

MEETING DATE:	9 October 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.6	
AUTHOR:	Catherine Wylie	
JOB TITLE: DEPARTMENT:	Director Risk and Quality Assurance	

NLCCG QUALITY AND RISK REPORT

PURPOSE/ACTION REQUIRED:	The Governing Body are asked to: Receive and note the Quality and Risk Paper
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Quality Group Information Governance group Francis Sub group Safeguarding team CSU - Learning Disabilities and Mental Health team
FREEDOM OF INFORMATION:	Yes Public

1. PURPOSE OF THE REPORT:

This report presents an updated position in relation to some key areas of risk and quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

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4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	X
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5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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6. LEGAL IMPLICATIONS:

Yes		No	X
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7. RESOURCE IMPLICATIONS:

Yes		No	X
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8. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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Update report for the Governing Body to note

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X
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This report provides a summary briefing on the work undertaken by the Quality group.

10. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- Note the report



*North Lincolnshire
Clinical Commissioning Group*

Quality and Risk Management Report

Quality and Risk Governing Body Report

October 2014

Quality and Risk Report

Contents

	Page
1. Introduction	3
2. Provider Assurance	3
3. Serious Incident Summary Report	4
4. Primary Care Incident Report	5
5. Safeguarding Children	6
6. Safeguarding Adults	7
7. Francis / Hard Truths Progress Update	7
8. Winterbourne / Transforming Complex Care	7
9. Patient Experience	8
10. Infection Control	9
11. Primary Care Quality	10

1. Introduction

This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

A key priority includes ensuring the strategic direction for improving and maintaining quality in commissioned services. CCG quality leads are working closely with North Yorkshire and Humber Commissioning Support Unit [NY&HCSU] to ensure that all commissioned services are assessed consistently against both national and local key performance indicators.

2. Provider Assurance

A monthly dashboard report showing provider performance on key quality measures is scrutinised at the Quality Group and any concerns are communicated back to the relevant provider through the Contract Compliance route.

The key issues to report to the Governing Body are:

2.1 **Serious Incidents** at Northern Lincolnshire and Goole NHS Foundation Trust

NL CCG has raised a number of concerns relating to incident reporting at the Trust, which have been escalated to senior level in the organisation and had gained media attention. The CCG continues to work with the Trust on these issues – the CCG is now in receipt of the independent review's report and the outcome of the investigations and will formulate a response.

2.2 **Care Quality Commission report** at Hull and East Yorkshire Hospitals NHS Trust

The Trust has now compiled an action plan to respond to recent Chief Inspector of Hospitals CQC report, which has been shared with Commissioners. Commissioners are monitoring progress against the action plan monthly with the Trust through the Quality Forum, a sub-group of the Contract Management Board.

Impact of waiting times at Hull and East Yorkshire Hospitals NHS Trust

The Trust has undertaken clinical review for the impact of long waiting times on patients. Similarly to other providers, the Trust is failing to achieve the 18-week standard in some specialties and for a growing number of patients, as well as recent failures to meet the cancer 62-day target and A&E target. The Trust has shared its detailed 18-week recovery plan with commissioners and has been requested to do the same with the 62-day and A&E action plans.

2.3 Quality reporting at Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) Commissioners are working with the Trust to provide more robust and regular quality reports through Contract Management Board arrangements. More triangulation of issues between incidents, complaints and Serious Incidents has been requested and a draft report submitted.

2.4 Yorkshire Ambulance Service (YAS)

The key concerns with YAS are on performance times rather than any significant concerns for quality. The Trust has a new report published by the Care Quality Commission (CQC) highlighting a need to improve levels of staff training. There are also two issues outstanding with the CQC from a previous report. All of these issues do not meet the criteria for enforcement notices however, are issues requiring action). The service will be submitting an action plan to the CQC to address the most recent concerns raised.

2.5 East Midlands Ambulance Service (EMAS)

The dashboard has been developed to capture some key data sets from EMAS. The Trust has been asked to confirm the quality standards to which it holds any sub-contracted provision (i.e. use of the voluntary sector for patient transport services), after reports of increased use of sub-contracting by EMAS.

3. Serious Incident Summary Report

NL CCG is in receipt of a monthly summary report for its Serious Incidents. This provides an overview of Serious Incidents reported by each provider, including new Serious Incidents reported, the quality of completed investigation (including meeting investigation timescales) and a review of themes and trends from completed investigations. A monthly meeting with the Provider to discuss each report also provides further assurance and scrutiny.

The key issues to report to the Governing Body are:

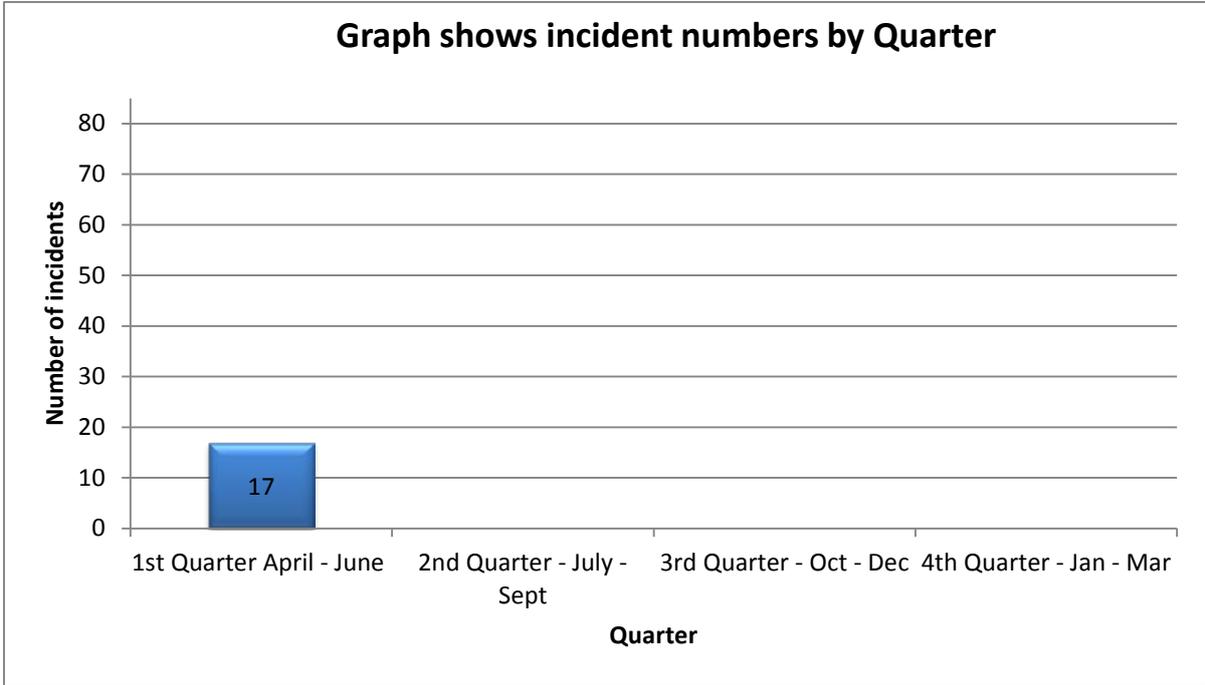
Northern Lincolnshire and Goole NHS Foundation Trust (NL&G)	At the August 2014 SI meeting NL&G informed the CCG that the Trust has had a number of Grade 3 and 4 Pressure Ulcer Serious Incidents this is being investigated by the Trust and in addition, they are reviewing the RCA tool.
	In terms of the overall review of the cluster of 10 incident cases, the CCG has received the independent reviewer’s report – see note above under 2.1 above
Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)	The external independent review of Great Oakes and patient safety is currently underway. The CCG is receiving regular reports from the review team and no significant patient safety issues have been highlighted at this stage.
Hull and East Yorkshire Hospitals NHS Trust	Current concerns with SIs in the Trust have been highlighted; these include reporting of medication

	<p>errors. Particular themes have also been identified including failure to recognise and escalate deteriorating patients, medication errors and failure to act upon test results. These types of SIs and the recommendations from the investigation reports and action plans, are being monitored via the Hull and East Riding SI panel who are working closely with the Trust. CQC also continue to work with the Trust.</p>
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4. Primary Care Incident Reports

In Quarter 1, in total 17 incidents were reported by GPs and CCG staff during this quarter. This is a continued downward trend from 2013-14. NYHCSU is working with NL CCG to re-develop the incident reporting system and process to capture more incidents and a quarterly report produced for the CCG is being circulated to all NL CCG GPs to encourage greater incident reporting. All reported incidents are reviewed and investigated; a new escalation process is in place should an insufficient response be received to an incident to ensure lessons are learnt.

Figure 1: Number of Incidents occurring by Quarter & Year



Provided below is an overview of the number of incidents occurring in each of the main categories reported to date. As can be seen in Table 1 the most frequently occurring category in Quarter 1 of incidents is “Appointment/Administration/Transfer/Discharge” of which there were 8 (47%) of all incidents. Work is on-going to review the discharge processes.

Table 1: Breakdown of Category of Incidents

Category	1st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Appointment/Admission/Transfer/Discharge	8			
Implementation of care or on-going monitoring/review	3			
Information Governance	1			
Medication	4			
Test Results	1			
Total	17			

5. Safeguarding Children

Vulnerable Children Data

Verified data in respect to the number of children subject to statutory plans are available on a quarterly basis.

At 30th June 2014, there were 125 children subject to a Child Protection Plan, i.e. require a multi-agency plan to protect them.

At 30th June 2014, there were 171 children in the care of North Lincolnshire Council, either as a result of a legal order, or where children have voluntarily placed by carers into Local Authority care.

Comparisons in respect to the previous 3 quarters are included below, with some additional data.

Number of Children	30/09/2013	31/12/2013	31/03/2014	30/06/14
Subject to Child Protection Plan (CPP)	84	103	108	125
In care of North Lincolnshire Council (LAC)	178	176	166	171
With Dual status (CPP&LAC) (Included in CPP and LAC numbers)	2	0	4	4
North Lincolnshire (NL) LAC attending residential school outside NL	9	10	8	6
NL LAC in placements outside NL	27	23	22	22
LAC from other areas placed in NL	77	72	81	75

Safeguarding Children's team

North and North East Lincolnshire CCGs have successfully recruited to a full-time specialist nursing post to support their shared Designated Nurse in ensuring that both CCGs deliver on their statutory safeguarding responsibilities. Julie Wilburn commenced her post on 1st September 2014 and is currently on her induction period.

6. Safeguarding Adults

Prevent HealthWrap Training has taken place on the 18th August for CCG Staff.

Serious Case Reviews (SCR)

A Domestic Homicide Review is to be carried out following the death of a male who resided in North Lincolnshire. The Domestic Homicide Review Terms of Reference have been agreed and work is commencing on gathering information for the Individual Management Reviews.

Concluded Investigations

A further case conference has taken place regarding the cluster of alerts received. This case was substantiated. From the six original alerts received, four have been substantiated, one unsubstantiated and one remains yet to be Case Conferenced. Action Plans associated with the concluded cases are being monitored.

Joint work continues with the Local Authority and CQC in respect to Safeguarding and Quality issues relating to Care Homes within North Lincolnshire.

7. Francis / Hard Truths Actions - Progress Update

The current CCG action plan in response to the Francis and Hard Truths reports is attached for the Board to note.

In summary the recommendations identified on the action plan are categorised as:

- Requiring action by CCG and CCG staff
- Requiring assurance from providers
- For information on national changes to protocol.

Of the 50 recommendations relevant to the CCG - 2 remain amber as work continues to develop and 48 are now rated as green or for information only and therefore not applicable for RAG rating.

8. Winterbourne / Complex Care

Transforming Complex Care

There has been no additional national guidance issued in the last month.

Self-assessment Framework

National Guidance on the next phase of the annual self-assessment framework will be published by NHS England by the end of September/October

A meeting to plan the 2014 LD SAF took place with North Lincolnshire Council on 21st August which has identified both health and social care leads.

Local Data

There are eleven clients who are reported on as Winterbourne compliant. One client has transferred to Low Secure care with specialist commissioning, and may return to current placement.

All clients are assessed monthly by the CSU assessors and reports discussed with the CCG.

Due to the recent closure of a local care home; a possible placement option for a number of Winterbourne clients has been filled. Additional placement options are due to come on line in September / October.

A meeting with the Area team has been arranged in October for the CCG to provide assurance that placements are appropriate, safe and of good quality for each person placed out of area.

9. Patient Experience

Friends and Family Test (FFT)

Both Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have been required to introduce the Friends and Family Test for their inpatient services, and during 2013-14 to introduce this into maternity services. Both Trusts achieved these requirements in 2013-14.

For Northern Lincolnshire and Goole NHS Foundation Trust, the key issue has been reaching the response rate required nationally, which is 15%. The Trust achieved this response rate in the in-patient areas, but not yet in A&E including the stretch target to be above 20% at the end of 13-14, following a targeted action plan and investment of further resources, including support by volunteers. The Trust is now focussing on ward-by-ward response rates and has shared its updated action plan with Commissioners on how the Trust plans to achieve this.

For Hull and East Yorkshire Hospitals NHS Trust, the Trust is in the Top 10 Trusts in Yorkshire and the Humber for its response rate. Through the CQUIN scheme, the Trust has provided quarterly qualitative reports to commissioners showing a 'You Said, We Did' approach on each ward on feedback given by staff and building up an evidence portfolio of how patient feedback is making a difference to patient experience.

Through the national CQUIN goals for 14-15, both Trusts are required to achieve a response rate of 40%+ at the end of 14-15 as well as to introduce the Staff FFT (whether staff would recommend the care and treatment at their organisation) in Quarter 1 of 2014-15.

Complaints

NL CCG received a total of 1 complaint in quarter 1 of 2014-15 in respect of its direct areas of accountability to patients. These are summarised as:

Continuing Health Care:	1
CCG Commissioning:	0
Referral issues:	0
Funding:	0

These complaints are all investigated and a response provided to the patient.

The highest area of complaints in 13-14 and continuing in 14-15 is complaints is in relation to Continuing Health Care, in which patients or their families have raised concerns about the time it takes to complete the CHC retrospective assessments. This is an issue known to the CCG and remains under review.

The CCG also runs a Patient Advice and Liaison Service. Year-to-date, the top issues raised through this service are:

- 10 contacts from patients and their families in Quarter 1 2014-15 with concerns about their care and treatment at Scunthorpe General Hospital following the media reports on this issue. Details were passed to the CCG Director of Quality and Risk Assurance, to make individual contact
- The second highest number of contacts are in relation to delays in undertaking CHC retrospective reviews
- The third highest are enquiries on raising NHS complaints and signposting to services or other PALS teams

The contacts following the media reports for Scunthorpe General Hospital all were made within the first few days following the reports and have not become a recurring theme. The issue of CHC retrospective reviews is a continued issue that the CCG has reviewed. There are no other themes and trends to draw to the attention of the CCG.

10. Infection Control

Infection Control data is reported to the Quality group where it is reviewed on a monthly basis. The key points reported for August include:

MRSA bacteraemia: Since April 2014 2 cases have been reported. RCA meetings have taken place to discuss these cases.

C Difficile – 17 cases – the trajectory for NLSCCG is 37 for 2014/5 each have been reviewed and any lessons learnt have been identified. The CCG has an action plan which aims to reduce cases of C Difficile and this is monitored through the Quality Group.

11. Primary Care Quality

Productive GP Initiative

The initiative is now well established and action learning days continue to be held to support individual practices complete key sections of the Productive Practice workbook. Each practice has an assigned Shaping for Health Consultant to provide specialist support. A number of participants in cohort one are now writing up and beginning to implement their practice development plans. Feed-back from participants regarding any specific concerns continue to be reviewed with Shaping for Health for action. Capacity remains a key challenge for most practices and Shaping for Health have been tasked to tailor individual programmes around the practices resources and individual challenges.

Bi-monthly telephone meetings along with face to face meetings are held with Shaping Health to monitor progress.

The CCG retains oversight of the initiative with Dr Robert Jaggs-Fowler providing clinical leadership, John Pougher managerial support and Debbie Lewis Bird project support.

Friends and Family Test

From December 2014 all general practices will have to participate in the Friends and Family test and upload data on a monthly basis from January 2015. Recently published national guidance gives practices a large degree of flexibility on how they can collect FFT data. No minimum target has been set in terms of numbers of responses required but figures will be published indicating response rates for each practice.

A support package for practices has been developed by NL CCG (including data collection and evaluation systems) and is due to be tested out by several local practices. The most popular collection methods are likely to include SMS, online and paper forms. A presentation on the package was held at the Practice Managers meeting on the 9th of September.

Following successful completion of the NL CCG stroke pilot pathway the CCG was asked to present to a regional FFT conference in Leeds and at the Regional FFT Board. The Regional Team were particularly keen for us to share learning around how we engaged with external partners and with service users. The CCG is also now part of the National Primary Care implementation work stream and has been asked to support facilitation of NHS Regional FFT workshops. This involvement and understanding of FFT requirements will enable the CCG to better support General Practices and our commissioned services.

Supporting Practice performance

The national Primary Care Web tool is monitored by the Local Area Team and if a practice is an outlier on five or more indicators the CCG are asked to review performance with the practice. So far two NL practices have been identified as being an outlier in performance and support has been given to one practice.

The performances of two NL practices are currently being directly supported by the Local Area Team.

The CCG will continue to work with the Primary Web tool to offer proactive support to practices around key themes and challenges across the CCG. CCG staff will be attending a Master Class on the Web based tool in October. The CCG continues to work with the Local Area Team to determine the most effective approach to monitoring and supporting local practices.

The NL CCG Primary Care Development Forum is now established and is supporting the implementation of the Primary Care Development Strategy and associated actions to enhance and sustain quality improvements across primary care.

Action Plan in response to Hard Truths

Version 4 - 3 September 2014

NLCCG - ACTION PLAN IN RESPONSE TO THE HARD TRUTHS REPORT								
Recommendation 1: 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 in their own work								
Summary of recommendation & Status of Action	Actions		Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
1.1 NLCCG to respond to relevant recommendations CCG Action	Francis Action plan in place Presented to Governing Body for agreement This action plan to be developed and achieved will be monitored through Quality Review meeting		Governing Body Sign off. Director Risk & Quality [DoR&Q]	February 2014	A full response is agreed.	Detailed action plan in place and monitored through Quality Review Meeting &	Presented to Governing Body and February 2014 Now monitored through routine	
1.2 Each organisation should announce at the earliest practicable time it's decision on the extent to which it accepts the recommendati	Action plan with actions against relevant	Website notice on a page to be agreed at Quality Review meeting on 27 February. Posted on Website This action plan will be submitted to Public Section of Governing Body	DoR&Q	28 th Feb March 2014	Public and stakeholders are informed and can access the CCG position on	Website Minutes of Governing Body	Completed.	

<p>ons and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than 1 yr, publish in a report information regarding its progress in relation to it's planed actions.</p> <p>CCG Action</p>								
<p>Recommendation 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</p>								
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate	
<p>2.1 All provider and commissioning organisations to ensure there is a culture of patient focus CCG to engender a patient focus in all activities including provider performance</p>	<p>KPI's Providers to be asked to embed 6Cs into their culture. CQUIn for patient experience for</p>	<p>All execs also senior managers Contract team</p>	<p>April 2014 & on-going</p>	<p>Improve d patients experience</p>	<p>Friend and Family Test results Provider Nursing Strategies. ELC Programmes Engagement process.</p>	<p>FFT being implemented & developed In progress</p>		

management CCG Action Provider Assurance								
Recommendation 3: 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 expectation and obligations of patients								
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate	
3.1 NHS Constitution is easily accessible to staff, patients and the public. National re-launch planned by NHS England. CCG Action	Local re-launch by CCG. Constitution to be reflected in all CCG strategies. All staff to be made aware at induction.	All Execs of CCG	Within 2 months of re-launch	All staff aware of NHS Values. public able to access	Constitution widely publicised and discussed with staff.	In place and widely available. On website		
Recommendation 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								
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate	
4.1 All staff working within healthcare must be made aware of the Statement of Common Purpose CCG Action	All staff to be made aware of the statement of common purpose in the NHS constitution at team meetings and communications.	All Executive Leads CCG	June 2014	Staff aware of requirements	Evidence that discussed with CCG staff	Discussed at team meeting. Minuted.		

Recommendation 5: In reaching out to patients, consideration should be given to including expectations in the NHS Constitution							RAG Rate
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>Staff Put patients before themselves Staff protect patients from avoidable harm Open and honest with patients Direct patients to appropriate assistance Apply NHS values in all work</p> <p>CCG & Provider Action</p>	<p>Patient engagement activities as a key part of Business Planning Information on NHS constitution included on website, link to NHS choices Assurance gained from Providers</p>	<p>DoC DoR&Q</p>	<p>March 2014 & on-going assurance monitoring</p>	<p>Evidence of open and honest dialogue with patients and the public.</p>	<p>Improved Positive Patient experience Improved patient safety</p>	<p>Process in place to monitor. Experienced Led Commissioning Programmes. Consultations i.e.HLHF.</p>	
Recommendation 7: All NHS staff should be required to enter into an express commitment to abide by the values and constitution both of which should be incorporated in to the contracts of employment.							RAG Rate
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>All NHS organisations should strengthen local policies on appraisal and performance management so that there is</p>	<p>Employers must reference the NHS constitution in local performance arrangements. When developing local performance standards CCG to update policies and procedures in light of this recommendation.</p>	<p>All senior managers HR</p>	<p>April 2015</p>	<p>All CCG staff are aware of their commitment to uphold the NHS values and the constitution.</p>	<p>JDs and contracts reference the constitution</p>	<p>Processes in place. Policies under review.</p>	

a clear link between the NHS Constitution and performance and appraisal systems.								
Recommendation 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								
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate	
<p>The Board recognises their responsibility to patients including a regard to patient safety and fundamental standards</p> <p>CCG to ensure patient safety is assessed and assurance of</p> <p>CCG Action Provider Assurance</p>	<p>Assurance through – monitoring of incidents and SIs of all providers. CQUIN & incentive schemes to promote improvements.</p> <p>Monitoring of achievement of standards. Action taken where there is failure to improve on safety issues.</p> <p>CCG to undertake Provider assurance visits.</p> <p>CCG through CSU to triangulate data</p> <p>CCG to ensure robust systems in place for monitoring assurance in all relevant Providers.</p>	DoR&Q Contracting Team	To be determined by assurance schemes.	Improved outcomes in areas of patient safety.	Achievement of CQUIN & incentive schemes	Processes for reporting and monitoring In place. Training has been provided for CCG and Primary Care Staff.		

<p>Recommendation 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 providers of accurate information about compliance to the public</p>							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>CCG to work with NHS England to use enhance quality standards to drive improvements in all Providers.</p> <p>CCG Action Provider Assurance</p>	<p>Ensure compliance with NICE standards.</p> <p>Performance management occurs where there are failure to comply. CCG has robust systems in place</p>	DoR&Q	As identified with Quality schemes	Evidence of system change and improvements to patient outcomes.	Standards in Place	Further development of monitoring of standards in all Providers required	
<p>Recommendation 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 fundamental standards, criminal liability should follow and failure to disclose breaches of these standards to the affected patients (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.</p>							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Action is taken in response to a failure of quality of care.	CCG must have effective Provider Assurance processes. CCG to undertake a programme of Provider Visits	DoR&Q	Identified	Action is taken when identified as required.		As required and in consultation with	N/A

<p>This action will be taken by the regulators, however CCG must be working in partnership with both Providers and regulators to assess and monitor assurance. Regulator Action</p> <p>CCG Action</p>						<p>regulators.</p>	
<p>Recommendation 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</p>							
<p>Summary of recommendation</p>	<p>Actions</p>	<p>Executive / Senior Management Lead</p>	<p>Timescale</p>	<p>Outcome</p>	<p>Evidence</p>	<p>Progress</p>	<p>RAG Rate</p>
<p>The CCG must have clear formal processes to deal appropriately when Patient Safety concerns are raised within Provider Services.</p> <p>CCG Action Provider Assurance</p>	<p>Provider Assurance process are able to identify failings in patient Safety CCG must work with closely with regulators to ensure good communication and appropriate sharing of information. CCG attends and reports to all meetings of the Quality Surveillance Group. Clear escalation processes in place.</p>	<p>DoR&Q</p>		<p>Patient safety issues are identified as soon as practicably possible.</p>	<p>Governance process. Provider Assurance Process. Minutes of QSG meetings</p>	<p>Governance Processes are in place. Ongoing further development and strengthening or processes as appropriate.</p>	

Recommendation 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
The CCG will be required to fully support any actions taken by the regulators that they deem necessary where patient safety has been identified to be at risk. CCG Involvement	The CCG will provide any relevant information to assist the regulators carry out their duties. The CCG would support the review of commissioning of services to ensure least disruption and minimised risk to the population.	Accountable Officer	AS required	Risk to Patient safety is minimised as far as possible.	Clear processes and communication channels between regulators and CCG	N/A	N/A
Recommendation 34: Where a provider is under some form of regulatory investigation, there should be some form of external performance management involvement to oversee any necessary interim arrangements for protecting the public							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
The CCG will be required to fully support any actions taken by the regulators that they deem necessary where patient safety has	The CCG will provide any relevant information to assist the regulators carry out their duties. The CCG would support the review of commissioning of services to ensure least disruption and minimised risk to the population. Accountable Officer	AO	.As required	Clear processes and communication channels between regulators and CCG Risk to Patient	N/A	N/A	N/A

been identified to be at risk. CCG Involvement				safety is minimised as far as possible			
Recommendation 35: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
The CCG will proactively link in partnership with regulators and other agencies to ensure that when concerns are raised they are shared together to create a full picture of the issues. CCG Involvement	The CCG will provide any relevant information to assist the regulators carry out their duties. Attendance and participation at Quality Surveillance Group	AO / DoR&Q	As required.	Clear processes and communication channels between regulators and CCG	N/A	N/A	N/A
Recommendation 37: Trusts Boards should provide, through quality accounts, and in nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each Trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given of the methods used to obtain the information. To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate

Providers Quality Accounts will demonstrate their compliance against standards and will also include areas where compliance has not been achieved. Provider Assurance	A Providers Quality Account will form part of the assurance on Quality for CCGs. Quality Account for 2014/15 to be reviewed	DoR&Q	Awaiting Draft Quality Accounts form Providers	CCG is able to triangulate the information in the Quality Account with other risk and quality data.	Quality Account reflects other data forms and provides assurance in Quality	Quality accounts reviewed from all Providers for 2013/14	
Recommendation 40: It is important that greater attention is paid to the narrative contained, in, for instance, complaints data, as well as to the numbers							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
There needs to be a greater focus on how care is delivered in practice and how it is experienced rather than on compliance with regulations CCG Action Provider Assurance	Assurance from Providers needs to include the quality of responses and trends and themes and not number of complaints. CCG needs to seeks reassurance form a variety of patient experience methods. CCG through the CSU to triangulate complaints data with other quality information. Assurance is also based on lessons learnt and changes therefore made to practice.	DoR&Q	Part of routine monitoring and by exception.	Improved patient experience and complaints process	Evidence of completed actions form complaints and improved patient satisfaction reports. Complaints reports submitted to contract compliance meeting.	On going part of Provider Management assurance	

Recommendation 43: Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>All Regulatory bodies and commissioners of NHS services should monitor media reports about relevant organisations for which they are held responsible</p> <p>CCG Action</p>	<p>CCG to continue to monitor media reports with regard to all services it commissions.</p> <p>Focus on areas where concerns are raised.</p>	AO	Ongoing	Early indicators of issues can be identified	N/A	On going	N/A
Recommendation 98: Reporting to the National Reporting and Learning System of all significant adverse incidents not amounting to serious untoward incidents but involving harm to patients should be mandatory on the part of trusts							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>There should be a new duty on providers to be candid to patients and more should be done to promote the reporting of all patient safety</p>	<p>The CCG should receive assurance from all Providers that they have an open and transparent approach to patient safety incidents.</p>	DoR&Q	Ongoing	Improved awareness of patient safety Improved reporting of	Trusts are reporting and reports are received and reviewed	Routine assurance monitoring	

incidents among health care professionals. Provider Assurance							
Recommendation 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Providers should be able to demonstrate that they offer a wider range of ways for the public to access their complaints process. CCG Action Provider Assurance	CCG to seek assurance that the complaints process is effective and easy to access.	DoR&Q	On going	Improved complaints processes in provider services.	Complaints Process and advertising of the process by providers. Patients and Carer feedback. Complaints reports reviewed by contract compliance.	Routine Monitoring	N/A
Recommendation 111: Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given patients and other service users, individually and collectively to share their comments and criticisms with the organisation							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Feedback, of which complaints are	Management of complaints and patient experience should form and important part of the assurance on quality sought	DoR&Q	On going	Improved patient experience.	Scrutiny of reports and patient	Routine Monitoring	N/A

<p>an important part is a strong indicator of patient experience, and serves to assist organisations to improve service delivery. It should be encouraged and welcomed as a matter of good practice.</p> <p>Provider Assurance</p>	<p>by CCG form their commissioners.</p> <p>Incentive scheme in place for the development of complaints process.</p>			<p>Improved complaints management process</p>	<p>experience evidence in a variety of formats.</p>		
<p>Recommendation 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</p>							
<p>Summary of recommendation</p>	<p>Actions</p>	<p>Executive / Senior Management Lead</p>	<p>Timescale</p>	<p>Outcome</p>	<p>Evidence</p>	<p>Progress</p>	<p>RAG Rate</p>
<p>Concerns and complaints that are raised should be handled in accordance with the needs of the individual case and investigated.</p> <p>Provider Assurance</p>	<p>To be raised as a line of enquiry in contract compliance meetings</p>	<p>DoR&Q</p>	<p>On going monitoring</p>	<p>Improved patient experience. Improved complaints management process</p>	<p>Complaints and concerns reports.</p>	<p>Process in place to monitor level of assurance.</p>	

Recommendation 113: The recommendations and standards suggested in the Patients Associations peer review into complaints at the Mid Staffs NHS Foundation Trust should be reviewed and implemented in the NHS.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners and regulators establish clear standards for hospitals on complaints handling. These should rank highly in the audit and assessment of the performance of all hospitals. CCG Action Provider Assurance	The CCG is required to look at what they can do to use patient complaints to improve services	DoR&Q	On going monitoring	Improved patient experience. Improved complaints management process	Complaints and concerns reports.	Process in place to monitor level of assurance.	
Recommendation 114: Comments or complaints which describe events amounting to a serious or untoward incident should trigger an investigation							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Investigation of a complaint should be proportionate to the needs of the case, but any concern about patient safety needs to be robustly	CCG should receive assurance that all investigations carried out have been appropriate, comprehensive and where appropriate independent.	DoR&Q / Principal Contract Manager	On – going monitoring	Improved quality of investigations. More cases resolved locally. Evidence of lessons learnt in	Investigation reports. Action plans in place and completed. Evidence of service change	Process in place to monitor level of assurance.	

investigated. Provider Assurance				service areas.			
Recommendation 115: Arms length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: <ul style="list-style-type: none"> • A complaint amounts to an allegation of a serious untoward incident • Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion • A complaint raises substantive issues of professional misconduct or the performance of senior managers • A complaint involves issues about the nature and extent of the services commissioned 							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Investigation of a complaint should be proportionate to the needs of the case, but any concern about patient safety needs to be robustly investigated. Provider Assurance	CCG should receive assurance that all investigations carried out have been appropriate, comprehensive and where appropriate independent.	On – going monitoring	Improved quality of investigations. More cases resolved locally. Evidence of lessons learnt in service areas.	Investigation reports. Action plans in place and completed. Evidence of service change	Reports received.	Process in place to monitor level of assurance.	
Recommendation 118: 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 CQC							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Trusts currently have to publish and	CCG should receive regular reports with regard to complaints handling information including the .	DoR&Q / Principal Contract Manager	On – going monitoring	Open and Transparent reporting. Clear	Information published and available on	Process in place to monitor level of assurance.	

<p>annual report on complaints handling including the number of complaints received, the number referred to the Health Service Ombudsman, summary of subject matter and action that has been taken. This information should be reported to the commissioner.</p> <p>Provider Assurance</p>				<p>Evidence of lessons learnt in service areas.</p>	<p>website. . Evidence of service change</p>		
<p>Recommendation 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 NHS Commissioning Board to undertake the support and oversight role of GPs in this area, and be given the resources to do so</p>							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>There should be Board level scrutiny of complaints. All Boards and Chief Execs should receive monthly reports in complaints and</p>	<p>Included in Contract with Providers for 2014/15 CCG receive monthly report on own complaints and outcomes and numbers of GP complaints. Assurance from Providers on complaints data and trends and themes. Monitored through Contract Compliance meetings. Incentive scheme</p>	<p>DoR&Q / Principal Contract Manager</p>	<p>On going monitoring</p>	<p>Triangulation of patient experience information. Evidence that changes have been made to practice in response to</p>	<p>Complaints reports received. Evidence of changes to practices and outcomes achieved.</p>	<p>Process in place to monitor level of assurance.</p>	

the action taken including the evaluation of the effectiveness of the action.	Provider assurance visit arranged for March 2014 to complaints department.			lessons learnt.			
<p>Recommendation 123: 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</p>							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<p>GPs both in their care roles as providers and in clinical commissioning groups, should be continuously reviewing the quality of care provided by the acute hospital and the specialist services they commission</p> <p>CCG Action Primary Care</p>	<p>CCG to support NHS England - attendance and open discussion and QSG.</p> <p>Maintain good networks and reporting arrangements with regulator – CQC and Monitor.</p> <p>Robust Provider assurance programme in place.</p> <p>Quality review discussions at Contract Compliance meetings</p>	<p>AO DoR&Q</p>	<p>On going monitoring</p>	<p>Improved surveillance</p> <p>Accurate information</p> <p>Triangulation of information</p> <p>Early warning of concerns and risks identified</p>	<p>Attendance at meetings</p>	<p>In place. Ongoing development of the structures and processes as required.</p>	
<p>Recommendation 124: 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</p>							

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 CQC							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners must have regard to any fundamental standards that relate to a service they commission CCG Action	Contract only to be given to Providers who meet the fundamental requirement. Specifications should be clear and include all required standards Local negotiation of the method of monitoring safety and quality should be effective	DoR&Q Principal Contract Manager	On the agreement or review of contracts and specifications	Improved quality monitoring Improved quality and evidence base. Early warning of problems through monitoring process	Clear specifications in place. Relevant standards are in evident in contracts and specs. Any failure or variation in quality performance is acted upon and escalated as appropriate.	On going monitoring and development of contracts	
Recommendation 125: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Incentives should contribute to improved outcomes through improvement in the quality of	Incentive schemes to be developed that will enhance / enable areas of service and quality improvement. CCG required to set improvement trajectory and non-mandated service specifications	DOC Principal Contract Manager	On the agreement or review of contracts and specifications	Improved and clear contract specifications. Quality schemes	Incentive schemes in place. Trajectories agreed and monitored.	On going monitoring and development of contracts Quality incentive scheme in place with NLAG	

health services. NHS England will be developing enhanced standards through evidenced based indicators. CCG Action				achieved that will improve safety and quality experience for patients and carers.		CQUIN for 2014/15 agreed with all Providers.	
Recommendation 127: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG Action	Contract and provider management support provided by NYH CSU Providers supply information via contract meetings	DOC Principal Contract Manager	Service specification for contracting in place currently being revised	Positive and robust provider assurance is obtained by CCG.	Updated service specification to be agreed and signed off	In progress	
Recommendation 128: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG to secure appropriate commissioning support	CCG currently commissions services from NY&H CSU.	AO	In place	CCG is provided with the key	Contract in place	Completed	

services				support functions required			
CCG Action							
Recommendation 129: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
NHS England and CCGs developing the Framework for Commissioning for Quality that sets out the process to assure CCGs that the services commissioned are safe, clinically effective and result in a positive patient experience. CCG Action Provider Action	Development of CQUIN and KPIs is in place with each provider to ensure a strong focus on meaningful patient engagement and service improvement	DoR&Q Principal Contract Manager	Agreed for 2014/15	Service improvement	CQUIN/KPIs in place. Improved outcomes achieved through the schemes.	CQUIN & KPI Agreed for Main Providers. KPIS for all providers 2014/15	
Recommendation 130: Commissioners - not providers – should decide what they want 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 from elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.							

Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioning for Excellence using the NHS Outcomes framework. CCG Action	Participate in Strategic and Clinical Networks Participate in Clinical Senate meetings Ensure clear and effective Commissioning Plans.	AO DOC	In place	Advice sought appropriately from Providers. Effective Commissioning in place. Improved outcomes achieved	Commissioning Plans reflect required outcomes	Commission Plans being drafted for 2014/15	
Recommendation 131: 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.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners should only decide on models of provision based on the needs and best interest of their patients and in accordance with Monitor's Guidance. CCG Action	CCG should prioritise those services for which alternative sources of provision should be made available. CCG to work collaboratively where it is best practice to do so.	AO / DOC /	On-going	Improved commissioning and	Evidence of collaborative commissioning in place.	HLHF BCF Ongoing collaboration with other CCGs where appropriate.	
Recommendation 132: 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							

<ul style="list-style-type: none"> 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 							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Procurement of suitable and sufficient Commissioning Support Services CCG Action	Contract Compliance Framework in place CMB /Contract compliance Quality review Provider Assurance Visit. process	AO/DOC/ DoR&Q Principal Contract Manager	On going monitoring	Robust assurance of provider quality and performance measures.	Contract reviews Mins of meetings Framework in place	In place although further development to be made.	
Recommendation 135: 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 commissioners' 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 							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners need to create and	Appoint lay members to the Board Patient engagement strategy Experience led commissioning	AO / DOC	On -going as appropriate	Public are involved and engaged with	Various public inclusion	Lay members on the Board and key groups.	

maintain a recognisable identity which becomes a familiar point of reference for the community CCG Action	Meetings held in public where appropriate Public consultation where required.			the decision making process.	activities and consultations HLHF	ELC actively in place.	
Recommendation 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 with knowledgeable and skilled local personnel engaging with an informed public.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG to be a recognisable and visible public body CCG Action	CCG need to demonstrate their accountability to members. Local people, stakeholders and NHS England	AO	Ongoing	Open and transparent organisation. Public are aware of the role of CCG	Publish constitution Lay members Governing Body held in public Publish annual commissioning plan.	Completed 2013/14 Annual review and re-publish .	
Recommendation 138: Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found they are at risk from substandard or unsafe services.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners should have contingency plans with regard to the	CCG to have contingency plans to ensure that safe and effective services can continue to be provided in the event of a provider failure.	AO / DOC	Contingency plans in place Activated as required.	In the event of failure patients remain safe	Contingency plans in place.	Plans to be developed. Business Continuity Plan	

protection of patients from harm where it is found they are at risk from substandard or unsafe services.						in place.	
CCG Action							
Recommendation 139: The first responsibility for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring 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.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Ensure fundamental standards are met. CCG Action Provider Assurance	Registration by the CQC and Monitor's licencing of Providers gives an assurance to Commissioners that a Provider meets fundamental standards of care. CCG to ensure these are obtained.	AO / DR&Q Principal Contract Manager	As assessed	Assurance received or recommendations agreed and implemented actions	Registration and CQC compliance achieved by Providers.	NLAG awaiting next review April 2014 RDADSH received full compliance.	
Recommendation 140: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG Action	Actively share information at QSG meetings Encourage sharing of information between CCG and regulators where appropriate.	AO / DR&Q Principal	Attend Quarterly Meetings	Early warning alerts of concerns. Remedial plans can be agreed. Further	Mins of meetings	Process in place. CCG AO in DoR&Q attend meetings.	

				scrutiny can be implemented where required.			
Recommendation 141: 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							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners and regulators should have clear and distinct roles in ensuring the safety of service users and should act swiftly where patients are at risk. CCG Action Provider Assurance	Actively share information at QSG meetings On-going liaison and dialogue between CCG and regulators. Robust assessment of risk and patient safety information including safeguarding.	AO / DR&Q Principal Contract Manager	On-going monitoring Meetings and framework in place.	Early warning alerts of concerns. Improved patient experience and safety	Attendance at meetings	Process in place	
Recommendation 142: 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.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Provider and Commissioners must ensure that there are	CCG to ensure there is no ambiguity or confusion with regard to accountability and information flows.	AO	On-going	Clear lines of accountability and reporting in	Clear Frameworks	in place	

clear lines of accountability in the new NHS reporting structures. NHS England and TDA have agreed protocols to ensure clarifications.				place.			
CCG Action Provider Assurance							
Recommendation 143: 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.							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG Action Provider Assurance	CQUINS and KPIs are in development as part of the contract round	DOC Principal Contract Manager	Annual agreement and quarterly monitoring of achievement	Assessment of improved outcomes	Progress against the schemes agreed	Process in place	
Recommendation 173: 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 must never be allowed to outweigh the duty to be honest, open and truthful							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
All staff must promote and comply with	All staff within CCG to be made aware of their duty of candour.	AO / DR&Q Principal Contract	On-going monitoring	Culture of compassion and		Process in place through CMB and contract	N/A

openness and transparency and instil a culture that values compassion and dignity and high quality of care. CCG Action Provider Action	CCG to monitor Provider response and Culture and escalate if concerns are raised.	Manager		transparency is in place in the CCG Any concerns with provider areas will be discussed as part of the contract compliance process.		compliance	
Recommendation 176: Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
There is an expectation that there will be truthfulness and openness between Providers and Commissioners. Provider Action	Promote and honest dialogue with all Providers. Monitor the accuracy, completeness and not misleading information submitted from Providers.	DOC Principal Contract Manager	On-going monitoring	Accurate information enables more effective Commissioning decisions to be made.	Triangulation of data reflects an accurate account of service position.	Process in place through CMB and contract compliance.	N/A
Recommendation 177: Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
All NHS organisations	All Execs and staff are required to comply with the duty of Candour	AO / all Execs and staff	On going	Open and Honest culture	Reports and meetings	In place	N/A

must operate with openness, transparency and candour at all times. CCG Action Provider Action					open and transparent		
Recommendation 179: 'Gagging clauses' or non-disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure to public interest issues of patient safety and care							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG Action Provider Action	'Gagging clauses' or non-disparagement clauses will not be used when NHS staff leave employment	AO / HR	N/A	No gagging clauses used. Staff can make a disclosure in the public interest under PIDA	None used	n/a	
Recommendation 180: Guidance and policies should be reviewed to ensure that they will lead to compliance with Being Open, the guidance published by the National Patient Safety Agency							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
All providers should be able to provide evidence that they are compliant with the Being Open Framework	Contract compliance monitoring should establish compliance. Any concerns with regard a providers compliance with the Duty of Candour should be discussed with the Provider.	DoR&Q Principal Contract Manager	On going monitoring	Open and transparent culture	On-going monitoring of performance and submission of data	Requires further scrutiny	

CCG Action Provider Action							
Recommendation 204: All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCGs are required to have a nurse on their Governing Body Provider Action CCG Action	Nurse appointed to Governing Body	AO	Completed	Nurse is able to influence and provide professional nurse advice and expertise.	Nurse attends Governing Body meetings	completed	
Recommendation 247: Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from the, Local Healthwatch, and all systems regulators							
Summary of recommendation	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Quality accounts are required to be lodged with CCG and regulators by 30 June Provider Action	Ensure Quality accounts are received and reviewed	DoR&Q DOC Principle Contract Lead	June	Quality Account Informs commissioning decisions	Quality account received	Quality accounts to be submitted appropriately. NLAGs received 2 April . Awaiting RDASH submission.	

Recommendation 253: 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.								
Summary of recommendation	Key Area	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Provider Action CCG - for information	Validity of providers Quality and Risk profile	Triangulation of data	Providers	On publication of quality and risk profile	Risk Profiling is accurate and transparent.	Quality account reports	N/A	N/A