

# Report of the Director of Quality, Bradford City and Bradford Districts CCGs to the meeting of the Health and Wellbeing Board to be held on 23 July 2013.

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## Subject:

Progress in implementing the recommendations of the report of Robert Francis QC into Mid Staffordshire NHS Foundation Trust

## Summary statement:

This paper summarises the work being led by Bradford City and Bradford Districts Clinical Commissioning Groups to implement the recommendations of the 'Francis report'. It will be accompanied by a presentation at the Health and Wellbeing Board meeting in light of a recent development session held on the 26<sup>th</sup> June 2013.

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Michelle Turner  
NHS Bradford City and NHS Bradford  
Districts CCGs  
Douglas Mill  
Bowling Old Lane  
Bradford  
BD5 7JR

## Portfolio:

Adult Services and Health

Report Contact: Michelle Turner  
Phone: (01274) 237707  
Email: [michelle.turner@bradford.nhs.uk](mailto:michelle.turner@bradford.nhs.uk)

## Overview & Scrutiny Area:

Health and Social Care



## **1. SUMMARY**

- The Health and Well-being Board will hear a presentation on the implementation of the recommendations of the Francis report, as they relate to NHS clinical commissioners.

## **2. BACKGROUND**

Robert Francis QC published his final report, *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (London: The Stationery Office), in February 2013. This report, and its predecessors (which related to an initial independent inquiry, also led by Robert Francis QC), exposed a shocking and distressing picture of care at Stafford Hospital during the period under review. The many recommendations of the final report are intended to help prevent the recurrence of such a situation in the NHS in the future.

Clinical commissioners in Bradford are committed to ensure not only that they fully and properly discharge their responsibilities to review, monitor and provide assurance about the quality of care services which they commission for the citizens of Bradford, but also that they respond effectively to Robert Francis's wider challenge of creating a patient-centred NHS.

## **3. RESPONDING TO THE FRANCIS REPORT**

The Bradford CCGs have been proactive in responding to the Francis report, and have not awaited a formal response from the Department of Health in order to make progress in building and shaping a patient-centred culture amongst Bradford's health commissioners. Bradford clinical commissioners have confidence in their existing routine procedures for quality assurance and monitoring, but are keen not to be complacent but, on behalf of local people, to aim at continuous improvement.

The presentation to the Health and Well-being Board will detail the specific actions taken to date and planned, but of particular note is a multi-agency workshop held on 26 June 2013, to identify specific actions which could help strengthen a local patient-centred culture. Influencing and shaping organisational culture is always challenging, but is vital if striving for excellence in patient-centred care is to be achieved across the city. Local authority elected members, and members of the Care Quality Commission and Healthwatch were invited to attend this session. Continued engagement with elected members, and with the Health and Well-being Board will be essential as the recommendations of the Francis report are implemented.

## **4. RISK MANAGEMENT AND GOVERNANCE ISSUES**

Risk management of quality issues is a key element of implementing the recommendations of the Francis report.

## **5. LEGAL APPRAISAL**

Not applicable at this stage.

## **6. OTHER IMPLICATIONS**

### **6.1 EQUALITY & DIVERSITY**

No equality and diversity impact assessment is currently required.

## **6.2 SUSTAINABILITY IMPLICATIONS**

Not applicable

## **6.3 GREENHOUSE GAS EMISSIONS IMPACTS**

Not applicable

## **6.4 COMMUNITY SAFETY IMPLICATIONS**

Not applicable

## **6.5 HUMAN RIGHTS ACT**

Not directly applicable

## **6.6 TRADE UNION**

Not applicable.

## **6.7 WARD IMPLICATIONS**

Not applicable

## **6.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

Not applicable

## **7. NOT FOR PUBLICATION DOCUMENTS**

None.

## **8. RECOMMENDATION**

The Health and Well-being Board is asked to note this introductory report and consider the presentation.

## **9. APPENDICES**

9.1 Francis Report presentation

## **10. BACKGROUND DOCUMENTS**

Francis, R., *et al.*, *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (London: The Stationery Office, 2013)



## **Francis: where are we now and where next?**

Michelle Turner  
Director of Quality

“Some of the nurses were really good. They weren’t necessarily more qualified but were more willing to help. Others stood there laughing, giggling and chatting but not helping.”

“Little things that people do make a difference. The major issue is overwork and not having enough people.”

“One nurse was exceptional because she talked to you and made sure that you felt OK. If there was a problem she would deal with it – she was for the patient rather than for the hospital.”

“I felt unable to complain as I felt it would negatively impact on patient care. I felt that staff got really defensive.”



## The position so far:

- We have considered the Francis report (volumes one and two) and taken into account the Government's preliminary response *Patients first and foremost - March 2013*
- We are unwavering in our commitment to help ensure that standards are raised and that patients' welfare is paramount
- We are committed to hearing the voice of those concerned about health services across Bradford
- We have assessed the recommendations and have an action plan in place to implement those recommendations which are applicable to Clinical Commissioning Groups.

## The position so far 2:

- We have developed, agreed and implemented principles of transparency
- We have agreed to share learning about Francis, action plans and host joint development sessions with our main providers
- We are reviewing our Contract Management Board arrangements with providers to ensure that quality remains at the forefront and is led by clinicians
- We have initiated a programme of quality visits and inspections
- We are encouraging peer liaison and networking between governing body and clinical board members and providers.

## The position so far 3:

- We have held a Francis development session on 26th June 2013 with elected members, healthwatch and the Care Quality Commission to agree next steps in light of our commitment to have a patient-focused culture. The outcomes of this event will be shared at the Health & Wellbeing Board on the 19th July 2013
- We have established a CCG staff development programme – next event on the 16th July will influence our values, behaviours and culture (with expert Organisational Development input)



What  
next?



# Suggestions from the 26th June 2013 workshop

- Meet with the Trusts to share learning
- Define difference between compliance and commitment – what would the Bradford way be? (compassion, values, dignity)
- Offer specific patient group to write a CQUIN (*commissioning for quality and innovation*) lever to incentivise quality improvement in a provider)
- Use information that currently exists in the system (important data)
- Commitment to talk to each other
- Develop an Elephant Box (unspoken issues)
- Put all information on website
- Do it the Bradford Way



The background of the slide is a collage. The top portion shows the cover of a report titled 'The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Volume 1: Analysis of evidence and lessons learned (part 1)'. The bottom portion shows a blue sign for 'Stafford Hospital' with 'Mid Staffordshire' written above it in smaller text.

# National and local themes

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Staff are trained and motivated



# **Future national initiatives**

- **Full response from Department of Health to Francis (expected October to December 2013)**
- **New barring system for managers (consultation expected)**
- **Care Bill**
- **Changes to Care Quality Commission legislation, policy and approach**

# Our local next steps

A nighttime photograph of a cityscape, likely Glasgow, featuring a prominent clock tower (Glasgow City Hall) illuminated against a dark blue sky. The city lights are visible in the background, and the foreground shows the silhouette of a modern building with a glass facade.

- Joint development events with providers
- Active use of local and national information with providers
- Tailored grassroots reports at clinical boards with clear progress/outcomes
- Use of local levers to improve patient experience - e.g., use of CQUINs
- Health and Well-being Board - system-wide leadership