



Isle of Man
Government
Reiltys Ellan Vannin



UPDATE ON THE DELIVERY OF THE RECOMMENDATIONS OF THE FRANCIS WORKING GROUP REPORT

Department of Health and Social Care
Rheynn Slaynt as Kiarail y Theay

October 2016

CONTENTS

| | |
|------------------------------------|----|
| Foreword | 3 |
| Context | 4 |
| Update | 4 |
| Fundamental standards of behaviour | 4 |
| Regulation of healthcare standards | 5 |
| Leadership | 6 |
| Supportive agencies | 7 |
| Complaints handling | 7 |
| Patient, public and local scrutiny | 8 |
| Information | 9 |
| Commissioning | 10 |
| Nursing & Midwifery | 10 |
| Caring for the elderly | 11 |
| Coroners inquests | 12 |

1. Foreword by the Minister for Health and Social Care

To The Hon. Stephen Rodan, MLC, President of Tynwald, and the Hon. Council and Keys in Tynwald assembled.

The report of 2013 on the Public Inquiry by Robert Francis QC into the failures of care at the Mid-Staffordshire NHS Foundation Trust is a very important document, and it continues to be essential that its conclusions and recommendations are thoroughly considered in the context of the delivery of the National Health and Care Service in the Isle of Man.

Subsequently, the then Department of Health commissioned a Working Group, under the leadership of Mr Michael Coleman, MLC, to review the Francis recommendations and to determine their applicability to the Island's Health Service. The Working Group reported in early 2014.

This report provides an update for Tynwald Members, summarised under main themes, as to the progress which has since been made with implementing, where appropriate, the recommendations of the Working Group.



Kate Beecroft

Hon. Kate Beecroft, MHK
Minister for Health and
Social Care

1. Context

- 1.1 Early in 2013 Robert Francis QC, at the invitation of the Secretary of State for Health in England, published a report of a Public Inquiry held under his chairmanship into failures of care at the Mid-Staffordshire NHS Foundation Trust. The report contained 290 recommendations derived from a variety of "Themes".
- 1.2 The then Minister for Health in the Isle of Man, Hon. David Anderson MHK, recognised that the Francis report represented a significant document relating to the delivery of NHS care and determined that it was essential that the conclusions and recommendations of Francis were thoroughly considered in the local Isle of Man context and directed for the creation of a working group to undertake that work. The working group was chaired by Mr Michael Coleman, MLC, who, although a Tynwald member was, at that time, not part of the political make-up of the Department of Health.
- 1.3 The 'Francis Working Group', was tasked with reviewing all 290 of the recommendations to determine which recommendations arising from the public inquiry were applicable to the Island's Health Service. The working group's report was published on 6th February 2014. A copy can be downloaded from: https://www.gov.im/media/1014106/francis_working_group_report_-_december_2013.pdf.
- 1.4 Of the 290 recommendations, the working group determined that 233 were either fully applicable or that the principles or practice of the recommendation should be considered. The remaining 57 were found not to be applicable locally because they concerned aspects of the NHS in England that have no relevance to the Island's Health Service; for example the process by which hospitals in England seek Foundation Trust status, of which there is no Manx equivalent.

2. Update

- 2.1 This report provides an update to Tynwald Members, summarised under main themes, as to the progress which has been made by the Department of Health and Social Care ("DHSC") with implementing, where appropriate, the Francis recommendations on the Island.

3. Fundamental standards of behaviour

- 3.1 The over-riding recommendation that a patient-centred shared culture should be adopted based on common core values and standards (such as transparency, honesty and candour) is accepted, and with committed and capable leadership and tools for measuring the cultural health of the system in place the DHSC aims to achieve this.
- 3.2 The DHSC Service Delivery Plan for 2016/17 includes a focus on organisational development which will address many of these areas with specific expectations in respect of the staff interaction with patients.
- 3.3 There are a number of recommendations which refer to establishing fundamental standards of behaviour and the responsibility of an organisation to manage performance to ensure that these standards are met. Reference is made to the UK NHS Constitution which lays down these standards, and, whilst the Isle of Man does not have a similar constitution, the recommendation that there should be single point where the common values and the rights, expectations and obligations of patients and staff should be laid out is accepted.

- 3.4 In accordance with the new National Health and Care Service Act 2016 (due to come into operation in early 2017) a National Health and Care Service (“NHCS”) Charter will be published and laid before Tynwald. This will go some way to achieving the above recommendations but, in the absence of a formal regulator (see section 4 below), the DHSC will continue to seek appropriate independent audit of performance to ensure standards are being met; with an emphasis on patient safety.
- 3.5 It is anticipated that, once the Charter is in place, employment contracts will include a requirement for staff to abide by the values in the NHCS Charter, and service provision contracts will ensure that contractors are aware of the responsibilities in the Charter.
- 3.6 The DHSC encourages evidence based practice and all staff (including healthcare professionals) are required to follow guidance and to comply with standards, including where appropriate, those set by UK regulators such as the National Institute for Health and Clinical Excellence (“NICE”) and the Care Quality Commission (“CQC”). Staff competencies are regularly reviewed and the Department actively seeks opportunities for staff to raise concerns.
- 3.7 The DHSC will ensure that monitoring and audit does not place undue pressure on staff and that direct interaction with patients, carers and care providers takes priority.
- 3.8 In accordance with the Health Care Professionals Act 2014 the regulation and practice of healthcare professionals mirrors the arrangements in the UK, and, in addition, both doctors and nurses now have revalidation systems in place whereby their professional and clinical practice must be regularly reviewed to ensure compliance and competence.

4. Regulation of healthcare standards

- 4.1 The recommendation that a single regulator (such as the CQC) should have responsibility for corporate governance, financial competence, viability and patient safety and quality in the Isle of Man will be reviewed as a priority by the new DHSC Minister. The DHSC is committed to ensuring that the provision of care is regularly and independently monitored and peer reviewed, with active regulatory oversight where applicable. This review work was undertaken by the West Midlands Quality Review Service (“WMQRS”) until July 2016 and, where appropriate, the Royal Colleges and other UK professional regulatory bodies.
- 4.2 Francis talks about the powers of regulators and the need for legislation, and makes reference to the development of regulations to govern standards in the NHS for England and Wales. The Isle of Man may need to legislate to set standards for health and social care services; although we have robust links with the UK regulators and there are in existence local scrutiny committees, such as the Health Services Consultative Committee.
- 4.3 However, the Francis Working Group recommended that the IOM should adopt the same standards as the UK and the WMQRS measures against relevant UK standards. The DHSC’s own policies and strategies also include actions for ensuring patient safety with reference to UK standards.
- 4.4 The recommendations that there should be:
 - a low threshold of suspicion;
 - zero tolerance of non-compliance with fundamental standards;
 - no place for favourable assumptions, and
 - an acknowledgement that services which are incapable of meeting fundamental standards should not be permitted to continue,

are accepted and the independent review brief has addressed this to some degree.

4.5 The IOM does not have the equivalent of the National Patient Safety Agency ("NPSA") or the Health Protection Agency, or a national reporting and learning system. However, alternative provision is in place for:

- monitoring patient safety alerts;
- managing health care associated infections;
- reviewing serious untoward incidents (including any raised via the complaints process);
- reviewing health related inquests;
- actioning any issues arising from the above, and
- sharing information about any of the above across the organisation.

4.6 Clinical areas are required to report all incidents into the appropriate DHSC governance committees and a Board level Care Quality and Safety Committee reviews all themes, trends, learning and actions reported: and ensures that all policies and procedures are ratified and regularly reviewed.

4.7 The DHSC is also considering the establishment of links with the NPSA for benchmarking purposes, and is exploring the potential for using hospital standardised mortality ratios.

4.8 In respect of incident reporting, new patient safety and risk management software has been approved for use across the DHSC as part of the implementation of the Digital Strategy.

5. Leadership

5.1 The recommendations that guidance should be issued to 'governors' on the principles which they are expected to follow, and that they should be given developmental training and access to advice in relation to compliance with healthcare standards, is not directly applicable to the IOM.

5.2 A recommendation that there should be a Code of Conduct for NHS Managers (to be referenced in the NHS Constitution) has not been progressed in the IOM context as no resource has been identified to develop a similar code for the Island. However, elements will be addressed through the development of the NHCS Charter.

5.3 It should be noted that the UK government agreed that the focus should be on standards and enforcement through normal employment processes and a fit and proper person test. Fit and Proper Persons Test Regulations were passed by Parliament and it was determined that it was the responsibility of the NHS service provider to ensure that all 'directors' met the test. Whilst this is not directly relevant to the Island the qualifications and relevant experience of all senior managers (clinical and non-clinical) are thoroughly checked prior to appointment and they are all subject to regular Personal Development Review processes (including revalidation in respect of doctors and nurses).

5.4 All senior managers in the DHSC have access to relevant leadership training (via LEaD or through external provision as appropriate) and may be subject to disciplinary action if they are found to not be 'fit and proper persons' for their roles.

5.5 The Government's Departmental system means that Ministers and Members are governed by 'Members' Standards' and the Government Code, and the DHSC provides training and access to relevant expert advice (including in the UK) for any lay people involved in its committees.

- 5.6 An alternative to introducing the Code of Conduct was proposed by Francis via the establishment of an independent professional regulator. Although it is noted that this recommendation has not been taken forward by NHS England, it was referred to the Office of Human Resources for consideration. The initial view of OHR is that given the financial constraints currently impacting on IOM Government the setting up of a professional regulator would be a financially onerous proposition which would also place an increased burden on the current legislative programme. The cost benefits that would be achieved by having such a regulator were also not clear.
- 5.7 A Clinical Directors development programme is also in place with a focus on leadership to improve patient safety, including through the Patient Safety & Quality Committees. All policies which may have an impact on patient safety must have a clinical risk assessment by the Medical Director and the Chief Nurse.
- 5.8 A recommendation, that impact and risk assessments should be publicly debated before any proposal for structural change within healthcare is accepted, reflects particular concerns about the UK Department of Health's frequent restructuring. The Isle of Man context is not dissimilar and over the past 6 years the Department of Health and Social Care has been restructured three times.
- 5.9 A recommendation about the Department of Health leading the development of an easily accessible structure for developing and implementing values and standards, with consensus from the public and healthcare professionals, is also accepted. In the IOM context, following a series of public meetings to consult and engage, the DHSC published a five year strategy for health and social care which was approved in Tynwald in October 2015.
- 5.10 The principle of a recommendation about the need for Department of Health officials to connect with patient/service users and their representatives can be applied in the IOM context. It should be noted that political figures and DHSC officials regularly visit IOM healthcare facilities and service user representatives are involved in consultative forums. For example a political Member for Health drop-in session has recently been established.

6. Supportive agencies

- 6.1 In respect of the recommendations which relate to the relationship between health care and the health and safety executive, the Francis Working Group proposed that a formal agreement should be created to clarify roles in this complex area. The DHSC has in place arrangements for reporting patient safety incidents to the Health and Safety Directorate in accordance with Manx Health and Safety law.
- 6.2 With regard to the recommendations about the role of the NHS Litigation Authority in the UK, there is no similar body on the IOM. However, the DHSC has undertaken to review the Authority's risk management standards, for example in respect of financial motivation, staffing levels, risk assessments and outcomes based standards, to see if they might be applicable on the Island. Currently these areas are assured through Internal Audit (Treasury and the Statement of Internal Control process), WMQRS inspections and the GMC and RCN&M clinical practitioner revalidation processes.

7. Complaints handling

- 7.1 In respect of the recommendations about improving the complaints process, the DHSC already has readily accessible and easily understood complaints processes, which are in line with the principles of the Patients Associations ("the PA") peer review into complaints at Mid Staffs.

- 7.2 In accordance with the National Health and Care Service Act 2016, the DHSC has undertaken to standardise these processes into one Complaints Scheme which will incorporate the PA's 12 standards for good complaints handling. Local issues such as the inability to progress a complaint if there is actual or intended litigation, and improving processes and data collection in respect of complaints relating to commissioned services, will be addressed at the same time.
- 7.3 All DHSC staff are trained to:
- encourage the promotion of the Department's desire to receive and learn from complaints (a Listening Service is currently being developed);
 - uphold a duty of candour which is visible in practice and be open about deficiencies so as to ensure that those harmed have a remedy,
 - provide feedback both internally and to complainants, and
 - advise about the arrangements which are in place for providing additional assistance and expert advice to complainants where this is needed.
- 7.4 There are also processes in place for reviewing information received which is not a formal complaint but which suggests a cause of concern, and for escalating complaints or concerns which may relate to adverse or serious untoward incidents for arms-length investigation.
- 7.5 The recommendations about the reporting and publishing of complaints patterns, trends and outcomes are addressed via the publication of an annual report to Tynwald. The DHSC also receives regular feedback from MHKs about the complaints process, including on behalf of constituents.
- 7.6 All complaints are analysed against agreed standards by the Care Quality and Safety Committee and may be referred for independent investigation by, for example, the Royal Colleges. Information about more serious complaints is also made available to the Minister and senior DHSC managers for review and action where appropriate.
- 7.7 The Isle of Man does not have an organisation such as HealthWatch which can undertake more detailed overview and scrutiny of complaints but the (NHS) Independent Review Body plays an important role in reviewing complaints which have not been resolved by local resolution.

8. Patient, public and local scrutiny

- 8.1 The recommendations about scrutiny committees (such as HealthWatch) refer to a somewhat different role than the committees which would be referred to as scrutiny committees in the IOM context (such as the Health Services Consultative Committee ("HSCC"), the Public Accounts Committee ("PAC") and the Social Affairs Policy Review Committee ("SAPRC")).
- 8.2 However, whilst the PAC and SAPRC are Tynwald committees, the DHSC is intending to review the role of the HSCC with a view to strengthening and widening its remit for the scrutiny and inspection of health and care services (notwithstanding the current external review arrangements) so that it can act as a critical friend to all areas of health and social care.
- 8.3 At the same time the DHSC is also reviewing its whole committee structure to identify any possible overlap of responsibilities, and will examine where there might be deficiencies in the training of committee members (in particular lay members) and their access to appropriate guidance and benchmarking (Business Intelligence).

- 8.4 As part of the formation of a new governance framework for the DHSC seven Quality Committees were established in February 2016, these report to the Board and HSCC members sit on these as lay representatives.
- 8.5 The Department has processes in place for monitoring the media, including social media, for reports about its services so that any risks and issues can be highlighted as they occur. The Department has also instituted 'sounding board' events to supplement existing methods for gathering 'soft intelligence' and has a range of lay input into relevant committees to provide a 'patient voice'.

9. Information

- 9.1 It is accepted that there is a need for everyone to recognise the principles set out by Francis in respect of common business intelligence practices which will ensure timely, accurate and available information which can be used to improve and inform decisions about service delivery. This will assist with the safe and effective care of patients and with performance monitoring.
- 9.2 In order to achieve this, a high level of systems integration will be required and appropriate resources will need to be allocated to enable the production of the appropriate data and statistics. The DHSC has recently appointed a Chief Information and Digital Officer, who will sit on the Board, to lead the implementation of a Digital Strategy for health and social care.
- 9.3 Francis recommended that information about performance against standards, quality and risk, compliance and outcomes should be collected and made available, in as near to 'real time' as possible, to providers, commissioners, regulators and the public. The DHSC has an ongoing project to increase the amount of information made available and, for example, the annual service delivery plan includes an objective to publish waiting list targets by March 2017. There are also plans to put a patients and clinicians information portal in place as part of the Digital Strategy.
- 9.4 All staff have a duty to be completely honest and truthful in everything they say and do. This is enshrined in codes of conduct and any breaches could result in disciplinary action.
- 9.5 The DHSC is aware of the need to address 'commercial sensitivity' in respect of some information but it does not utilise 'gagging' or disparagement clauses. The DHSC is Data Protection Act compliant and is currently preparing for the implementation of the Freedom of Information Act in January 2017.
- 9.6 It is uncertain as to whether the UK will be implementing the recommendation to make it a criminal offence, within healthcare,:
- to obstruct another in the performance of their duties;
 - to provide misleading information, or
 - to dishonestly make an untruthful statement,

but all of these acts are already governed by the codes of conduct mentioned above.

- 9.7 Francis also talks about the publication of the 'Quality Accounts', which provider organisations in the UK are required to produce about their compliance with standards, mortality statistics and other outcomes, so that comparisons can be made. Francis suggested that commissioners and scrutiny committees should be able to contribute to the 'Quality Accounts' and recommended that they should be independently audited.

- 9.8 In the Isle of Man context, the DHSC Care Quality and Safety Committee, led by the Medical Director, is leading the implementation of a quality strategy which sets out how the Department will deliver against its agreed quality standards. In addition the DHSC completes a Statement of Internal Control on an annual basis which forms part of the Government's assurance process and risk mitigation programme. The external review reports are also published in the public domain and political briefings are regularly given to Tynwald members on policy issues.
- 9.9 Treasury Assurance Advisory Audits are also carried out and many clinical areas are part of peer networks where their safety and quality is reviewed by another UK care provider.

10. Commissioning

- 10.1 Most of the recommendations about commissioning and the role of commissioning boards are not directly applicable to the Isle of Man as there is not currently a formal commissioning framework in place and there is only one commissioner, the Department. However, a DHSC Director of Commissioning has been appointed to drive forward improvement in the quality standards of health and care services which are commissioned by the Department.
- 10.2 With the appointment of the Director, work is ongoing in conjunction with GPs and other contractors, to update the arrangements (and where appropriate the contracts) in respect of:
- enhancing the monitoring, reporting and managing of quality of care issues;
 - the development of fundamental standards for commissioned services to safeguard patients from substandard or unsafe services;
 - performance monitoring, developing targets and benchmarking;
 - confirming what services should be provided, including by developing pathways that deliver the best outcomes at the lowest cost;
 - complaints handling;
 - investigating the potential for alternative means of service provision.

11. Nursing & Midwifery

- 11.1 Nurses on the Isle of Man are trained to the same standards as the UK. Regular revalidation is now a requirement in accordance with the UK Nursing and Midwifery Council ("NMC") and the Royal College of Nursing guidance and standards, and nurse training on the Island is affiliated with Chester University.
- 11.2 On this basis recruitment of nurses is now value based and addresses the concerns of Francis about:
- the delivery of compassionate care;
 - the priority to be accorded to dignity and respect;
 - the need for the acquisition of leadership skills, and
 - patient safety.
- 11.3 The Cultural Care Barometer tool from NHS England is in use on the Island to encourage the development of reliable and transparent measures of cultural health in front-line nursing.
- 11.4 The Chief Nurse is the Responsible Officer for all IOM nurses in respect of revalidation and on that basis is accountable to the NMC. The Chief Nurse is also a member of the Executive Nurse Network which is a forum for all directors of nursing in the NHS in the UK.

- 11.5 The IOM Nursing and Midwifery Advisory Council ("NMAC") is leading the process of achieving the recommendation that ward nurse managers (ward sisters) should be working directly with patients and delivering and supervising care. This has now been achieved on most wards.
- 11.6 The DHSC has a system in place to identify a named key nurse with responsibility for coordinating the provision of care to patients.
- 11.7 The role of Healthcare Support Worker has been reviewed and clearly defined. A Health Care Code of Conduct and new education and training, in line with UK national standards, has been introduced, along with a new uniform to make identification of nursing roles easier.
- 11.8 The IOM NMAC has committed to engaging with the debate, which is discussed by Francis, in respect of the role and internal structures of the UK NMC, and to supporting any recommendations which are put in place. In addition to the introduction of nurse revalidation, the disciplinary procedure is in the process of being updated and information about NMAC (and its links to the NMC) is being made more widely available, including on the internet.

12. Caring for the elderly

- 12.1 The recommendations about the care of the elderly are all applicable and relevant to the IOM and considerable work has been done as follows:
 - improvements in patient flow to decrease the number of bed moves, taking into account the need for infection control, particularly in respect of the handover from one consultant to another;
 - better focus on teamwork between medical, nursing and housekeeping staff, including via multidisciplinary team meetings, to provide collective care to elderly patients;
 - improved communication with patients, families and visitors, including better provision of information (including by text) and particularly about discharge;
 - more focus on the patient's needs after discharge (a business case for following up patients after discharge to obtain real time patient feedback is currently under consideration);
 - better management of interactions on the ward to respect privacy and prevent disturbance of other patients;
 - better infection control including via the introduction of new hand hygiene policies (such as the 'Bare Below the Elbows' policy) and the proposed introduction of MRSA universal screening;
 - better food and drink management – a Nutrition Action Group is now in place;
 - the ongoing development of a new medicines management policy; and
 - the development of new systems and software for recording observations and making them easily and quickly available to all staff.

13. Coroners inquests

- 13.1 The recommendations about coroner's inquests are not directly applicable to the IOM as they talk about the UK arrangements. However, in accordance with the existing IOM legislation (the Coroner of Inquests Act 1987):
 - the attendant medical practitioner remains responsible for signing a death certificate;
 - officers have appeared at inquests as required;

- all information has been provided as requested, and
 - all recommendations from the Coroner have been actioned.
- 13.2 There are no plans to introduce an independent medical examiner system as recommended by Francis but the ongoing UK consultation in this respect will be monitored.
- 13.3 Training in how to deal with bereaved families and the inquest process is given to all staff who may become involved with this work.



The information in this booklet can be provided in large print or audio format upon request.

Department of Health and Social Care
Crookall House, Demesne Road,
Douglas, Isle of Man, IM1 3QA

Tel: 642627
E-mail: colin.brew@gov.im
Web: www.gov.im

