loss of Corporate Memory.

However a number of recurrent themes do emerge throughout the documents and these are:

- The need to put the voice of patients at the centre of activities and to listen to the patients
- Changing the culture of the NHS to one of openness, challenge and accountability
- The enforcement of a consistent set of standards to ensure the quality and safety of services

4.THE PUBLIC INQUIRY REPORT RECOMMENDATIONS

Whilst the recommendations within the report run to some 290 Sir Robert Francis QC has grouped them around 5 main areas which he detailed within his press statement, with the 5 main areas being:

- First, a structure of clearly understood fundamental standards and measures of compliance, accepted and embraced by the public and healthcare professionals, with rigorous and clear means of enforcement
- Secondly, openness, transparency and candour throughout the system

- Thirdly, improved support for compassionate caring and committed nursing
- Fourthly strong and patient centred healthcare leadership
- Finally, accurate, useful and relevant information

The 290 recommendations are in turn grouped around twenty themes for example nursing, leadership, fundamental standards of behaviour etc. The twenty themes have been allocated to the five main areas above by the report author and this is presented as Appendix 1 of this paper.

It should be noted that a number of the themes span more than one of the areas above but for the purpose of this report and to aid in the visualisation of the themes the primary purpose of the theme has been identified and used to allocate to the most appropriate area.

Please note the above are the headline titles and more information (if required) is available in the press briefing at the following location: http://cdn.midstaffspublicinquiry.com/sites/default/files/report/Chairman%27s%20statement.pdf

5. ACTIVITIES UNDERTAKEN TO DATE

The Francis 2 report is large and comprehensive in terms of findings, reference material and recommendations with a number of areas pertinent to the role and function of NHS Hull CCG as a commissioner of healthcare. Sir Robert Francis QC identified for the Staffordshire health care economy

"systemic failings at every level. For example, the Department of Health and strategic health authority were too remote from the services being delivered; primary care trusts did not have the capacity to ensure they were buying quality services; local clinicians did not raise concerns until it was too late; and patients' concerns were not heard or ignored."

For NHS Hull CCG the report is not a "big bang approach of 290 recommendations" as work has been developing over a period of time, including:

- Formal established governance arrangements
  - The organisations' Quality & Performance Group is a sub group which reports into the NHS Hull Clinical Commissioning Group Committee.
  - The Terms of Reference for the Quality & Performance Group include specific requirements to:
    - The provision of assurances regarding the quality (safety, effectiveness and patient experience), value for money (VFM) and performance of all commissioned / contracted services in relation to the role and function of the CCG.
    - That all contracted services meet the required external regulation standards, performance targets, activity, financial targets and local quality and patient safety standards and relevant agreed protocols.
  - The Quality and Performance Group triangulate all hard and soft intelligence relating to Quality, Safety and Patient Experience as routine business.

- Commissioning for Quality Strategy
    - The strategy was approved at the September 2012 Quality & Performance Group Meeting
    - The strategy shall be refreshed in line with the publication of the Francis 2 report and the government's response to the Francis 2 report scheduled to be published during March 2013.

- The development of a "Commissioning Presence" philosophy where:
    - A three tier assessment of providers' quality is undertaken by a multidisciplinary team. The three tiers comprise of a Litmus Test, Observational Visits and Rapid Response Reviews
    - The "Commissioning Presence" philosophy is incorporated into provider contracts for 2013 / 2014.

- Mortality Indicators (Acute)
    - A commissioning led mortality workshop with the acute provider.
    - Key Performance Indicators and trajectories were determined at the above workshop and introduced into the 2012 / 2013 contract and onwards.
    - Key Performance Indicators and trajectories are monitored at the monthly Contract Management Board.

- Development of a Quality Dashboard
    - A Quality Dashboard was presented at the February 2013 Quality & Performance Group where the structure, format and indicators were agreed.
    - The North Yorkshire & Humber Commissioning Support Unit shall produce the above dashboard.
    - The dashboard will be a standard agenda item at the Quality & Performance Group from April 2013 onwards.

- Commissioning for Quality and Innovation (CQUINs) has been used to support areas of development, including:
    - The deteriorating patient
    - Mortality indicators
    - An enhanced Nursing Elements appraisal to support the Nursing & Midwifery Strategy

- Routine assurance is provided on a quarterly basis to the Quality & Performance Group on Patient Experience via a robust reporting mechanism.

- Provider Complaints and Patient Advice and Liaison (PALs) reports are submitted to the Contract Monitoring Boards. The CCG takes assurance from lessons learnt, changes to practice and specific corrective actions

- Primary Care Workforce Development
    - An Associate Medical Director has recently been appointed to take forward the Primary Care Workforce Strategy in conjunction with the Area Team.
    - Development of the Healthcare Assistants Role in Primary Care with the provision of a University Accredited training course of six months duration.

In addition, a number of specific activities have been undertaken since the report publication in order to ensure that NHS Hull CCG fully understands the implications for a commissioning body and have commenced the implementation of the recommendations in advance of the government response. The 290 recommendations are also used early as a means of in advance "sense checking" what activities are undertaken by the organisation, to date the delivered activities are:

- A précis of the Francis 2 report presented to the Senior Leadership Team Meeting on the 13th February 2013
- A NHS Hull CCG board development session on the 22nd February 2013, where
    - Extrapolated requirements pertinent to a commissioning organisation where reviewed and actions to achieve the recommendations where developed by small groups of multi-disciplinary teams.

6. PLANNED ACTIVITIES FOR NHS HULL CCG

The implementation of the recommendations contained within the Francis 2 report will be a large complex activity for NHS Hull CCG not only for actions pertinent to itself but also the to ensure that provider organisations comply with the recommendations applicable to themselves thereby ensuring that safe, quality assured services are being commissioned.

To achieve the necessary changes in the local health economy and system it is crucial that all stakeholders are engaged in the change process to achieve the goal of delivering high quality and safe patient care.

To enable the delivery of the large complex programme of work comprising of many individual projects, it is proposed to establish a Programme Board to direct, control, oversee and provide assurance that the requirements and recommendations of the Francis 2 Report are implemented.

The Terms of Reference for the programme board and the engagement with stakeholders will be undertaken once the Government's response to the Francis 2 report is published in March 2013.

7. CONCLUSION

The CCGC can take assurance that work has commenced in order to ensure that significant early work has been made in preparation to deliver the expectations of the Francis 2 report.

However the CCG is not complacent and shall work via the Francis 2 Programme Board to continue to deliver the highest quality and safety of services for the population of Hull.

The next steps for the CCG shall be to consider the Government's response to the Francis 2 report and refresh the draft action plan generated at the February 2013 board development session.

NHS Hull CCG require assurance from commissioned services via the Contract Management Board Meetings that each provider organisation is achieving the requirements of Francis 2 within the required timescales.

8. RECOMMENDATIONS

It is recommended that NHS Hull CCGC:

(a) Take assurance from the report and the activities undertaken to date
(b) Support the establishment of the Francis 2 Programme Board
(c) Request regular progress and assurance updates to the Quality & Performance Group and to the NHS Hull CCGC

Appendix 1, Areas, Themes and Recommendations

- **First**, a structure of clearly understood fundamental standards and measures of compliance, accepted and embraced by the public and healthcare professionals, with rigorous and clear means of enforcement
  - Fundamental standards of behaviour (9 – 18)
  - Responsibility for, and effectiveness of, healthcare standards (19 – 59)
  - Responsibility for, and effectiveness of, regulating healthcare systems governance – Monitor's healthcare systems regulatory functions (60 – 86)
  - Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare settings (87 – 90)
  - Commissioning for standards (123 - 138)
  - Coroners and inquests (273 – 285)

- **Secondly**, openness, transparency and candour throughout the system
  - Openness, transparency and candour (173 – 184)

- **Thirdly**, improved support for compassionate caring and committed nursing
  - Nursing (185 – 213)
  - Caring for the elderly (236 – 243)

- **Fourthly** strong and patient centred healthcare leadership
  - Accountability for implementation of the recommendations (1 – 2)
  - Putting the patient first (3 – 8)
  - Effective complaints handling (109 – 122)
  - Patient, public and local scrutiny (145 – 151)
  - Medical training and education (152 – 172)
  - Leadership (214 – 221)
  - Professional regulation of fitness to practise (222 – 235)
  - Department of Health Leadership (286 – 290)

- **Finally (Fifth)**, accurate, useful and relevant information
  - Enhancement of the role of supportive agencies (91 – 108)
  - Performance management and strategic oversight (139 – 144)
  - Information (244 – 272)

Notes:
Brackets (xxx – yyy) denote the recommendation numbers extracted from the Francis 2 report.
The allocation of recommendations to themes is not part of the Francis 2 report and has been undertaken by the Quality Advisor of NHS Hull CCG to enable a visualisation of the report and the key areas.