Francis Review – Summary and Response from the CCG

		Accountability for implementation of the recommendations	CCG Response
1	Implementing the recommendations	It is recommended that: • 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;	• Copies of the Executive summary have been sent to all Governing Body members • Reports on overview of recommendations presented at February and March Governing Body meetings and at April Clinical Quality and Governance Committee • Facilitated Board development session agreed to review actions • Request that providers share Board responses to Francis report
2		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: • 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	• System Board discussion in May 2013 specifically on Francis • Leadership session held with UHCW and CWPT to develop a shared purpose for patient experience • Facilitated Board development session on culture and behaviours • Regular 'walking the floor' and use of appreciative enquiry within provider organisations to measure culture • Hearing of patient stories at Board
		Putting the patient first	**CCG Response**
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	*The CCG should ensure that staff are aware of the NHS constitution and make readily available.*
4		The core values expressed in the NHS Constitution should be given priority	The CCG core values outline its commitment to

Francis Review – Summary and Response from the CCG

		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.	a focus on patients and their care
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.	*The CCG should check the references exist in current contracts of employment*
		Fundamental standards of behaviour	**CCG Response**
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 should highlight the procedures for incident reporting to all employed and contracted staff, reminding them of their duty to report concerns and to highlight where feedback has not been received.*
		A common culture made real throughout the system – an integrated hierarchy of standards of service	**CCG Response**
17	Responsibility for setting standards	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 providers of accurate information about compliance to the public.	The Arden CCG's have through the 2013/14 contracting round, reviewed and revised the quality standards to be met by health commissioned providers.
18		It is essential that professional bodies in which doctors and nurses have confidence are fully involved in the formulation of standards and in the means of measuring compliance.	The CCG GP clinical leads, Accountable Officer and Executive Nurse have been involved in the development of the revised quality standards.
		Responsibility for, and effectiveness of, healthcare standards	**CCG Response**
26	Responsibility for regulating and monitoring compliance	In policing compliance with standards, direct observation of practice, direct interaction with patients, carers and staff, and audit of records should take priority over monitoring and audit of policies and protocols. The regulatory system should retain the capacity to undertake in-depth investigations where these appear to be required.	• The CCG has begun to implement its systems for appreciative enquiry, themed reviews and walking the floor of providers • The CCG has a strong networks to gain patient feedback through support of the Board Lay

Francis Review – Summary and Response from the CCG

			Member with specific responsibility for patient and public involvement
28	Sanctions and interventions for non-compliance	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.	The CCG has ensured the national sanctions within the Operational Framework are contained in provider contracts.
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.	The CCG is a member of the monthly Quality Surveillance Group, chaired by the Area Team, where commissioners and regulators meet to share intelligence
		Effective complaints handling	**CCG Actions**
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 trigger a uniform process, generally led by the provider trust.	• The CCG monitors through monthly clinical performance meetings the number, timeliness, process and outcomes (including themes, trends and learning) from complaints and comments (through the PALS service) received by commissioned services • The CCG is developing a web enabled form for patients and carers to raise comments or concerns
		Commissioning for standards	**CCG Actions**
123	Responsibility for monitoring	GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an	• The CCG has put a structure of networks in place to actively engage with GPs and their

	delivery of standards and quality	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. AGP'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	patients on a continuous basis. • The CCG has appointed a range of clinical leads who act as a point of contact for the networks into the CCG executive team and champion quality with all GP members. • The CCG's Clinical Quality and Governance Committee, chaired by the Chair of CRCCG, has overall responsibility for and oversight of clinical quality issues; it also has a role to report areas of serious risk or concern to the Governance Committee, and both bodies report directly to the CCG Board. • The Executive Nurse act as strategic lead for quality within the CCG. The Executive Nurse chairs the quality contract monitoring meetings which are in place with our main local acute provider.
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 substandard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.	The Arden CCG's have through the 2013/14 contracting round, reviewed and revised the quality standards to be met by health commissioned providers. The standards are based upon patient safety, infection control, clinical care and patient experience.
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.	The CCG has incentivised UHCW for 2013/14 through CQUIN to further improve clinical care in areas such as improving discharge, reducing pressure ulcers and improving patient experience. Additional payments for enhanced services, where applicable, are currently in

Francis Review – Summary and Response from the CCG

			place within the contract.
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.	The CCG has formally received the quality handover from the former NHS commissioning organisation. Monitoring of the operational day to day working of the new NHS structures is in place, weekly meetings take place with Arden CCG's to review progress and monthly meetings with the Area Team are in place.
127	Resources for scrutiny	The NHS Commissioning Board and local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its providers' services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide	• The CCG has a structure of directly employed staff with additional contracted support from the Arden Commissioning Support Service. Capacity and capability are monitored closely and this is noted on the corporate risk register. • The CCG core values and strategy set out the CCGs ambition to operate differently, to commission for a culture of change improvement, for the CCG to be a more visible presence within the trust through walk rounds, spot visits and joining internal meetings within providers. This approach will enable closer scrutiny and ensure the "critical commissioner" role the CCG intends to foster.
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 expertise. When groups are too small to acquire such support, they should collaborate with others to do so.	The CCG works as part of a federated model with the other Arden CCG's The CCG has structured itself in a way to ensure that it has the expert resource available in relation to the areas of commissioning that the CCG is responsible for. This has been sourced through collaborative arrangements with other CCG's in Arden; support purchased through the Commissioning Support Service and directly

			employed expertise.
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.	The CCG has processes in place to engage with and gain feedback and input from patients and the public. This history of patient and public engagement is well established within the CCG and mechanisms are embedded in the organisation to ensure that all views captured are considered and fed in to the monthly quality performance reviews of the providers as well as the overall commissioning cycle to inform future contracts.
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 has led the negotiation of the UHCW and CWPT contracts. • The CCG has worked as part of an Arden wide contracting group to review service specifications and contracts for health provision and ensured the standards required by the CCG members are contained. • The CCG holds the accountability and makes the final decisions on all commissioning decisions and has ensured decisions are clinically led and provide high quality and safe patient care.
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 developed policy in relation to procurement in line with the requirements as defined by the Co-operation and Competition Panel • The CCG has collaborative arrangements in place with other CCGs within Arden, Leicestershire and Solihull/Birmingham

Francis Review – Summary and Response from the CCG

			• The CCG is currently reviewing those services it may wish to go through procurement.
132	Monitoring tools	Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period: • 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 individual cases and reviews of groups of cases. • 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.	• The CCG has a mix of staff and expertise both directly employed and contracted either through other CCG's or the Commissioning Support Service • Monthly monitoring of the main commissioned services contracts for both performance and quality of care take place • The CCG receives monthly reports on commissioned services for contract performance, clinical care and quality through the governance sub committees • *The CCG should define the process with the Commissioning Support Service for contractual support and assurance for non-acute contract performance and quality of care*
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.	• The CCG monitors through monthly clinical performance meetings the number, timeliness, process and outcomes (including themes, trends and learning) from complaints and comments (through the PALS service) received by commissioned services • The CCG has the ability to intervene as appropriate supported by current legislation
134	Role of Commissioner in	Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services	*The CCG should review this item as part of the Board Development session.*

	provision of support for complainants	for complaints against providers.	
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: • 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. • 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.	• The CCG became a statutory organisation on 1st April. The CCG constitution outlines the details of how it will act on behalf of the public • The CCG has employed a lay member with responsibility for leading patient and public involvement and engagement • The CCG has systems in place to actively meet and hear the feedback from the local population on services of care
136	Public accountability of commissioners and public engagement	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.	• The CCG receives support for patient and public involvement and communications from the Arden Commissioning Support Service • The CCG has systems in place to actively meet and hear the feedback from the local population on services of care • The CCG recognises this objective as key to setting the direction for patient and public engagement
137	Intervention and	Commissioners should have powers of intervention where substandard or	• The CCG has levers described in contracts

	Sanctions for substandard or unsafe services	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 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.	presently that give it certain powers of intervention; guidance and legislation in relation to safeguarding children and vulnerable adults also give the CCG powers to intervene. • The CCG has a developing early warning system with an escalation process that triggers intervention such as service improvement plans, unannounced commissioner walk rounds and inspections of providers to the decommissioning of services. • The CCG has used these powers of intervention and will continue to do so when and where there have been any concerns in relation to substandard or unsafe care.
		Local Scrutiny	**CCG Response**
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.	The CCG has the option of alternative providers which therefore ensures that there are contingency plans in place for provision, and to be deployed when significant patient safety issues have been identified that are unable to be mitigated in a timely manner.
		Performance management and strategic oversight	**CCG Response**
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.	• For the main providers, the CCG receives assurance and evidence through presentations and reports at the monthly contract quality and performance meetings. This information is viewed along with soft and hard intelligence received from sources such as patients and carers, staff, external reviews and regulators. • *The CCG should clarify the process and*

Francis Review – Summary and Response from the CCG

			frequency for receiving regular information for non-acute providers.
140	Performance Managers working closely 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.	The CCG is a member of the monthly Quality Surveillance Group, chaired by the Area Team, where commissioners and regulators meet to share intelligence
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 powers necessary in the interests of patient safety.	The CCG is clear of its responsibilities as a commissioner and would refer to the Area Team should an issue not be locally resolved with a regulator.
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 is currently reviewing the information flows for clinical quality and performance to ensure that, for the CCG, data flows exist, are current and regular.
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 contracts contain a large number of metrics pertaining to clinical care, patient safety and patient experience. Methods of measurement, timeliness of reporting and sanctions are contained within the contract for each indicator. These indicators have been reviewed as part of the current contracting round and form part of a monitored dashboard each month with providers.
144	Need for ownership of quality metrics at a strategic level	The NHS Commissioning Board should ensure the development of metrics on quality and outcomes of care for use by commissioners in managing the performance of providers, and retain oversight of these through its regional offices, if appropriate.	The CCG has ensured any nationally defined metrics are contained within the 2013/14 contracts.
		Openness, transparency and candour	**CCG Response**
173	Principles of	Every healthcare organisation and everyone working for them must be	*The CCG should discuss this at the Board*

Francis Review – Summary and Response from the CCG

	openness, transparency and candour	honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	*Development Session as to how to ensure acted upon.*
174	Candour about harm	Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	• The CCG has detailed in its contracts with providers the requirement to fulfil this duty and evidence as outlined in the operating framework. • The CCG will closely monitor this recommendation during discussion of serious incidents with providers.