1. **Introduction**

1.1. The Francis report: one year on is a study to examine how acute hospital trusts perceived and responded to the Francis Report following publication in February 2013. The study has been undertaken by Nuffield Trust, which is an independent source of evidence based research in the UK. Robert Francis has been associated with this work. The study also acknowledges the Don Berwick review of patient safety, Sir Bruce Keogh’s mortality review, Camilla Cavendish’s health care assistant review and Anne Clwyd and Professor Tricia Hart’s review into NHS complaints.

1.2. The study was proposed to understand the significance of the Francis Inquiry findings for hospitals, not to establish whether or not acute trusts acted on specific recommendations. It also offers some insight into the perceptions of those running large organisations working under considerable pressure in a complex and changing system against the constraint of flat cash budget, organisational reform and rising demand from patients.

1.3. The methodology consisted of a rapid review of Board papers and trust websites from a sample of 37 acute hospital and foundation trusts, to devise a survey which was sent to Chairs and Chief Executives at 158 acute hospital and foundation trusts in England. This excluded mental health and community trusts. There were 53 responses (34%). Case studies were selected by region and random sampling of 12 trusts was undertaken. A wide cross section of staff were interviewed from each of the participating trusts.

2. **Findings**

2.1. The findings were themed into 6 headings:

- Overall trust reactions and perceptions of the Francis Report.
- Fundamental standards.
- Openness, transparency and candour.
- Compassion, caring and committed nursing.
- Strong, patient-centred leadership.
- Accurate, useful and relevant information.

2.2. The vast majority of views expressed in this study suggest that the Francis Report has been taken seriously by those working in NHS acute and foundation trusts and that welfare of patients and high quality care are uppermost in their minds.

2.3. One of the key emerging themes from this study was a clear understanding that hospital Boards need to have multiple and different sources of data and intelligence about what is happening to patients being treated by their organisation. There were many examples of initiatives to track quality, and a wide variety of metrics to monitor fundamental aspects of care such as falls, pressure ulcers (PUs), staffing levels, nutrition and infections, as well as “soft” intelligence. Staff were seen as important

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sources of information. The CCGs’ Quality Team seeks assurance from acute providers that comes from a range of different sources, and this is triangulated with other data and soft intelligence each month and informs the Governing Body reports and the bimonthly East Sussex Healthcare NHS Trust (ESHT) quality module.

2.4. The authors of the study noted that staff described changing culture as much more challenging to achieve than other initiatives identified, such as training or data collection, because it takes time and is harder to measure. The presence of new initiatives and methods of gathering intelligence does not in itself prove that there is an underlying shift in cultural values. The Francis Report also emphasised the importance of culture change, particularly in relation to openness as, without this, staff are unlikely to come forward and report problems about quality of care.

2.5. There is a growing body of evidence that an engaged workforce is closely linked to better clinical outcomes (Point of Care Foundation 2014). The CCGs should reflect the development of “cultural barometers” in their commissioning to drive further quality improvements. The CCGs’ Chief Nurse and Head of Quality chairs the Surrey and Sussex culture group for the NHS England Area Team (AT), and will feedback on the national work on the culture barometer as it is published.

2.6. Another key theme from the study was the empowering of senior leaders in trusts to talk about prioritising the quality of care as equal to or more important than financial balance. This was evident from descriptions of Board meetings and setting organisational priorities, but particularly in their interactions with external organisations. There was recognition from the Boards and non-executive members’ interviewed that the central quality message from both Francis Inquiries became distorted in favour of financial performance. This is a point of reflection for the CCGs’ Governing Body members, as the Board or the Governing Body of the time collectively bears responsibility for allowing mismatch between resources allocated and the needs of service delivery. Currently, the Quality Team provide largely a quality monitoring and improvement function, not a direct involvement in the design and commissioning of quality services; East Sussex Better Together (ESBT) provides an opportunity to explore this balance.

2.7. Some of the interviewees’ description of culture and behaviours of external bodies, including commissioners, stated that financial balance was still uppermost in their minds, and that a top down and oppressive manner of performance management - referenced in the Francis Report was still in existence. This raises the question of whether a parallel shift in the values of the wider system (valuing what happens to patients as the most fundamental principle) is taking place. It was outside the remit of this study to interview other agencies to gain their perspective; however, it is a pertinent question for the CCGs to consider if they are perceived in this way and how this may impact on quality. This links to quality monitoring and performance management to prevent providers having an excessive amount of external assurance and scrutiny particularly if there is dissonance between findings of different bodies. The CCG leads who chair performance meetings and quality reviews need to test this intelligence with their main providers and take appropriate action to avoid any potential negative impact on quality.

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2.8. This study suggests that Boards have taken the Francis recommendations seriously and are:

- Undertaking systematic peer review of hospital services.
- “Walking the floor” as Boards and executives much more extensively and regularly.
- Running deliberate events to seek staff views of service.
- Meeting with the majority of complainants and their families.
- Mounting mock Care Quality Commission (CQC) and Keogh reviews.

2.9. The hospitals in this study have been investing in additional staff and there is a strong focus on ensuring adequate staffing levels for current service configuration.

2.10. ESHT has undertaken or contributed to all areas highlighted in the bullet points above, and has undertaken an establishment review. The Quality Team monitors this via the Clinical Quality Review Group (CQRG), and will use the provider quality account to assess the impact on outcomes and experience of patients and services users locally.

3. **Conclusion and Assurances**

3.1. This study shows the general acceptance that quality needs to be, and is being, given a much greater priority, as well as better engagement of the talents of frontline staff and leadership. The need for openness, transparency and candour seems to be generally accepted, and organisations are not waiting for instructions to make positive progress in this regard. Leaders in trusts, commissioners and other agencies must transform the obvious enthusiasm for culture change demonstrated by the hospitals taking part in this research into action that improves outcomes and experience.

3.2. The CCGs continue to ensure a strong focus on the quality of services and this is reflected in Governing Body identified leads for quality, quality reporting, demonstrable actions taken to address quality issues as appropriate and strong leadership in service redesign to improve the quality and outcomes for our local populations.

4. **Recommendations**

The Governing Body is recommended to:

- Ensure that in all services that are commissioned by the CCG quality and value for money are appropriately and equally reflected.
- Support the further development of the CCGs’ Quality Team to support involvement in the design and commissioning of quality services in addition to the quality monitoring of commissioned services.
- Test the study regarding negative commissioner focus on finance against local intelligence through performance meetings and quality reviews.
- Support the action undertaken by the CCG in reflecting the development of “cultural barometers” in its commissioning, to drive further quality improvements.

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