

To: The Board

For meeting on: 25 June 2014

Agenda item: 4

Report by: Kate Moore, Executive Director of Legal Services

Report on: Mid Staffordshire NHS Foundation Trust Public Inquiry; The Francis Report (February 2013): update on workstream actions

Section 1: background

1. In March 2013, the Board decided that four workstreams should be fully integrated into Monitor's Corporate Strategy and Business Plan to address all of the recommendations of Robert Francis QC pertinent to Monitor and its regulatory remit. The workstreams are as follows:
 - Work even more closely with the Care Quality Commission (CQC)/others to identify problems early and take action quickly;
 - Continuously challenge ourselves to ensure that we continue to put patients at the centre of our work;
 - Work with partners to improve our understanding of what makes NHS providers clinically sustainable, and
 - Better support governors in undertaking their role.
2. Appropriate internal arrangements were established to delineate specific actions flowing from the workstreams, to appoint responsible officers and to agree and meet clear timescales for delivery.
3. Monitor played a significant part in 'Patients First and Foremost – Hard Truths', the Government-led, system-wide update in November 2013 on progress, evolving thinking and next steps in implementing the recommendations of the Francis Report. A further, one-year on report is planned by the Government for the Autumn of 2014. Monitor remains a key member of the Francis Assurance Board (FAB), the mechanism established by the Department of Health to oversee and ensure appropriate progress is made in the implementation of the accepted recommendations.

4. To ensure appropriate visibility and oversight of the progress being made by Monitor, it was agreed that ExCo and the Board should receive an update in June 2014. Such update necessarily co-ordinates fully with the quarterly reports submitted by Monitor to the FAB.

Section 2: overview

5. Very good progress has been made in advancing and fully implementing the specific and detailed actions under each workstream. In accordance with the Board's strategic direction which chimed with the operational focus of the Executive, these actions have become business as usual at Monitor and embedded into its daily work and patient-focussed ethos. Almost all actions which are as yet incomplete and are amber or amber/green rated have external dependencies, although Monitor is deploying all reasonable influence in these cases to progress matters to a satisfactory conclusion. Of course, further work remains to be done.

Section 3: main progress and achievements to date

'Short term' (complete or in hand by May 2014)

- Joint guide (Monitor, CQC and NHS Trust Development Authority (NHS TDA)) published in May 2014 setting out how 'special measures' works for NHS trusts and NHS foundation trusts (NHSFTs)
- Joint Monitor and CQC attendance at Quality Surveillance Groups and Risk Summits relating to NHSFTs
- Contributed to CQC's development of common set of quality outcome indicators to inform our view on quality (the Intelligent Monitoring Tool); the NHS TDA will also have an aligned set of indicators from this tool
- Appointment of Monitor's Medical Director
- Patient awareness programme for all Monitor staff commenced
- Published good practice guide on the statutory role of governors
- Finalised partnership agreement with the NHS TDA
- Worked with NHS England and CQC to revise quality accounts and strengthen regulatory oversights; current consideration to implications for reporting manual for NHSFTs
- Under the Risk Assessment Framework, NHSFTs should commission an external review of governance to include quality governance at least once every three years, or explain why not

'Medium term': complete or in hand by September 2014

- Finalise single approach to oversight of governance for the 'Well Led' framework (Monitor, CQC and NHS TDA)
- Development of single failure regime and publication of joint guidance (Monitor, CQC and NHS TDA)
- Publish findings on provider sustainability in local health economies
- Implementation in Monitor of good practice toolkit for patient engagement
- Publish series of mini guides on key aspects of governors' role

Ongoing work

- Co-ordination with CQC on practical operation of 'special measures'
- Continued input to the development of CQC's regulatory regime (e.g. via the Well Led Framework, Intelligent Monitoring Tool, fit and proper person test, fundamental standards of quality inspection)
- Input to NHS England's work on patient safety
- Continued development of authorisation process with the NHS TDA
- Strengthening patient involvement in Monitor's work (e.g. best practice in patient engagement and building links with Healthwatch)
- Embedding patient centric culture in Monitor
- Supporting the work of the Panel for advising governors
- Training and seminars for NHSFT chairs and boards on working effectively with governors
- Publish good practice guide for governors on how to represent the interests of the public and members

Section 3: amber rated items

6. Six items which are amber or amber/green rated. These are dealt with briefly below:

- Monitor/CQC Memorandum of Understanding (MoU): the broad aim is to sharpen and clarify collaborative working arrangements and embrace CQC's revised methodology; the MoU will be finalised promptly when CQC's new approach is settled
- Guidance on recruitment and appraisal of senior NHSFT leaders: Monitor has recently commenced a project to identify examples of poor appraisals from governance reviews and promote best practice guidance
- Revision of Risk Assessment Framework to accommodate new data sources and use of soft intelligence: this work is scheduled for Autumn 2014
- Development of a single failure regime to manage risks to quality (alongside finance) and publication of a joint Monitor/CQC protocol and provider guidance; now that the Care Bill has received Royal Assent (on 14 May 2014) the regime can be finalised
- Further work is planned to share information with and help co-ordination between professional training regulators; it is likely that Monitor will agree an MoU with the General Medical Council and update guidance for the Quality Summits.

Kate Moore
Executive Director of Legal Services

Making a difference for patients

The Inquiry Report contained a number of significant and far-reaching recommendations for ways in which Monitor should improve its regulatory approach to help support front line, NHS staff and work much more collaboratively with its partners to ensure the system of oversight positively benefits patients. Monitor has made a public commitment to implement such recommendations and will play a key part in contributing to a further Government led update in the Autumn of this year. The purpose of this paper is to inform the Committee of the considerable progress made to date in embedding the required improvements recommended in the Inquiry Report which are now accepted as essential, business as usual matters.

Public Sector Equality Duty:

Monitor has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Exempt information:

None of this report is exempt under the Freedom of Information Act 2000