

Health and Social Care Information Centre (ENDPB)

Board meeting – Public Session

Title of paper:	HSCIC response to Francis report on Mid-Staffs Inquiry
Board meeting date:	26 th April 2013
Agenda item number:	HSCIC 13 02 04 (b)
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Paper approved by (Sponsor Director):	
Purpose of the paper:	To update the Board on the HSCIC response to the Francis report on the Mid-Staffs Inquiry and the implications.
Action required by the Board:	To note the update

Introduction

1. The Government has published its Initial Response to the Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry¹. The final Report from the Inquiry led by Robert Francis QC included 290 recommendations based around 5 key themes:
 - Values and standards;
 - Openness, transparency and candour;
 - Leadership;
 - Compassion and care;
 - Information.
2. The Government has issued its initial response to the key elements of the recommendations made by Robert Francis QC. The Government has committed to continue to reflect on the recommendations and will add to its action plan over the coming months and year.
3. In recognition of the system-wide implications, the Government's Initial Response includes a Statement of Common Purpose, which 14 national organisations – including the HSCIC – have signed as a demonstration of our collective commitment to the plan of action included in the Government's Initial Response.
4. The Government highlights the role the HSCIC, as the single national hub for health and social care data. It emphasises the importance of our role in managing and reducing the bureaucratic burden on the health and care system.
5. This paper provides an update on the issues and implications for the HSCIC arising from the Government's initial response, as they concern:
 - The HSCIC's statutory role and functions;
 - The HSCIC as a corporate body working in the NHS.

Key issues in the Government's Initial Response to the Public Inquiry

6. The increased focus on information and analysis will have implications for the interest in, and demand for HSCIC data. The Inquiry itself included recommendations regarding:
 - Changes to the regulatory and inspection regimes, involving greater use of information, and a consistent approach across the regulatory bodies;
 - The importance of learning, standards and consensus on methodologies for statistics and indicators, especially in regard to performance statistics;
 - The need for clarity regarding the appropriate handling of properly anonymised data for managerial and regulatory purposes;
 - The importance of local auditing of data to improve accuracy
 - Wider engagement on the use of comparative statistics;
 - Publishing certain data, and especially hospital mortality indicators and patient outcome or experience information, in ways that are more meaningful and accessible;
 - The importance of involving patients in the design and use of statistics;
 - More system-wide engagement with clinicians and healthcare professionals;

¹ <https://www.gov.uk/government/news/government-publishes-initial-response-to-the-mid-staffordshire-nhs-public-inquiry-report>

- Ways of publishing more detailed breakdowns of complaints;
 - A programme of development for statistics on the efficacy of treatment;
 - The patient of having access to their own electronic record;
 - Transferring more data collections into the HSCIC;
 - Enabling the system to make greater use of information about patient experience and real time performance information.
7. The Government is keen to ensure that there is a comprehensive response to the Francis Inquiry. There is a lot of activity already in progress which will support the collective response to the Inquiry's report, including actions to implement the information strategy, "*The Power of Information*"².
8. The Government highlights in particular the role of NHS England, in implementing its Mandate, driving up quality and safety, holding the NHS to account through the NHS Outcomes Framework, and more recent initiatives, such as the publication of consultant-level data across a wider range of specialties. The emerging programmes regarding "care.data", the opening up of access to personal records, the Integrated Customer Service Platform will all be key drivers of change regarding health and social care information.
9. Three sentinel actions for Government are already in progress:
- The development and adoption of "Ofsted style ratings" for providers of care. The Secretary of State commissioned the Nuffield Trust to undertake a study on the feasibility of such a ratings system³. More work will be undertaken to design the new system, and the HSCIC expects to play a part in that work;
 - The Secretary of State has also asked the NHS Confederation to reflect on ways of reducing the administrative burden on the NHS. It has published its initial recommendations⁴, which emphasise the importance of the role of the HSCIC on the management of burden. Many of the recommendations are already consistent with the HSCIC's role;
 - NHS England's Medical Director is using data provided by the HSCIC in his review of 14 NHS Trusts who appear as statistical outliers for 2 consecutive years, when measured using either the Summary Hospital-level Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR).
10. The Government is also considering the introduction of legal sanctions for use with organisations who knowingly supply wrong information about key indicators, or wilfully generate misleading information. This is likely to have implications for our Data Quality Assurance function.
11. The Care Quality Commission also has a lead role to play in determining a new approach to the way information is used for regulatory purposes. We are progressing this through our relationship management activities. Our Clinical Indicators Team is working closely with the CQC analysts as they scope this work in detail. We are also arranging a joint meeting with the

² <http://informationstrategy.dh.gov.uk/>

³ <http://www.nuffieldtrust.org.uk/publications/rating-providers-quality>

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<http://www.nhsconfed.org/Documents/NHSC%20%20Early%20Findings%20of%20Bureaucracy%20review%20%20FINAL.pdf>

NHS Trust Development Authority to explore shared interests in the development and use of indicators, with particular relevance to mental health.

Corporate issues

12. The Board has an interest in establishing the profile and reputation of the HSCIC as a new organisation with a clear focus on engaging with health and care professionals, with patients and the public, and with its own staff.
13. As co-signatory to the Statement of Common Purpose, the HSCIC is reflecting on the cultural and organisational issues raised by the Inquiry. Our Transformation Programme will address this in detail, and we will start by producing briefing material for staff, which will be used to stimulate debate and discussion at staff and team meetings.
14. Organisations are also encouraged to ensure that there is explicit consideration about the patient/public perspective in all that they do. There will be many aspects of our work where this is not directly relevant, but it is important that we are able to describe our role in a way that is meaningful to the public. The Executive Director for Clinical and Public Assurance is leading on work to determine the organisational implications for our engagement with patients and the public.
15. There is an expectation that the participation of healthcare professionals and frontline staff in the information agenda will be an integral and transformational part of the change process. The HSCIC already works with health and care professionals, and the Executive Director for Clinical and Public Assurance is drawing up a new engagement plan to support this work.
16. One of the practical issues that we will need to address concerns the way we HSCIC handle statistical analyses which suggest that further enquiry is required where it appears there may be cause for concern. The HSCIC itself does not have a direct role in investigating activity trends. However, we work collaboratively with organisations which do, and so we should ensure that our Memoranda of Understanding with those organisations support the constructive sharing of data and analysis where there is reason to believe further investigation may be warranted.
17. Under the leadership of the Statistics Head of Profession, the HSCIC is taking a critical look at the way we publish data and statistical reports. We should use this work to reflect on ways of making the publications more engaging to the wider public.

HSCIC activities in response to the Francis Inquiry

18. We will :
 - i) Ensure that the HSCIC adheres to the Statement of Common Purpose and works collaboratively with all organisations across the information system to deliver the changes advocated by the Public Inquiry into Mid Staffordshire NHS Foundation Trust (Chief Executive);
 - ii) Reflect on the broad set of recommendations from the Public Inquiry itself to assess their implications for the way the HSCIC fulfils its statutory role (Acting Assistant Director: Planning, Performance and Policy);

- iii) Ensure that our Transformation Programme addresses the organisational and cultural challenges posed by the Inquiry and the Government's Initial Response (Executive Director of HR and Transformation);
- iv) Ensure that all corporate reports and publications include a specific statement (including cover sheets for Board papers, policy documents, project mandates and plans) explaining the patient/public interest (Director of Finance and Corporate Services);
- v) Prepare a new strategy for our engagement with patients, the public and their advocates (Executive Director of Clinical and Public Assurance);
- vi) Draw up an engagement plan for our clinical engagement activities (Executive Director for Clinical and Public Assurance);
- vii) Ensure that our Memoranda of Understanding with other organisations support the constructive sharing of data and analysis where there is reason to believe further investigation may be warranted (Acting Assistant Director: Planning, Performance and Policy);
- viii) Produce briefing material on all these commitments, to inform our key corporate messages, and for staff to use internally and with their customers (Director of Communications).

Recommendation

19. The Board is asked to note and comment on these proposals.