

**Cambridgeshire and Peterborough CCG**

**Assurance Review of the Implementation of Francis Recommendations**

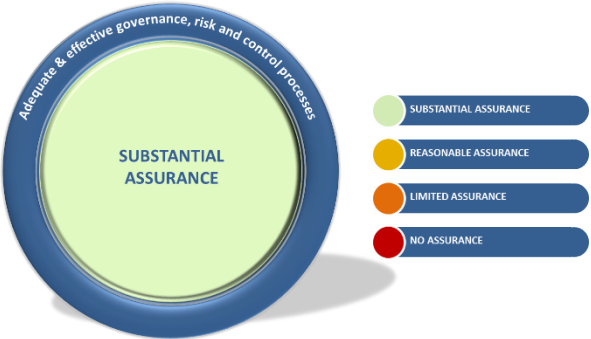
**2014/15**

**FINAL**

**December 2014**

# Assurance Review of the Implementation of Francis Recommendations

## Executive Summary

| <p><b>OVERALL ASSURANCE ASSESSMENT</b></p>  <p>The diagram shows a central green circle labeled 'SUBSTANTIAL ASSURANCE' surrounded by a blue ring with the text 'Adequate &amp; effective governance, risk and control processes'. To the right is a legend with four levels: SUBSTANTIAL ASSURANCE (green), REASONABLE ASSURANCE (yellow), LIMITED ASSURANCE (orange), and NO ASSURANCE (red).</p>  | <p><b>KEY FINDINGS</b></p> <ul style="list-style-type: none"> <li>• The Francis report recommendations are monitored on a regular basis at the Patient Safety and Quality Committee of the CCG's and the Governing Body has been updated.</li> <li>• There are inspections where Francis report related issues may be identified and regular meetings held with the providers to discuss quality matters, including the Francis report recommendations.</li> <li>• The PSQC are to close its action on reporting specifically against the Francis report recommendations. An Audit recommendation has been made for the CCG to assess and confirm achievement of its role as part of this closure. A further recommendation has been made to formalise a system for the capture, assessment and reporting of national reports.</li> </ul> |         |             |         |             |   |   |   |   |
|---|---|---------|-------------|---------|-------------|---|---|---|---|
| <p><b>SCOPE</b></p> <p>The review ensured that:</p> <ul style="list-style-type: none"> <li>• The CCG and provider Boards were conversant with the main principles and recommendations from the Francis report, and were kept up to date with other emerging reports relating to the Francis report;</li> <li>• The CCG has put in place and implemented an action plan to address the relevant recommendations of the Francis report and that this action plan is appropriately monitored and actions addressed; and</li> <li>• Processes are in place for continued focus on relevant national reports across the Cambridgeshire and Peterborough Health Community.</li> </ul> | <p><b>ACTION POINTS</b></p> <table border="1"> <thead> <tr> <th>Urgent</th> <th>Important</th> <th>Routine</th> <th>Operational</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>1</td> <td>0</td> </tr> </tbody> </table>  | Urgent  | Important   | Routine | Operational | 0 | 1 | 1 | 0 |
| Urgent  | Important   | Routine | Operational |         |             |   |   |   |   |
| 0   | 1   | 1       | 0           |         |             |   |   |   |   |

54

## Management Action Plan - Priority 1, 2 and 3 Recommendations

| Rec. | Risk Area | Finding  | Recommendation  | Priority | Management Comments   | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|--|---|----------|---|-------------------------------------|---------------------------------|
| 1    | Directed  | <p>At the November meeting of the Patient Safety and Quality Committee, the Director of Nursing is expected to announce that the Francis report will not be reviewed specifically as a separate area any longer. This is because it is considered that this area has now been firmly embedded within the provider organisations.</p> <p>It was noted in testing that most evidence in support of the 'warning signs' have been obtained but not all. For instance, evidence and assurance was received from only two providers regarding Whistleblowers. The CCG should assure itself that this has been addressed by the providers.</p> | <p>The Governing Body be advised of the update as part of a progress report. This should include an assessment as to whether the CCG has fulfilled its role, particularly in respect of all the 'Warning Signs' such as Whistleblowers that have been referred to in presentations.</p> | 2        | <p><i>The warning signs covered in the Francis Report include patient stories, mortality, complaints, staff concerns, whistleblowing, governance issues and staff reduction.</i></p> <p><i>These issues are covered by the Quality dashboard which requires submission of evidence to provide assurance for a range of patient experience, safety and clinical effectiveness areas.</i></p> <p><i>The CCG Patient Experience Team will ask providers for specific assurance regarding whistleblowing policies for the next patient experience report.</i></p> | 28/02/15                            | Head of Quality Assurance       |

55

PRIORITY GRADINGS

|          |               |  |          |                  |  |          |                |  |
|----------|---------------|--|----------|------------------|--|----------|----------------|--|
| <b>1</b> | <b>URGENT</b> | Fundamental control issue on which action should be taken immediately. | <b>2</b> | <b>IMPORTANT</b> | Control issue on which action should be taken at the earliest opportunity. | <b>3</b> | <b>ROUTINE</b> | Control issue on which action should be taken. |
|----------|---------------|--|----------|------------------|--|----------|----------------|--|

| Rec. | Risk Area | Finding   | Recommendation   | Priority | Management Comments  | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---|--|----------|--|-------------------------------------|---------------------------------|
| 2    | Directed  | There is no formalised system for the capture, assessment and reporting of national reports at the CCG. Currently, the Director of Nursing receives information and publications, for example, the 'Sign Up for Safety' campaign. There is also a Quality Network which is attended by the Head of Quality Assurance. | A formalised system for capturing, assessing and reporting national reports be introduced. | 3        | <p><i>National reports / publications are discussed and actions identified at the Quality Directorate Senior Management Team.</i></p> <p><i>A spreadsheet is in place to record national reports/ publications, document actions and manage follow-up.</i></p> | 04/12/14                            | Head of Quality Assurance       |

56

PRIORITY GRADINGS

|          |               |  |          |                  |  |          |                |  |
|----------|---------------|--|----------|------------------|--|----------|----------------|--|
| <b>1</b> | <b>URGENT</b> | Fundamental control issue on which action should be taken immediately. | <b>2</b> | <b>IMPORTANT</b> | Control issue on which action should be taken at the earliest opportunity. | <b>3</b> | <b>ROUTINE</b> | Control issue on which action should be taken. |
|----------|---------------|--|----------|------------------|--|----------|----------------|--|

## Operational Effectiveness Matters

---

| Ref   | Risk Area | Item | Management Comments |
|---|-----------|------|---------------------|
| No Operational Effectiveness Matters were identified. |           |      |                     |

57

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures, rather than on a one-by-one basis

## Detailed Findings

---

### INTRODUCTION

1. This review was carried out in October / November 2014 as part of the planned internal audit work for 2014/15. Based on the work carried out an overall assessment of the overall adequacy of the arrangements to mitigate the key control risk areas is provided in the Executive Summary.

### KEY FINDINGS & ACTION POINTS

2. The key control and operational practice findings that need to be addressed in order to strengthen the control environment are set out in the Management and Operational Effectiveness Action Plans. Recommendations for improvements should be assessed for their full impact before they are implemented.

### SCOPE AND LIMITATIONS OF THE REVIEW

3. The review ensured that:
  - the CCG and provider Boards were conversant with the main principles and recommendations from the Francis report, and were kept up to date with other emerging reports relating to the Francis report;
  - the CCG has put in place and implemented an action plan to address the relevant recommendations of the Francis report and that this action plan is appropriately monitored and actions addressed; and
  - processes are in place for continued focus on relevant national reports across the Cambridgeshire and Peterborough Health Community. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan.
4. The review will not provide an opinion on the implementation of Francis report recommendations just assurance on the processes in place the CCG for their identification and action plan monitoring and reporting.

### MATERIALITY

5. Following the publication of the Francis report in February 2013, it has been important that CCGs are conversant with the requirements of the report and assess areas for improvement in respect of Patient Experience, Patient Safety and Quality.

**DISCLAIMER**

6. The matters raised in this report are only those that came to the attention of the auditor during the course of the internal audit review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

**RISK AREA ASSURANCE ASSESSMENTS**

7. The definitions of the assurance assessments are:

|                              |   |
|------------------------------|---|
| <b>Substantial Assurance</b> | Based upon our findings there is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risk of failure of the continuous and effective achievement of the objectives of the process, which at the time of our review were being consistently applied.  |
| <b>Reasonable Assurance</b>  | Based upon our findings there is a series of controls in place, however there are potential risks that they may not be sufficient to ensure that the individual objectives of the process are achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate these risks. |
| <b>Limited Assurance</b>     | Based upon our findings the controls in place are not sufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls.                                    |
| <b>No Assurance</b>          | Based upon our findings there is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage the risks to the continuous and effective achievement the objectives of the process. Immediate action is required to improve the adequacy and effectiveness of controls.                         |

60

**ACKNOWLEDGEMENT**

8. We would like to thank staff for their co-operation and assistance during the course of our work.

**RELEASE OF REPORT**

9. The table (Figure 1) below sets out the history of this report.

*Figure 1 - Report History*

|  |                                |
|--|--------------------------------|
| <b>Date draft report issued:</b>       | 18 <sup>th</sup> November 2014 |
| <b>Date management responses recd:</b> | 3 <sup>rd</sup> December 2014  |



Date final report issued:

4<sup>th</sup> December 2014

10. The following matters were identified in reviewing the Key Risk Control Objective:

**Directed Risk: Failure to direct the process through approved policy & procedures.**

---

- 10.1 The Head of Quality Assurance has responsibility for this area of work and is accountable to the Deputy Director of Nursing.
- 10.2 No other organisation has covered the recommendations of the Francis report with the CCG previously. There is liaison between the CQC and the CCG Quality Directorate if they discover any issues that has a Francis report implication whilst on an inspection visit.
- 10.3 No risks have been recorded specifically about the Francis report on the CCG risk register; however, the Assurance Framework (CAF) does refer to poor governance in provider organisations, which may have a Francis report implication.
- 10.4 The CCG Governing Body were updated on the Francis report on 5<sup>th</sup> March 2013 by the Director of Nursing. The Board minutes refer to 'actions for the CCG included reviewing the Report's recommendations; agreeing actions; working with providers; enacting the Government's response and reviewing the CCG and provider's monitoring systems'.
- 10.5 A presentation was also made to different committees and groups within the CCG including the CCG Patient Reference Group. An Action Plan was prepared and presented to the Patient Safety and Quality Committee with an update made to the committee on 9<sup>th</sup> July 2013 and further reports in respect of actions following Government updates in December 2013 and April 2014.
- 10.6 The Director of Nursing wrote to each of the providers in respect of the Francis report recommendations in April 2013 asking whether there has been a discussion with the Trust Board about the Francis report. A reply was received from each provider in respect of the actions achieved or being undertaken. The providers include Cambridge University Hospitals (Addenbrookes), Cambridgeshire and Peterborough NHS Trust, Cambridgeshire and Peterborough Community Hospitals, Hinchingsbrooke Hospital and Peterborough and Stamford Hospitals. The Head of Quality Assurance stated that whilst Papworth Hospital were contacted and a reply received, their specialist status has meant that they are under the responsibility of NHS England.
- 10.7 A template dashboard is used for all of the providers as part of the monitoring procedure at the CCG.

10.8 Minutes were obtained from the Patient Safety and Quality Committee (PS&Q) regarding meetings held in 2013 and 2014 in respect of discussions of the Francis report. The minutes of the PS&Q are presented to the Board and there is an 'update' report from the committee. The PS&Q Committee is a sub-committee of the Board and is Chaired by a Non-Executive Director and attended by representatives from Healthwatch groups. The Francis report is a regular agenda item but at the next meeting, the Director of Nursing will announce that the Francis report recommendations will not be reviewed specifically as a separate area, as it is felt that this has now been firmly embedded within the provider organisations. The template will be reviewed / updated for next year in respect of this. At the Governing Body meeting where the Francis report was introduced, it was minuted that an update be brought to a future meeting. The minutes of Governing Body meetings was checked as part of the audit and, whilst there is reference to the Francis report and updates in respect of the Patient Safety and Quality meetings, there has not been a further report on progress.

**Recommendation: 1**

**Priority: 2**

**The Governing Body be advised of the update as part of a progress report. This should include an assessment as to whether the CCG has fulfilled its role, particularly in respect of all the 'Warning Signs' such as Whistleblowers that have been referred to in presentations.**

10.9 Currently, there is not a systematic approach to the capture, assessment and reporting of Francis report related information to the Governing Body. The Director of Nursing does receive information, with one of the latest publications being the 'Sign Up for Safety' campaign publication. There is also a Quality Network which is attended by the Head of Quality Assurance.

**Recommendation: 2**

**Priority: 3**

**A formalised system for capturing, assessing and reporting national reports be introduced.**

**Compliance Risk: Failure to comply with approved policy and procedure leads to potential losses.**

10.10 The CCG performs Quality Visits which are held on a six monthly basis for each provider and more frequently if there are concerns. The visiting team is mostly made up of clinicians and nurses and will also include a representative of the Local Commissioning Group as well as either the Director or Deputy Director of Nursing and a Specialist Clinician. There is a checklist of areas to examine during the inspection and a report is prepared and sent with a letter at the conclusion of the inspection.

10.11 The template dashboard referred to 10.7 above, covers a range of safety and quality issues and the Francis report recommendations is encompassed within this. The Head of Quality Assurance populates the dashboard with evidence supplied by the providers and assesses whether

63

there are any weaknesses. The Head of Quality Assurance will apply an appropriate rating (red, amber, green) under each section of the template and make a recommendation. The recommendation will be discussed with the provider at a Clinical Quality Review meeting which are held monthly and the dashboards are discussed on a quarterly basis in detail. The meetings are chaired by either a GP lead, the Director or Deputy Director of Nursing. Other attendees include the CCG Contract Lead with other CCG staff attending as required. From the provider side, the Director of Nursing, a Contract specialist and a 'specialist' in a particular area of concern (as required) is invited to attend. The recommendation is monitored / followed up by reference to the 'Action Log'.

- 10.12 Internal Audit considers that overall, the CCG has a system in place for monitoring the Francis report recommendations but that the providers have submitted different levels of detail in their response to the letter sent by the Director of Nursing and subsequently. The presentation provided to different Committees and Working Groups within the CCG (see paragraph 10.5) refers to a number of warning signs including Patient Stories, Mortality, Complaints, Staff Concerns, Whistleblowers, Governance Issues, Finance and Staff Reductions. On examining the evidence provided, there is not always evidence that all of the warning signs, such as Whistleblowers have been addressed (with only two providers explicitly evidencing this), and the CCG should assure itself that the necessary actions have been taken. **See Recommendation 1.**

-----