


Croydon Clinical Commissioning Group
**REPORT TO CROYDON CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING IN PUBLIC**
26 May 2015
Title of Paper: FRANCIS REPORT UPDATE

Lead Director	Sean Morgan, Interim Director of Quality and Governance
Report Author	Sean Morgan, Interim Director of Quality and Governance
Committees which have previously discussed/agreed the report.	CCG Senior Management Team - 19 May 2015 The Governing Body agreed the Francis Report action plan on 30 July 2013. The six-monthly review of the action plan was presented to the Quality Committee in February 2014
Committees that will be required to receive/approve the report	Croydon Health and Well-Being Board
Purpose of Report	For information and noting

Recommendation:

The CCG Governing Body is asked to:

- Note the update against each of the actions identified in July 2013 in response to the publication of the Francis Report following the events at Mid-Staffordshire NHS FT

Background:

The report of the full public inquiry into the failings at the Mid Staffordshire Foundation Trust was published on 6 February 2013. The inquiry, led by Robert Francis QC, looked at the role of commissioning, supervisory and regulatory bodies and why serious problems at the Trust were not identified and acted on sooner.

All NHS organisations considered the findings and the 290 recommendations, and Croydon CCG Governing Body agreed an action plan against those recommendations that related to CCGs, on 30 July 2013.

It was recognised in July 2013 that understanding the recommendations of the Francis report was not about creating a new work stream of CCG activity but was fundamentally about strengthening the CCG's quality assurance, systems and processes. The Francis action plan aimed to ensure that the recommendations are embedded in the mainstream activities of the CCG.

The Francis Report recommended that each organisation should report on progress with its action plan, at least annually. This report provides an update as at the close of the 2014/15 financial year.

Key Issues

The CCG action plan

The Francis Report recommendations relating to CCGs come under the following themes:

- Accountability for the implementation of the recommendations
- Putting the patient first
- A common culture made real throughout the system – an integrated hierarchy of standards of service
- Responsibility for, and effectiveness of, healthcare standards
- Effective complaints handling
- Commissioning for standards
- Local scrutiny
- Performance management and strategic oversight
- Openness, transparency and candour
- Caring for the elderly
- Information

The CCG has continued to work with providers, regulators and stakeholders including patients and the local public to progressively improve the safety and quality of services commissioned for Croydon residents. To this end the changes in practice envisaged by the Francis Report have been embedded in the approach the CCG takes to commissioning, including through the clinically-led quality monitoring of local services (including through the Clinical Quality Review Groups) and its governance via the Quality Committee and the Governing Body.

The key developments and issues under each theme are as follows:

Accountability for the implementation of the recommendations

One of the CCG's key objectives is '*to commission safe, high quality services in the right place, in the right time*'. This is a commitment to ensure high quality patient-centred care and that the issues identified by Robert Francis do not occur in Croydon. The CCG action plan was developed to address the recommendations of the report and built on the quality and safety agenda already identified within the CCG. Good progress has continued to be made across the action plan, since the last review in February 2014, as set out below.

Putting the patient first

The fundamental workstream at the heart of the CCG's development of a new Organisational Development Plan is to reconfirm the organisation's core values and the behaviours expected of all staff, which will include the core values expressed in the NHS Constitution. The Organisational Development Plan will have an implementation plan describing how these values will be incorporated within staff's individual and team objectives.

Fundamental standards of behaviour

There is one recommendation under this theme relating to the encouragement to staff to report incidents of concern, which relates primarily to provider staff, and the CCG continues to work with local providers to raise awareness of the importance of reporting incidents and concerns about patient safety, and is supportive of providers when incident reporting rates rise as a result. This objective is coordinated through the CQRGs.

A common culture made real throughout the system – an integrated hierarchy of standards of service

The CCG chooses local standards, including those incentivised through the CQUIN element of the standard NHS contract, to complement the national quality standards, e.g. there is a focus on improving the care of patients with dementia in 2014/15. There is an annual process of reviewing these local standards including input from the CCG's clinical leaders, prior to the next year's contracts being set.

Responsibility for, and effectiveness of, healthcare standards

These recommendations primarily relate to the enforcement of contractual requirements and to working with health care regulators. With respect to patient safety and quality the CCG adopts a rigorous approach to contract management to ensure that high standards are set and adhered to, and any contract penalties are implemented. The CCG works with NHS England and the regulators to share information of interest and soft intelligence on the quality of local services, including through the South London Quality Surveillance Group.

One of the main priorities at the present time is to improve the access times to emergency care, which are currently below the standards set. The CCG is also working to improve the accessibility of mental health services, both in terms of the range of services on offer and improving the waiting times for both assessment and treatment.

Effective complaints handling

The action plan update attached sets out how the Complaints Policy operates to ensure that complainants are supported in raising concerns, which are heard and addressed and that learning is identified and acted on. The CCG receives regular reports on complaints and PALS contacts and builds these into contract monitoring and to informing future commissioning decisions.

The CCG receives a complaints report from each provider which shows the trends by area and by topic and analyses the main themes raised, but the CCG does not receive individual complaints directed to providers. This is sufficient to give assurance on the quality of services commissioned and further detail can be requested of providers when required.

Commissioning for standards

There were 12 recommendations relating to CCGs responsibilities under this theme, and the update attached sets out the actions to take each of these forward. Fundamentally, the CCG is commissioning to improve the quality of care for the population of Croydon including through redesigning patient pathways (with 18 improved pathways now in place). There are comprehensive monitoring arrangements in place with the main local providers focused through the CQRGs.

An area where quality monitoring could be extended is in relation to nursing home care commissioned by the CCG, and this will be a focus for the future.

Local scrutiny

There is one recommendation under this theme for CCGs relating to the safe transfer of patients in the event of the immediate suspension of a service being necessary. Planning for such an eventuality will be reviewed to ensure that it is in line with current best practice.

Performance management and strategic oversight

The key quality metrics are identified and reported to CQRGs and to every meeting of the Quality Committee and the Governing Body. Information from providers is compared with information from other sources, including patient feedback and soft intelligence from regulators. The CCG quality lead now has a regular programme of visits to clinical areas and the feedback from these is reported to the Quality Committee. Through adherence to this framework the CCG is assured about the quality of local services, and where performance concerns arise that they are identified and appropriate action is initiated.

Openness, transparency and candour

Since the publication of the Francis Report and the CCG adoption of this action plan a new legal Duty of Candour has been established, and the approach to monitoring of compliance against this duty has been agreed with Croydon Health Services.

Caring for the elderly

The specific recommendations under this theme are primarily directed at providers. The CCG monitors the implementation of these actions, including through the provider quality reports at the CQRGs but also now through the programme of visits to clinical areas being undertaken by the Quality Lead.

Information

The information utilised in quality monitoring includes patient feedback, through the Friends and Family Test and also through complaints, compliments and PALS contacts. Risks relating to patient safety and quality are specifically reviewed at the Quality Committee. The committee also periodically considers whether it is satisfied with the presentation of information on quality, so that the data, analysis and accompanying narrative are providing the insight required to give assurance to the Governing Body.

This Report provides an update on the current status against each of the recommendations directly relevant to the CCG. The appendix shows that good progress has been made across all recommendations. An additional column has been added to the right of the action plan, with the March 2015 update.

Governance:

Corporate Objective	To commission integrated, safe, high quality service in the right place at the right time.
Risks	The risk register includes risks relating to patient safety and commissioning of high quality services.
Financial Implications	None
Conflicts of Interest	None
Clinical Leadership Comments	The action plan was presented to the Clinical Leaders on 20 July 2013.
Implications for Other CCGs	Croydon CCG works with the lead commissioner of non-local providers which provide assurance regarding the quality of care and the CCG provides assurance to associate commissioners of Croydon Health Services NHS Trust in fulfilling its responsibilities as lead commissioner
Equality Analysis	Equality of outcomes is a significant measure of service quality, and quality monitoring information needs to be continually refined to enable assurance against this objective.
Patient and Public Involvement	The action plan includes utilisation of patient and public feedback on service quality by both providers and commissioners as a core part of quality monitoring.
Communication Plan	The action plan is available on the website
Information Governance Issues	Information Governance is not a concern with respect to this report.
Reputational Issues	Failure to manage quality issues effectively would attract adverse attention from patients, the public and NHS England.

Appendix 1

Francis Report Recommendations: Actions for Croydon Clinical Commissioning Group

Note: Whilst not a regulatory body, the CCG can use the principles of some recommendations relating to regulatory bodies in its role as a commissioner. Therefore there are some actions against recommendations not directly for the CCG.

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
<p>Accountability for the implementation of the recommendations These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service.</p>						
1	Implementing the recommendations	<p>It is recommended that</p> <ul style="list-style-type: none"> All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions; In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by 	✓	<p>Actions: Review recommendations and publish statement beginning of August</p> <p>CCG to write to all providers for response to Francis Report and monitor progress through normal contractual routes.</p> <p>CCG to amend contracts where necessary during 2013/14 as result of commissioner and provider outcomes of review</p>	<p>Director of G&Q</p> <p>Quality Team</p> <p>Contracting Team</p>	<p>Actioned as business as usual, the Clinical Quality Review Groups (CQRGs) monitor progress periodically (e.g. Croydon Health Services report for 27/02/15 meeting)</p>

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		<p>other organisations;</p> <ul style="list-style-type: none"> ▪ The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report 				
2		<p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:</p> <ul style="list-style-type: none"> ▪ A common set of core values and standards shared throughout the system; ▪ Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; ▪ A system which recognises and applies the values of transparency, honesty and candour; ▪ Freely available, useful, reliable and full information on attainment of the values and standards; ▪ A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system. 	✓	<p>Actions: The CCG will implement the Francis report recommendations that directly relate to the CCG.</p> <p>It will work with partners and respond to any changes to the system as result of changes brought on by other partners as a result of these recommendations</p>	Director of G&Q	Actioned, see below for further detail
<p>Putting the patient first The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.</p>						

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
3	Clarity of values and principles	The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system’s common values, as well as the respective rights, legitimate expectations and obligations of patients.	✓	Recruitment and contracts already evidence the essential requirement for staff to comply with the NHS Constitution, Professional, NHS Managers and Management Codes of Conduct. The NHS Constitution is also reflected in the CCGs Constitution	HR Team	Original action stands. The CCG is developing a new Organisational Development Plan which will reconfirm the organisation’s core values and the behaviours expected of all staff
4		The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	✓			
5		In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: <ul style="list-style-type: none"> ▪ Staff put patients before themselves; ▪ They will do everything in their power to protect patients from avoidable harm; ▪ They will be honest and open with patients regardless of the consequences for themselves; ▪ Where they are unable to provide the assistance a patient needs, they will direct them where possible to those who can do so; ▪ They will apply the NHS values in all their work. 	✓			
7		All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	✓			
Fundamental standards of behaviour						
Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those						

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update	
		who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards					
12		Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	✓	The CCG welcomes feeding back to staff action taken or not. Action This will be formalised as part of the Serious Incident policy and the Complaints policy review.	Quality Team	The CCG works to the national guidance for the reporting and management of SIs	
		A common culture made real throughout the system – an integrated hierarchy of standards of service No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.					
13	The nature of standards	Standards should be divided into: <ul style="list-style-type: none"> ▪ Fundamental standards of minimum safety and quality – in respect of which non-compliance should not be tolerated. Failures leading to death or serious harm should remain offences for which prosecutions can be brought against organisations. There should be a defined set of duties to maintain and operate an effective system to ensure compliance; ▪ Enhanced quality standards – such standards could set requirements higher than the fundamental standards but be discretionary matters for commissioning and subject to availability of resources; 	✓	Fundamental standards are those defined by national standards. The CCG sets enhanced standards through CQUINs. Action: The CCG will work with providers and regulators to establish other enhanced and developmental standards.	Commissioning and Contracting teams	The CCG has an annual process of setting local enhanced standards for its main local providers, which are incentivised through the CQUIN contractual process.	

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		<ul style="list-style-type: none"> Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness and are more likely to be the focus of commissioners and progressive provider leadership than the regulator. <p>All such standards would require regular review and modification.</p>				
15		All the required elements of governance should be brought together into one comprehensive standard. This should require not only evidence of a working system but also a demonstration that it is being used to good effect.	✓	Actions: Whilst this requires a national response, locally the CCG will produce a schematic representation of the health and social care governance to ensure clarity for all local stakeholders	Quality Team	The Commissioning for Quality Improvement Framework describes the governance relating to quality and is in the process of being updated for 2015/16
17		The NHS Commissioning Board together with Clinical Commissioning Groups should devise enhanced quality standards designed to drive improvement in the health service. Failure to comply with such standards should be a matter for performance management by commissioners rather than the regulator, although the latter should be charged with enforcing the provision by	✓	The CCG sets enhanced standards through CQUINs. These are monitored through the formal contractual process	Commissioning and Contracting teams	Quality monitoring of both national standards and local enhanced standards is through the

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		providers of accurate information about compliance to the public.				Clinical Quality Review Groups (CQRGs)
Responsibility for, and effectiveness of, healthcare standards						
28		Zero tolerance: A service incapable of meeting fundamental standards should not be permitted to continue. Breach should result in regulatory consequences attributable to an organisation in the case of a system failure and to individual accountability where individual professionals are responsible. Where serious harm or death has resulted to a patient as a result of a breach of the fundamental standards, criminal liability should follow and failure to disclose breaches of these standards to the affected patient (or concerned relative) and a regulator should also attract regulatory consequences. Breaches not resulting in actual harm but which have exposed patients to a continuing risk of harm to which they would not otherwise have been exposed should also be regarded as unacceptable.	✓	Actions: Zero tolerance - The CCG will instigate its contractual levers and work with regulators as necessary.	Commissioning and Contracting teams	Performance management of providers against the contractual standards is ongoing. Contractual penalties are applied as set out. SIs are investigated and RCAs reviewed. SI themes are reviewed.
30	Interim measures	The healthcare regulator must be free to require or recommend immediate protective steps where there is reasonable cause to suspect a breach of fundamental standards, even if it has yet to reach a concluded view or acquire all the evidence. The test should be whether it has reasonable grounds	✓	Actions: The CCG will work to this principle and work with the regulatory as necessary.	Commissioning and Contracting teams	The CCG discusses provider performance with the NHS TDA, NHS

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		in the public interest to make the interim requirement or recommendation.				England and the CQC
31		Where aware of concerns that patient safety is at risk, Monitor and all other regulators of healthcare providers must have in place policies which ensure that they constantly review whether the need to protect patients requires use of their own powers of intervention to inform a decision whether or not to intervene, taking account of, but not being bound by, the views or actions of other regulators.	✓	Actions: The CCG will develop a programme of review with all its providers	Quality team	Principal responsibility is with the regulators, the CCG works with them (e.g. through the South London Quality Surveillance Group)
32		Where patient safety is believed on reasonable grounds to be at risk, Monitor and any other regulator should be obliged to take whatever action within their powers is necessary to protect patient safety. Such action should include, where necessary, temporary measures to ensure such protection while any investigation required to make a final determination is undertaken.	✓	Actions: The CCG will work to this principle and work with the regulatory as necessary.	Director of G&Q Quality Team	As per 31 above.

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
35	Need to share information between regulators	Sharing of intelligence between regulators needs to go further than sharing of existing concerns identified as risks. It should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern. Work should be done on a template of the sort of information each organisation would find helpful.	✓	Actions: The CCG will develop relationships with regulators to share data, information and intelligence.	Director of G&Q Commissioning and Contracting teams	As per 31 above.
42	▪ Serious Untoward Incidents	Strategic Health Authorities/their successors should, as a matter of routine, share information on serious untoward incidents with the Care Quality Commission.	✓	Actions: The CCG will work with the CQC to share SIs This will be formalised as part of the Serious Incident policy review.	Director of G&Q / Quality Team	Regulators are able to access SIs notified through the STEIS system
43	▪ Media	Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.	✓	The CCG currently monitors all media reports relating to Croydon	Communications Team	Action ongoing as business as usual
Effective complaints handling Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care.						
109		Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should	✓	The CCG has a complaints and Patients Advice Liaison Service which supports patients to make a complaint in a number of ways.	Quality Team	The PALS service is still in place

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		trigger a uniform process, generally led by the provider trust.		<p>The CCG also has a number of methods to receive patient comment and feedback such as the PALS Service and website</p> <p>The CCG establishing other engagement forums to promote discussion such as the quarterly patient forum.</p> <p>The CCG has also established the amber alert card for GPs to feedback issues.</p> <p>Action: Role out amber alert card to commissioning managers</p>	<p>Quality Team</p> <p>PPI Team</p> <p>Quality Team</p> <p>Quality Team</p>	<p>The Patient Forum is still meeting quarterly</p> <p>The GP amber alert system is still in place</p> <p>The amber alert system has been dedicated for GP practices. Commissioning managers raise concerns through line management processes</p>
110	Lowering barriers	Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at	✓	The CCG would not prevent the investigation of a		Section 6.11 of the

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.		complaint due to potential litigation. Action: This will be formalised as part of the complaint policy review.	Quality Team	Complaints Policy makes it clear that the complaints procedure should not automatically be suspended or cease because a complainant is taking legal action. However, the Policy emphasises the need to ensure handling of the complaint does not prejudice any legal action.
112		Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	✓	Where the CCG sees cause for concern through any route it would be formally investigated Action:	Quality and	The Policy provides for both informal complaints (concerns) and formal

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
				This will be formalised as part of the complaint policy and PPI strategy review	PPI teams	complaints to be investigated. Section 3.3 of the Policy which requires logging and processing of informal complaints and provision of a summary of the outcome to the Complaints Team for logging and closure. In the event that the complainant remains dissatisfied with the local resolution they have the right for the complaint to be handled through the

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
						formal route.
113	Complaints handling	The recommendations and standards suggested in the Patients Association’s peer review into complaints at the Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.	✓	Actions: CCG to review	PPI Team	This is incorporated within the Complaints Policy
114		Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	✓	Where the CCG sees cause for concern through any route it would be formally investigated Action: This will be formalised as part of the SI policy review	Quality Team	Section 4.6 of the Complaints Policy covers Serious Incidents and Safeguarding issues. It requires that where a complaint leads to the identification of a serious incident (SI), the CCG’s serious incident policy should be followed. The

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
						SECSU serious incident policy will apply. There is a also a process for escalation of GP Amber Quality Alerts
116	Support for complainants	Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support.	✓	Actions: Work with providers to ensure feedback surveys from complainants on complaint support.	Quality Team	Section 2.1 of the Complaints Policy highlights the role of the advocacy services in supporting complainants. All complainants are provided with a Complaints Guidance Sheet by the CSU Complaints Team at the acknowledgement stage.

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
						This explains the process, including access to advocacy services and provides the relevant contact details.
118	Learning and information from complaints	Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust’s response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.	✓	Action: This will be formalised as part of the complaints policy review	Quality Team	This is actioned by providers for complaints to them. The CCG policy is next due for review in December 2015 and this requirement will be formalised through the policy at that time.

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
120		Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and their outcomes on as near a real-time basis as possible. This means commissioners should be required by the NHS Commissioning Board to undertake the support and oversight role of GPs in this area, and be given the resources to do so.	✓	Action: The CCG will work with Trusts and NHS England as required to agree an appropriate mechanism to share complaints.	Director of G&Q / Quality Team	Providers submit a Complaints Report to the CCG setting out the trends and the significant issues and themes raised. The CCG does not expect to receive copies of individual complaints. NHS England continues to hold responsibility for handling complaints about GPs, and that information is not shared with CCGs

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
Commissioning for standards						
123	Responsibility for monitoring delivery of standards and quality	GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.	✓	The CCG has established an amber alert system for GPs to report concerns and issues about providers. The CCG is using this information to ensure individual concerns are address but also that theme can be identified and acted upon.	Quality Team	The GP amber alert system is still in place, and thematic reports are produced on a quarterly basis for review at the Quality Committee
124	Duty to require and monitor delivery of fundamental standards	The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider whether it would incentivise compliance by requiring redress for individual patients who have received sub- standard service to be offered by the provider. These must be consistent with	✓	Fundamental standards are those defined by national standards. The CCG sets enhanced standards through CQUINs. Action: The CCG will work with providers and regulators to establish other enhanced and	Commissioning and Contracting teams	All contracts contain schedules of standards and KPIs, and developmenta l standards are incentivised through the contractual CQUINs

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		fundamental standards enforceable by the Care Quality Commission.		developmental standards. The CCG will develop a programme of review for the services it commissions	Quality Team	
125	Responsibility for requiring and monitoring delivery of enhanced standards	In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards. They can incentivise such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the organisations for which they work.	✓			As per 124 above
126	Preserving corporate memory	The NHS Commissioning Board and local commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure the information conveyed is both candid and comprehensive. This code should cover both transitions between commissioners, for example as new clinical commissioning groups are formed, and guidance for commissioners on what they should expect to see in any organisational transitions amongst their providers.	✓	A rigorous national and local transition process took place to ensure safe hand over of functions to new organisations post 1 April	Director of G&Q	This was actioned as part of the legacy process when the PCT functions were transferred to successor bodies, including the CCG
128	Expert support	Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement	✓	The CCG obtains its wide range of expertise from the South London Commissioning Support Unit. It as a	Director of Commissioning	Clinical advice is provided by the Clinical Leaders and

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		expertise. When groups are too small to acquire such support, they should collaborate with others to do so.		contingency in case other expertise is required.		other Members, and clinical advice on quality monitoring is sourced from South East CSU. Expert procurement advice is sourced from SBS, via SECSU
129	Ensuring assessment and enforcement of fundamental standards through contracts	In selecting indicators and means of measuring compliance, the principal focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained. This requires close engagement with patients, past, present and potential, to ensure that their expectations and concerns are addressed.	✓	Actions: The CCG will identify the key indicators of safety	Quality Team	The CCG Quality Report includes a range of quality indicators including from the NHS Safety Thermometer , other published national data and data sourced from local providers.

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
130	Relative position of commissioner and provider	Commissioners – not providers – should decide what they want to be provided. They need to take into account what can be provided, and for that purpose will have to consult clinicians both from potential providers and elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.	✓	The CCG fully supports this. The commissioning of high quality and safe services is one of its key objectives.	Director of G&Q	The CCG exercises its responsibility to commission safe, high quality services, based on assessments of local population need
131	Development of alternative sources of provision	Commissioners need, wherever possible, to identify and make available alternative sources of provision. This may mean that commissioning has to be undertaken on behalf of consortia of commissioning groups to provide the negotiating weight necessary to achieve a negotiating balance of power with providers.	✓	The CCG has collaborative agreements with other South West London CCGs to work together	Director of Commissioning	The South West London CCGs continue to work together through the Commissioning Collaborative
132	Monitoring tools	Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period: <ul style="list-style-type: none"> ▪ Such monitoring may include requiring quality information generated by the provider. ▪ Commissioners must also have the capacity to undertake their own (or independent) audits, inspections, and investigations. These should, where appropriate, include investigation of 	✓	Action: The CCG will develop a systematic approach to all its contracts, although the approach may vary from provider to provider depending on the size and risk of the service provider.	Commissioning and Contracting teams	The CCG leads contract monitoring with CHS as lead commissioner and leads a local CQRG with SLaM, as

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		<p>individual cases and reviews of groups of cases.</p> <ul style="list-style-type: none"> ▪ The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to effective regulation. ▪ Monitoring needs to embrace both compliance with the fundamental standards and with any enhanced standards adopted. In the case of the latter, they will be the only source of monitoring, leaving the healthcare regulator to focus on fundamental standards. 				<p>well as participating in the four-borough CQRG. Contract monitoring is consolidated into an Integrated Report which contains finance, activity, performance and quality sections for the other main acute providers. There is a separate monthly meeting to review the consolidated information on all integrated care contracts</p>

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
133	Role of commissioners in complaints	Commissioners should be entitled to intervene in the management of an individual complaint on behalf of the patient where it appears to them it is not being dealt with satisfactorily, while respecting the principle that it is the provider who has primary responsibility to process and respond to complaints about its services.	✓	Actions: Work with providers to agree a process to intervene	Quality Team	The CCG would intervene on a patient’s behalf if requested, whilst respecting the principle that the provider is primarily responsible
135	Public accountability of commissioners and public engagement	Commissioners should be accountable to their public for the scope and quality of services they commission. Acting on behalf of the public requires their full involvement and engagement: <ul style="list-style-type: none"> ▪ There should be a membership system whereby eligible members of the public can be involved in and contribute to the work of the commissioners. ▪ There should be lay members of the commissioner’s board ▪ Commissioners should create and consult with patient forums and local representative groups. Individual members of the public (whether or not members) must have access to a consultative process so their views can be taken into account. ▪ There should be regular surveys of patients and the public more generally. 	✓	The CCG is implementing its PPI strategy and establishing key forums for engagement, and ensuring patients are involved in the design of services. Actions: Review PPI plans against these recommendations	PPI Team	The Patient Involvement Reference Group supports the CCG to meet its legal duties to engage and involve patients, carers and the public. The PPI Forum meets quarterly, through which the public inputs to commissionin

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		<ul style="list-style-type: none"> Decision-making processes should be transparent: decision-making bodies should hold public meetings. Commissioners need to create and maintain a recognisable identity which becomes a familiar point of reference for the community. 				g strategy development. All service redesign planning should incorporate public and patient engagement at each stage of the commissioning cycle, and the CCG is striving to embed this. A PPI Update Report is presented to the Governing Body quarterly
136		Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support. Effective local commissioning can only work with effective local monitoring, and that cannot be done without knowledgeable and skilled local personnel engaging with an informed public.	✓			
137	Intervention and sanctions for substandard or unsafe services	Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm. In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act	✓	The CCG will continue to use its current contractual levers to greatest effect to ensure quality and safe services	Commissioning and Contracting teams	The CCG uses the NHS standard contract to commission all services and utilises the contractual

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service.				levers as required to secure improved quality
	Local scrutiny					
138		Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found that they are at risk from substandard or unsafe services.	✓	<p>The CCG develops a plan tailored to the service in question.</p> <p>Action: The CCG will develop a framework to ensure that the safe transfer of patients is achieved, should immediate suspension of a contract take place</p>	Contracting team	A tailored plan would be put in place to manage this circumstance safely, in accordance with the best practice framework
	Performance management and strategic oversight					
139	The need to put patients first at all times	The first priority for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	✓	<p>Actions: The CCG will use national data sources and benchmarking to understand over all performance</p> <p>The CCG will use the contractual levers to understand and manage provider performance i.e.</p>	<p>Quality Team / BI Team</p> <p>Commissioning and Contracting teams</p>	As well as using data from the local providers the CCG also reviews national data sources, and attends the South London

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
				unannounced visits		Quality Surveillance Group. The Quality lead regularly visits clinical areas at CHS
140	Performance managers working constructively with regulators	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	✓	Actions: The CCG will develop relationships with regulators to share data, information and intelligence.	Director of G&Q / Quality Team	The CCG liaises with regulators, including with the TDA, NHS England and the CQC.
141	Taking responsibility for quality	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	✓		Judgements about quality and safety issues are shared at the South London Quality Surveillance Group	
142	Clear lines of responsibility supported by good information flows	For an organisation to be effective in performance management there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality.	✓	The CCG has established a monitoring group to enable the sharing of information from a range of sources.	Director of G&Q / Quality Team	There is an established programme of both Quality and Performance Reports, to

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
						SMT, the Quality Committee and the Governing Body
143	Clear metrics on quality	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.	✓	The CCG is reviewing the indicators of safety	Director of G&Q / Quality Team	The relevance of metrics is reviewed through discussion at CQRGs, and also annually through the process of setting the information requirements for each contract
<p>Openness, transparency and candour Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered. Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.</p>						
173	Principles of openness, transparency and	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests	✓	Recruitment and contracts already evidence the essential requirement for staff to comply with the NHS	HR Team	The Duty of Candour is now established as

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
	candour	must never be allowed to outweigh the duty to be honest, open and truthful.		Constitution, Professional, NHS Managers and Management Codes of Conduct, which advocate openness and honesty.		a contractual requirement and monitoring arrangements on compliance have been established
180	Candour about incidents	Guidance and policies should be reviewed to ensure that they will lead to compliance with <i>Being Open</i> , the guidance published by the National Patient Safety Agency.	✓	Actions: To be included in the SI Policy as part of the policy review.	Quality Team	The CCG works with its providers, including through the CQRGs and the SI Panels to encourage increased reporting of incidents
Caring for the elderly Approaches applicable to all patients but requiring special attention for the elderly						
236	Identification of who is responsible for the patient	Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient’s case, so that patients and their supporters are clear who is in overall charge of a patient’s care.	✓	Review the Care for the Elderly recommendations against the clinical pathway redesign work.	Director of Commissioning	This is a contractual requirement, and compliance is monitored through the CHS Quality Report to the

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
						CQRG
237	Teamwork	There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.	✓			Quality monitoring includes the visits to clinical areas by the Quality Lead
238	Communication with and about patients	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds: <ul style="list-style-type: none"> ▪ All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. ▪ Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. ▪ The NHS should develop a greater willingness to communicate by email with relatives. ▪ The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. ▪ Information about an older patient’s condition, progress and care and discharge 	✓			CHS has a system of Executive patient safety walk rounds and of nursing quality rounds, to check quality issues such as whether their pain is well managed. Patients are asked a set of questions at the nursing quality rounds.

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
		plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients, are entitled.				Monitoring is also through tracking complaints themes
Information						
252	Access to data	It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes.	✓	The is following the national Caldicott Review 2 guidance and reviewing its commissioning activities to ensure compliance	Information Governance Team	The NHS Number is the standard identifier, which is reinforced in all contracts
253	Access to quality and risk profile	The information behind the quality and risk profile – as well as the ratings and methodology – should be placed in the public domain, as far as is consistent with maintaining any legitimate confidentiality of such information, together with appropriate explanations to enable the public to understand the limitations of this tool.	✓	Actions: The CCG will to review how it present information in the public domain	Quality Team / BI Team	The Governing Body assurance framework includes risks relating to patient safety and quality and is presented to the meetings in public, and is accessible on the CCG website

Rec	Theme	Recommendation	Recom . for CCG	Comments and Actions	Lead	March 2015 update
255	Using patient feedback	Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near “real time” as possible, even if later adjustments have to be made.	✓	Actions: The CCG will review how to enable this	Communications and PPI Team	Analysis of the data from the Friends and Family Test is included within all Quality Reports, by the CCG and by local providers. CHS adopts a visible ‘you said; we did’ feedback approach on the wards. Feedback in the form of complaints, compliments and PALS enquiries is presented in a separate report