Trust Board Paper O

To:	**Trust Board**
From:	**Chief Executive**
Date:	**27 June 2013**
CQC regulation:	**N/A**

Title:	LLR Healthcare Community Response to the Francis Report

Author/Responsible LLR CCIG and LLR NHS Chief Officers

Purpose of the Report: To brief the Board on the LLR healthcare community response to the Francis Report

The Report is provided to the Board for:

Decision	✓	Discussion	✓
Assurance	✓	Endorsement	✓

Summary / Key Points: The report sets out both crosscutting actions and organisation specific priorities in response to the Francis Report.

Recommendations: To (1) receive assurance on the work underway to progress the recommendations from the Francis Report and (2) support the work priorities identified in the paper.

Previously considered at another corporate UHL Committee?
The Board previously considered the Trust's response to the Francis Report on 28 March 2013.

Board Assurance Framework:	**Performance KPIs year to date:**
N/A	N/A

Resource Implications (eg Financial, HR):
Detailed in the report.

Assurance Implications:
The report is intended to provide assurance to the Board on the work underway to progress the recommendations from the Francis Report.

Patient and Public Involvement (PPI) Implications:
The response to the 'Duty of Candour' has such implications.

Stakeholder Engagement Implications:
A number of the workstreams have stakeholder engagement implications as identified in the report.

Equality Impact:
Due regard will be paid to equality impacts as the work to progress the recommendations from the Francis Report is taken forward.

Information exempt from Disclosure: N/A

Requirement for further review? Update to Trust Board October 2013.

The Leicester, Leicestershire and Rutland Healthcare Community response to the Francis Report

Report on behalf of the CCIG and LLR NHS Chief Officers

June 2013

1. Introduction

1.1 On the 6th February, Robert Francis QC published his report and recommendations following the public enquiry into the failings in the Mid Staffordshire NHS Foundation Trust and the failings of other organisations charged with the responsibility to regulate, monitor and assure the care provided by the Trust.

1.2 The government published its initial response at the end of March, including highlighting those areas where further work had been commissioned and expected to report by the autumn.

1.3 Within Leicester, Leicestershire and Rutland (LLR) the Clinical Collaborative Interface Group (CCIG) undertook an initial review of the report and then requested LLR chief officers to ensure that an appropriate response of the LLR healthcare community was made.

2. Key Findings of the Francis Report

2.1 The Public Inquiry report determined that the failings at the trust were primarily caused by a serious failure on the part of a provider trust Board. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the trust's attention. Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities.

2.2 This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking Foundation Trust status to be at the cost of delivering acceptable standards of care.

2.3 The report also concluded that the NHS system included many checks and balances and organizations which should have prevented serious systemic failure of this sort, but that this did not occur. In short, the system which ought to have picked up and dealt with a deficiency of this scale failed in its primary duty to protect patients and maintain confidence in the healthcare system.

2.4 The report concluded that the extent of the failure of the system suggests that a fundamental culture change is needed. This does not require a root and branch reorganization, the system has had many of those, but it requires changes which can largely be implemented within the system that has now been created by the new reforms.

2.5 The Inquiry Report identified numerous warning signs which could and should have alerted the system to the problems developing at the trust.

3. CCIG initial response

3.1 The CCIG, which brings together the clinical leaders from the clinical commissioning groups, the Leicestershire Partnership Trust , the University Hospitals of Leicester and NHS England local area team, discussed the Francis Report at its meeting in March. The discussions were positive and constructive in agreeing a way forward and it was agreed that there would be a number of actions:

- there should be a united public facing statement made , in addition to each organisations own specific response and agreement on a common set of actions, that could be undertaken in partnership

- sharing of those actions which would be undertaken by individual organisations, in recognition of the differing roles and purpose of each organisation in the LLR community.

3.2 The initial proposals for actions to be delivered in partnership included:

-a coherent system across LLR should be established for the collection of soft intelligence on patient care.

-there should be an emphasis on clinical leadership and coherent teamwork.

-the "right place, right care "programme should be extended to primary care
-an effective single front door to the Emergency Department at UHL NHS Trust made a high priority.

3.3 In addition there was a significant consideration to the concept of the Duty of Candour, and in particular how organisations could work to encourage staff to share their concerns.

4. The LLR commitment

4.1 The clinical and managerial leaders of the Leicester, Leicestershire and Rutland NHS community are united in the commitment that they will not allow the focus on quality and safety, which the Francis report has so effectively highlighted , to be disregarded , diluted or ignored ; and as a consequence of that commitment they will report back in public and as a local health system in October 2013 on progress on the areas identified as joint and individual priorities .

5. The common themes

5.1 Since the initial CCIG meeting to discuss the Francis report in March, each of the LLR organisations have spent time listening to staff, patients and stakeholders views. The initial proposed joint areas have been considered and expanded and as a consequence, six common themes have emerged on what the priorities should be to improve our services and to safeguard against the issues highlighted in Mid Staffordshire.

5.2 These 6 areas are:

- **Transparency** -Candour, openness and whistle blowing: a wide ranging set of actions that involve public Boards, Quality Accounts, patient and public engagement as well as responsibilities on individuals and between organisations.
- **Listening:** all organisations have recognised and recommitted to the principles of listening to patients, staff and other stakeholders who have the critical role of "telling it as it is".
- **Walking the floors**: Providers, and commissioners, have recognised the need to spend more time in face to face observation of wards, departments and surgeries. This intelligence will play a vital role in supplementing the variety of metrics that are in place to measure quality and provide an early warning if care is or has the potential to be unsafe or of a poor standard.
- **Saving more lives**: by working together to redesign care pathways and by providing better care out of hours and at weekends we will save more lives.
- **Safe Staffing levels**: all providers are reassessing staffing levels in critical areas to ensure that they are safe.
- **Targeted improvement**: where areas are found to be struggling to sustain standards of care, support will be given, improvement plans made clear and progress monitored

5.3 These 6 areas of focus do not represent the entirety of the local NHS response to the Francis Report; they are the broad crosscutting themes that have emerged from all organisations.

5.4 In sharing the priorities identified by the CCIG it is apparent that considerable other cross LLR work is also being undertaken. The nursing leads for all organisations are coordinating specific areas of improvements related to the Compassion in Practice programme. A priority in this the role of healthcare assistants and how their standards of care can be assured.

5.5 In addition the actions related to other organisations are not reflected within this paper e.g. the role of Healthwatch locally in strengthening the influence of the patient's voice.

5.6 The October update will need to make clear how all parts of the system are responding to the Francis Report recommendations.

6. <u>The first phase of areas of joint work to be addressed</u>

6.1 The LLR NHS chief officers asked for those areas where working in partnership was a priority and the following areas were identified:

- "Duty of Candour", to establish a common definition and what it means as an LLR wide community in the way we work together.
  Proposed leads (and Forum): Chief Executives and Medical Directors (CCIG)
- In light of the above, a refresh and reaffirmation of our shared values and how these will be enacted.

Proposed leads (and Forum): Chief Executives and Medical Directors (Better Care Together Programme Board)

- The development of models for clinical leadership across LLR
  Proposed leads (and Forum): Medical Directors (CCIG)

7. Organisation specific priorities

7.1 Each organisation has their own individual work programmes linked to the Francis recommendations and have confirmed their priorities.

- **Leicestershire Partnership Trust**:-has prioritised leadership programmes for multiple levels in the organisation; review of staffing levels for all inpatient areas with additional investment; Listening into Action programme for improving staff engagement; developing a culture for staff to report concerns i.e. transparency not "whistle blowing"; increased transparency of reporting at Board meetings; a refresh of the Quality Strategy; and external assurance on the Quality Governance Framework.
- **University Hospitals of Leicester**:-has prioritised Listening into Action programme for staff engagement; further work on the care of the elderly work programme; ongoing analysis to understand mortality information especially out of hours and weekends; special support measures to some clinical areas from corporate teams; and the introduction of supernumerary status for ward managers.
- **Leicester City CCG:-** has prioritised listening and engagement with patients and the public, with explicit feedback and response; listening to professionals involved in care delivery, with explicit feedback and response; having robust approaches to monitoring and measuring the quality of services, including visits to providers and via the contractual process.
- **East Leicestershire and Rutland CCG: -** has prioritised a refresh of the Involvement and Engagement Strategy and development of a patients forum; a GP champion to lead a work programme to raise concerns and provide feedback from primary care (a relaunch of the system currently in place but inconsistently used); review and strengthening of all provider contracts including out of county providers; review of the structure and focus of quality visits; and setting up a professional forum for practice nurses.
- **West Leicestershire CCG:-** has prioritised improved mechanism for capturing and responding to the patient voice; strengthening the mechanisms for GPs to raise concerns, receive feedback, monitor themes and provide feedback; a review of the quality schedules to include strengthening of the standards and data streams; sharing information with partners; and review of the structure and focus of quality visits.
- **NHS England local area team for Leicestershire and Lincolnshire :-** has prioritised clear mechanisms for input into Serious Incident monitoring; all clinicians to receive a communication regarding reporting of safety and quality concerns; establishment of the quality surveillance group; and a focus of the maintenance of staff moral across all organisations.

8. Timeline for Progress

8.1 Given the above identified areas, these will now be monitored through the Forums set out in Section 5 above. CCIG will oversee coordination of the publication of a further report in October, and will be meeting in September to consider progress to date on the joint and individual priorities.

9. Recommendations

9.1 The Boards of each of the Leicester Leicestershire and Rutland NHS organisations are asked to:

-receive assurance on the work underway to progress the recommendations from the Francis report
-support the priorities of the work as identified in this paper
-receive a further update in October 2013 on the progress achieved.