

**To:** Board

**For meeting on:** 29 October 2014

**Agenda item:** 4

**Report by:** Kate Moore, Executive Director of Legal Services  
Nick Ville, Policy Director

**Report on:** Mid Staffordshire NHS Foundation Trust Public Inquiry; The Francis Report (February 2013): progress report

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1. 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.
  2. Monitor remains a key member of the Francis Assurance Board, the mechanism established by the Department of Health to oversee and ensure appropriate progress is made in the implementation of the accepted recommendations.
  3. A further, one year on report is planned to be published 19 November 2014.
  4. The purpose of this paper is to update the Board of Monitor's progress in implementing the recommendations of Robert Francis QC pertinent to Monitor and its regulatory remit.
  5. 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.
  6. Very good progress has been made in advancing and fully implementing the specific and detailed actions under each workstream. Of the 44 actions in the plan 38 are green rated (that is, complete or ongoing) and the remainder are amber or amber/green rated and in hand (with several external dependencies). Although the progress is encouraging, it is recognised that there is still more to do to tackle the significant variation in the quality of healthcare evident in the NHS. Hence further work will be undertaken to strengthen Monitor's regulatory approach as part of business as usual.

7. The main strands of work under each workstream are set out below:

**Working more closely with CQC and other partners to identify problems early and take action quickly**

- Single approach to oversight of governance for the well-led framework (the Care Quality Commission (CQC), NHS Trust Development Authority (NHS TDA) and Monitor);
- Co-ordination with the CQC on special measures;
- Input to the development of the CQC's regulatory regime (intelligent monitoring tool, fit and proper persons, single failure regime, fundamental standards);
- Input to NHS England's work on patient safety; and
- Continuing development of the NHS foundation trust authorisation process (with NHS TDA).

**Continuously challenge ourselves to ensure we put patients at the centre of our work**

- Strengthening patient involvement in Monitor's work (best practice toolkit for patient engagement, work on corporate values and building links with Healthwatch); and
- Embedding a patient centric culture in Monitor: patient awareness programmes for all staff.

**How can we better understand what makes NHS providers more clinically sustainable in local health economies**

- A report was published in June 2014: *'Facing the Future: smaller acute providers'* and further work is ongoing in this area.

**How we can better support governors with their role**

- Support the work of the Panel for Advising Governors.
- Training and seminars for NHS Foundation Trust (NHS FT) chairs and NHS FT Boards on working with governors; and updated good practice guidance for governors.

8. The six items which are amber or amber/green rated are dealt with briefly below:

- a) 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; the guidance for Trust Special Administrators as amended in light of this legislative change will be out for consultation shortly.

- b) Monitor/CQC Memorandum of Understanding (MoU): the broad aim is to sharpen and clarify collaborative working arrangements and embrace the CQC's revised methodology; the MoU will be finalised promptly when the CQC's new approach is settled.
- c) Revision of Risk Assessment Framework to be clearer on how to use quality governance indicators and to consider whether further outcome measures might be useful.
- d) Further work is planned to share information with and help co-ordination between professional training regulators; Monitor plans on having a MoU with the General Medical Council and to update guidance for the Quality Summits.
- e) Sharing of information on healthcare associated infections: information sharing arrangements are already in place but the formalisation of the arrangements needs to be finalised.
- f) Support non-executive directors and governors to bring a patient voice to boards: work with the Foundation Trust Network and GovernWell is currently being undertaken to produce guidance on this.
- g) A best practice toolkit for patient engagement now needs to be embedded into Monitor's regulatory work.

9. The report, once finalised will be circulated to the Board.

**Kate Moore**  
**Executive Director of Legal Services**

**Nick Ville**  
**Policy Director**

## **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*