COUNCIL SEMINAR
Thursday, 18th April, 2013

Present:- Councillor Wyatt (in the Chair); Councillors Akhtar, Atkin, Buckley, Dalton, Doyle, Gosling, Hoddinott, Rushforth and Wootton.

Apologies for absence were received from Councillors Jepson.

THE FRANCIS REPORT.

Councillor K. Wyatt, Cabinet Member for Health and Wellbeing, welcomed Elected Members to the Seminar that had been arranged to provide them with information following the publication of the Francis Report, which had reported that catastrophic failures had impacted on the level of care provided by the Mid-Staffordshire NHS Foundation Trust. Issues highlighted in the report related to a lack of governance and scrutiny and a focus on financial and back office functions at the expense of frontline care.

A number of agencies were represented at the Seminar: -

G Ratcliffe
C Edwards
Dr. John Radford, Public Health;
Juliette Greenwood, Senior Nurse Representative on ?;
Professor George Thompson, Medical Representative on ?.

Giles Ratcliffe introduced a presentation on the main issues reported: -

The Francis Report was commissioned following concerns surrounding high hospital mortality rates and poor standards of care at the Mid-Staffordshire NHS Foundation Trust. Indicators that raised concern were: -

- High death statistics;
- Feedback from those who had received care;
- Quality assurance of statistics
- View of commissioners.

The inquiry consisted of three reports: -

- The Francis Report (care between 2005 – 2009);
- Colin Thome – lessons for commissioners;
- Alberti Report.

Francis made 250 findings and 18 recommendations: -

- Long-term failure of staff and governance;
- The Board lacked urgency and there was an absence of follow-up;
- Actions of management were ineffective;
- Financial issues were wrongly prioritised;
- Strategic-level Directors did not link to procedural level, and were taking the word of operational managers at face value;
- Relevance was assigned to star ratings, rather than the experiences of patients;
- Benchmark data was not considered;
- There had been a failure to listen;
- Staff had become disengaged;
- There had been failure to maintain professional standards;
- There was a lack of support for staff; they were not kept up to date and were not able to raise concerns;
- There was weak professional voice – for example, the Board had lost the Nurse representative;
- A disregard for mortality statistics had been identified;
- There had been errors in measurements, comparison and benchmarking;
- The Trust had failed to meet the challenges of caring for the elderly;
- The failure of care had been documented in case studies;
- Francis described the failures as ‘abuse of vulnerable people’;
- There was a lack of internal and external transparency.

Recommendations: -

- Involving patients and public;
- ‘Real-time’ patient feedback;
- Holding commissioners to account for engaging patients;
- ‘Commissioning outcomes supported by excellent use of

appropriate data';

- 'Governance and clarity of accountability' – responsibility of the commissioner, rather than the provider;
- Clinical leadership – to be reviewed at Board level, and to include a separate input for Medical and Nursing Directors.

Relevant recommendations for Rotherham: -

- Recommendation 18;
- Establishment of a set of key competencies for members of Board for NHS Trusts;
- The culture in Rotherham was very different to Mid-Staffordshire and Rotherham had a high reputation for robust quality assurance. Over fifty-thousand data items were considered;
- All Trusts faced a time of limited and reducing resources.

Discussion ensued and the following issues were raised: -

- Overall governance – difficult to appropion blame to individuals;
- Culture of whistle blowing was not supported by wider management as important. There was a promotion of the best face to the outside world;
- Capability and willingness of lay members on the Board to challenge professionals;
- Engagement of Trade Unions – were they also involved in the processes at a time of what seemed like reducing resources to Unions? Rotherham's Board met the statutory requirement for having representative of Chief Executive, Medical Director, Nurse Director and Finance Director on the Board. It was up to individual Trusts to strike a balance between executive and non-executive members. There had been no previous experience of Trade Union involvement on the Board, but the new Friends and Family test had a third element relating to staff ;
- Data protection? – Monthly open forums would operate;
- Discharge Planning documentation – were all agencies included in any identified risks.

Juliet Greenwood and George Thompson: -
The Rotherham Foundation Trust had examined the Recommendations of

the Francis Report and RAG rated them: red – emergency, amber – work needed, and green. There was around 27 of the 250 recommendations that were of interest.
A report would be presented to the Board that responded to: -

- How engagement worked;
- Avoidance/removal of duplication;
- Response to the CCG;
- Unannounced inspections and planned clinical walkabouts;
- Workstreams would be convened that linked to the Francis Recommendations;
- CQUIN;
- Process reviews;
- Transparent and publically available;
- CQUIN for complaints;
- CQUIN for hours worked by Junior Doctors and signing off of deaths;
- CQUIN for common patient experiences;
- Recruitment of a second named safeguarding nurse;
- Skill mixes on wards;
- Investments onto wards;
- There were changing patient needs;
- Reports to the Board would be made at a public-level;
- Working time regulations for Doctors – there were strict regulations for who could certify deaths. It had to be a doctor who had seen the patient before their death. This caused issues if the doctor was not on shift at that time.

Councillor Wyatt thanked the Officers in attendance for their informative presentation and contribution to the discussion.

Resolved: - That the information shared be noted.