

Southwark CCC Response to the Public Inquiry in to Mid-Staffordshire NHS Foundation Trust 'The Francis Report'

Towards an approach to Commissioning for Quality March 2013

1. Introduction

The Public Inquiry into the failings of care at the Mid Staffordshire NHS Foundation Trust was commissioned by the Secretary of State in order to provide an understanding of how conditions arose within which such poor care could have been allowed to persist for so long. The Francis Inquiry was asked to recommend what changes to the healthcare regulatory and supervisory system, and to the wider culture of the NHS, would be required to guard against such poor quality care going undetected and unchallenged in the future.

This paper summarises the findings of the Public Inquiry into care at Mid Staffordshire NHS Foundation Trust and considers the implications of the Francis report of the Public Inquiry for the healthcare regulatory system and for commissioners. One of the first recommendations in the Francis report is a requirement for all NHS organisations, including commissioning organisations, to consider and respond to the report. This paper reflects on how Southwark CCG, as a commissioning organisation, should respond to the Francis Inquiry and offers some recommendations for improving the CCG's approach to quality, both in the immediate and the longer term.

2. Summary of the Findings of the Francis Inquiry into Mid Staffordshire NHS Foundation Trust

There are 290 recommendations in the report of the Public Inquiry. Francis summarises the key aims of those recommendations as being to:

- Foster a common culture shared by all in the service of putting the patient first
- Develop a set of fundamental standards easily understood and accepted by patients, the public and healthcare staff, breach of which should not be tolerated
- Provide professionally endorsed and evidence based means of compliance with these fundamental standards which can be understood and adopted by staff who have to provide the service
- Ensure openness, transparency and candour throughout the system about matters of concern
- Ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards
- Make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service
- Provide for a proper degree of accountability for senior managers and leaders to place all with responsibility for protecting the interests of patients on a level playing field
- Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values in everything they do
- Develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public and all other stakeholders in the system.

The recommendations are grouped into themes, some of which are more relevant to commissioners than others. The key themes relevant to commissioners are:

- Putting the patient first
- Fundamental standards of behaviour
- A common culture made real throughout the system
- Enhancement of the role of supportive agencies
- Commissioning for standards
- Performance Management and Strategic Oversight
- Patient, public and local scrutiny
- Openness, transparency and candour
- Leadership
- Information

The full set of recommendations is to be found as Appendix 1 to this paper (in separate pdf file).

On reading the Francis report, a very strong message emerges that the healthcare system needs to support a significant change in culture; away from complacency and defensiveness, and towards a culture where all parts of the system are alert and vigilant in respect of the quality of care being provided. NHS staff, and this is particularly relevant for commissioners and the regulatory parts of the NHS system, need to be willing to ask for more assurance when the facts point to legitimate cause for concern.

Southwark CCG recognises and supports the basic principle of 'putting the patient first'. The requirement to respond to the Francis report gives the CCG the opportunity to review its current processes and culture in respect of quality. In particular, we need to ensure that we learn the lesson of not placing too great an emphasis on performance and financial balance at the expense of patient care.

Section 5 of this paper recommends a range of actions that Southwark CCG should take in order to respond to Francis' recommendations.

3. Quality in the New Health system and other contextual considerations

The Department of Health published a guidance document 'Quality in the New Health System – maintaining and improving quality from April 2013' in January 2013, which sets out a framework for considering quality in the new system, and which embodies much of the learning from the Mid Staffordshire failings. The DH defines quality as being care that is 'effective, safe, and provides as positive an experience as possible', which reflects the three dimensions of quality articulated in the NHS Next Stage Review. This definition is a helpful one, and is one that the CCG should adopt in its thinking about quality.

Quality in the New System sets out some expectations of how organisations will ensure quality in the new NHS system from April 2013. In particular, it requires local areas to set up Quality Surveillance Systems. These will be led by the NCB Local Area Offices, and will be a forum for bringing together intelligence on quality and safety, and for sharing good practice. Southwark will be part of the South London Quality Surveillance Group, which will be led by Jane Clegg, Nursing lead for South London.

The changes as a result of the Health and Social Care Act 2012 mean that there will no longer be a SE London Cluster assurance process. The CCG needs to be able to assure itself of the quality of services received by all

Southwark patients, working within the increasingly complex set of responsibilities and relationships within the new NHS system. In particular, the CCG will need to deliver its approach to quality in partnership with the Commissioning Support Unit (CSU) and Local Authority, as well as the National Commissioning Board, and this will necessitate different ways of working.

4. Overview of current Southwark CCG arrangements for Quality

The CCG Governing Body has ultimate responsibility for assuring the quality of the services commissioned for Southwark patients. Responsibility for commissioning quality services is discharged through the governance structure of the CCG, via its sub-committee structure.

The Integrated Governance and Performance Committee (IGP) plays an important role in overseeing performance and quality issues, including complaints and Serious Incidents. The IGP considers an integrated Performance Report on a monthly basis, which gives an overview of financial and performance information relating to commissioned services, including key quality indicators.

The Governing Body (CCC) meetings take place in public each month, and the role of the Governing Body is to assure itself that the responsibilities of the CCG are being properly discharged, including the responsibility to commission safe, high quality care for Southwark patients and to promote improvement in the quality of primary care. The CCC considers the Integrated Performance report, as well as the minutes of sub-committees including the IGP and the Patient Experience and Engagement Group.

Assurance that commissioned services are providing an acceptable level of quality is managed largely through provider specific monitoring processes. For acute providers, and particularly Kings Healthcare and Guys and St Thomas Foundation Trusts, the CSU co-ordinates quality monitoring, with clinical and managerial input from the CCG. Southwark plays a lead role in arrangements for commissioning from Kings, and a Southwark clinical lead is the Chair of the Kings Clinical Quality Review Group. A wide range of quality indicators, including patient experience and complaints information, is reported to the CCG on a monthly or quarterly basis, and commissioners bring challenge to providers where the data indicates poor quality. The CCG is currently reviewing how these quality monitoring processes are run, in part as a response to the Francis Inquiry. In particular, the CCG and CSU need to consider how to ensure that there is a focus on quality in the broadest sense, including on clinical and patient outcomes, as opposed to a focus on performance and process measures.

All CCGs have responsibility to ensure providers are delivering safe services and, should a serious incident¹ (SI) occur, have investigated it in a thorough and robust manner. NHS Southwark CCG meets with its providers at least monthly to review any incidents which have occurred, and assures itself that a thorough investigation and remedial action has taken place. NHS Southwark CCG reports SI numbers and themes through the IG&P to the Governing Body.

The CCG has developed a Quality Alerts process through which Southwark GP practices can raise quality issues relating to commissioned services. The CCG, through its contracting arrangements, ensures that these Quality Alerts are investigated and that the relevant provider gives an appropriate response, including remedial actions

¹ SI: something out of the ordinary or unexpected, with the potential to cause serious harm and/or likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service.

and changes to contracts as required. The CCG is able to review the Quality Alerts and monitor trends/themes emerging from Quality Alerts, which are fed into the broader commissioning process.

A diagram showing the CCG's governance structure, including the IG&P, is included as Appendix Two.

5. Recommendations for Southwark CCG

The Francis report challenges the entire NHS to undergo a fundamental culture change, something which is not easy to describe or achieve in a planned way. The CCG will seek to generate a culture of openness and transparency, and develop an integrated approach to quality. The recommendations below are intended to address the themes that Francis highlights. They do not exhaustively address all of the relevant recommendations in the Francis report, but recommendation 1 suggests that a further piece of work is undertaken to progress this :

Recommendation 1: Commissioning for Quality. It is recommended that the CCG develop a Southwark approach to 'Commissioning for Quality' which embodies the lessons learnt from Mid Staffordshire, and reflects the new arrangements for quality in the Healthcare system post April 2013. This would provide a formal framework articulating the CCG's values and describing Southwark's processes and structures for quality assurance and quality improvement. The document will also need to address how the CCG will respond to some of the broader cultural and organisational development issues that are required to strengthen the NHS's approach to quality.

The CCG's approach to commissioning for quality should have a balanced emphasis on each of the three dimensions of quality; clinical effectiveness, patient experience and patient safety. In particular, the framework should articulate how the CCG will maximise the benefits of clinical commissioning to improve clinical effectiveness and commission for improved outcomes for Southwark patients.

In developing this framework, the CCG should outline how it will address all of the individual recommendations in the Francis report which are relevant to commissioning organisations. A working group including GP clinical leads and other key CCG staff should be tasked with taking this forward.

Recommendation 2: Quality Reporting. It is recommended that some changes are made to the CCG's Integrated Performance Report to provide a richer source of intelligence in relation to quality. The enhancements to the current report would include:

- Inclusion of CQC information relating to local providers
- Narrative commentary on the key quality issues identified with each provider, on a quarterly basis, along with a summary of commissioner's actions in respect of these
- More detail on patient experience, including summaries of provider data on patient experience, national patient surveys and intelligence on issues raised by patients and the public
- A summary of Quality Alerts raised by Southwark practices, including key themes and outcomes from alerts
- Summaries of any relevant site visits or clinical audits
- An action log of quality issues identified at the IGP or through other routes (e.g. provider specific quality monitoring processes)

An example template for Quality section of the revised Integrated Performance report is included as Appendix 3.

Recommendation 3: Structure of Integrated Governance and Performance (IGP) Meetings

The agendas of the IGP meetings should be structured so as to allow sufficient scrutiny, discussion and challenge of the reported quality positions, as well as to provide an environment where 'under the radar' issues can be identified. Committee members will be expected to have pre-read the Integrated Performance and Quality report, and the discussion at the meeting will allow sufficient time for members to explore any issues of concern. The IGP meeting papers should include an action log of concerns/questions raised by members, and the chair will ensure that issues are followed up/closed/escalated as appropriate. The action log will be reported to the SCCC. A way of linking the issues raised at EPEG and at the IGP should be found, so that patient experience concerns arising from the PPG pyramid or via other means are formally considered by the IGP alongside the Integrated Performance and Quality report.

Recommendation 4: Understanding Patient Experience Information. The CCG should work closely with providers to review and understand the full range of available data on patient experience, including looking at variations in experience between and across wards and different clinical areas.

Recommendation 5: Developing innovative approaches to hearing the patient voice. The CCG should review how it currently engages with patients and the public, including reviewing national best practice and explore innovative approaches to gathering and learning from a wider range of patients.

Recommendation 6: A focus on all providers' performance. Provider-specific performance management structures relating to Southwark's three main NHS providers (Kings College Hospital NHS FT, Guys and St Thomas NHS FT and South London and the Maudsley NHS FT) are relatively strong and transparent, although we should not be complacent about this, and there will always be potential for strengthening these processes. Quality and performance management of other commissioned services is less well developed, and in particular there is a need for a stronger approach to quality assurance in services commissioned from the independent sector, and particularly in relation to care homes. The CCG is already looking at this area, and it is recommended that the CCG work jointly with Southwark Council and Lambeth CCG to develop an approach to improving quality in this area.

Recommendation 7: Making quality everyone's business. The CCG should ensure that all CCG staff are aware of the Francis Inquiry and its key recommendations. Staff development events should focus on the role that all staff can play in being vigilant about, and supporting the quality of patient care.

Recommendation 8: Review Serious Incident Processes. It is recommended that Southwark CCG review its management of Sis in conjunction with the CSU and neighbouring CCGs in order that process are aligned and meet good practice in all respects, and that we work collaboratively with partners to ensure that Southwark CCG has equally robust assurance of all providers. The IGP should maintain an overview of the SI processes and receive quarterly reports on Serious Incidents, including the learning from these.

Recommendation 9: Clinical Service visits and audits

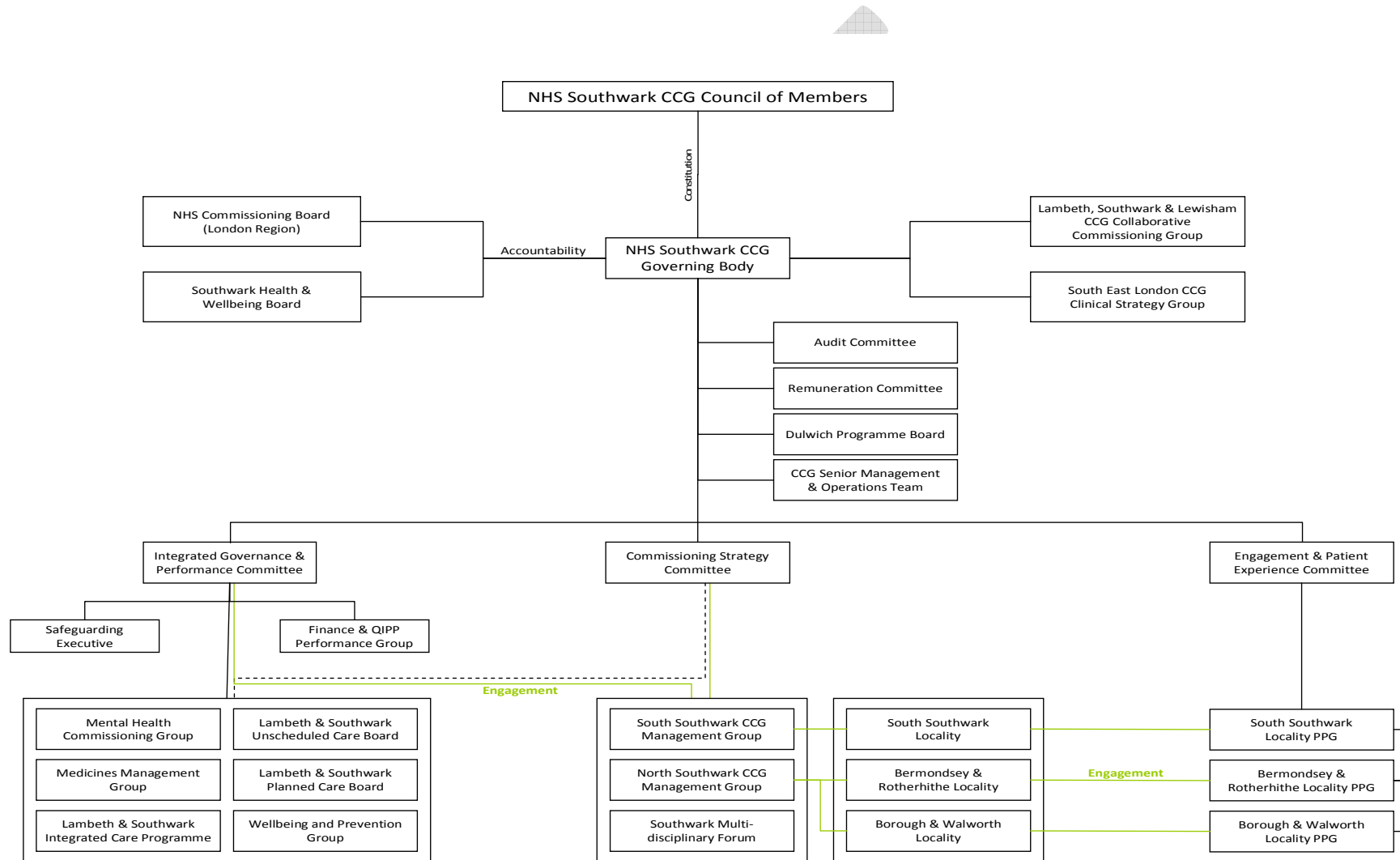
To enhance commissioners understanding of the quality of patient care, it is recommended that CCG clinical leads and staff spend more time visiting clinical services and undertaking clinically focussed audits. The CCG should work with the CSU and providers to determine a work programme, focussing on priority areas in 2013/2014.

6. Conclusion

The events at NHS Mid-Staffordshire amounted to an unacceptable failure of the NHS as a system to safeguard patients and to ensure the provision of adequate care. However, Southwark CCG welcomes the Francis report as a forceful reminder that the NHS as a whole should have quality and the needs of the patient as its central concern. We accept the key findings and aims of the Francis report's recommendations and are committed to ensuring that the CCG takes those recommendations forward, through implementing the recommendations made

in this paper, and in having a consistent focus on quality throughout the CCG's future commissioning responsibilities.

Appendix Two – Southwark CCG Governance Structure





The best possible outcomes for Southwark people

Quality Section of Integrated Performance Report 2013/14

Month X

28 February 2013

Section 1: CQC Intervention

Name of Provider	CQC Intervention Action Reported	Date of CQC Intervention	Description of CQC Enforcement and Agreed Improvement Plan / Trajectory	Description of CCG Process of Assurance (Note: Responsible Clinician and Officer)

Section 2: Quarterly Key Quality Issues and Action Plans (by Provider)

King's College Hospital NHS Foundation Trust			
	Quality Issue Identified	Commissioner Action	CCG Group with Oversight
1			
2			
3			
4			
5			

Guy's & St. Thomas' NHS Foundation Trust

	Quality Issue Identified	Commissioner Action	CCG Group with Oversight
1			
2			
3			
4			
5			

Guy's & St. Thomas' NHS Foundation Trust – Community Health Services

	Quality Issue Identified	Commissioner Action	CCG Group with Oversight
1			
2			
3			
4			
5			

South London & Maudsley NHS Foundation Trust			
	Quality Issue Identified	Commissioner Action	CCG Group with Oversight
1			
2			
3			
4			
5			

Independent Sector Providers (including nursing and domiciliary care)

	Quality Issue Identified	Commissioner Action	CCG Group with Oversight
1			
2			
3			
4			
5			

Primary Care (including WIC, community outpatients etc.)

	Quality Issue Identified	Commissioner Action	CCG Group with Oversight
1			
2			
3			
4			
5			

Section 4: Patient Experience (All Providers)

Patient Data Source	Summary of Patient Experience Data (all providers)	CQC Actions	Issues added to Quality Log? (Reference)
National Surveys			
Provider Generated Survey (e.g. KCH 'How are we Doing Survey')			
Complaints – Key Themes			

Patient Data Source	Summary of Patient Experience Data (all providers)	CQC Actions	Issues added to Quality Log? (Reference)
Patient Engagement – Key Themes			
Other patient/public key themes – Media / national reports etc.			

Section 5: Summary of Quality Alerts Flagged by Southwark Practices

Quality Alerts			
	Quality Alerts Raised	Alerter	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

For common themes and actions see table below

Quality Alerts: Themes & Actions

	Quality Alerts Theme	CCG Actions	Outcomes
1		1. 2. 3. 4. 5. 6.	1. 2. 3.
2		1. 2. 3. 4. 5. 6.	1. 2. 3.
3		1. 2. 3. 4. 5. 6.	1. 2. 3.
4		1. 2. 3. 4. 5. 6.	1. 2. 3.
5		1. 2. 3. 4. 5. 6.	1. 2. 3.

Section 6: Clinical Visits and Clinical Audits

Clinical Site Visits & Audit

Provider Audited/Visited:			
Name and Purpose of Audit/ Visit:			
Description of Audit / Visit			
Key Actions Agreed		By Whom	By When
1			
2			
3			
4			
5			
6			

Clinical Site Visits & Audit

Provider Audited/Visited:			
Name and Purpose of Audit/ Visit:			
Description of Audit / Visit			
Key Actions Agreed		By Whom	By When
1			
2			
3			
4			
5			
6			

Section 7: An Action Log of Quality Issues Identified

Reference	Quality Issue	Description of Quality Issue	RAG		Actions Planned	Responsible Officer	Date Quality Issue Fully Mitigated
			Likelihood	Severity			
CCG1			Red	Yellow	1		
					2		
					3		
					4		
					5		
CCG 2			Red	Red	1		
					2		
					3		
					4		
					5		
CCG 3			Red	Yellow	1		
					2		
					3		
					4		
					5		
			Yellow	Yellow	1		
					2		
					3		
					4		
					5		
					1		
					2		
					3		
					4		
					5		
					1		
					2		
					3		
					4		
					5		

