Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 March 2013

Agenda Item: 7

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

HEALTH SCRUTINY ISSUES ARISING FROM THE FRANCIS INQUIRY

Purpose of the Report

1. To introduce briefing on the implications for Health Scrutiny of the Francis Inquiry.

Information and Advice

2. The Francis Inquiry examined the systemic failures and appalling care which flourished at Stafford Hospital between 2005 and 2008. The Inquiry heard that governance did not exist in a corporate or clinical sense and there was a lack of managerial structures. In addition, Stafford Hospital was a very inward facing organisation with a poor or defensive engagement with external organisations.

3. The Trust's culture included an unwillingness to accept nationally agreed guidance e.g. the National Institute for Health and Clinical Excellence (NICE) for head injuries – with a new doctor being told – *we don't implement them because they are too difficult, we don't believe in them*. The Hospital's Management Board was also an environment in which clinicians could not be properly heard.

4. The final report of the Inquiry states that the story of Stafford is littered with verified case studies of appalling care – one of the worst examples of bad quality service delivery imaginable. One example given is of a young man who attended Accident & Emergency following an injury he received while riding his mountain bike – he was prescribed pain killers and discharged; subsequently he died of a ruptured spleen.

5. The Inquiry took evidence from Councillors and senior officers with responsibility for Health Scrutiny in Staffordshire and makes numerous observations and recommendations in this regard. In relation to Health Overview and Scrutiny Committee's it concludes the following, "The local authority scrutiny committees did not detect or appreciate the significance of any signs suggesting serious deficiencies at the Trust. The evidence before the Inquiry exposed a number of weaknesses in the concept of scrutiny, which may mean that it will be an unreliable detector of concerns.

6. The Inquiry report highlights the lack of clarity in relation to the formal allocation of responsibilities for Health Scrutiny between the County and District Council's involved. It also highlights the disparity in resources between County and Borough Committees.

7. The Inquiry report is withering in its criticism of Health Scrutiny minutes which lack a summary of debate – "…it is unfair to councillors and obstructive to public involvement and engagement for there to be no record of the contributions made by the committee's members whether by way of observations or questions, and of responses given.

8. Councillor Edgeller of Stafford Borough Council's Health Scrutiny Committee accepted the committee "…did not get underneath what the representatives from the hospital were telling it…Chief Executives usually talk up an organisation and put on a positive gloss. If the same happened again, then I would look deeper and ask questions to the people below…e.g. nurses, doctors and consultants."

9. The Inquiry report finds that neither the committee nor the council had the expertise to mount an effective challenge to the Trust's cost cutting proposals. Similarly, the scrutiny of the Trust's Foundation Trust (FT) was unchallenging, with Councillor Edgeller accepting that the process was meaningless.

10. Of primary significance is the concern by some Health Scrutiny Members of Staffordshire County Council regarding the ability of lay people to interpret information without expert assistance (this in relation to the Healthcare Commission report on the Trust in 2009). The Inquiry report makes a specific recommendation (No. 149) in relation to this matter: *"Scrutiny Committees should be provided with appropriate support to enable them to carry out their Scrutiny role, including easily accessible guidance and benchmarks".*

11. The Inquiry report makes other recommendations specific to Health Scrutiny as follows:-

    - 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'. (Rec. no. 47)

    - 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 the requirement of patient confidentiality. (Rec. no. 119)

    - Guidance should be given to promote the co-ordination between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees (Rec. no. 147)

    - Scrutiny Committees should have powers to inspect providers, rather than relying on local patient involvement structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestion for action (Rec. no. 150)

12. The Inquiry report also makes recommendations in relation to Quality Accounts that are of significant interest to Health Scrutiny Committees.

    - Trust Boards should provide through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each Trust's website. Reports should no longer be

confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to the methods used to produce the information. (Rec. no. 37)

- To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence. (Rec. no. 37 – continued)

- Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees and Local Healthwatch. (Rec. no. 246)

- Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators. (Rec. no. 247)

13. Members will see that the combined effect of these recommendations, if and when they are brought into effect, will be to substantially alter the operation of Health Scrutiny. The report would seem to indicate a movement away the traditional 'critical friend' model of scrutiny towards something more like a regime of inspection of Trusts. Health Scrutiny Committees may, for instance, engage in a coordinated programme of inspections inspired perhaps by a raft of complaints or possibly a single serious complaint that indicates particularly poor general levels of service.

14. The report has a high expectation that Health Scrutiny should be very much more than a passive 'noting' or 'rubber-stamping' process which receives presentations without recommendations for further action, and specifically recommends that committees are able to access the sort of expert assistance that they might require to allow them to carry out their scrutiny role.

15. The Inquiry would seem to see little purpose to Health Scrutiny unless it examines in a suitably in-depth way. Effective scrutiny, by definition, should be in-depth in order to be effective, rather than light touch. Whether or not the Francis Inquiry has actually exposed flaws in 'the concept of scrutiny' is potentially a matter for discussion and debate. It seems more likely that it has only revealed shortcomings in the local operation of scrutiny. Nevertheless, the Inquiry is a salutary message to those who have conduct of Health Scrutiny to ensure that trusts are fully and properly held to account.

16. Finally, the Joint Health Scrutiny Committee devotes considerable time in its work programme to the consideration of Quality Accounts – the committee also exercises its right to comment on Quality Accounts with the utmost care and seriousness – if, in future, Quality Accounts are produced to a nationally consistent format then that would be of assistance to this committee and most welcome.

17. The full table of recommendations of the Francis Inquiry report is attached to this report as Appendix 1.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee,

1) Consider and comment on the briefing provided

2) Determine if any issues raised by the Francis Inquiry report warrant changes to the operation or approach of the Joint Health Scrutiny Committee

Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

The Francis Inquiry Report

Electoral Division(s) and Member(s) Affected

All