

Health and Wellbeing Board

10 February 2016

Report title	Francis Inquiry - Progress with Implementing Recommendations	
Cabinet member with lead responsibility	Councillor Sandraamuels Health and Wellbeing	
Wards affected	All	
Accountable director	Manjeet Garcha, Director of Nursing and Quality	
Originating service	Wolverhampton Clinical Commissioning Group	
Accountable employee(s)	Manjeet Garcha	Director of Nursing and Quality
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Report to be/has been considered by	Health and Wellbeing Board	January and July 2015
	Health Scrutiny Panel	June and Nov 2015
	CCG Governing Body	2013 x 3 2014 x 3 2015 integrated into monthly assurance report

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 and Wellbeing Board in 2014 and subsequent updates in January and July 2015. This is the fourth and anticipated to be the final update. It is recommended that future reporting will be by exception or on specific request from Health and Wellbeing Board.

2.0 Action Plan Progress

- 2.1 Wolverhampton Clinical Commissioning Group can report that significant progress has been made against the recommendations and as per Robert Francis, QC's intention; many of the recommendations have by now been incorporated into established ways of working.

2.2 Included in the CCGs completed actions are:

- Quality Strategy refreshed in Dec 2015
- Development and implementation of a Being Open Policy including the ‘duty of candour’
- Review of all materials for complaints, quality matters service
- Regular meetings between commissioner and provider patient experience and engagement teams to facilitate collaborative working
- Implementation of Friends and Family Test in Primary Care
- Lay representative attends PPGs and Locality Team Meetings and further development for Patient Representatives to attend provider Quality Visits
- Design and introduction of a trigger and escalation model at Governing Body level
- Establishment of joint care home quality monitoring documentation and process with local authority
- Primary Care development of quality web page on CCG website
- Extensive design and development of dashboards for quality barometers in the acute, MH, primary and care home sector
- Establishment of quality support visits to primary care
- Established a public facing page; Talk to Us, including: how to complain, becoming a patient partner and you said, we did.
- CCG attendance at NHSE chaired Quality Surveillance Groups
- Inclusion of ‘quality schedules’ in provider contracts with clear outcomes for measurement laid out

3.0 Key Changes

3.1 The CCG has a role in not only ensuring that we ourselves implement the recommendations but that we actively seek assurance from providers with whom we commission services. A number of recommendations continue to be reliant on action by national bodies and the CCG remains vigilant to new and updated guidance with appropriate response. A log of all reports is maintained including adding new ones and presented to quarterly CCG Quality and Safety Committee for assurance. Due to this vigilant work I can report on the following improved scrutiny which is changing the patient safety culture for all WCCGs commissioned services.

Report	Update as of January 2016
Francis	<p>Freedom to Speak Up discussed at CQRM agendas with both providers. Confirmations that whistleblowing policies are procedures have been updated. The CCG have undertaken Team Stress Assessments, a Health and Wellbeing Policy is being developed with implementation training for all staff. Audits in place to monitor compliance.</p> <p>Next review April 2016</p> <p>So what is different now? The national response to Robert Francis QC's report is well known and evidenced below. All governing bodies have a duty to monitor ongoing progress. Improving quality of care post Francis is now integral to WCCG and provider Governing Body</p>

<p>Winterbourne View (Transforming Care)</p>	<p>monthly assurance reports.</p> <p>Care and Treatment Reviews completed for first cohort and underway now as business as usual including children with learning disabilities. To ensure patients are placed in the most appropriate setting. Reviews are within tolerance level, action tracker in place and packages of care being explored where alternative provision has been deemed appropriate. Monitored at CCG Q&SC assured at NHSE.</p> <p>Next review April 2016</p> <p>So what is different now?</p> <ul style="list-style-type: none"> • The increasing number of adults with learning disabilities in the City following transition from Children’s Services, often with very complex needs has been reviewed. The current average age in our local Assessment and Treatment hospital for adults is just 21. On a similar date 5 years ago, the average age of the inpatients was 59. • WCCG is satisfied that all patients in care settings are currently appropriately placed and not safe to move. 6 monthly reviews are in place. • NHSE audit of WCCGs CTR process is ‘exemplary’ and WCCG has been recognised regionally in undertaking this task with haste, professionalism, credibility and sensitivities required. • Learning from Southern Health Care is being factored into our gap analysis to strengthen provider assurances.
<p>Improving Safety- a promise to learn</p>	<p>All actions applied to the CCG Quality Assurance Framework. The CCGs 2 Year Operational Plan and 5 Year Strategic Plan seek to ensure all reasonable actions are realised in future care provision in collaboration with health and social care colleagues across the city.</p> <p>CLOSED- Quarterly within Q&SC</p> <p>What is different now? WCCG and providers have ‘Signed up to Safety’ pledges in place which are part of their improving quality strategies.</p>
<p>Morecombe Bay</p>	<p>Provider assurance is sought on an on-going basis via: Monthly governance meetings, duty of candour. Serious Incident and National Reporting data received and considered within divisional governance reports, quality visits, collaboration with public health as partners of maternity services commissioning. Friends and Family Test, safer staffing, supervision, revalidation, medicines safety officer reports. NHSE Quality Surveillance Group is planning a deep dive, on-going assurance from CQC, Monitor, TDA, and NHSE.</p> <p>CLOSED- monthly quality, performance, contract and governance meetings</p> <p>What is different now?</p>

	<p>Maternity service commissioning has been reviewed to bring in line with regional and national best practice. CCG have volunteered to be part of NHSE themed review of maternity services and more recently data from Refugee and Migrant Centres is being analysed to ascertain number and quality of new migrants' use of maternity services in Wolverhampton.</p>
<p>Sir Bruce Keogh- review of 14 NHS Hospitals</p>	<p>Patient Stories at all Gov. Body meetings, junior doctor concerns captured and addressed via CQRMs, Patient Safety Improvement group, Dr appraisal rates.</p> <p>CCG attend Mortality meetings, quarterly mortality assurance reports, CCG internal mortality group established with membership from PHE, scrutiny of SHMI, HED data. NHSE medical director mortality leads group attended by exec nurse.</p> <p>Primary care mortality has been introduced from Q3 2015/16 planned case note audits.</p> <p>Commissioning intentions and service redesign informed by all above.</p> <p>CLOSED- business as usual in monthly governance reports.</p> <p>What is different now? Close scrutiny of all deaths (expected and unexpected) case note reviews using a national tool. Primary care deaths being scrutinised, stronger relationships with coroners and their feedback to providers. Child Death Overview Panel business has been extensively reviewed with new and strengthened processes for review of all deaths.</p>
<p>Complaints</p>	<p>Audit of CCG complaints completed in May 2015, incidents, patient feedback and claims with substantial assurance in place to manage and learn from complaints.</p> <p>CLOSED- being aligned to forthcoming policy review.</p> <p>What is different now? NHSE maintain close scrutiny of all primary care complaints which the CCG are required to assist with to investigation. Intelligence is triangulated with CQC and other surveys i.e. patient surveys, friend and family tests and staff surveys. CCG e-tool Quality Matters is extensively used, all issues are investigated and findings reported back to the reportee; themes are correlated to see where the patterns are. Improvements have been seen in quality of discharge planning, discharge letters, medicines on discharge and staff attitudes.</p> <p>Provider complaints are being monitored as there has been a recent deterioration in performance, monthly monitoring allows the CCG opportunity to apply appropriate challenge.</p>
<p>Cavendish Review</p>	<p>Care certificate launched at national level, both providers have plans in place to deliver this training. Care home sector aware of availability and independent provider employers choosing</p>

	<p>whether to pursue. Practice Nurse Development in place and RGN Revalidation plan to go live in April 2016.</p> <p>Review April 2016 What is different now? All NMC registered nurses are commencing revalidation from 1st April 2016. CCG has data base of all practice nurses and currently are supporting via dedicated workshops to aid with appraisal and sign off. Providers are also preparing. Risk assessments will be undertaken to determine level of unvalidated staff.</p> <p>Care home work is continuing as CCG has invested in the workforce and substantive roles. Development of a programme of work and education and training is under way. A new 'qualified provider framework' is being considered for care homes and quality schedules will be added to contracts for closer scrutiny.</p>
<p>Hard Truths</p>	<p>Culture and safer staffing monitored monthly, information triangulated with other quality and safety data. CQC new model inspection in June- Improvement Plans in place.</p> <p>Current Review</p> <p>What is different now? Provider CQC reports and action plans are in place. RWT- 'requires improvement' and BCPFT is awaiting the final report and rating. Primary care providers – NHSE and CCG provide a joint support package to surgeries where improvement is required. CCG is also working on developing a 'prep for CQC inspection' model which will be more proactive than reactive.</p>
<p>Lampard/CSE Rotherham & other safeguarding</p>	<p>Safeguarding- CCG and provider DASM role in place, collaborative working with LA for MCA/DoLs Safeguarding issues. All commissioner statutory roles in place, including LAC nurse- External Placement Panel Reviews undertaken Jan-Nov 2015. Child Sex Exploitation (CSE) Coordinator role supported by CCG, CSE victims well supported however more work in place to ensure interviews within 72 hours are being completed as per statutory requirement. PREVENT agenda on all CQRMs. CCG PREVENT Policy in place and PREVENT Board in place. Female Genital Mutilation- statutory data collection commenced 1st Oct 2015 Recommendations from Lampard for volunteers and celebrity attendance, stronger HR policies for vetting in place.</p> <p>Review November 2015</p> <p>What is different now? Wolverhampton Multi Agency Safeguarding Hub (MASH) has now commenced in Wolverhampton with adults joining within 6 months. WCCG has funded the 2 band 7 posts for nurses to be recruited into the MASH as of immediate action and a Service</p>

	<p>Specification has been agreed with the providers as to the service provision.</p> <p>All statutory roles are all appropriately placed within CCG and providers. RWT have undergone recent personnel change and the interim incumbent is planning a review of the service in June 2016.</p>
Safer Staffing	<p>All providers are required to publish their staffing numbers on a public facing website on a monthly basis and the Trust Chief Nurses are required to assure their Boards on exceptions and mitigations.</p> <p>What is different now?</p> <ul style="list-style-type: none">• Monthly publication• Ward based dashboards• Triangulation with wider patient safety issues• Recruitment and retention initiatives• National change in immigration policy concerning overseas nurses• European recruitment 68% retention• Addressing morale and sickness• Monthly CQRM agenda and 1:1 with executive nurses.

3.0 Summary

In summary, there has been a plethora of reports and recommendations and the CCG 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 staff and service users.

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, the CCG continues to meet its statutory responsibility and seeks assurance from providers of demonstrable evidence to support this.

6.0 Equalities implications

6.1 There are no equalities implications arising from this report.

7.0 Environmental implications

7.1 There are no equalities implications arising from this report.

8.0 Human resources implications

8.1 There are no Human Resources implications arising from this report.

9.0 Corporate landlord implications

9.1 Nil

10.0 Schedule of background papers

10.1 Nil attached.

Report by Manjeet Garcha, Director of Nursing and Quality, Wolverhampton CCG.

January 25 2016.