

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
UPDATE ON ACTIONS TAKEN BY THE CLINICAL COMMISSIONING
GROUP IN RESPONSE TO THE FRANCIS INQUIRY REPORT**

Date of the meeting	15/01/2014
Author	S Shead, Deputy Director of Quality
Sponsoring GB member	T Goodson, Chief Officer
Purpose of report	This report informs members of the progress against the CCG's Francis Inquiry Action Plan and the impact of the Government's recent response to the Francis Inquiry Report.
Recommendation	The Governing Body is asked to Note the report.
Resource implications	Unbudgeted
Link to strategic principles	<ul style="list-style-type: none"> • Services designed around patients • Preventing ill health and inequalities • Sustainable healthcare services
Risk assurance Impact on high level risks	Potential risks in relation to not implementing the recommendations detailed on the corporate Risk Register
Outcome of equality impact assessment process	Not applicable. the Francis Report Action Plan applies to all groups equally.
Actions to address impact	N/A.
Legal implications	Potential legal implications if statutory requirements not implemented.
Freedom of information	Unrestricted.
Stakeholder engagement	Patients and public fully involved in Francis Inquiry and in local provider responses. The Action Plan is overseen by the CCG Quality Group which includes patient representatives.
Reason for inclusion in Part 2	N/A
Previous Committees/Governing Body	None

1. 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 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.
- 1.3 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.
- 1.4 The CCG developed an Action Plan as part of its response, and the full version of this is available to members on the Board Portal:
<http://intranet.dorsetccg.nhs.uk/commissioning/members/governing-body/board-portal/01-january-2013.htm>
- 1.5 The Government published its full response to Robert Francis QC's 290 recommendations in November 2013 (Hard Truths: the journey to putting patients first) and, as a result of this, the CCG has amended and updated its Action Plan to reflect the new requirements which are now expected of NHS Commissioners.
- 1.6 An internal audit into the CCG's response to the Francis Inquiry Report was conducted by NHS South Coast Audit between 19 September 2013 and 3 December 2013.
- 1.7 This found that it was:

'able to provide an overall opinion of significant assurance that Dorset Clinical Commissioning Group has responded to the content of the Robert Francis QC's Inquiry Report, established an action plan for the recommendations directed at Clinical Commissioning Groups and that it is making satisfactory progress on implementing the actions it has derived.'
- 1.8 There were two recommendations from the audit report, one requiring a process for monitoring the effectiveness of completed actions to be put in place and one requiring three 'ongoing' actions which had passed their 'due date' to be reviewed and refreshed.
- 1.9 Both of these recommendations have been addressed and actioned appropriately.
- 1.10 The CCG's Quality Group meets quarterly and reviews the Action Plan in detail to ensure that it is being progressed satisfactorily.

- 1.11 This report sets out the progress made against the action plan set in place for the CCG and the main areas of addition and amendments made as a result of reviewing the Government's response to the Inquiry.

2. REPORT

2.1 The original Action Plan identified 30 areas from the Francis Inquiry recommendations which required action by Dorset CCG. Good progress has been made against these actions, with 22 being completed and the majority of the others on target to be completed by June 2014.

2.2 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;
- an enhanced Quality Report and Assurance Framework has been developed for the CCG Governing Body to provide a summation of an understanding of quality performance in relation to care given to and experienced by Dorset residents;
- 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;
- 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. The CCG is an active member of the Wessex Quality Surveillance Group;
- 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 our main providers which allows for greater scrutiny by commissioners of patient complaints and concerns. the Professional Practice Lead has already undertaken a review of the complaints process within three of the main providers locally, and we are now working with them to make improvements;
- a report on the response of all the main local providers and the CCG was submitted to both the Dorset and Bournemouth & Poole's Adult Safeguarding Boards in September 2013 and to the Dorset Health Overview & Scrutiny Committee in November 2013.

2.3 The areas which require further work are:

- 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;
- enhanced quality metrics and standards to be developed for 2014/15 contracts;
- improved engagement with the public.

2.4 As a result of the Government's report in November 2013, eight additional actions have been identified and added to the Action Plan in relation to the following areas:

- working with providers to ensure systems are in place for setting safe staffing levels and that these are in place at all times, reported on and information publicly available;
- working towards values-based recruitment across the local NHS;
- full implementation of 'Compassion in Practice and the 6 Cs' across the local NHS;
- ensuring that HealthCare Assistants (HCAs) are competent to undertake their roles;
- reducing the bureaucracy burden on front line staff;
- monitoring the requirement for all hospital patients to have a named consultant and nurse responsible for their care;
- contributing towards developing a culture that is dedicated to learning and improvement, and that continually strives to reduce avoidable harm in the NHS.

- 2.5 There will continue to be new developments over the coming year, which will include new legislation on Wilful Neglect and publication of false information, a statutory duty of candour, a new National Patient Safety Collaborative Programme, NICE guidance on safe staffing, new Fundamental Standards, a new inspection regime with ratings, a Fit and Proper Persons Test for board level appointments and a new Care Certificate for HCAs.
- 2.6 The Director of Quality will continue to be responsible to oversee the current Action Plan and to ensure that the CCG keeps abreast of, and addresses all new developments as they arise.

3. CONCLUSION

- 3.1 The whole of the NHS is required to address the findings of the Francis Inquiry and the need for a profound change in culture is an enormous task, which will require much effort by the CCG, in collaboration with others, over the coming months and years.
- 3.2 However, good initial progress has been made in working towards ensuring the lessons learnt from the Francis Inquiry are embedded within Dorset, and many actions have already been taken and completed.
- 3.3 A robust plan, which has been shown to provide significant assurance by Internal Audit, is in place which will allow the CCG to work towards the large amount of work required to achieve the culture change it strives for.

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