



Health Scrutiny Panel

15 January 2015

Time 2.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Claire Darke (Lab)
Vice-chair Cllr Zahid Shah (Con)

Labour

Cllr Greg Brackenridge
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal
Cllr Peter O'Neill
Cllr Bert Turner
Cllr Daniel Warren

Conservative

Cllr Mark Evans

Liberal Democrat

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Jonny Pearce
Tel/Email Tel: 01902 556162 or jonathan.pearce@wolverhampton.gov
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square,
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|--|
| 1 | Apologies |
| 2 | Declarations of Interest |
| 3 | Minutes of the previous meeting (20.11.14) (Pages 3 - 6) |
| 4 | Matters arising |
| 5 | The Francis update report of The Royal Wolverhampton NHS Trust (RWT)
(Pages 7 - 10)
[To comment on the content of the report and provide feedback to the reporting organisation (RWT).] |
| 6 | BCPFT Response to the Francis Enquiry (Pages 11 - 18)
[To note and comment on the work undertaken so far.] |
| 7 | The Francis update report - CCG (Pages 19 - 24)
[To note and comment on the work undertaken so far.] |



Health Scrutiny Panel

Minutes - 11 December 2014

Attendance

Members of the Health Scrutiny Panel

Cllr Claire Darke (Chair)
Cllr Zahid Shah (Vice-Chair)
Cllr Paul Singh
Cllr Milkinderpal Jaspal
Cllr Greg Brackenridge
Cllr Jasbir Jaspal
Cllr Peter O'Neill
David Hellyar

Employees

Adam Hadley	Scrutiny and Transparency Manager
Jonathan Pearce	Graduate Management Trainee

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies were received from Cllr Turner and Cllr Warren.
- 2 Declarations of Interest**
There were no declarations of interest
- 3 Minutes of previous meeting (20 November 2014)**
Resolved:
That the minutes of the meeting 20 November be approved as a correct record and be signed by the Chair.
- 4 Matters Arising**
HealthWatch have nominated three representatives to attend future Health Scrutiny Panel meetings. In the absence of a representative, HealthWatch will contact officers prior to the meeting to confirm a substitute.

The Chair gave an explanation for the short agenda explaining that the Mental Health Commissioning Strategy report had been withdrawn at late notice and would be appearing at a later panel. Councillors expressed concern about this given the implications of current budget savings proposals which will affect mental health. It was clarified that the panel has the authority to summon report authors.

5 **Wolverhampton Sexual Health Consultation**

Susan Stokes, Public Health Commissioning Officer, introduced the Sexual Health Consultation Report informing the panel that Public Health is responsible for commissioning most of the sexual health services across the City including HIV services. She explained that a review into sexual health commissioning has highlighted a need to examine the commissioning strategy in Wolverhampton to meet the needs of the City. Nationally, integrated health services have become more prevalent, and the consultation has followed national standards. The plan's key focus is prevention and promotion of good behaviours, rather than reactive service commissioning for treatments. Councillors clarified that the budget for commissioning is approximately the same as last year.

The consultation is a 12 week statutory model that will finish at the end of January. Following Councillor comments about the timing of the agenda item, it was agreed future consultations will come to Health Scrutiny at an earlier date. The responses collected for this consultation will go into a future report as well as informing the specification of new services. Adam Hadley, Scrutiny and Transparency Manager, informed the panel he was having discussions to ensure this happened.

The report proposes a central hub to deliver all Contraception and Sexual Health (CASH) and Genito-Urinary Medicine (GUM) services. There are also plans to closely involve community groups, GPs and pharmacies. Following questions about the hub's location, Ravi Seehra, Public Health Commissioning Officer, explained that ideally the hub will be based centrally – she did however acknowledge that location plans are still in the development phase and are being considered as part of consultation process.

Another significant part of the plan is to target specific demographic areas for service use. The Panel were supportive of this measure.

Councillors questioned why a full equalities assessment had not been included. It was explained that extensive review work was conducted before the consultation launched, meaning there is already a large database of information about service users. The Commissioning Officers therefore felt a full equities impact would have been a duplication of this work. It was agreed that this information would be shared with Councillors to help them with their ward work. Clarification was also given about certain wording in the report, which Councillors felt was misleading about service users. Councillors agreed there is a need to be sensitive when publishing information about specific groups using services.

The issue of sexual health education was discussed by Councillors. Due to changes in the Local Authority's control over schools, the amount of influence the Council has is lower. Therefore whilst the Public Health team wishes to promote more sex education in schools, it has chosen to leave this aspect out of scope for the consultation. It is nonetheless being monitored closely by the Healthy Schools Team.

It was noted that more information could be given to schools by the Healthy School's Team.

Councillors also raised the issue of the gap between mental health and sexual health service provision. The Commissioning Officers said they are currently working with partners on the matter and that the issue is being considered seriously. As an example, they reassured panel that women who had repeat abortions were given counselling and support services. The panel was also informed that work with the LGBT community was taking place.

The panel also asked how services could be monitored in pharmacies.

Ravi Seehra, Public Health Commissioning Officer, explained that a governance framework will be created with the main service provider to ensure the system is accountable, with training for any staff delivering sexual health services.

Resolved:

To provide the panel with background demographic information about service users that was not included in the sexual health consultation report.

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Health Scrutiny Panel

15 January 2015

Report title	The Francis update report of The Royal Wolverhampton NHS Trust (RWT)	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director		
Originating service	Royal Wolverhampton NHS Trust (RWT)	
Accountable employee(s)	Lynne Fieldhouse	Deputy Chief Nurse
	Tel	01902 694298
	Email	lynne.fieldhouse@nhs.net
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Panel is recommended to comment on the content of the report and provide feedback to the reporting organisation (RWT).

1.0 Purpose

- 1.1 This report is a scheduled update of the progress made by The Royal Wolverhampton NHS Trust to implement recommendations that were raised as part of the Francis Review, in relation to Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report). The report also highlights the findings of an internal audit of the Trust's Organisational Response to the Francis Report.

2.0 Background

- 2.1 The Francis Report was presented to Parliament in February 2013 and contained three volumes plus an Executive Summary. The Executive Summary included reference to the 290 recommendations with each of them being categorised into a main area and theme, and referencing back to the section within the core report.

3.0 Progress, options, discussion, etc.

- 3.1 The Trust's Chief Nurse commissioned an externally led piece of work as part of the approved internal audit periodic plan for 2014/15 to ascertain the Trust's position in respect of the 290 recommendations. Of the 290 recommendations, it was established that 102 are directly applicable to the Trust. A review of 20 recommendations that the Trust deemed inapplicable for implementation from the Francis Inquiry were reviewed within the audit process and found the Trust was correct to omit these recommendations in its response to the Francis Inquiry as these related to organisations other than acute hospitals.

Pertinent recommendations were:

Theme	Total number of Recommendations
Putting Patients First	5
Fundamental standards of behaviour	3
A common culture made real through the organisation	3
Effectiveness of healthcare standards	1
Effectiveness of regulating healthcare systems governance	14
Effective Complaints handling	10
Medical Training and Education	5
Openness, transparency and Candour	10
Nursing	19
Leadership	5
Caring for the Elderly	8
Information	15
Coroners and Inquests	4
Total	102

- 3.2 An action plan was developed for these 102 recommendations which included clear descriptions of the actions to be taken, the responsible person or persons and expected timescales for implementation. This was presented to the Trust Board and the executive team with the action plan being monitored through the Trust's Quality & Safety and Compliance Committees. A further update will be presented within the public section of the February/March 2015 Trust Board.
- 3.3 The following processes were considered to provide assurance in respect of the Trust's response to the Francis Report:
- Identification of the recommendations applicable to the organisation;
 - Monitoring of progress against all applicable recommendations;
 - Signing off/approval of evidence to confirm that recommendations have been implemented.
- 3.4 The audit made 2 recommendations 1 medium and 1 low.

The medium recommendation was that:

The Francis Report Board paper should be updated to show the current position, including details of evidence, actions taken and assurances to date to implement the recommendations applicable to the Trust. This should detail the actions already completed, actions that are outstanding and any actions that are currently in progress, which will provide a complete view of the current position. (see 3.2)

The low recommendation was that:

- Francis Report Recommendation 179 -The Trust should nominate a Non-Executive Director to be responsible for whistleblowing within the Trust and this should be formally documented within the Whistleblowing Policy. **This has been actioned.**
 - Francis Report Recommendation 207 - Until the introduction of the Care Certificate in March 2015, the action should remain open to ensure that it is monitored until completion.
- 3.5 Over 70% of the 102 actions are closed and complete with the remainder being partially complete. There is a validation exercise currently in place with a high level of confidence of completion of this latter group of recommendations.
- 3.5 Whilst it is important to monitor compliance to the specific Francis recommendations the Trust take the view that the standards are part of our core business and are woven into all we do. In the intervening year, professional guidance and regulatory standards have emerged and continue to develop to support national compliance to the original standards which are reported and monitored through the governance framework for the Trust.

4.0 Financial implications

4.1 There are no financial implications arising from this report.

5.0 Legal implications

5.1 There are no legal implications arising from this report.

6.0 Equalities implications

6.1 There are no equalities implications arising from this report.

7.0 Environmental implications

7.1 There are no environmental implications arising from this report.



Health Scrutiny Panel

15 January 2015

Report title	BCPFT Response to the Francis Enquiry
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being
Wards affected	All
Accountable director	
Originating service	Black Country Partnership NHS Foundation Trust
Accountable employee(s)	Sheila Lloyd Director of Nursing, AHP's and Quality Gill Murphy Associate Director for Quality and Governance
	Tel 0121 612 8076 Email Sheila.lloyd@bcpft.nhs.uk or Gill.murphy@bcpft.nhs.uk
Report to be/has been considered by	N/A

Recommendation(s) for action or decision:

The Panel is recommended to note and comment on the work undertaken so far.

Black Country Partnership 
NHS Foundation Trust

Purpose:	Information	x	Discussion		Recommendation		Approval	
<p>To update Health Scrutiny Panel on progress made on the action plan in response to the Francis Enquiry by providing assurance that systems and processes are in place to ensure care delivered is safe and effective; that the patient, carer and staff experience is positive; and that any non-compliance is monitored and actioned in a timely manner.</p>								

Linked to risk register:	No		Yes	✓	Datix No:	155	
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Additional resources required:		Yes		No	✓
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Presented to other committee / group	Yes		No	✓
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This report covers (tick ✓ all that apply):

Strategic objectives:	
We will improve access to a range of integrated services across the Black Country which are sustainable and responsive	✓
Our local communities will value the contribution we make to improving people's lives	✓
We will attract, retain and develop a capable and flexible workforce	✓

Trust Goals:	
To reduce inequality by recognising diversity and celebrating difference	✓
To improve and promote the health and well-being of local communities	✓
To provide high quality care in the right place, at the right time	✓
To put people and their families at the heart of care	✓

Evidences compliance to:			
Health & Safety Executive		Equality and Diversity	✓

Care Quality Commission	Safe	✓	Caring	✓	Responsive	✓
	Effective	✓	Well Led			✓

BCPFT Response to the Francis Inquiry

Robert Francis QC published his report on 6 February 2013 calling for fundamental change in the NHS following the failings at the Mid Staffordshire NHS Foundation Trust.

The then Director of Nursing & Professional Practice presented a paper for board discussion at the Board Strategy and Development Day, on 13 February 2013 in respect of how the Trust had responded and might respond to the recommendations within the “Francis Report”.

It noted that the Francis report made 290 recommendations and an initial assessment indicated ‘that ... 28% are likely to require a response from the Trust (with just under half having existing work programmes that could be built upon). A further 27% are likely to require Trust action at some point, but this would need to be defined by external bodies such as commissioners or the CQC. The remaining 55% of actions are unlikely to require Trust action as they apply to other agencies such as Monitor.’

The Board recorded:

‘...that the Trust had taken some positive steps after the publication of the initial reports a couple of years ago, resulting in moves to increase the positive assurance of services to the board.’

Progress to Date

A detailed action plan is in place to address the 84 relevant recommendations. The trust is confident that systems and processes have been implemented to ensure care delivered is safe and effective with a good experience for our patients, carers and staff and any non-compliance is monitored and actioned in a timely manner. Work has been completed to utilise the Programme Management Office (PMO) to monitor actions utilising ‘Clarizen’.

The table below pulls together the actions by themes and gives an update of progress achieved to date.

Themes	Progress Achieved
The patient must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working with a common culture and they must be protected from avoidable harm and deprivation of their basic rights.	<ul style="list-style-type: none">• Implemented 6C’s – caring counts strategy December 2013.• Values based recruitment, corporate induction, annual PDP• Care makers and dignity champions in place• Compliance to NHS safety thermometer

<p>Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards. A common culture made real throughout the system – an integrated hierarchy of standards of service. No provider should provide, and there should be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively; to be clear about what has to be done to comply; to be informed by an evidence base; and to be effectively measurable.</p>	<ul style="list-style-type: none"> • Divisional monthly quality and safety reports implemented July 2014 • Weekly incident call introduced November 14 • Implemented ‘duty of candour’ • Implemented risk register with all risks aligned to board assurance framework and managed at relevant committees and sub-groups October 2014 • Developed clinical quality dashboard July 2014 • Implemented Quarterly Lessons Learned Bulletin June 2014 • Raising concerns policy in place, with increased number of concerns being raised • Proposal to be part of RCN-Cultural Alignment Project
<p>Responsibility for, and effectiveness of, regulating healthcare systems governance - Monitor's healthcare systems regulatory functions</p> <ul style="list-style-type: none"> - Enhancement of the role of governors - Training for directors 	<ul style="list-style-type: none"> • Board Strategy Days in place • Governor roadshows across the Black Country • Director walkabouts – 15 steps challenge • Governor shadowing NED's in place
<p>Enhancement of the role of supportive agencies</p>	<ul style="list-style-type: none"> • Timely and accurate reporting to NRLS • Timely implementation of NPSA alerts • CCG quality visits in place, with associated action plans • Divisional monthly quality and safety reports implemented July 2014 providing assurance
<p>Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those</p>	<ul style="list-style-type: none"> • Policy in place • Compliant with agreed local and national timescales • Duty of candour in place • Taken part in NHS benchmarking network complaints project – awaiting results

<p>responsible for providing the care</p>	<ul style="list-style-type: none"> • Patient stories to Board – shared across trust through lessons learned bulletin • Safeguarding stories shared at boards (CQUIN) • Clinical quality monthly dashboard with patient feedback / complaints KPI's
<p>Performance and Strategic Oversight.</p>	<ul style="list-style-type: none"> • Good outcomes and compliance from 27 external visits/inspections during 2014 <ul style="list-style-type: none"> - 16 – Mental Health - 7 – Learning Disabilities - 4 – Children's, Young People & Families <p>Of the 16 within the Mental Health Division</p> <ul style="list-style-type: none"> - 9 x CCG's - 7 x CQC Mental Health Act inspections <p>Of the 7 visits within the Learning Disabilities Division</p> <ul style="list-style-type: none"> - 4 x CQC Mental Health Act Inspections - 3 x CCG <p>Of the 4 visits within the Children's, Young People & Families Division</p> <ul style="list-style-type: none"> - 1 x CQC - 2 x CCG - 1 x West Midlands Quality Review <ul style="list-style-type: none"> • Divisional monthly quality and safety reports implemented July 2014- shared with commissioners as form of assurance • Board assurance escalation framework in place, updated November 2014 • Clinical quality dashboard implemented July 2014 – 'single source of Truth', shared with commissioners as form of assurance • Quality strategy in place, being monitored through Programme Management Office utilizing 'Clarizen'

<p>Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered. Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.</p>	<ul style="list-style-type: none"> • Openness and transparency implemented through monthly divisional quality and safety reports, shared with commissioners as form of assurance • Duty of candour implemented • Raising concerns policy in place • Clinical strategy in place • ‘Caring Counts’ 6C’s
<p>Nursing - Leadership</p>	<ul style="list-style-type: none"> • ‘Safer Staffing - Hard Truths’ implemented • Full review of pre-registration with additional resources to support staff in training • Review and update of nursing and governance structures • Time out with staff groups to agree and sign off ‘Top 10’ priorities for lead nurses, matrons, bands, 7,6,and 5 • Quarterly Leadership for Quality Summit (3 have taken place with 4th planned for 10.3.15) • OD strategy in place with senior staff encouraged and supported through national leadership academy programmes • Local programme for clinical leadership in place • Time out to agree top 10 priorities for band 4,3 & 2 staff planned for Jan 15. • Awaiting final Cavendish report for implementation of recommendations in 2015
<p>Caring for the Elderly</p>	<ul style="list-style-type: none"> • Named practitioner in place • Physical health matron • Physical health strategy in place • 16 week pathway in LD services

	<ul style="list-style-type: none"> • Nutritional steering group in place – mealtime challenges and protected mealtimes • Medication improvement group – reducing medication errors • Clinical and therapeutic observations policy in place
Common information practices, shared data and electronic records	<ul style="list-style-type: none"> • Compliance to information governance toolkit • Implementation of electronic health record project plan, with 6 pilot sites going live April 2015 • Sharing data agreements in place • ‘single source of truth’ generating clinical dashboard and monthly divisional quality and safety reports (DATIX)
Coroners and inquests	<ul style="list-style-type: none"> • Lessons learned • Weekly incident call • Bereavement strategy in place
Impact Assessments before service redesign, structural changes	<ul style="list-style-type: none"> • Implementation of ‘star chamber’ to review quality impact assessments and equality impact assessments before and changes, with 6 monthly updates , reporting by exception to BOD

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Health Scrutiny Panel

15 January 2015

Report title	Update from the Wolverhampton Clinical Commissioning Group in response to the Francis Inquiry	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director		
Originating service	Wolverhampton Clinical Commissioning Group	
Accountable employee(s)	Manjeet Garcha	Executive Director of Nursing and Quality
	Tel	01902 442476
	Email	manjeet.garcha@nhs.net
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Panel is recommended to note and comment on the work undertaken so far.

1.0 Purpose

1.1 Sir Robert Francis was commissioned in July 2009, to chair a non-statutory inquiry into the happenings at mid Staffordshire. A recommendation was made that there needed to be an investigation into the wider system to consider why issues had not been detected earlier and to ensure that the necessary lessons were learned. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry made 291 recommendations, grouped into themes. It was recommended that all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations and decides how to apply them to their own work. The first update of progress was presented to the Health Overview and Scrutiny Committee in September 2013. This is the second update report from the Wolverhampton Clinical Commissioning Group.

2.0 Background and overview of proposed model

2.1 Sir Robert Francis was commissioned in July 2009 to chair a non-statutory inquiry into the happenings at Mid Staffordshire. The primary purpose of this being to give a voice to those who had suffered and to consider what went wrong. This initial report was published in February 2010.

2.2 Key themes of the report included:

- Lack of basic care
- A culture not conducive to providing good care
- Management focus was on financial pressures and achieving Foundation Trust status
- Management failed to remedy deficiencies in staff and governance
- Lack of urgency in response to problems and complaints
- Focus on systems and not outcomes
- Lack of internal and external transparency

2.3 A key issue raised was the role played by external organisations which had oversight of the trust. A recommendation was made that there needed to be an investigation into the wider system to consider why issues had not been detected earlier and to ensure that the necessary lessons were learned. As such, another inquiry was commissioned and the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was finally published in February 2013 with 291 recommendations, grouped into themes. Where possible, recommendations identified the organisation which it suggested should take them forward. It was recommended that all commissioning, service providers, regulatory and ancillary organisations in healthcare consider the findings and have an action plan to apply and monitor in own areas of work.

2.4 The Government's initial response, Patients First and Foremost, set out plans to prioritise care, improve transparency and ensure that where poor care is detected, there is a clear action and clear accountability. 'Hard truths – the journey to putting patients first, the government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry' builds on this to provide a detailed response to the 291 recommendations the Inquiry made across every level of the system.

3.0 Key Drivers

3.1 National Reports published since 2001 have resulted in a minimum of 911 recommendations.

Year	Key Report	No of Recommendations
2001	The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995	198
2002-5	The Shipman Inquiry	190
2009	Mid Staffs Review- Dr David Colin Thome	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 (Kate Thirwell QC)	6
2012	Winterbourne Review	56
2012	Morecambe Bay	35
2013	RF2 Feb 2013 (Robert Francis QC)	290
2013	Don Berwick- a promise to learn	10
2013	Bruce Keogh- Review of 14 NHS Trusts	8
2013	Ann Clwyd MP & Professor Tricia Hart- Review of NHS Hospitals Complaints Systems	4
2013	Cavendish Review- Healthcare assistants and support workers in NHS settings	2
2014	Hard Truths- Government Response to RF2	5
2014	Kennedy Breast Care Review	10
2015	Awaited Robert Francis review of Whistleblowing	TBC
Total		911

4.0 Current Position

4.1 Amongst the plethora of reports and hundreds of recommendations, there is a consistent theme for all commissioners, service providers and regulators in Wolverhampton. These are:

Theme	Monitoring Already	Further/on-going work planned
Preventing Problems	Patient Safety, openness & candour, listening to patients.	Culture & Safe Staffing
Detecting Problems Quickly	Expert inspection teams, mortality outliers & Quality Surveillance Group. Cross triangulating softer intelligence with local authority safeguarding teams and making a timely decision to suspend further admissions into care/nursing homes if there are concerns.	CCG/CQC visits taking place at night & weekends, embedding the new CQC inspection standards and framework
Taking Action Promptly	Timely and appropriate challenge to the person/persons	Aspiring FTs will be required to achieve good or outstanding to be

	with authority to respond accurately	authorized.
Ensure Robust Accountability	CCGs focus on Quality & Outcomes. Clinical Quality Review Meetings Contract meetings, escalation and governance processes. NHS England assurance.	Recognising the new criminal offence(s) wilful or reckless neglect or mistreatment of patients.
Ensuring Staff are Trained & Motivated	Staff engagement/feedback. Right staff with the right skills in the right place. Recruitment and workforce development strategies	Implementation of new Staff Engagement Guidance – essential for creating positive cultures of safe & compassionate care.
Safety and openness	Transparent, monthly reporting of ward by ward staffing levels and other safety measures. Quarterly reporting of complaints data and lessons learned by provider along with better reporting of safety incidents Statutory duty of candour on all providers and professional duty of candour on all individuals. Providers are liable if they have not been open with patients.	On-going monitoring to ensure changes are sustained. Changes to professional codes of practice awaited. Plan for 5000 safety fellows to be trained and appointed in next 5 years. Dedicated provider safety websites awaiting to be developed for the public.

4.0 National Drivers

4.1 National movement since RFI includes:

- A new Chief Executive for the NHS.
- On-going Sir Bruce Keogh and Sir Mike Richards Mortality Reviews.
- CQC Chief Inspector of Hospitals recruited.
- A new criminal offence for willful neglect, with a government intention to legislate so that those responsible for the worst failures in care are held accountable.
- A new fit and proper person test, to act as a barring scheme for senior managers.
- Every hospital patient to have the names of a responsible consultant and nurse above their bed.
- A named accountable clinician for out-of-hospital care for all vulnerable older people.
- More time to care as all arm's length bodies and the Department of Health have signed a protocol in order to minimize bureaucratic burdens on trusts.
- A new care certificate to ensure that healthcare assistants and social care support workers have the right fundamental training and skills.
- A new fast-track leadership programme to recruit clinicians and external talent to the top jobs in the NHS in England.
- Safer staffing levels declared monthly with evidence of board updates.
- A new patient safety alert system.
- Overhaul planned for the current serious incident system.

- Establishment of Quality Surveillance Groups.

4.2 **Summary**

In summary, there has been a plethora of reports and recommendations and the CCGG have been working with the providers to nurture a culture of change of behaviour which is not only sustainable but becomes the new way of working. There is robust monitoring of all plans and all exceptions are managed via the agreed governance avenues. The CCG continues to work with all providers of NHS services to improve outcomes for all service users.

5.0 **Financial implications**

5.1 There are no financial implications arising from this report.

6.0 **Legal implications**

6.1 There are no legal implications arising from this report.

7.0 **Equalities implications**

7.1 There are no equalities implications arising from this report.

8.0 **Environmental implications**

8.1 There are no environmental implications arising from this report.

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