## **NHS** North Lincolnshire Clinical Commissioning Group

Action Plan in response to Hard Truths

## 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

consider the h	inulings and recomm		s report and	ueciue now t	o apply them		n	
Summary of recommendati on & Status of Action	Key Area	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
1.1 NLCCG to respond to relevant recommendati ons CCG Action	Francis Action plan in place Presented to Governing Body for agreement This action plan developed and will be monitored.	Agreed approach to monitoring of achievement of action plan at Governing Body.	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 February 2014	
1.2 Each organisation should announce at the earliest practicable time it's decision on the extent to which it accepts the	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	DoR&Q	28 <sup>th</sup> Feb March 2014	Public and stakeholders are informed and can access the CCG position on	Website Minutes of Governing Body	Meeting 27	

recommendati 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.		Governing Body							
CCG Action									
	tion 2: The NHS and in everything done	all who work for	it must adop	ot and demons	strat	e a share	d culture in wh	ich the patient	
Summary of recommendat ion	Action	าร	Executive / Senior Managemen t Lead	Timescale		Outcom e	Evidence	Progress	RAG Rate
2.1 All provider and commissionin g organisations to ensure there is a culture of patient focus CCG to engender a patient focus in all activities including	KPI's Providers to be asked t their culture. CQUIn for patient expe		All execs also senior managers Contract team	April 2014 & c going	DN-	Improve d patients experien ce	Friend and Family Test results Provider Nursing Strategies	FFT being implemented & developed In progress	

provider performance management CCG Action							
Provider							
Assurance							
	tion 3:The NHS Constitution should k stem's common values, as well as the						
Summary of recommendati on	Actions	Executive / Senior Manageme nt 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	Awaiting re- launch	
overriding value	tion 4: The core values expressed in ue should be that patients are put firs prmed by this ethos						
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
<b>4.1</b> All staff working within healthcare must be made aware of the Statement of Common Purpose		All Executive Leads CCG					
CCG Action							

Recommendat	tion 5: In reaching out to patients, co	nsideration	should be g	iven to includin	g expectatio	ns in the NHS	
Constitution			-				
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
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	Patient engagement activities as a key part of Business Planning Information on NHS constitution included on website, link to NHS choices Assurance gained form Providers	DoC DoR&Q	March 2014 & on-going assurance monitoring	open and	Improved Positive Patient experience Improved patient safety	In progress	
	tion 7: All NHS staff should be require				t to abide by	the values and	
	oth of which should be incorporated					_	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescal e	Outcome	Evidenc e	Progress	RAG Rate
All NHS organisations should strengthen local	Employers must reference the NHS constitution in local performance arrangements. When developing local performance	All senior managers HR		All CCG staff are aware oif their commitment to uphold the NHS	contracts reference	Not yet commenced	

policies on appraisal and performance management so that there is a clear link between the NHS Constitution and performance and appraisal systems.	standards CCG to update policies and procedures in light of this recommendation.			values and the constitution.	Constitutio n		
Recommendat	tion 12: Reporting of incidents of con	cern relevan	nt to patient s	safety, complia	ance with fund	damental	
	some higher requirement of the emplo						
	eive feedback in relation to any repor	t they make,	including in	formation abo	ut any action	taken or	
reasons for no Summary of	Actions	Executive /	Timescale	Outcome	Evidence	Progress	RAG
recommendati	Actions	Senior	Timescale	Outcome	Evidence	FIOGLESS	Rate
on		Managemen t Lead					
The Board recognises their responsibility to patients including a regard to patient safety and fundamental standards	Assurance through – monitoring of incidents and SIs of all providers. CQUIN & incentive schemes to promote improvements. Monitoring of achievement of standards. Action taken where there is failure to improve on safety issues. CCG to undertake Provider assurance visits. CCG through CSU to triangulate data CCG to ensure robust systems in place for monitoring assurance in all relevant Providers.	DoR&Q Contracting Team	To be determined by assurance schemes.	Improved outcomes in areas of patient safety.	Achievement of CQUIN & incentive schemes	In progress.	

assurance of							
Provider Assurance							
Recommendat enhanced qua standards sho	tion 17: The NHS Commissioning Boa lity standards designed to drive impr ould be a matter for performance man be charged with enforcing the provisio	ovement in t agement by	the health set commission	rvice. Failure ers rather that	to comply wi n the regulate	th such or, although the	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCG to work with NHS England to use enhance quality standards to drive improvements in all Providers. CCG Action Provider Assurance	Ensure compliance with NICE standards. Performance management occurs where there are failure to comply. CCG has robust systems in place	DoR&Q	As identified with Quality schemes	Evidence of system change and improvement s to patient outcomes.		Further development of monitoring of standards in all Providers required	

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.

Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Action is taken in response to a failure of quality of care. 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. <b>Regulator</b> <b>Action</b> <b>CCG Action</b>	CCG must have effective Provider Assurance processes. CCG to undertake a programme of Provider Visits	DoR&Q	Identified				

healthcare pro	tion 31: Where aware of concerns that oviders must have in place policies w res use of their own powers of interve at not being bound by, the views or ac	hich ensure ention to info	that they cor orm a decisio	nstantly review on whether or	w whether the	e need to protect	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
The CCG must have clear formal processes to deal appropriately when Patient Safety concerns are raised within Provider Services.	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.	DoR&Q		Patient safety issues are identified as soon as practicably possible.	Governance process. Provider Assurance Process. Minutes of QSG meetings	Governance Processes are in place. Ongoing further development and strengthening or processes as appropriate.	
Provider Assurance							
regulator shou action should	tion 32: Where patient safety is believ ald be obliged to take whatever action include, where necessary, temporary ake a final determination is undertake	n within their measures to	powers is n	ecessary to p	rotect patient	safety. Such	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
The CCG will be required to fully support any actions taken by the	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	Accountable Officer	AS required	Risk to Patient safety is minimised as far as possible.	Clear processes and communicati on channels between	N/A	N/A

regulators that they deem necessary where patient safety has been idnetified to be at risk. CCG Involvement	ensure least disruption and minimised risk to the population.				regulators and CCG		
external perfo	tion 34: Where a provider is under so rmance management involvement to						
<b>public</b> Summary of recommendati on	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 identifiedto 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	AO	.As required	Clear processes and communicati on channels between regulators and CCG Risk to Patient safety is minimised as far as possible	N/A	N/A	N/A
identified as ri organisations	tion 35: Sharing of intelligence betwe sks. It should extend to all intelligen may raise the level of concern. Worl vould find helpful	ce which wh	en pieced to	gether with th	at possessed	by partner	
Summary of recommendati on	Actions	Executive / Senior Managemen	Timescale	Outcome	Evidence	Progress	RAG Rate

		t Lead					
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.	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 communicati on channels between regulators and CCG	N/A	N/A	N/A
Involvement							
and accurate i practical in a v longer be cont been achieved wilfully or reck account shoul	tion 37: Trusts Boards should provide nformation about their compliance w written report to set out detail, this sh fined to reports on achievements as o I. A full account should be given of the clessly false statement as to complian I be made a criminal offence.	ith each star ould be mad opposed to a ne methods u	ndard which le available v fair represe used to obtai ety or essent	applies to the ia each Trust ntation of area n the informat	m. To the extension of the extension. To make the required of the required of the required of the extension	ent that it is not eports should no pliance has not or be party to a	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Providers Quality Accounts will demonstrate their compliance against standards and	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	Quality Account reflects other data forms and provides assurance in Quality	To be reviewed	

will also include areas where compliance has not been achieved. Provider Assurance Recommendation well as to the nu	on 40: It is important that greater attentio	on is paid to th	e narrative co	data. ontained, in, for	instance, com	plaints data, as	
Summary of recommendati on	Actions	Executive / Senior Managemen t 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.	In progress	
	tion 43: Those charged with oversigh anisations for which they have respo		tory roles in	healthcare sh	ould monitor	media reports	
Summary of recommenda tion	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate

All Regulatory bodies and commissioners of NHS services should monitor media reports about relevant organisations for which they are held responsible	CCG to continue to monitor media reports with regard to all services it commissions. Focus on areas where concerns are raised.	AO	Ongoing	Early indicators of issues can be identified	N/A	On going	N/A
	tion 98: Reporting to the National Rep serious untoward incidents but involv						
Summary of recommendati on	Actions	Executive / Senior Manageme nt Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
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 incidents among health care professionals.	The CCG should receive assurance from all Providers that they have an open and transparent approach to patient safety incidents.	DoR&Q	Ongoing	Improved awareness of patient safety Improved reporting of		Routine assurance monitoring	

					1		
Recommendat	tion 109: Methods of registering a co	nment or co	mplaint mus	t be readily ac	cessible and	easilv	
	Aultiple gateways need to be provide						
	uch methods should trigger a uniform	•		· ·			
Summary of recommendati on	Actions	Executive / Senior Managemen t 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 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
CCG Action Provider Assurance							
from comment	tion 111: Provider organisations mus ts and complaints; constant encouraged ad collectively to share their commen	gement shou	ild be given j	patients and o	ther service		
Summary of recommendati on	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Feedback, of which complaints are an important part is a strong indicator of	Management of complaints and patient experience should form and important part of the assurance on quality sought by CCG form their commissioners. Incentive scheme in place for the	DoR&Q	On going	Improved patient experience. Improved complaints management		Routine Monitoring	N/A

patient experience, and serves to assist organisations to improve service delivery. It should be encouraged and welcomed as a matter of good practice.	development of compl	aints process.			process		
Provider Assurance							
Assurance			<u> </u>				
Decembra ande							
should be the	subject of investiga indicated a desire to		e of the sam	e quality as a			
should be the	subject of investiga	tion and respons o have the matter	e of the sam	e quality as a			RAG Rate

	tion 113: The recommendations and s he Mid Staffs NHS Foundation Trust					eer review into	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioner s 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. <b>CCG Action</b> <b>Provider</b> <b>Assurance</b>	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.	

Summary of recommendati on	Actions	Executive / Senior Managemen t 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.	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 investigation s. More cases resolved locally. Evidence of lessons learnt in service areas.	Investigation reports. Action plans in place and completed. Evidence of service change	Process in place to monitor level of assurance.	
Provider Assurance							
<ul> <li>where any one</li> <li>A complain</li> <li>Subject mate</li> <li>A complain</li> </ul>	tion 115: Arms length independent in of the following apply: t amounts to an allegation of a seriou tter involving clinically related issues t raises substantive issues of profest t involves issues about the nature an	us untoward s is not capal sional misco	incident ble of resolut nduct or the	tion without a performance	n expert clinic of senior mar	cal opinion	
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Investigation of	CCG should receive assurance that all investigations carried out have been appropriate, comprehensive and where	On – going monitoring	Improved quality of	Investigation reports.	Process in place to		

Investigation of a complaint	appropriate independent.	monitoring	quality of investigatio ns. More cases resolved locally. Evidence of lessons learnt in service areas.	Action plans in place and completed. Evidence of service change	place to monitor level of assurance.		
------------------------------	--------------------------	------------	---	--	---	--	--

terms agreed	tion 118: Subject to anonymisation, a with the complainant, and the trust's r, if different , the patient, refuses to	response sh	ould be publ	ished on its v	vebsite. In any	case where the	
	aint is not possible, the summary sho Actions						RAC Rate
Trusts currently have to publish and annual report on complaints handling including the number of complaints received, the number referred to the Health Service Ombudsman, summary of subject matter and actin that has been taken This information should be reported to the commissioner.	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 Evidence of lessons learnt in service areas.	Information published and available on website Evidence of service change	Process in place to monitor level of assurance.	

Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
There should be Board level scrutiny of complaints. All Boards and Chief Execs should receive monthly reports in complaints and the action taken including the evaluation of the effectiveness of the action.	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 Provider assurance visit arranged for March 2014 to complaints department.	DoR&Q / Principal Contract Manager	On going monitoring	Triangulation of patient experience information. Evidence that changes have been made to practice in response to lessons learnt.	Complaints reports received. Evidence of	Process in place to monitor level of assurance.	
and other spec in particular in of patterns of to all their pati make patients	tion 123: GPs need to undertake a mo cialist services. They should be an ir a relation to an assessment of outcom concern, so that they do not merely t ients to keep themselves informed of , choice reality. A GP's duty to a patie They will need to take this continuing	ndependent, nes. They ne reat each ca the standard ent does not	professional eed to have in se on its indi d of service a end on refer	ly qualified ch nternal systen ividual merits. available at va ral to hospital	neck on the quins enabling the They have a rious provide but is a cont	uality of service, nem to be aware responsibility ers in order to tinuing	
Summary of recommendati	Actions	Executive / Senior	Timescale	Outcome	Evidence	Progress	RAG Rate

on		Managemen					
fundamental s standard, it sh consider whet	CCG to support NHS England - attendance and open discussion and QSG. Maintain good networks and reporting arrangements with regulator – CQC and Monitor. Robust Provider assurance programme in place. Quality review discussions at Contract Compliance meetings	t Lead AO DoR&Q d to and sho of each item ompliance an by requiring	n of service it nd redress fo redress for ir	t is commission or non-compliandividual patie	oning. In relat ance. Commis ents who have	ion to each such ssioners should received	
substandard s by the CQC Summary of	Service to be offered by the provider.	Executive /	be consister	Outcome	Evidence	rds enforceable Progress	RAG
recommendati on	Actions	Senior Managemen t Lead	Timescale	Outcome	Evidence	Flogiess	Rate
Commissioners must have regard to any fundamental standards that relate to a	Contract only to be given to Providers who meet the fundamental requirement. Specifications should be clear and include all required standards	DoR&Q Principal Contract Manager	On the agreement or review of contracts and specifications	Improved quality monitoring Improved quality and	Clear specifications in place. Relevant standards are in evident in	On going monitoring and development of contracts	

	effective tion 125: In addition to their duties wi						
standards. Th	omote improvement by requiring com ney can incentivise such improvemen a standing of clinicians and the organ	ts either fina	incially or by	other means			
Summary of recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Incentives should contribute to improved outcomes through improvement in the quality of health services.	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 specification s. Quality schemes achieved that will improve safety and	Incentive schemes in place. Trajectories agreed and monitored.	On going monitoring and development of contracts Quality incentive scheme in place with NLAG CQUIN for 2014/15 agreed	
NHS England wi;ll be				quality experience		with all Providers.	

developing enhanced standards through evidenced based indicators.				for patients and carers.			
infrastructure	tion 127: The NHS Commissioning Be and the support necessary to enable og contracts, while ensuring providers Actions	a proper sc s remain res Executive / Senior	rutiny of its p	providers' serv	vices, based o	on sound	RAG Rate
on	Contract and provider management	Managemen t Lead	Service	Positive and	Updated	In progress	
CCG Action	support provided by NYH CSU Providers supply information via contract meetings	Principal Contract Manager	specification for contracting in place currently being revised	robust provider assurance is obtained by CCG.	service specification to be agreed and signed off	in progress	
undertake a hi	tion 128: Commissioners must have ighly complex and technical task, inc	luding speci	alist clinical	advice and pr	ocurement ex		
groups are too Summary of recommendati on	o small to acquire such support, they Actions	Should Colla Executive / Senior Management	Timescale	others to do s Outcome	O Evidence	Progress	RAG Rate

		Lead					
CCG to secure appropriate commissioning support services	CCG currently commissions services from NY&H CSU.	AO	In place	CCG is provided with the key support functions required	Contract in place	Completed	
CCG Action							
commissioner fundamental s	tion 129: In selecting indicators and is should be on what is reasonably n afety and quality standards are main to ensure that their expectations an	ecessary to s ntained. This	safeguard pa requires clos	tients and to e se engagement	ensure that at	least	
Summary of recommendati on	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,	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.	Agreed for 2014/15	

clinically effective and result in appositive patient experience.							
CCG Action Proivder Action							
	tion 130: Commissioners - not prov what can be provided, and for that p						
and from else	where, and to be willing to receive p						
prevail. Summary of recommendati on	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioning for Excellence using the NHS Outcomes framework.	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 Commissioni ng in place. Improved outcomes	Commissioni ng Plans reflect required outcomes	Commission Plans being drafted for 2014/15	

CCG Action				acheived			
provision. Th	tion 131: Commissioners need, whe is may mean that commissioning ha negotiating weight necessary to ach	as to be unde	ertaken on be	ehalf of conso	ortia of commi		
Summary of recommendati on	Actions	Executive / Senior Management Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioner s 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 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 commissioni ng and	Evidence of collabortaiv e commissioi ning in place.	HLHF BCF Ongoing collaboration with other CCGs where approporiate.	
CCG Action							

- 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

Summary of							
recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Procurement of suitable and sufficient Commissioning Support Services	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.	
CCG Action							
	the commissioners Id be lay members of the commissio	ners' board				nd contribute to	
<ul> <li>There shou</li> <li>Commission of the public account</li> <li>There shou</li> </ul>	the commissioners Id be lay members of the commissioners should create and consult with c (whether or not members must hav Id be regular surveys of patients and aking processes should be transpare	patient forun ve access to a d the public n	a consultativ nore generall	e process so ly	their views ca	vidual members an be taken into	
<ul> <li>There shout</li> <li>Commission of the public account</li> <li>There shout</li> </ul>	Id be lay members of the commission ners should create and consult with c (whether or not members must hav Id be regular surveys of patients and	patient forun ve access to a d the public n	a consultativ nore generall	e process so ly	their views ca	vidual members an be taken into	RAG Rate

reference for the community							
CCG Action							
they serve and	ion 136: Commissioners need to be i with a sufficient infrastructure of tee monitoring, and that cannot be done c.	chnical supp	ort. Effective	e local comm	issioning can	only work with	
Summary of recommendati on	Actions	Executive / Senior Managemen t 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 commissioni ng plan.	Completed 2013/14 Annual review and re-publish .	
	ion 138: Commissioners should hav is found they are at risk from substa					f patients from	
Summary of recommendation	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
Commissioners should have contingency plans with regard to the protection of patients from harm where it is found they are at risk from	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	Contingenc y 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 in place.	

substandard or unsafe services.										
CCG Action										
management of	tion 139: The first responsibility for a of a healthcare provider should be en organisation must require convincing d with.	suring funda	amental patie	ent safety and	quality stand	ards are being				
Summary of recommendati on	Actions	Executive / Senior Managemen t 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 recommendati ons agreed and implemented actions	Registration and CQC compliance achieved by Providers.	NLAG awaiting next review April 2014 RDADSH received full compliance.				
management of	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									
recommendati on	Actions	Executive / Senior Managemen t Lead	Timescale	Outcome	Evidence	Progress	RAG Rate			
CCG Action	Actively share information at QSG meetings Encourage sharing of information	AO / DR&Q Principal	Attend Quarterly Meetings	Early warning alerts of concerns.	Mins of meetings	Process in place. CCG AO ir DoR&Q attend meetings.				

Decommondo	between CCG and regulators where appropriate. ion 141: Any differences of judgeme			Remedial plans can be agreed. Further scrutiny can be implemented where required.			
and a regulato	r should be discussed between the dual responsibility to take whatever Actions	m and resolve	ed where pos	sible, but eac	h should reco	ognise its	RAG Rate
on Commissioner s and regulators should have clear and distinct roles in ensuring the safety of service users and should act swiftly where patients are at risk.	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.	t Lead AO / DR&Q Principal Contract Manager	On-going monitoring Meetings and framework in place.	Early warning alerts of concerns. Improved patient experience and safety	Attendacne at meetings	Process in place	
CCG Action Provider Assurance							
	ion 142: For an organisation to be e I and information flows, so that the						

		Manageme nt Lead					
Provider and Commissioner s must ensure that there are clear lines of accountability in the new NHS reporting structures. NHS England and TDA have agreed protocols to ensure clarifications.	CCG to ensure there is no ambiguity or confusion with regard to accountability and information flows.	AO	On-going	Clear lines of accountabilit y and reporting in place.	Clear Frameworks	in place	
	tion 142: Matrice need to be establish						
	tion 143: Metrics need to be establish						
across the ser	vice, to allow norms to be establishe accepted as needing to be fixed.						
across the ser	vice, to allow norms to be establishe						RAG Rate
across the ser identified and Summary of recommendati	vice, to allow norms to be establishe accepted as needing to be fixed.	Executive / Senior Managemen	liers or prog	ression to po	or performan	ce can be	_
across the ser identified and Summary of recommendati on CCG Action Provider Assurance Recommendat truthful in all t	vice, to allow norms to be establishe accepted as needing to be fixed. Actions CQUINS and KPIs are in development as	ed so that out Executive / Senior Managemen t Lead DOC Principal Contract Manager on and every ublic, and or	Timescale Timescale Annual agreement and quarterly monitoring of achievemen t	Outcome Outcome Assessment of improved outcomes	Progress against the schemes agreed	Progress Process in place open and	_

recommendati		Senior					Rate
on		Managemen t Lead					
All staff must promote and comply with openness and transparency and instil a culture that values compassion and dignity and high quality of care.	All staff within CCG to be made aware of their duty of candour. CCG to monitor Provider response and Culture and escalate if concerns are raised.	AO / DR&Q Principal Contract Manager	On-going monitoring	Culture of compassion and transparency is in place in the CCG Any concerns with provider areas will be discussed as part of the contract compliance process.		Process in place through CMB and contract compliance	
	tion 176: Any statement made to a reg truthful and not misleading by omiss		commissione	er in the cours	e of its statut	ory duties must	
Summary of recommendati on	Actions	Executive / Senior Manageme nt Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
There is an expectation that there will be truthfulness and openness between Providers and Commissioner s.	Promote and honest dialogue with all Providers. Monitor the accuracy, completeness and not misleading information submitted form Providers.	DOC Principal Contract Manager	On-going monitoring	Accurate information enables more effective Commissioni ng decisions to be made.	Triangulatio n of data is reflect an accurate account o service position.	Process in place through CMB and contract compliance.	
Provider							

Action							
	tion 177: Any public statement made	by a healthc	are organisa	tion about its	performance	must be truthful	
Summary of recommendati on	ading by omission Actions	Executive / Senior Manageme nt Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
All NHS organisations must operate with openness, transparency and candour at all times.	All Execs and staff are required to comply with the duty of Candour	AO / all Execs andb staff	On going	Open and Honest culture		In place	
CCG Action Provider Action	tion 179: 'Gagging clauses' or non-di	snaragemen	t clauses sho	uld be probib	ited in the po	licies and	
contracts of a	Il healthcare organisations, regulator to public interest issues of patient s	s and comm	issioners; in				
Summary of recommenda tion	Actions	Executive / Senior Managem ent 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	

Summary of recommendati on	Actions	Executive / Senior Managemen t 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 monitorong	Open and transparent culture	On-going monitoring of performance and submission of data	Requires further scrutiny	
	tion 204: All healthcare providers and						
one executive executive dire	director who is a registered nurse, a	nd should be	e encourageo	d to consider	recruiting nur	ses as non-	
Summary of recommendati on	Actions	Executive / Senior Manageme nt Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
CCGs are required to have a nurse on their Governing Body	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	
Provider Action CCG Action							

	tion 247: Healthcare g services from the,					ounts with all	organisations	
Summary of recommendati on	Actio	ns	Executive / Senior Manageme nt Lead	Timescale	Outcome	Evidence	Progress	RAG Rate
	ounts are ired to be ed with and lators by une rider Action ommendation 253: The information behind the				Quality       Quality       Quality       Quality account to be submitte appropriately         Informs       received       appropriately         commissioni       ng decisions       appropriately         as well as the ratings and methodology       and methodology         and any legitimate confidentiality of such			
information, to Summary of recommendati on	ogether with approp Key Area	riate explanation: Actions	Executive / Senior Manageme	he public to u Timescale	understand th Outcome	e limitations of Evidence	of this tool. Progress	RAG Rate
Provider Action CCG - for information	Validity of providers Quality and Risk profile	Triangulation of data	nt Lead Providers	On publication of quality and risk profile	Risk Profiling is accurate and transparent.	Quality account reports	N/A	