
DUDLEY HEALTH AND WELL-BEING BOARD

29th APRIL 2013

Joint Report of the Director of Adult, Community and Housing Services, Director of Children's Services, Director of the Urban Environment, the Director of Public Health and the Chief Officer of the Dudley Clinical Commissioning Group

Quality and Safety 1 - Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – The Francis Report. Implications for Dudley

Purpose of Report

1. For the Dudley Health and Well-Being Board to consider overall issue relating to quality and safety with regard to the implications for Dudley of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – The Francis Report*.

Background

2. At its meeting on 21st January 2013, the Shadow Dudley Health and Well Being Board agreed to undertake further work in 2013-14 under the heading of Quality and Safety. The Board will wish to set consideration given to this report alongside that given to the implications of the Winterbourne Review also being considered at today's meeting.
3. It is suggested that the Board has two roles to play in relation to Francis:-
 - a) **Strategic oversight** – in terms of awareness and understanding of the implications for and actions required of local partners in the health and care system.
 - b) Receiving **assurance** – that action plans are agreed and being implemented by relevant partners
4. The implications of the *Francis Report* for Dudley is a vital strand of this activity. The Report has been the subject of extensive national coverage. A copy of the executive summary and full report is available at the end of the following link: <http://www.midstaffpublicinquiry.com/report>.
5. The inquiry, chaired by Robert Francis QC, was set up to assess the wider lessons to be learned following the broad range of failings in both Mid Staffs NHSFT and the wider NHS.
6. A total of 290 recommendations for regulators, providers, local scrutiny groups and Government are set-out in a 1,782 page report to influence behavioural change. Focussing on the failings, the Report states that these went from top-to-bottom in the system.

7. The recommendations of the Francis Report are largely the subject of Government consideration. Some recommendations may require legislation. The Government has now published its initial response to Francis entitled "Patients First and Foremost". This is available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf
8. Overall, the Francis Report calls for "fundamental change" in the culture of the NHS, to make sure patients are put first. In recommending this, Francis states that his proposed changes do not require further reorganisation and argues that the issues cannot be dealt with by sacking "scapegoats" and reorganising the NHS again.
9. The recommendations for **commissioners, regulators, providers, local scrutiny groups and Government** are the result of criticisms made in the Francis Report of all of these groups, agencies or organisations:
 - The Department of Health were criticised for being too "remote" and embarking on "counterproductive" reorganisations.
 - The Primary Care Trust and the Strategic Health Authority were judged to have been too quick to trust the hospital's management.
 - Regulators – the Care Quality Commission, Monitor and the Strategic Health Authority were seen as not being challenging enough.
 - The Royal College of Nursing is also highlighted for not doing enough to support its members who were trying to raise concerns.
 - The Mid Staffs Hospital Trust Board was seen to have been weak and did not listen to patients and staff.
 - Local Authority health scrutiny work was found wanting and the local Patient Public Involvement system failed to speak up for patients.
10. Overall, Francis argues that the system put corporate self-interest and cost control ahead of patients and their safety.

11. Key Recommendations and proposed actions on implications for Dudley

- 11.1 The key recommendations are grouped into a set of themes under the following headings:-
 - Accountability for implementing recommendations
 - Putting the patient first
 - Standards of behaviour
 - Common culture
 - Healthcare standards

- Regulatory functions
- Health and Safety Executive functions
- Role of supportive agencies
- Complaints handling
- Commissioning for standards
- Performance management and strategic oversight
- Patient, public and local scrutiny
- Medical training and education
- Openness, transparency and candour
- Nursing
- Leadership
- Professional regulation of fitness to practise
- Caring for the elderly
- Information
- Coroners and inquests
- DoH leadership

12. The recommendations apply to greater or lesser extents to a number of local organisations and associated bodies, e.g.:-

- Standards and performance management – CCG
- Openness, transparency and candour – CCG and providers
- Caring for the elderly – CCG and providers
- Nursing – CCG and providers
- Complaints – CCG, providers and Healthwatch
- Information – CCG, providers, Healthwatch
- Scrutiny – Healthwatch, HOSC and HWBB
- Working with the CQC – Healthwatch and HOSC
- Healthcare Acquired Infections – OPH

13. Francis's first recommendation is that "all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them in their own work." In addition "Patients First and Foremost" states that "key organisations across health and care will take the action needed to make this document a reality for patients.." "...all NHS hospitals should set out how they intend to respond before the end of 2013.

14. It is anticipated that at its meeting in September 2013, the Board will receive reports from both the Adults and Children's Safeguarding Boards. It is suggested

that in keeping with the theme of quality and safety, the Board request the key local NHS organisations (Dudley CCG, Dudley Group NHS FT, Dudley and Walsall Mental Health Partnership NHS Trust and Black Country Partnerships NHS FT) to submit their plans in response to Francis for consideration.

Finance

12. Any financial implications arising from the content of this Report will be met from within existing budgets between the agencies.

Law

13. There are no direct legal implications arising from this report.

Equality Impact

14. The establishment of a Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board including the development of a Joint Health and Well Being Strategy. This Strategy will be informed by and directs other strategies, and principally the Health Inequalities Strategy. The Board will wish to use this mechanism to address related issues of quality and safety in our locality as addressed in this Report.

Recommendation

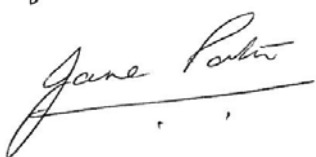
15. That the Dudley Health and Well-Being Board: -
- a) Note the general themes of the recommendations arising from the Francis Report.
 - b) Request local NHS organisations to submit their action plans in response to the Francis Report for consideration at the meeting of the Board scheduled for September 2013.



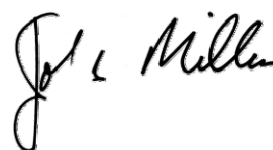
Andrea Pope- Smith
Director – DACHS



Valerie A Little
Director – PH



Jane Porter
Director – DCS



John Millar
Director – DUE

Paul Maubach
Chief Officer
Dudley CCG



Contact Officers:

Brendan Clifford
Assistant Director – DMBC

Ian McGuff
Assistant Director – DMBC DCS

Sue Holmyard
Assistant Director – DMBC DUE

Neill Bucktin
Dudley CCG

Karen Jackson
Public Health Consultant – DMBC OPH