



# Health Scrutiny Panel

19 September 2013

<b>Report Title</b>	Update on NHS Wolverhampton City Clinical Commissioning Group response to the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry	
<b>Classification</b>	Public	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director</b>	Sarah Norman, Community	
<b>Originating service</b>	NHS Wolverhampton City Clinical Commissioning Group	
<b>Accountable officer(s)</b>	Manjeet Garcha Tel Email	Executive Nurse / Quality Lead 01902 444741 manjeet.garcha@nhs.net

## Recommendation for action:

The Panel is recommended to:

**To scrutinise the progress made by NHS Wolverhampton City Clinical Commissioning Group (CCG) in implementing recommendations from the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.**

## **1.0 Purpose**

- 1.1 The attached presentation gives an overview of the key themes from final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC and the progress made by Wolverhampton CCG in implementing them.
- 1.2 The presentation also gives a brief update on other relevant national policy developments since the publication of the report

## **2.0 Background**

- 2.1 Robert Francis QC published his report on 6.2.13 which detailed a list of 290 recommendations arising from the review of the care provided at Mid Staffordshire NHS Foundation Trust. The report highlighted a number of key themes of concern for providers and commissioners of health services.

## **3.0 Financial implications**

- 3.1 *None*

## **4.0 Legal implications**

- 4.1 *None*

## **5.0 Equalities implications**

- 5.1 *None*

## **6.0 Schedule of background papers**

- 6.1 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary- 6.2.13 - Chaired by Robert Francis QC

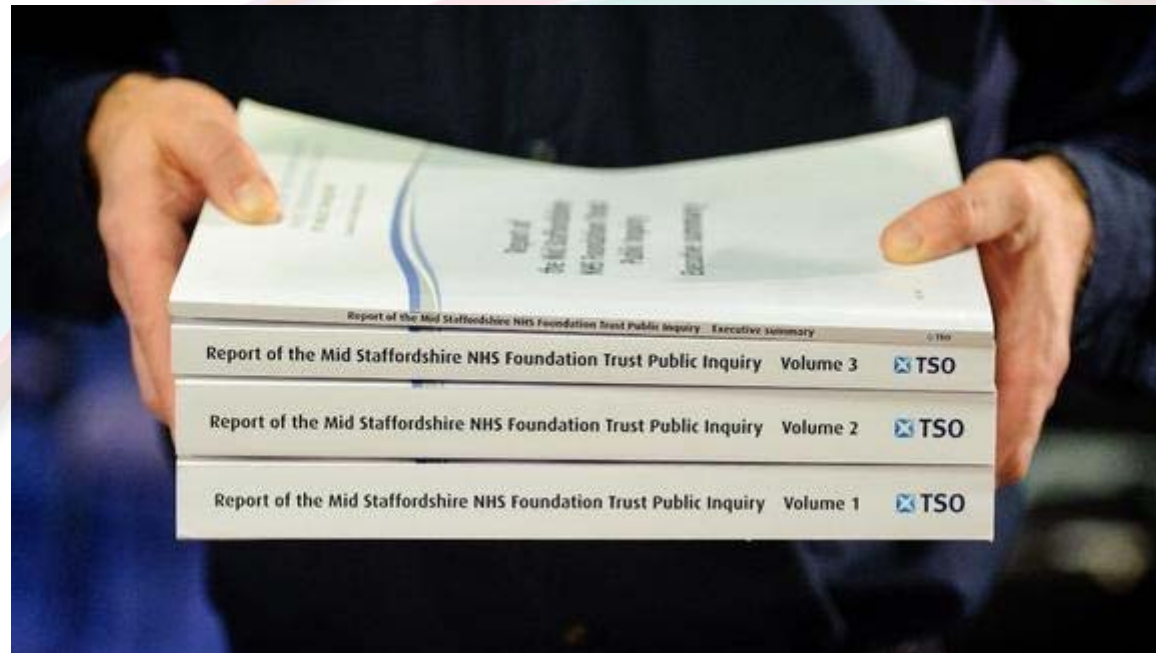


# Robert Francis 2 Report to Health Scrutiny Committee

Manjeet Garcha

Executive Nurse / Quality Lead  
WCCG

# Publication 6 February 2013



## Final Report

- Executive Summary plus 3 volumes
- 290 recommendations (21 are primary care specific)
- Key themes:
  - Culture
  - Fundamental standards of compliance and means of enforcement
  - The need for greater openness, transparency and candour
  - Improved support for compassionate, caring and committed nursing
  - Accurate, useful and relevant information
  - Better healthcare leadership

## Letter to Secretary of State 5 February 2013

- About Mid Staffs and the wider NHS...
  - Culture focused on business not patients
  - Culture of false assurance
  - Measured 'things' rather than impact on patients
  - Accepting of mediocrity, tolerance of poor standards / risk
  - Assumption that 'someone else' would do it...
  - Failure to build positive culture particularly in nursing (and medicine)
  - Lack of corporate memory because of multi-level reorganisation

## National reports published since 2001

		Recommendation
2001	The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995	198
2002 - 2005	The Shipman Inquiry (6 Reports).	190
2009	Mid Staffs Review - Dr David Colin Thomé	24
2009	Mid Staffs Review - Professor Alberti	23
2010	Colin Norris Inquiry 2010	32
2010	RF 1 - March 2009 (Robert Francis QC)	18
2010	The Airedale Inquiry 2010 (Kate Thirlwall QC)	6
2013	RF2 - February 2013 (Robert Francis QC)	290
	<b>Total recommendations</b>	<b>781</b>





## Robert Francis is determined his report will not *'sit on the shelf'*

*"There has been an unfortunate history of reports after hospital disasters being welcomed and nothing much then happening."*

*"As you know, I gave a set of recommendations designed to change the culture of the NHS, to put patients at the centre, a culture which puts patients and their safety first."*

*"It is so important these recommendations are implemented. That is why I recommended every organisation in the NHS should publish to what extent they want to take on the recommendations and then consider reviewing it regularly".*

**Robert Francis QC**  
**February 2013**





Caring for our community



**Wolverhampton**  
**Clinical Commissioning Group**

## Our focus is continually on:

- Preventing problems in Wolverhampton
- Detecting when they occur quickly
- Taking action promptly
- Ensuring robust accountability
- Staff training and motivation
- Time to care

## Situation so far (1)

- Board reports / discussions March and June 2013
- Wolverhampton – city wide response July 2013
- Communicated RF2 recommendations to GPs and primary care
- Developed and monitored the delivery of the action plan
- **Undertaken a scoping exercise as a baseline measure**
- Monitoring delivery of standards via CQRs and Q&S Committee
  - Preserving corporate memory
  - Unrelenting scrutiny
  - Contracting for quality as well as quantity
  - Safeguarding patients
- Increased focus on building relationships between commissioner/providers, wider NHS and regulators

## A reminder of key issues discussed by The Board

- Statutory Duty of Candour.
- Ban on clauses intended to prevent public interest disclosure.
- Complaints Review- Ann Clwyd due 2013 (local analysis mandated).
- Monitoring patient and staff experience /feedback.
- Transparency- QAs to include comparable data from set of quality indicators linked to NHS OF.
- Board Accountability and banning 'gagging clauses', 3 stage failure regime which includes quality and finance failures.
- Improved quality outcomes of CCG investments .
- Extended role of LA (H&SC Act 2012) to include PH, H&WB Board and Health Watch.
- FT pipeline, monitor and CQC and TDA (target for all aspirant FTs extended beyond 2014).

## The CCG scoping exercise included

- Alternative sources of service provision
- Complaints
- Public engagement
- Intervention and sanctions for substandard services
- Putting patients first
- Performance managers and regulators
- Lines of responsibility
- Quality metrics

## Situation so far (2)

- Confirmed and ongoing assurance that RF2 recommendations are integral to all commissioning decisions.
- Ensuring a strong voice at local QSGs feeding into regional deliberations
- **Note:** NHS England will intervene if the CCG is not achieving



## Situation so far (3)

- CCG is compliant with majority of standards
- We are working towards others including:
  - Further developments with neighbouring CCGs who purchase same services
  - CCG is working with the Area Team to produce a Primary Care Strategy
- Obtaining assurance that where we commission services Trusts / Nursing Homes have developed action plans which have been endorsed by their Governing Bodies / Boards
- Seeking evidence of monitoring of the action plans to assure the quality of care for our patients



## National Picture

- Hunt for new CEO for NHS England – change of direction?
- Sir Professor Bruce Keogh – mortality review, ongoing safety reviews
- CQC Chief Inspector of Hospitals *‘deep dives’* – RWH due imminently....
- Professor Don Berwick Report August 2013 – *‘improving the Safety of Patients in England’*

## Don Berwick report 6 August 2013

- Recognise with clarity and courage the need for systemic change
- Abandon blame – develop trust
- Reassert primacy of working with patients
- Use quantitative data with caution (primacy of better care)
- Transparency is essential – *“expect and insist”*
- Responsibility for safety and improvement are quickly / strongly established
- Give staff help to learn and develop
- Apply modern methods for quality control, improvement and planning
- Infuse staff with pride and joy in their work





## Further updates

- Trisha Curran providing strategic support on quality (previously at East & West Midlands SHA)
- Work will be ongoing to ensure the RF2 recommendations, and those of other current or forthcoming reports are embedded in all we do.
- The CCG Board will receive a report at its meeting in October 2013 detailing action and key milestones against recommendations related to RF2, and any quality issues in particular, with quarterly updates after that.
- The CCG Q&SC will monitor and manage on going progress with action plans.