



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
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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

responsible for providing the care	<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
Performance and Strategic Oversight.	<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