

**TO: HEALTH AND WELLBEING BOARD  
11 APRIL 2013**

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**FRANCIS INQUIRY  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 To update the Health and Wellbeing Board regarding the Francis Inquiry and the Government's response to the Inquiry with the purpose that the Board discusses and agrees a mechanism to identify the partners' roles and responsibilities to implement the recommendations.

**2 RECOMMENDATIONS**

**That the Board:**

- 2.1 **Agrees to take responsibility for oversight of the implementation of the recommendations.**
- 2.2 **Proposes a workshop to clarify roles and responsibilities for all organisations with a responsibility for implementing the recommendations.**

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 In order to implement successfully the recommendations from the report (Appendices 1 and 2), partners must take a co-ordinated approach.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 There is no alternative to implementing the recommendations made by the report following the Francis Inquiry.

**5 SUPPORTING INFORMATION**

- 5.1 The Francis Inquiry followed a series of investigations and report, including an investigation by the Healthcare Commission in 2009 and an independent inquiry also conducted by Robert Francis.
- 5.2 The Francis Inquiry report attributes accountability for the appalling care at Stafford Hospital to the Trust Board, but also points to a systemic failure by a range of national and local organisation to respond to concerns. The report indicated that this should not be regarded as a one-off event that could not be repeated elsewhere in the NHS.
- 5.3 The Inquiry looked at the hospital itself and the roles of the main organisations with an oversight role; it made 290 detailed recommendations. Many respondents to the inquiry indicated that they were not aware of the extent of the problems at the hospital and that failings had not been brought to their attention. The report disagrees with this stance, indicating that clear warning signs were available.

- 5.4 The overall picture from the report was that the Trust Board operated with a “culture of self-promotion rather than critical analysis and openness” and that organisations with a role in assessing performance at the hospital all too often accepted the hospital’s version of events at face value.
- 5.5 The overall recommendation is that all organisations involved in NHS commissioning, provision and regulation and “ancillary organisations” should consider the findings and recommendations from the report.
- 5.6 There is a role for the Health and Wellbeing Board to clarify and oversee the responsibilities of all the partners in implementing the recommendations.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 Not sought.

### Borough Treasurer

- 6.2 Not sought.

### Equalities Impact Assessment

- 6.3 An Equality Impact Assessment will be completed for any changes to policies and structures arising from implementing the recommendations.

### Strategic Risk Management Issues

- 6.4 There is a risk to people in the community and a reputational risk to partner organisation should the recommendations not be responded to appropriately.

### Other Officers

- 6.5

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 The Health and Wellbeing Board.

### Method of Consultation

- 7.2 It is proposed to hold a workshop for all organisations with a responsibility to implement the recommendations made by the report.

### Representations Received

- 7.3 Representations will be incorporated into an action plan.

### Background Papers

Unrestricted

None

Contact for further information

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