

BOARD PAPER - NHS ENGLAND

Title: Implementing the Recommendations of the Government's Response to the Francis Report and its Winterbourne Review Report

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Purpose of paper:

To provide assurance to the Board on the progress that NHS England is making to implement:

- The recommendations of *Transforming Care*, the Government's final report on the failures of quality of care at Winterbourne View; and
- The actions set out in *Patients First and Foremost*, the initial response to the public inquiry into failures of quality of care at Mid Staffordshire NHS Foundation Trust.

Key issues and recommendations:

- The paper sets out details of progress against the commitments in the system response to the Francis Report for which NHS England is the lead organisation.
- It explains how the first commitments from the concordat on Winterbourne View have been met, and sets out the next steps to build on this.

Actions required by Board members:

- To note the actions that have been taken on the Francis and Winterbournes reviews;
- To note the planned next steps; and
- To receive assurance that the progress made on both issues is in line with the commitments NHS England has given, and will have a key impact on the culture changes required to put patients at the centre of everything we do.

Implementing the Recommendations of the Francis and the Winterbourne Review Report

Executive Summary

1. This paper provides an update on the progress to address the outcomes of the government's final report on Winterbourne View and the Francis Report on Mid Staffordshire NHS Foundation Trust. How the NHS responds to these two reviews is a critical test of its ability to make a real difference to improving patient safety and to caring for some of the most vulnerable people in society.
2. The overarching lesson from events at both Mid-Staffordshire and Winterbourne View is that a fundamental culture change is needed to put people at the centre of the NHS. That is why our business plan, *Putting Patients First*, is oriented in its entirety towards supporting this cultural change.
3. *Putting Patients First* sets out how we at NHS England are committed to transparency, how we will assess our own progress and how we will be accountable for our actions. It sets eleven core priorities against which we will measure our performance and within which two measures take precedence above all others – firstly, whether patients would recommend their local NHS care, and secondly, whether NHS staff members have faith in the service they are contributing toward. We know there is good academic evidence of a relationship between patient experience of care and staff feeling supported and valued in their work. These indicators will tell us if everything else we do is amounting to genuine quality where it matters.
4. *Putting Patients First* also sets out how we will put patient care at the centre of everything we do through our work to:
 - promote the values of the NHS Constitution and uphold the rights it confers on people;
 - improve health outcomes;
 - promote equality and reduce health inequalities; and
 - make NHS England an excellent organisation so that we can work with partners, patients and public to deliver progress in all these areas .
5. So, our response to events at Mid-Staffordshire and Winterbourne View is about much more than a discrete list of actions. It is about everything we do. At the same time, the Government's response to the Francis Report and its report on Winterbourne View commits NHS England to specific actions. This paper provides an update on progress on these actions.
6. The Government's initial response to Francis, *Patients First and Foremost*, was published on 26 March on behalf of the health and care system. It addressed the key themes of the Francis report and set out the actions to be taken immediately.
7. Overall progress on these actions is set out in Part A below. The table at **Annex 1** sets out details of the commitments for which NHS England is the lead

organisation. It provides a progress report on each commitment and describes the further work required where appropriate.

8. A more detailed, system response to the Francis Report will be published in the autumn. It will respond directly to all of Francis's recommendations. NHS England will contribute fully to this second system response.
9. DH published *Transforming Care*, the Government's final report on Winterbourne View in December 2012. Alongside this report, NHS England signed up to a Concordat, setting out a joint commitment to a national programme of change. The Concordat commits NHS England to ensuring that all people with behaviour that challenges who are in in-patient care have their care reviewed and those who are inappropriately placed in hospital are helped to transfer to community-based support by June 2014. Progress on the Concordat is set out in Part B below and **Annex 2**. In brief, good progress has been made in delivering Concordat commitments so far. Further work is now being done with partner organisations, users and carers to assure the quality of care.

Introduction

1. This paper provides an update for the Board on the progress that has been made to address the outcomes of recent reviews into significant failures of the health and care system:
 - *Transforming Care*, the Government's final report on Winterbourne View; and
 - The public inquiry chaired by Robert Francis QC on Mid Staffordshire NHS Foundation Trust and *Patients First and Foremost*, the Government's initial response.
2. While the nature of these reviews, and the failures involved, were different it is important for NHS England to consider the implications of them together. These implications are profound and far-reaching. How the NHS responds will be a critical test of its ability to make a real difference to improving patient safety and the quality of services and to caring for some of the most vulnerable people in society.
3. The changes that are required to ensure that the NHS develops and fosters a culture of compassionate care in which patients are genuinely and consistently at the centre of everything the service does cannot be managed or delivered through a discrete programme management approach. However, NHS England has made commitments to implement a number of specific early actions and changes arising from the reviews, and this paper focuses on progress with those actions.

Part A – The Francis Report

Background

4. This section of the paper provides an update on the actions set out in *Patients First and Foremost*, the initial response to the public inquiry into failures of quality of care at the Mid Staffordshire NHS Foundation Trust.
5. The report of the public inquiry led by Robert Francis QC into Mid Staffordshire was published on 6 February. It told the story of the appalling suffering of many patients, primarily caused by a serious failure on the part of a Trust Board which did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention. It failed to tackle a culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. The report referred to the many checks and balances in the NHS system which should have prevented serious systemic failure of this sort but did not.
6. The report set out 290 recommendations but its overarching theme was clear: that a fundamental culture change is needed in the NHS to put patients first.

7. The government's initial response to Francis, *Patients First and Foremost*, was published by DH on 26 March on behalf of the health and care system. It set out how the NHS would begin to respond to Robert Francis's challenge to make patients 'the first and foremost consideration of the system and everyone who works in it'. It included a statement of common purpose, jointly developed and signed by a wide range of partners who share responsibility for patient care.
8. *Patients First and Foremost* did not respond directly to each of Francis's 290 recommendations. Rather it addressed the key themes of his report, and set out the actions that would be pursued immediately. The common thread running through the response is how the NHS can create a culture of compassionate care.

NHS England's Response

9. Even before the Francis Report and *Patients First and Foremost* were published, NHS England already had a good deal of work underway which was in line with the Francis Report recommendations. This included:
 - a range of actions and commitments made in the planning guidance, *Everyone Counts*;
 - the development of the authorisation process for CCGs with a clear focus on quality, shaped by the first Francis report;
 - the publication of the Chief Nursing Officer's vision and strategy with a supporting 3 year implementation plan for Nursing, Midwifery and Care Staff, *Compassion in Practice*;
 - the implementation of NHS England's Organisation Development Strategy, as a key driver of cultural change; and
 - hosting on behalf of the wider NHS system the National Quality Board, the NHS Leadership Academy, and NHS Improving Quality which play key roles in shaping the new culture.
10. But our response to events at Mid-Staffordshire is about much more than a set of initiatives. The overarching lesson from Mid-Staffordshire is that a fundamental culture change is needed to put people at the centre of the NHS. This is about everything we do. That is why our business plan, *Putting Patients First*, is oriented in its entirety towards supporting this cultural change.
11. *Putting Patients First* sets out how we at NHS England are committed to transparency, how we will assess our own progress and how we will be accountable for our actions. It sets eleven core priorities against which we will measure our performance and within which two measures take precedence above all others – firstly, whether patients would recommend their local NHS care, and secondly, whether NHS staff members have faith in the service they are contributing toward. We know there is good academic evidence of a

relationship between patient experience of care and staff feeling supported and valued in their work. These indicators will tell us if everything else we do is amounting to genuine quality where it matters.

12. *Putting Patients First* also sets out how we will put patient care at the centre of everything we do through our work to:
 - promote the values of the NHS Constitution and uphold the rights it confers on people;
 - improve health outcomes;
 - promote equality and reduce health inequalities; and
 - make NHS England an excellent organisation so that we can work with partners, patients and public to deliver progress in all these areas.
13. *Putting Patients First* also sets out our commitment to do business in a way that will promote cultural change. This includes our commitment to:
 - world class customer service, improving information, transparency and participation;
 - clinical and professional leadership to secure high quality, compassionate care;
 - work in partnership, recognising that changing culture in the NHS can only be achieved with the commitment of various organisations nationally and locally.
14. We recognise that success will require sustained action and leadership over a number of years. In this context, the table at **Annex 1** provides only a snapshot of progress. It sets out details of the commitments made in *Patients First and Foremost* for which NHS England is the lead organisation, or has a key role or responsibility. The table provides a progress report on each commitment and describes the further work required where appropriate.
15. The majority of these actions had been identified as priorities or objectives for NHS England in its business plan for 2013/14: *Putting Patients First*. A small number of the actions had not been identified in the business plan. These included working in partnership with CQC and other organisations to develop a new regime for the assessment, inspection and rating of hospitals.

Next Steps on the Francis Response

16. A second, more detailed, system response to the Francis Report will be published by DH in the autumn. This will go beyond the initial priority actions that have been taken since March. It will respond directly to all of Francis's recommendations, indicating the extent to which they have been accepted and how they are being implemented. The response will also address the findings of the independent reviews that were announced in *Patients First and Foremost*. These included the reviews of :
 - Patient safety, chaired by Prof Don Berwick;
 - Complaints, chaired by Ann Clwyd MP and Tricia Hart;
 - Healthcare assistants, chaired by Camilla Cavendish; and

- Reducing the burden of bureaucracy, chaired by Mike Farrar.
17. NHS England will contribute fully to this second system response. A further series of engagement events will then be undertaken around the country to explore with CCGs and NHS England staff the particular implications of the response for the commissioning system.

Part B – Winterbourne View

Context

18. This section of the paper provides an update on the actions undertaken by NHS England and its partners to implement the commitments made in the Winterbourne View review and to develop an enhanced quality assurance process.
19. Hospitals are not homes. NHS England’s aim is to ensure that people with challenging behaviour currently in inpatient beds are appropriately placed and safe and, if not, that alternative arrangements are made for them as soon as possible. The system will be transformed so that children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviours that challenge¹ do not live in hospitals for inappropriately long periods of time. There will be a rapid reduction in hospital placements for people with challenging behaviour by 1 June 2014.

Background

20. DH published *Transforming Care*, the Government’s final report on Winterbourne View in December 2012. Alongside this report, NHS England signed up to a Concordat, along with a range of other organisations in the health and care system, setting out a joint commitment to a national programme of change.
21. The specific commitments for NHS England and health and care commissioners under this Concordat are set out in the table at **Annex 2**, together with an update on progress. They included the requirements for:
- PCTs (primary care trusts) to develop registers of all people with challenging behaviour in NHS-funded care and hand over these registers to CCGs;
 - CCGs to review the care of all individuals with the local authority; and
 - CCGs to develop a personal care plan for each individual, based on their and their families’ needs and agreed outcomes.

¹ This paper uses the term “people with challenging behaviour” as shorthand for children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges, for whom we are looking to transform health and care services and improve the quality of the care offered.

Current Position

22. **Annex 2** shows that these actions have largely been achieved. However, while the process of completing and handing over the registers delivered the first of the Winterbourne View commitments, CCGs and other organisations have highlighted the need to do more work to ensure they are comprehensive, including age profile, secure services and CAMHS (child and adolescent mental health services).
23. An additional exercise was undertaken in July and August 2013 to ensure that people who challenge and who are in specialist funded mental health services are included in registers and have had a Winterbourne-style review. The returns from this exercise are currently being analysed.
24. Work is progressing according to plan on additional commitments made by NHS England, such as the development of learning disability commissioning incentives (CQUINs), service specifications and the NHS standard contract.

Next Steps on Winterbourne View

25. The summary in **Annex 2** sets out how many reviews have been completed, but does not give any assurance on the rigour or quality with which they have been undertaken. We have therefore set in hand work to implement an enhanced quality assurance process. This a collaborative exercise which will be run jointly by NHS England, the Association of Directors of Social Services, the Local Government Association and CQC. We are also working with the Joint Improvement Programme to engage representatives of users, carers and their families.
26. This quality assurance work will include:
 - further review of the care of former Winterbourne View patients. Priority will be given to those still in NHS-funded inpatient beds;
 - a wider sampling exercise to test the quality of reviews; and
 - a deep dive review of care for patients in services about which CQC has concerns.
27. NHS England collects anonymised reports from commissioners relating to the 48 former patients of Winterbourne View. This information identifies trends related to individual support. The last collection identified that, of the 48 former patients, 34 people were in social care settings and 14 in health settings. We are working with the relevant CCGs and Local Authorities to assure the quality of care for former Winterbourne View patients.
28. In addition to this quality assurance programme, we are working with Concordat partners through the Joint Improvement Programme to:
 - engage Health and Well-being Boards and reinforce the importance of their

role in ensuring effective local strategies for transforming care for people with learning disabilities;

- disseminate best practice about models of care;
- provide support to CCGs and Local Authorities where appropriate.

Recommendations

29. Members of the Board are requested to:

- **note** the actions that have been taken on the Francis and Winterbourne View reviews;
- **note** the planned next steps; and
- **receive assurance** that the progress made on both issues is in line with the commitments NHS England has given, and will have a key impact on the culture changes required to put patients at the centre of everything we do.

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September 2013

Update on Progress with the Actions for NHS England from the System Response to Francis, *Patients First & Foremost*

	Action from Patients First & Foremost	Update on Progress or Actions
1	<p>1.16 - As set out in the Secretary of State's Mandate, NHS England is required to reduce the number of incidents of avoidable harm and make measureable progress to embed a culture of patient safety in the NHS, including through improved reporting incidents. The NHS Outcomes Framework will be used to hold the NHS England to account for the improvements it makes through the commissioning of health services.</p>	<p>The National Reporting and Learning System has seen continued improvements in reporting, with the number of reports made in the most recent six months 5.9% above the equivalent period in the previous year. Reports of no harm incidents have increased by 5.8%, which is a particularly positive sign of a stronger patient safety culture.</p> <p>Efforts to increase the accuracy and completeness of reporting of the most serious incidents continue, with national roll-out of a new mortality review to identify and learn from potentially preventable deaths planned for April 2014.</p> <p>Comparing July 2013 with July 2012, pressure ulcers as measured by the Safety Thermometer have reduced by 21%. Comparing June 2013 with June 2012, clostridium difficile infections attributed to trusts reduced by 27%, and MRSA bloodstream infections reduced by 13%. The 61 cases of MRSA bloodstream infection recorded in June 2013 is the lowest monthly total since mandatory surveillance began.</p> <p>Trends in reported incidents leading to severe harm and death and medication incidents leading to severe harm and death are upwards, although as discussed in the latest Outcomes Framework technical annex, due to under-reporting, any increase in these indicators is as likely to be positive as any decrease.</p>
2	<p>1.19 - NHS England will hold CCGs to account for the quality outcomes they achieve and for financial performance, and have the power to intervene where there is evidence that CCGs are failing, or are likely to fail, their functions. As convenor of QSGs NHS England will work with CCGs, regulators,</p>	<p>In May, NHS England published the 'CCG Assurance Framework (outline proposals and interim arrangements)'. This is NHS England's initial proposal for how CCG assurance will be undertaken, prior to publication of a final framework following engagement with stakeholders.</p> <p>CCG assurance currently comprises an annual assessment informed by quarterly checkpoints. The checkpoint is presented as five domains of</p>

	Action from Patients First & Foremost	Update on Progress or Actions
	<p>providers and other partners to gather intelligence and information from local patients and services, to raise any concerns about quality, and to agree what action should be taken to address them,</p>	<p>a balanced scorecard looking at quality, the NHS Outcomes Framework and the quality premium, the NHS Constitution, finance and also any outstanding conditions of authorisation.</p> <p>Where performance concerns are identified, NHS England has the ability to provide enhanced support or, in rare circumstances, to intervene where the CCG is failing to discharge its functions. Nothing within the assurance framework should prevent a CCG from acting to prevent a significant quality breach and nothing should prevent NHS England taking steps to ensure that this quality oversight is in place.</p> <p>A working group is seeking to strengthen the draft framework around quality and outcomes to focus more on what the commissioner should be doing to assure quality and drive improvement.</p> <p>(See also the response to rec 2.17 below, on QSGs)</p>
3	<p>1.21 - With its statutory duty relating to improvement in quality, NHS England will continue to seek to create further incentives for providers to focus on the quality of services, learning from what has worked well and supporting local commissioners to develop effective quality incentives.</p>	<p>The work on the NHS Standard Contract and incentives review explicitly considers both how to embed quality within provider contracts, and when financial incentives are appropriate (as opposed to regulatory, operational or reputational levers). Emerging proposals for 14/15 include:-</p> <ul style="list-style-type: none"> - Further development and improvement of the NHS Safety Thermometer - Development of a cohesive set of incentives across all providers for integrated, patient centred care and patient experience <p>Development of evidence-based 'pick lists' of local indicators to support commissioners to develop effective quality incentives.</p>
4	<p>1.32 - Alongside Monitor, CQC, CCGs and other partners, NHS England will comply with the Health and Social Care Information Centre (HSCIC) guidance in the collection and publishing of data in relation to appropriate data on health and care.</p>	<p>The HSCIC has not yet published its guidance.</p>

	Action from Patients First & Foremost	Update on Progress or Actions
5	1.33 – NHS England will chair the Informatics Services Commissioning Group on behalf of the health and care system, to ensure the burden of data collection is significantly reduced.	The ISCG was established in February 2013 as a partnership group responsible for overseeing future investment in informatics in health and social care. The group is chaired by NHS England’s National Director of Patients and Information. Since its establishment, one of the key themes has been the reduction of the administrative burden. The ISCG is currently supporting joint work between the NHS Confederation and the HSCIC to reduce the bureaucratic burden on frontline staff.
6	1.36 - Drawing on the HSCIC, NHS England will lead on a modern data service - care.data	NHS England is leading on the development of a modern data service called <i>care.data</i> . The Senior Responsible Owner for the care.data programme is NHS England’s Director of Strategy and Intelligence. The care.data programme is being delivered by the HSCIC on behalf of all member organisations of the Informatics Services Commissioning Group (ISCG).
7	1.41 - NHS England will jointly work with the CQC and Department of Health to consider the recommendations of the Berwick Review and to work with other key stakeholders to agree the key roles and responsibilities for patient safety across the healthcare system	<p>The Berwick Report was published on 6 August and broadly welcomed by both DH and NHS England. NHS England’s Board will consider implementation proposals on 13 September.</p> <p>The paper recommends establishing a Berwick Implementation Group to manage NHS England’s response and the wider interactions with partner organisations, including CQC. It also provides a high level analysis of the potential implementation activities and resource requirements.</p> <p>Discussions are also underway with DH on the refresh of the mandate to capture the main deliverables from Berwick and reflect the potential resource requirements.</p>

	Action from Patients First & Foremost	Update on Progress or Actions
8	<p>1.42 - NHS England will develop and deliver a revised, easy-to-use and responsive National Reporting and Learning System (NRLS) that will provide a “one-stop-shop” for the NHS, clinicians, patients and the public to report patient safety incidents and receive advice. The National Patient Safety Agency will remain with NHS England but will be reviewed periodically.</p>	<p>The scoping exercise for the development of the new reporting and learning system is underway. This is based on the Berwick recommendations and is receiving input from stakeholders across the healthcare system.</p> <p>The scoping outputs will be used, once approved by NHS England stakeholders, as the basis of the business case for the procurement of the new system. The plan is to complete the business case by March 2014</p>
9	<p>2.3 - NHS England will work with the CQC, Monitor, NHS TDA to ensure that all organisations are sending a single measure of success to the system. Building on the work on Lord Darzi, there will be one agreed national definition of quality. The method will be consistent with the Mandate to NHS England and the NHS Outcomes Framework set by the Government.</p>	<p>Lord Darzi’s model is still held up by all organisations as the single definition of quality in the NHS. It is central to the organisation, operation and strategy of NHS England and underpins its accountability through the NHS Outcomes Framework.</p>
10	<p>2.4 - To work with the CQC, Monitor and the NHS TDA to agree together the data and the methodology for assessing hospitals.</p>	<p>NHS England has engaged with CQC and other partners over the new proposed CQC methodology and data for assessing ratings and quality. The process has been challenging but work is progressing to reach agreement between CQC, NHS England, TDA and Monitor.</p> <p>NHS England worked with the other partner organisations to develop the dataset which was used to inform the Keogh mortality reviews. Work is continuing to use this learning to shape the CQC’s new inspection regime and a common data set for quality (as was also recommended by Keogh).</p>

	Action from Patients First & Foremost	Update on Progress or Actions
11	2.9 - NHS England will actively engage with the Chief Inspectors' teams and other organisations including Monitor, the TDA as a pivotal part of the single failure regime and the national ratings for hospitals.	A joint statement on the single failure regime published by DH, NHS England, Monitor and TDA as background and explanation to the new regime to be set in legislation. This will establish parity between finance and quality within the failure regime.
12	2.12 <i>Ratings</i> - NHS England will work with the CQC and other partners including and the NHS TDA to agree an overall approach to provider assessment, which will aim to minimise duplication, reduce burdens and join-up intelligence.	See item 10 above (recommendation 2.4).
13	2.17 - NHS England will support and facilitate Quality Surveillance Groups to foster a culture of open and honest cooperation.	NHS England has facilitated the roll out and operation of QSGs in all areas and regions. The network has been fully live since March, and a cross-system steering group is carrying out a review on the model, operation and support to QSGs with a view to making them as effective as possible. The review is being carried out on behalf of the NQB, which will update guidance on QSGs and risk summits based on the findings.
14	2.22 - NHS England will work with providers, patient groups, speciality level organisations and those bodies such as the HSCIC and the CQC to ensure that data on services at speciality level is increasingly available.	<p>NHS England is consulting on how best to expand the data set extracted from hospitals. The intention is to make the expanded data set increasingly available to providers, commissioners, patients, and citizens through the care.data programme.</p> <p>In line with the commitment in <i>Everyone Counts</i> NHS England made data available at consultant level for a number of surgical specialties from June 2013. This data is now available on the specialist associations' websites.</p>
15	2.46 <i>Engaging and Involving Patients</i> - NHS England and all other key organisations in health and social care need to ensure they are listening to and understand the views of people who have experience	<p>Guidance is being produced for commissioners on individual and public participation, to be published in September 2013.</p> <p>The <i>Building Health Programme</i> aims to improve health outcomes through the development and national sharing of best</p>

Action from Patients First & Foremost	Update on Progress or Actions
<p>of using the NHS and care services so that the work they do is properly informed by the voice of patients and citizens.</p>	<p>practice in partnerships between CCGs, Health and Wellbeing Boards and the voluntary, community and social enterprise (VCSE) sector. Supported by NHS England, it is run by NAVCA and Social Enterprise UK in association with the Institute for Voluntary Action Research (IVAR).</p> <p>A support system for commissioners is being developed through a Commissioning Support Unit (CSU) “fieldforce” pilot to be rolled out Autumn 2013 across 4-6 CSUs.</p> <p>NHS England is developing the “Citizens Assembly” – a new approach to public and patient engagement in the NHS. A development day for an online platform is to be held in October 2013.</p> <p>NHS England has also developed partnerships with organisations across the VCSE sector to understand the views of people who have experience of using NHS and care services, through the system-wide voluntary sector strategic partner programme, VCSE sector sounding board, and other partnerships.</p> <p>Lay representation has been included in all Clinical Reference Groups across specialised commissioning within NHS England. Lay chairs are currently also being recruited for the Clinical Priorities Advisory Group and Rare Diseases Advisory Group. A similar approach to building in patient and public participation is currently being explored with Health in Justice, Armed Forces Health and Primary Care Commissioning. Patient representation is being built into governance structures throughout NHS England.</p> <p>A “people bank” is being established – an online tool to support patients and the public to register their interest in representation roles throughout NHS England.</p> <p>An accessible information standard is to be implemented throughout the NHS from May 2014 for how information is presented to patients based on their individual requirements.</p>

	Action from Patients First & Foremost	Update on Progress or Actions
16	<p><i>2.50 Patient and Staff Feedback</i> - NHS England will continue to work with providers to determine how the 'Friends and Family Test' can be rolled out further.</p>	<p>The first set of data for the NHS Friends and Family test (FFT) was published on 30 July for inpatients and A&E for April, May and June. This meant that for the first time, relatively real time feedback was received from patients having been treated in around 4,500 NHS wards and 144 A&E services. The introduction of the FFT allows hospital trusts to gain real time feedback on their services down to individual ward level and increases the transparency of NHS data to drive up choice and quality.</p> <p>Over 400,000 NHS patients completed the survey. In June, only 36 wards out of 4,500 received a negative score. For A&E in June, just one service received a negative score. Inpatient data was submitted by all 157 acute trusts as well as Independent sector providers, and A&E data by all 144 providers of relevant A&E services. There has been a steady increase in the numbers of respondents each month, increasing from 108,000 in April to 160,000 in June, with a total of 404,657 responses gathered for the quarter April to June. The England-wide response rate for both inpatient and A&E surveys was 13.1 per cent.</p> <p>The FFT will be introduced to maternity services from October 2013 and to all other NHS settings by March 2015. Guidance to support the introduction of the FFT for staff from April 2014 is on course to be published in the autumn.</p>
17	<p><i>2.51 Patient and Staff Feedback</i> - NHS England will work to ensure that much more regular staff feedback on the 'Friends and Family Test' becomes the norm.</p>	<p>Regular staff feedback and comment is just as important as feedback from patients in ensuring that health services are responsive to the needs of their patients. The existing annual NHS staff survey asks a wide range of questions of staff about their views on the organisations they work in. This will be supplemented by the roll-out of a Friends and Family question for staff across the NHS during 2014/5, which will be asked at least quarterly.</p>

	Action from Patients First & Foremost	Update on Progress or Actions
18	<i>2.56 Healthwatch</i> - NHS England will embed views from the network and Healthwatch England to ensure that the voices of people who use health and social care services are heard within NHS England.	A paper was shared with Healthwatch England on 28 June to update them on key areas of NHS England's work. A revised draft of a partnership agreement has been produced by Healthwatch England and reviewed by NHS England. Healthwatch England engaged with the development of the NHS England Stakeholder group for Insight and Feedback.
19	<i>3.2 Fundamental Standards</i> - NHS England will work with the Department of Health, the CQC, Monitor, NHS TDA, and NICE and consult with the public to develop a small number of fundamental standards focusing on key areas of patient care.	NHS England has begun engagement with DH and other partners on the role and shape of fundamental standards, as described in the CQC's consultation on its future model of standards and inspection. NHS England will provide initial views to CQC in September.
20	<i>3.11 Time Limited Failure Regime for Quality as Well as Finance</i> - NHS England will work with regulatory bodies to agree a single national definition of quality, consistent with the Mandate and the NHS Outcomes Framework. This agreed quality framework will include consistent use of data to support assessment.	See item 9 above (recommendation 2.3).
21	<i>4.15 Clear Responsibilities for Tackling Failure</i> - NHS England will support Clinical Commissioning Groups in improving commissioning.	The Business Plan, ' <i>Putting Patients First</i> ' sets out a clear commitment to supporting, developing and assuring CCGs. The 2013/14 CCG Development framework describes how NHS England will meet this commitment. NHS England will use its leverage of development resources internally and with national partners such as the NHS Leadership Academy and NHS Improving Quality to ensure CCGs have the support they need.

	Action from Patients First & Foremost	Update on Progress or Actions
22	<p>5.4 <i>Staffing Levels</i> - NHS England will work with Department of Health, NICE, the CQC on Robert Francis' recommendation for evidence-based guidance and tools to inform decisions made by local professional leaders on appropriate staffing levels for high quality.</p>	<p>The Berwick review recommended NICE be commissioned to interrogate the evidence around staffing levels and safety to provide further advice for the NHS. Berwick then recommended this advice and associated tools and guidance be used by NHS-funded provider organisations to ensure their staffing levels are safe. This recommendation will be considered by the Berwick Implementation Group discussions.</p> <p>The NQB will consider proposed guidance on getting staffing levels right in November 2013.</p>
23	<p>5.8 <i>Making Time to Care</i> - Supporting commissioners to provide staff with digital technology that helps them manage health and care work and to support a move to paperless referrals in the NHS by March 2015.</p>	<p>The £260m <i>Safer Hospitals, Safer Wards Technology Fund</i> announced by the Secretary of State was launched in July. It is open to all NHS Foundation Trusts and NHS Trusts to support rapid progress from paper-based systems to integrated digital care records and the development of ePrescribing. Over 760 expressions of interest have been received, requesting over £650m of funding. These are being reviewed and an announcement on the award of funding is due in October.</p>
24	<p>5.27 <i>Caring for Older People</i> - Work with the Department of Health and other partners to establish the best ways to promote and enable integration of local services in order to jointly publish a common purpose framework.</p>	<p><i>Our shared commitment</i> was published in May of this year, jointly with 13 national partners, outlining our shared approach to helping local areas provide integrated care and support for their populations. We are now undertaking a major programme of work to enable integrated care and support nationally – including through the integrated care pioneers programme.</p> <p>Following the government's announcement in the spending review for 2015/16 NHS England, is also working with the LGA, DH and DCLG to introduce a £3.9bn Integration Transformation Fund, which will require CCGs to pool funds with local authorities to support plans for local integration.</p>

**Update on Progress with Commitments from the
Winterbourne View Concordat**

	Concordat Commitment	Progress
1	To ensure that all Primary Care Trusts developed registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care no later than 1 April 2013; and	This was completed for all PCTs
2	To make clear to Clinical Commissioning Groups (CCGs) in their handover and legacy arrangements what is expected of them, including: <ul style="list-style-type: none"> • in maintaining the local register from 1 April 2013; and • reviewing individuals' care with the Local Authority and identifying who should be the first point of contact for each individual. 	All CCGs have confirmed that they had registers of all people with challenging behaviour in place from 1 April 2013 and that mechanisms are in place for their maintenance. All CCGs have confirmed that when reviewing individuals' care with the Local Authority they have identified who should be the first point of contact for each individual.
3	By 1 June 2013, commissioners, working together and with service providers, and with people who use services and families, should review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes.	A total of 1317 CCG-funded patients met the definition for a review in line with the Concordat commitments. Of these, 1,279 reviews had been completed by the deadline of 1 June 2013 and 38 were outstanding. All reviews have now been completed.
4	Commissioners should put these plans into action as soon as possible, so that all individuals receive personalised care and support in appropriate community settings no later than 1 June 2014	Work in progress. Enhanced Quality Assurance programme will

	Concordat Commitment	Progress
5	Commissioners should ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.	Covered as part of stocktake of Local Authorities and CCGs conducted by Joint Improvement Programme. Returns currently being assessed.
6	Work with partners to develop practical resources for commissioners, including: <ul style="list-style-type: none"> • model service specifications • new NHS contract schedules • CQUIN incentives • a joint health and social care self-assessment framework • embedding Quality of Health Principles in contracts 	Work on model service specification for adults has been completed. Work on specification for children will be completed by October. Work on new NHS contract schedules, self-assessment framework and embedding Quality of Health principles in contracts completed. Development work on CQUIN done and subject to wider decisions about CQUIN framework for 2014/15