Appendix **A**

NHS
Bedfordshire
Clinical Commissioning Group

# A CULTURE OF CARE

## Our plans to implement the recommendations of the Francis Report

## Contents

# 1. Introduction

The publication of the Francis Report on 6 February this year was the most significant event in the recent history of the NHS. Over the next five to 10 years it will become regarded as a watershed in the way in which the health service manages and cares for patients.

Robert Francis's inquiry into Mid Staffordshire NHS Trust unearthed a catalogue of failures across the whole system from ward to Whitehall. His report was both shocking and saddening.

The government's response - *People First and Foremost* was the first step in the NHS's attempt to learn from the Francis inquiry. It called for an open and transparent health service 'where staff are supported to do the right thing and where we put people first at all times'.

This document is Bedfordshire CCG's response to both the Francis Report and *People First and Foremost.* As clinicians buying care for the people of Bedford Borough and Central Bedfordshire we are just as committed to delivering Francis's recommendations as any acute hospital or community health service delivering healthcare at the frontline.

Francis has not called for further structural reform of the NHS - which is why our response has been to embed his recommendations into our day to day working. Clearly, we expect our staff and GP members to live and breathe the spirit of Francis. As a new organisation, we are in an ideal position to lead locally in fostering a compassionate health system that cares for as well as treats patients.

Bedfordshire Clinical Commissioning Group was set up because the local GPs wanted to improve the quality and safety of the care our patients receive. In the following pages we explain how we will embed Francis's recommendations into our daily work. We will do this through our leadership and organisational development and our patient engagement strategy emphasising quality as our first concern. The document also explains the assurance framework we will use to enable all our stakeholders - members, patients and providers - to know that local health services are meeting the aims of the Francis report.

**Dr Paul Hassan**
**Accountable Officer**

# 2. Our approach to implementing the Francis Report

## 2.1 Culture change

Robert Francis QC noted in his accompanying letter to the Secretary of State for Health that while a fundamental culture change is needed within the NHS, this does not require a root and branch reorganisation. The changes Francis is calling for can largely be implemented within the new health system.

As Francis has acknowledged elsewhere, culture change cannot be achieved with an action plan of 290 recommendations or a bespoke standalone programme. Rather, Bedfordshire CCG needs to absorb and embed his recommendations within our existing core work programmes, day-to-day business operations and organisation development plans. However, we must do this in such a way that the impact of these changes can be measured.

In considering how it will implement Francis's recommendations, we have firstly considered the "essential aims" summarised by Francis in his letter of 13 Feb to the Secretary of State.

- 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, the 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 the 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 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 of the common culture into 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.

We have also reviewed the key themes identified in the Government's response to the Francis Report, *Patients First and Foremost,* published on 13 March. These group the Francis recommendations into five priority areas:

1. **preventing problems**
2. **detecting problems quickly**
3. **taking action promptly**
4. **ensuring robust accountability**
5. **ensuring staff are trained and motivated.**

## 2.2 Mapping activities to *Patients First and Foremost*

Bedfordshire CCG has used these priority areas to map the recommendations and proposed actions within them to our main work programmes:

- **quality strategy and work programme**
- ***Bedfordshire Plan for Patients 2013/14* and delivering for patients programme**
- **communications and engagement strategy *(What matters to you?)***
- **equality and diversity strategy**
- **organisational development plan**
- **locality delivery plans**
- **corporate business plan.**

The first five of these were developed as part of the CCG authorisation process and are documents that any good CCG would be expected to publish and implement. However, we have developed the locality delivery plans and corporate business plan locally to support or join together our activities across the organisation.

We have therefore, set out all the key actions from *Patients First and Foremost,* mapped to our key work programmes. This is summarised in Table 1 and in more detail in Annex 1. Each area has executive director leads who are accountable for implementation.

As highlighted in 2.1 this is not a detailed action plan for all recommendations but the means by which we will embed these recommendation into our day-to-day work.

*Table 1.* High level mapping of CCG actions to *Patients First and Foremost*

| National priority | Focus and outcome | Local action |
|---|---|---|
| 1. Preventing problems | Culture and leadership<br>Clinical outcomes | Board development programme<br>Bedfordshire plan for patients |
| 2. Detecting problems quickly | Ratings<br>Quality focus<br>Patient engagement<br>Staff engagement | Early warning systems<br>Communications and engagement strategy |
| 3. Taking action promptly | Fundamental standards | Quality monitoring systems<br>Quality strategy |
| 4. Ensuring robust accountability | Organisational health assessment | CCG Governing Body and governance structures<br>Accountability framework |
| 5. Ensuring staff are trained and motivated | Qualified and skilled workforce<br>Staff engagement and wellbeing | Organisational development plan |

### 2.3 Our approach to provider organisations

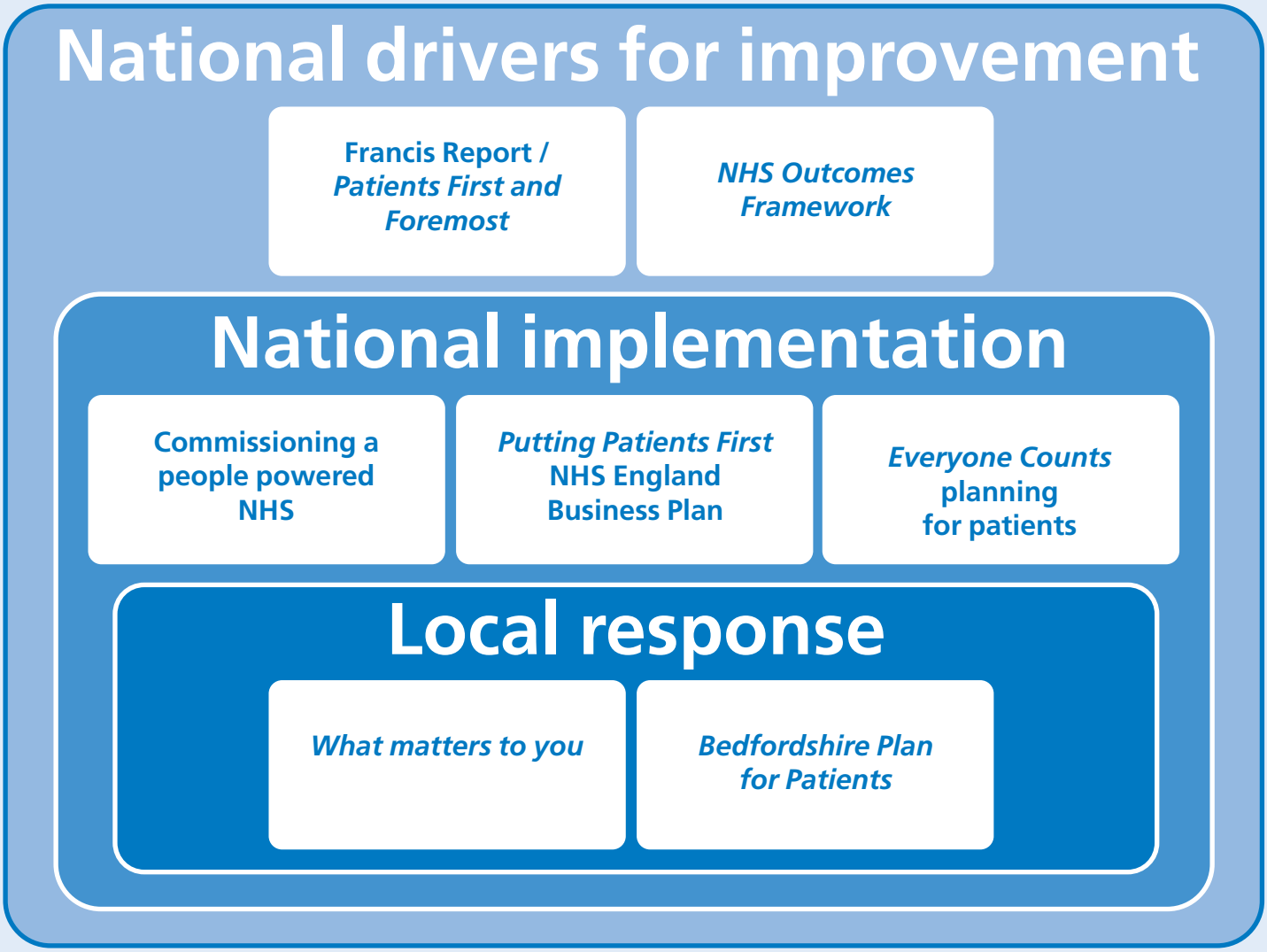
Our approach to implementing the Francis recommendations distinguishes between those actions relevant directly to Bedfordshire CCG as an organisation and those we will assure through our monitoring of the healthcare providers we have commissioned. We expect our providers to adopt a similar approach to Francis and will commission services from providers who also adopt and embed his recommendations.

## 3. The core work programmes

### 3.1 National planning context

Our approach to implementing the Francis recommendations is in part driven by the national context for planning in the NHS. If the Francis Report and the government response are the key policy drivers, then the NHS England business plan, its guidance for commissioners and its engagement strategy can be considered the key national frameworks for implementing Francis. BCCGs own strategies are the local response.

*Table 2.* Planning context



## 3.2 Delivering better outcomes

BCCG's core function is to commission high quality health services for its population; we will be seen to achieve this by improving health outcomes. How we are doing this is set out in the *Bedfordshire Plan for Patients 2013/14.* This commits us to improving outcomes across a range of services including those indicators set out in the *NHS Outcomes Framework* and the rights and pledges in *The NHS Constitution.* The three strategic aims of our plan are:

- care right now
- care for my condition into the future
- care when it's not that simple

A summary of our plans and the main outcomes they will deliver is shown in Annex 2 (BCCG Plan on a Page)

## 3.3 Quality and patient safety

We have been taking actions to promote and strengthen quality and patient safety activities since our inception and throughout 2012/13. Several of these actions have anticipated the Francis recommendations. For example, we have:

- drawn up a quality strategy to support our authorisation application.
- implemented early warning systems to identify safety issues at an early stage
- invested in an enhanced clinical and management structure to support quality and safety across Bedfordshire and Luton
- developed enhanced systems to support the effective monitoring of contracted providers
- established a well-developed Quality and Patient Safety Committee that reports directly to the CCG Board.

For 2013/14 we will take this further; our priorities include:

- providing an effective system for monitoring and reporting patient experience using the recently-formed patient experience group as both co-ordinator of intelligence on patient experience and catalyst for change.
- leading the implementation of the Friends and Family test as well as the development of real time patient experience measures
- developing robust patient safety and risk management processes to minimise risk of harm to patients
- reviewing SUIs (serious untoward incidents), never events, complaints and SCRs (summary care records) to ensure corrective and preventative actions;
- implementing the local primary care quality framework.

By monitoring our priority outcome indicators - such as the incidence of MRSA/C Diff, VTE, level two, three, four pressure ulcers and reported safety incidents including serious incidents - we will know our quality and safety work has been effective.

## 3.4 Patient and public engagement and participation

Better patient and public engagement is a key theme of the Francis Report, the government's response and NHS England's priorities. We have rewritten our communications and engagement strategy to respond to these new challenges and deliver the statutory patient and public engagement responsibilities set out in our constitution. The objectives of our communications and engagement strategy - *What matters to you?* - focus on both individual and collective participation.

### Individual participation

Bedfordshire CCG will:

- routinely commission services that support patients with self-management, personalised care planning and shared decision making
- create a patient (customer) service platform that supports the development of peer networks, online communities, and information on self-care and self-management of on-going conditions
- enable every patient to leave feedback, either through answering the Family and Friends test questions or via the patient service platform, or other online feedback sites
- provide patients with online access to their GP health records by 2015 and enable other electronic transactions such as communicating with the practice, booking appointments and ordering repeat prescriptions.

## Collective participation

Bedfordshire CCG will:

- give patients and the public a voice in all our commissioning decisions; strategic planning, outcome specification, service procurement and demand and performance management
- ensure effective partnership working arrangements are in place with our local health and wellbeing boards, Healthwatch, health overview and scrutiny committees, local opinion formers, voluntary organisations, business leaders and the media
- publish a monthly patient insight dashboard containing a wide range of information, views, real-time feedback and comment on local NHS services generated by patients and the public through, for example the Friends and Family test
- publish an annual engagement scorecard to assess 360 feedback on how well we are engaging with and listening to our patients and the public
- deliver public consultations to ensure that service change is endorsed by patients, partners and the public.

The CCGs Public Engagement Forum will oversee the implementation of the communications and engagement strategy. This is a new sub-committee of our Governing Body that will have delegated responsibility for delivering the strategy and receiving assurances on the quality of our engagement activities.. Through the Patient Experience Group, the forum will also link clearly to the work of our Patient Safety Committee. Membership of the forum includes representatives of each of the five locality patient reference groups as well as representatives of the CCG public membership scheme. The composition and roles of members are shown in the table below.

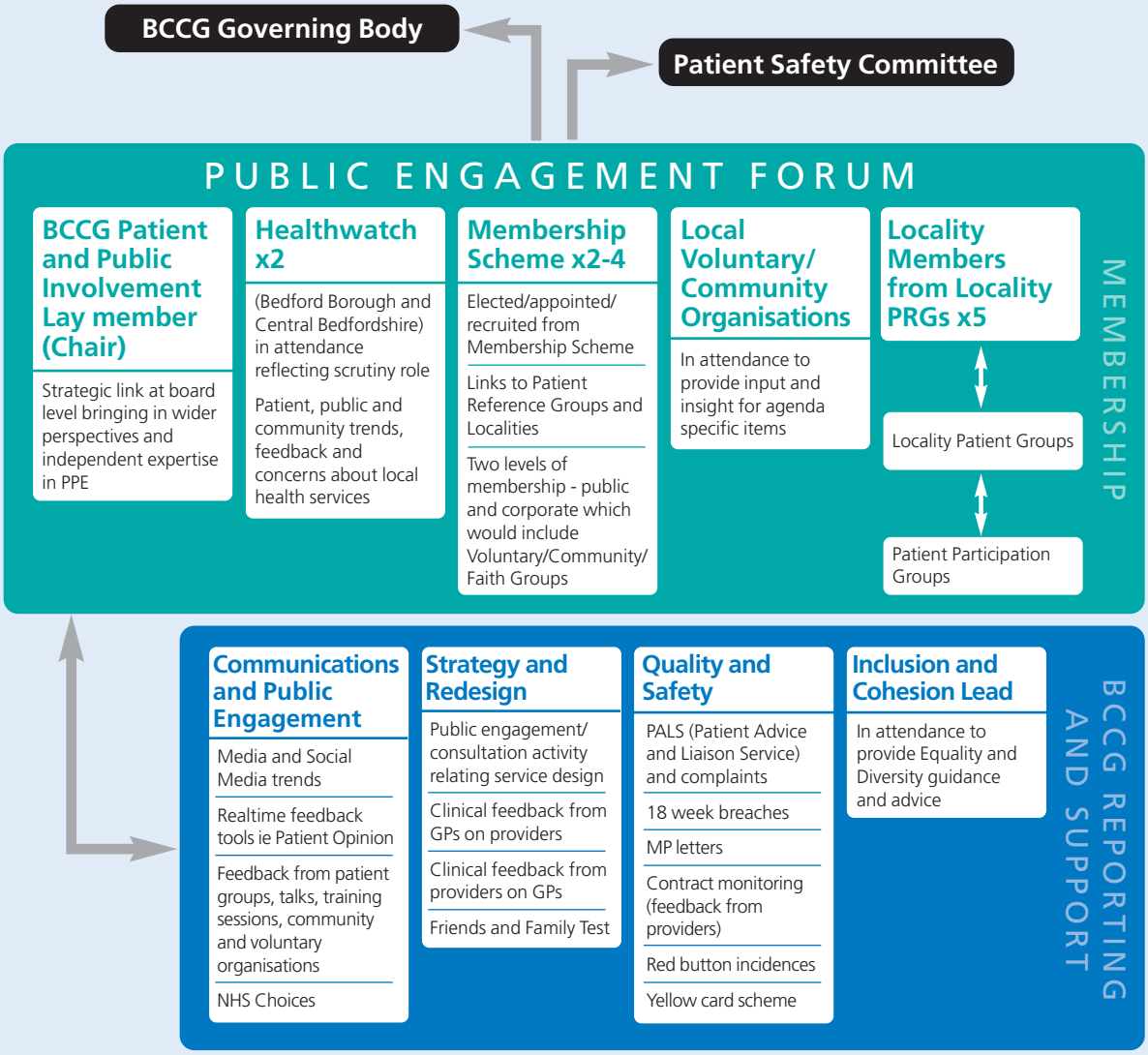



*Table 3* Public Engagement Forum

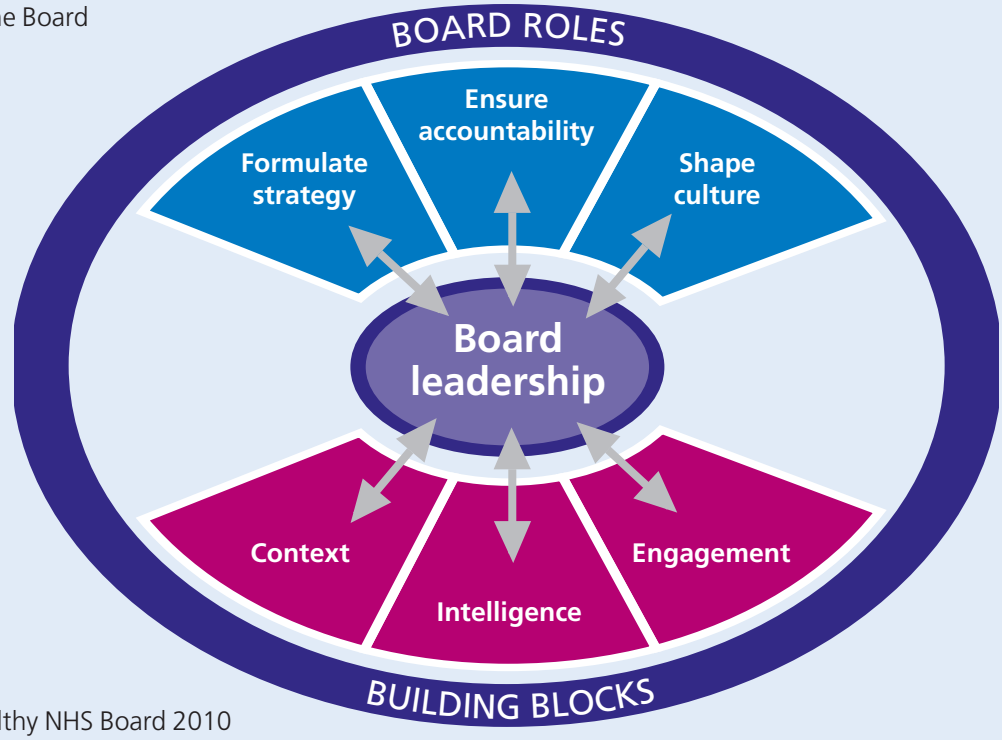
## 3.5 Leadership and organisational development

The culture of an organisation is demonstrably set by that organisation's board or governing body, and by the leadership behaviours it models.

Bedfordshire CCG's 2012 organisational development (OD)plan was assessed as an exemplar by NHS East of England. However, in response to the clear challenges of Francis and our commissioning plans, we have recognised the need to strengthen our leadership capacity and capability. We are, therefore in the process of revising our OD plan for 2013/14.

- Board development programme – this focuses on the behaviours and actions required to demonstrate effective governance and assurance of quality, finance and service performance
- Staff support programme – this covers all staff groups, and includes member practice staff, enabling the development of motivated and skilled staff and leaders. The programme ranges from function specific, in-house training to national leadership programmes
- Clinical leadership development – this will be delivered at Board, locality and practice levels.

*Table 4* Roles of the Board




The Healthy NHS Board 2010

# 4 Assurance and accountability

The CCG is accountable for the implementation of the Francis recommendations to a range of groups and organisations including NHS England, our health and wellbeing boards, Healhwatch, local health overview and scrutiny committees, our GP members and, of course, local people.

We are developing an assurance process that will enable these groups and organisations to hold us to account.

## 4.1 The national CCG assurance process

This has a clear set of questions to assess how the CCG is delivering improvements. Taken together these form a scorecard.

- Are local people getting good quality care?
- Are patient rights under *The NHS Constitution* being promoted?
- Are health outcomes improving for local people?
- Are CCGs commissioning services within their financial allocations?
- Are conditions of CCG authorisation being addressed and removed? (Bedfordshire CCG has no conditions.)

In addition, there is an organisational health assessment based on the indicators set out in the *NHS Outcomes Framework* and covering clinical focus, patient and public engagement, clear and credible plans, governance, collaborative arrangements and leadership.

## 4.2 Our internal accountability framework

All our outcomes and planning commitments are reported publicly via our quality and performance report and via patient and public feedback.

The quality and performance report is a monthly document presented to the CCG Board and highlighting the detailed range of national and local outcomes, and our NHS constitution commitments.

Meanwhile, our governance structures - the Board, Public Engagement Forum, Patient Experience Group, OD Group, locality boards and patient reference groups - ensure that patient and public feedback is enabled across all our activities.

In addition to our governance structures, each of our target outcomes is linked to a nominated executive director for whom this forms part of his or her personal objectives. In this way, we ensure that being accountable is the responsibility of individuals as well as the organisation.

# Annex 1 - Priority areas mapped to CCG work programmes

## 1 Preventing problems

| Priority area (heading of Govt response to recommendations) | Delivery mechanism - CCG main programme | Delivery mechanism - monitoring providers (where applicable) | Executive Director lead |
|---|---|---|---|
| Achieving culture change | • Board and executive development programme<br>• Organisational development plan<br>• Staff support programme | | Paul Hassan |
| Common values - *The NHS Constitution* | • Organisational development plan - staff rights and pledges<br>• CCG accountability framework - patients' rights and pledges | SLA quality schedule | John Rooke |
| The Board - critical for a compassionate culture | Board development programme | | Paul Hassan |
| Clinically-led commissioning, focused on outcomes | • *Bedfordshire Plan for Patients 2013/14/* delivering for patients programme<br>• Quality strategy (successor of)<br>• Locality delivery plans<br>• CCG accountability framework<br>• CCG quality and performance report | • SLA quality schedules<br>• SLA monitoring framework<br>• Quality surveillance groups | Diane Gray<br><br>Anne Murray Locality Chairs |
| Extending the statutory role of local authorities | • Health and Wellbeing Boards' work programmes<br>• Quality surveillance groups | | Diane Gray |
| Supporting staff to care | • Organisation development plan<br>• Staff support programme<br>• Staff comms and engagement mechanisms | | John Rooke |
| The emotional labour of care | Staff health and wellbeing policy and programme | | |
| Measuring culture | • CCG Staff Surveys<br>• CCG Complaints Reports<br>• Whistleblowing Incidences | • Patient experience surveys<br>• Provider staff surveys<br>• Complaints (SLA Quality Sch) | John Rooke |
| Creating time to care, creating time to lead | Under national review - care.data | | |
| Safety in the DNA of the NHS - The Berwick review | Under national review | | |

## 2 Detecting problems quickly

| National priority area *(Patients First and Foremost)* | Delivery mechanism - CCG main programme | Delivery mechanism - monitoring providers (where applicable) | Executive Director lead |
|---|---|---|---|
| Chief Inspector of Hospitals<br>Chief Inspector of Primary Care | • Quality surveillance groups<br>• Risk summits | Care Quality Commission | |
| Ratings | Provider based. CCGs via NHS England CCG assurance and accountability framework | Care Quality Commission | Diane Gray |
| Working together to focus on quality | • CCG quality and performance report<br>• Quality and Patient Safety Committee work programme and reports | • Quality surveillance groups<br>• SLA monitoring framework | Anne Murray |
| Care and support | Local actions to implement *Bringing Clarity to Quality* | | Anne Murray |
| Transparency | • Website and extranet<br>• Complaints reporting | Quality accounts | Jane Meggitt |
| Mortality indicators | CCG quality and performance report | SHMI - SLA monitoring<br>Care Quality Commission / Performance ratings | Anne Murray |
| Quality and risk profiles | • Quality strategy successor<br>• CCG quality and performance report | SLA monitoring | Anne Murray |
| Duty of candour | • Professional codes of conduct<br>• NHS constitution rights and pledges | Standard NHS Contract | Raffelina Huber |
| Criminal Sanctions | Part of Berwick review | | |
| A ban on clauses intended to prevent public interest disclosures | New provisions in:<br>• whistleblowing policy<br>• staff contracts of employment<br>• NHS constitution rights and pledges | Standard NHS contract | Raffelina Huber |
| Engaging and involving patients | • Communications and engagement strategy and work plan<br>• *Bedfordshire Plan for Patients 2013/14*<br>• Locality delivery plans<br>• Patient Experience Group work programme | | Jane Meggitt<br>Diane Gray<br>Locality Chairs<br>Anne Murray |

## 2 Detecting problems quickly *continued*

| National priority area *(Patients First and Foremost)* | Delivery mechanism - CCG main programme | Delivery mechanism - monitoring providers (where applicable) | Executive Director lead |
|---|---|---|---|
| Patient and staff feedback | • Communications and engagement strategy and work plan<br>• *Bedfordshire Plan for Patients 2013/14*<br>• Patient Experience Group work programme<br>• Staff survey<br>• CCG quality and performance report | • Patient experience surveys - inpatient, A&E, maternity, GP out of hours, mental health<br>• Friends and Family Test | Jane Meggitt (patients)<br>Raffelina Huber (staff) |
| Complaints<br><br>*Under national review* | • Complaints policy<br>• Quality strategy<br>• Patient Experience Group work programme<br>• CCG quality and performance report | SLA quality schedules<br>Care Quality Commission | Jane Meggitt<br>Anne Murray |
| Healthwatch | Communications and engagement strategy and work plan | Health and Wellbeing Boards<br>Overview and scrutiny committees | Jane Meggitt<br>Jane Meggitt |
| Sharing information | • Quality strategy (early warning systems)<br>• Complaints reporting<br>• Website publications project | Quality schedules?<br>Care Quality Commission | Anne Murray |

## 3 Taking action promptly

| National priority area *(Patients First and Foremost)* | Delivery mechanism - CCG main programme | Delivery mechanism - monitoring providers (where applicable) | Executive Director lead |
|---|---|---|---|
| Fundamental standards<br>*To be set nationally* | • CCG quality and performance report<br>• Patient safety and quality committee work programme and Reporting | • SLA monitoring<br>• National performance ratings -tbc<br>• Monitor and Care Quality Commission failure regime | Anne Murray |
| Time limited failure regime for quality as well as finance | Executive team and CCG Board | NHS TDA (Bedford Hospital), Monitor (MK FT) | John Rooke |
| Foundation Trust Status | Executive team and CCG Board | | John Rooke |

## 4 Ensuring Robust Accountability

| National priority area *(Patients First and Foremost)* | Delivery mechanism - CCG main programme | Delivery mechanism - monitoring providers (where applicable) | Executive Director lead |
|---|---|---|---|
| Health and Safety Executive to use criminal sanctions | n/a directly | Care Quality Commission.<br>HSE | n/a |
| Faster and proactive professional regulation | Quality and Patient Safety Committee | Quality surveillance groups | Anne Murray |
| Directors and senior Leaders<br>Barring mechanism to be established | Tbc<br>Remuneration Committee | tbc | Raffelina Huber |
| Barring system for healthcare assistants enforced by chief inspectors | n/a directly | tbc | n/a |
| Clear responsibilities for tackling failure | Executive team and CCG board | Monitor and care quality Commission failure regime | John Rooke |

## 5 Ensuring staff are trained and motivated

| National priority area *(Patients First and Foremost)* | Delivery mechanism - CCG mainprogramme | Delivery mechanism - monitoring providers (where applicable) | Executive Director lead |
|---|---|---|---|
| Treating staff well | Organisational development plan | | John Rooke |
| Staffing levels | Patient Safety and Quality Committee work programme and reporting | Care Quality Commission<br>Compassion in Practice implementation | Anne Murray |
| Making time to care | Subject to roll out of new technologies fund | | |
| Rewarding high quality care | • Organisational development plan<br>• Remuneration strategy<br>• Remuneration Committee | | Raffelina Huber |
| Listening to Staff | • Communications and engagement strategy<br>• Staff survey | | Jane Meggitt |
| Recruitment and training - Health Education England | | | |
| Revalidation for nurses | n/a directly | | n/a |
| Nursing supervisory ward managers | n/a directly | SLA monitoring/quality schedules | n/a |
| Health and care support workers | Patient Safety and Quality Committee work programme and reporting | SLA monitoring/quality schedules | Anne Murray |
| Caring for older people | • *Bedfordshire Plan for Patients 2013/14* - integrated care programme | | Diane Gray |
| Attracting professional and external leaders to senior management roles | • Organisational development plan<br>• Remuneration strategy | | Paul Hassan<br>Raffelina Huber |
| Frontline experience for Department of Health staff | n/a directly<br>Consider CCG staff experiencing frontline services | | John Rooke |

# Annex 2 - Plan on a Page

| | | | |
|---|---|---|---|
| **Vision** | **To ensure, through innovative, responsive and effective clinical commissioning, that our population has access to the highest quality health care providing the best patient experience possible within available resources** | | |
| **Strategy** | ***Care Right Now***<br>*We will redesign urgent care pathways to reduce hospital admissions for acute conditions that should not usually require admission e.g. falls prevention, out of hours GP services, walk in centre services, paediatric and maternity services.* | ***Care into the Future***<br>*We will transform hospital-centric planned pathways of care and services to provide responsive, community based, patient-focused services that reduce unwarranted variation, empower patients, improve health outcomes, and quality of care.* | ***Care when it's not that simple***<br>*We will work with local authorities to integrate health and social care to provide joined up care in the home and community for people with complex care needs.* |
| **Outcomes**<br><br>**Additional local priorities** | • 85% of patients rate their overall experience of urgent care services as good or very good by 2015<br>• 10% reduction in emergency admissions for acute conditions not requiring hospital admission<br>• Improving patient experience of GP services | • 80% (from 66%) of people with a long term condition feel they have had enough support from local services<br>• Reduction in unwarranted variation in primary care<br>• Improved patient experience indicators: OPD, maternity<br>• More smoking quitters in 20% most deprived population | • At least 85% people still at home 91 days after discharge<br>• % people reporting to their previous levels of mobility at 30 and 120 days<br>• Employment of people with mental illness<br>• More people able to die at usual place of residence |
| **Transformational change programmes** | ***Urgent Care and Primary Care Programmes***<br>• Reviews of walk-in services, primary care and A&E<br>• Review of GP out of hours services<br>• Roll out of 111 service<br>• Review of paediatric urgent care pathway<br>• Commission integrated falls service with local authorities | ***Planned Care & Long Term Conditions Programme***<br>• Procurement of the integrated MSK model<br>• Review of new integrated COPD and diabetes services<br>• Consult on *Healthier Together* clinical options<br>• Implement the 13/14 objectives of the mental health strategy<br>• New service models - ophthalmology, dermatology, urology, neurology, dementia care | ***Integrated Care***<br>• Implement recommendations of *Community Beds Review*<br>• PEPS (End of Life) project expansion<br>• Develop primary health care teams based around general practice with multi-agency input including geriatricians,<br>• Personal health budgets for adults and children/young people with special educational needs |
| **Cross cutting themes & programmes** | **Quality & Patient Safety**<br>*• Implement the objectives of the CCG Quality Strategy including: - an effective system for monitoring & reporting patient experience, e.g. Friends & Family Test • Robust patient safety and risk management processes to minimise risk of harm to patients • Implement recommendations of national reports e.g. Francis Report • Ensure effective early warning systems are in place • Systematically review serious incidents, never events, complaints & serious case reviews to ensure corrective and preventative actions • Implement primary care quality*<br>*Framework outcome indicators: Incidence of MRSA/C Diff, VTE, Level 2,3,4 pressure ulcers, reported safety incidents including serious incidents* | | |
| | **Prevention / Early Intervention**<br>*• Implement the agreed priorities of the Bedford Borough and Central Bedfordshire Health & Wellbeing Strategies • Offer health checks to all 40-74 people • Make every contact count*<br>*Outcome indicators: childhood obesity, mortality rates, inequalities, returning people to employment (IAPT), educational achievement* | | |
| | **Organisational Effectiveness**<br>*• Develop the Governing Body and Members Forum to promote strong accountability • Ensure all staff have access to targeted development programmes • Establish effective Stakeholder Forum and develop strong relationships with patients, public and stakeholders • Deliver financial objectives through effective governance including contract and performance management • Exceed sustainability and carbon objectives* | | |

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better care, better value, better health