

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 7th October 2015
Report of: Democratic and Performance Services Manager

Report Title

Update - Response to Francis report

Summary

To update the committee in relation to progress of the Government's response to the Francis Report.

Recommendation(s)

To note the report.

Contact person for access to background papers and further information:

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Background

The government published a full response to the public inquiry led by Robert Francis into the events at Mid Staffordshire NHS Foundation Trust on 19 November 2013. The report contained a total of 290 recommendations below is a summary including the most recent updates for the 5 recommendations which most directly affect Health Scrutiny. The full response to the Francis report is available at https://engage.dh.gov.uk/francisresponse/custom_layout/home/.

Recommendation 47

Overview and scrutiny committees and foundation trust governors

The Care Quality Commission should expand its work with overview and scrutiny committees and Foundation Trust governors as a valuable information resource. For example, it should further develop its current 'sounding board events'.

Government Response

The CQC has increased its level of communications with Overview and Scrutiny Committees. This includes Bi-monthly bulletins to Overview and Scrutiny Committees informing them of upcoming inspections and enabling them to have greater input in the inspection process. This process also includes inviting the relevant scrutiny Committees to public listening events and encourages them to give specific feedback about trusts.

In addition to this work the CQC contracted the Centre for Public Scrutiny to develop information sharing and relationships with Overview and Scrutiny Committees.

The CQC now enables overview and Scrutiny Committees to access the data that they hold on health services in order to help drive local improvements. They are also starting to coordinate compliance monitoring with Scrutiny Committee activity where appropriate. In turn Overview and Scrutiny Committees are providing the CQC with information gathered from local Communities on Health and Social Services.

The CQC has developed a number of guides for Overview and Scrutiny Committees on how to work with them. These guides are available on the Centre for Public Scrutiny website.

Recommendation 119

Local Healthwatch access to complaints

Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to respect for patient confidentiality.

Government Response

Complaints data, along with other sources of feedback, can provide important information to local Healthwatch Organisations and Overview and Scrutiny Committees. Trusts need to respect patient confidentiality when releasing information on complaints to outside organisations but, subject to this caveat, Trusts should seek to provide to these organisations with any data regarding complaints that is requested.

The Department of Health will ensure that each quarter every hospital publishes information on the complaints it has received including:

- the number of complaints received, as a percentage of patient interventions in that period
- the number of complaints the hospital has been informed have subsequently been referred to the Ombudsman, and
- lessons learned and improvements made as a result of complaints.

The Department of Health will work with NHS England and other partners to determine the best way to achieve these outcomes.

Rt Hon Ann Clwyd MP and Professor Tricia Hart's Review of the Handling of Complaints in NHS Hospitals recommends that:

- There should be Board- led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals
- patients, patient representatives and local communities and local Healthwatch organisations should be fully involved in the development and monitoring of complaints' systems in all hospitals

Local Healthwatch has an important role to play as patient champion, and as such should have access to detailed information about complaints, subject to patient confidentiality. Local Healthwatch have an important role to play in scrutinising complaints data locally.

The Department of Health, working with the Health and Social Care Information Centre, committed to developing a system that enabled Trusts to publish accurate, detailed quarterly data on the number of complaints received, and to enable comparison across hospitals.

The aim is to provide members of the public and regulatory bodies with frequent, more meaningful data which identifies organisations whose level of complaints suggests there may be cause for concern.

Hospitals began revised collections April 2015, with the first quarterly report envisaged by late summer 2015. It is expected the public can begin to compare Trusts' complaints data by late autumn 2015.

Recommendation 147

Coordination between local Healthwatch and other scrutiny organisations

Guidance should be given to promote the coordination and cooperation between local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

Government Response

The department of Health has worked with partners to develop guidance to support effective scrutiny by local government of the commissioning and delivery of local services. The guidance is aimed at local authorities, health and wellbeing boards, NHS commissioners and providers and local Healthwatch. The guidance highlights the importance of all partners understanding their roles and responsibilities and the importance of working together to improve services.

The guidance also covers the new powers given to local Healthwatch by the Local Authorities (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and describes how health and wellbeing boards and Healthwatch can work together with Overview and Scrutiny Committees to ensure the public's views and concerns are heard through the scrutiny process.

The Department of Health has recently issued guidance around health scrutiny which supports Overview and Scrutiny, the NHS and other local partners to understand and develop their roles in ensuring effective scrutiny takes place. The Department of Health, NHS England and Public Health England have jointly commissioned a programme of support for 2014/15 for local authorities in exercising their health scrutiny powers.

Recommendation 149

Support for scrutiny committees

Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.

Government Response

The Department of Health has worked with partners to develop guidance supporting local authorities to carry out effective scrutiny of the commissioning and delivery of local services, ensuring they are effective and safe.

The guidance will help Local Authorities (along with local partners including NHS commissioners and providers, health and wellbeing boards and Healthwatch) to understand the new powers and duties provided by the Local Authorities (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Department of Health is also delivering a range of programmes to increase the availability and transparency of data for local authorities, to support local democratic accountability including scrutiny processes.

In June 2014, the Department issued guidance to local authorities on how to scrutinise local health systems. The guidance supports local government, the NHS and other local partners to understand and develop their roles in relation to health scrutiny to ensure it adds value for local communities.

The Department of Health, NHS England and Public Health England have jointly commissioned a programme of support for 2014/15 for local authorities in exercising their health scrutiny powers.

Recommendation 150

Power of inspection for scrutiny committees

Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.

Government Response

This recommendation was agreed in principle in that Overview and Scrutiny should have access to inspection information. However given that the CQC and Healthwatch already have inspection powers it was felt that to give these powers to Overview and Scrutiny would be a duplication and counterproductive. Instead the government encourage collaborative working between providers, Healthwatch and

local authority scrutiny bodies to ensure that the public's concerns trigger investigation when necessary.

To this end the Department of Health has issued guidance around health scrutiny which supports Overview and Scrutiny, the NHS and other local partners to understand and develop their roles in ensuring effective scrutiny takes place. The Department of Health, NHS England and Public Health England have jointly commissioned a programme of support for 2014/15 for local authorities in exercising their health scrutiny powers.

Recommendation 247

Sharing quality accounts

Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.

Government Response

The National Health Service (Quality Accounts Regulations) 2010¹ require that by 30 June following the end of the reporting period, quality accounts must be published by making them electronically available on the NHS Choices website or another website if that website is not available at the time of publication.

Prior to publication, and within 30 days of 1 April following the end of the reporting period, each provider is required to make a copy of the draft quality account available to the appropriate local Healthwatch organisation, overview and scrutiny committee and clinical commissioning group.

Where 50% or more of the relevant health services that the provider directly provides or sub-contracts during the reporting period are under contracts or arrangements with NHS England the provider must make the draft quality account available to NHS England rather than a clinical commissioning group.

All Quality Accounts have to be lodged with NHS Choices which is accessible to all stakeholders. The NHS England review of Quality Accounts (see Rec 37) has also recommended an improvement in the functionality of NHS Choices which has taken effect in 2014/15.