NHS
Wigan Borough
Clinical Commissioning Group

MEETING: **Governing Body – Open Meeting** **Item Number: 9.1**

DATE: **25 February 2014**

REPORT TITLE:	**Wigan Borough CCG Francis Report Action Plan Update - February 2014** ***Inclusive of the emergent themes following the review of the Keogh and Berwick Reports and the Governments Response to Francis 'Hard Truths - The Journey to Putting Patients First'***
REPORT AUTHOR:	**Lynn Mitchell, Assistant Director for Quality**
PRESENTED BY:	**J Southworth, Director for Quality and Safety**
RECOMMENDATIONS/DECISION REQUIRED:	**The CCG Governing Board / Committee are asked to:** **1. Note and discuss the report.** **2. Provide their views and comments.** **3. Approve the actions as noted with the next steps.**
EXECUTIVE SUMMARY This paper outlines the WBCCG response to the recommendations of the Francis, Keogh and Berwick reports and also the Governments final response to Francis *'Hard Truths - The Journey to Putting Patients First'* (DH November 2013).	
FURTHER ACTION REQUIRED:	As documented within the report

NHS
Wigan Borough
Clinical Commissioning Group

Francis Report Action Plan
Update - February 2014

Inclusive of the emergent themes following the review of the Keogh and Berwick Reports and the Governments Response to the Francis Report 'Hard Truths - The Journey to Putting Patients First'

1. Executive Summary

This paper outlines the WBCCG response to the recommendations of the Francis, Keogh and Berwick reports and also the Governments final response to Francis *'Hard Truths - The Journey to Putting Patients First'* (DH November 2013).

2. Background

At July 2013 the WBCCG Francis Action Plan was approved by the Governing Body with the directive to update and present the plan at quarterly intervals to the WBCCG Clinical Governance Committee (CLGC) who would then provide assurance to the Governing Body that this work was/is being progressed. At the Governing Body meeting on 26 November 2013 approval was granted to supersede the *Francis Report Action Plan* with the revised document presented entitled; *the WBCCG Action Plan – Francis, Keogh and Berwick* in recognition of the findings and recommendations of these further two reports that had been published on the quality and safety of healthcare services.

The Government has since published its full response to the Francis Report into failings at Mid Staffordshire NHS Foundation Trust (19 November 2013). The report "Hard Truths: The Journey to putting patients first' provides a comprehensive response to each of the 290 Francis recommendations, accepting 204 in full, 57 in principle and 20 in part. Nine of the recommendations have not been accepted.

3. Purpose

The purpose of this paper is to ensure that the findings and recommendations highlighted within the Governments final response to Francis 'Hard Truths - The Journey to Putting Patients First' have been considered when undertaking this review of the Action Plan - Francis Keogh and Berwick. In addition to ensure that the recommendations inform and are reflected within the Strategy for Quality and Safety and the Quality and Safety Delivery Planning for 2014 - 2015.

4. Hard Truths: A Summary of the Key Points

The report includes five chapters:

Chapter 1: Preventing Problems;
Chapter 2: Detecting Problems Early;
Chapter 3: Taking Action Promptly;
Chapter 4: Ensuring Robust Accountability, *and*
Chapter 5: Ensuring Staff Are Trained and Motivated.

Members of the WBCCG Governing Body and CLGC are asked to note the new action on the following areas as detailed within the report:

- Safe staffing, from April 2014, all hospitals will publish self - determined staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be based on speciality. This will be mandatory and will be done on a monthly basis. By the end of next year this will be done using models and tools approved independently by the National Institute of Clinical Excellence (NICE).

- Complaints reporting and better complaints information - trusts will report quarterly on complaints data and lessons learned and the Health Service Ombudsman will increase significantly the number of cases she considers. In addition, all hospitals will be required to set out clearly how patients and their families can raise concerns or complain, with independent support available from their Healthwatch or alternative organisations.

- A statutory duty of candour, which will apply to providers, and a professional duty of candour on individuals will be strengthened through changes to professional guidance and codes. NHS England will also review Quality Accounts before the 2014 - 2015 cycle to ensure that they give patients appropriate information about the services they use, and that they add value to the quality assurance infrastructure used by Trusts and local and national organisations.

- The Government will consult on proposals about whether Trusts should reimburse a proportion or all of the NHS Litigation Authority's (NHSLA) compensation costs when they have not been open about a safety incident.

- A new criminal offence for wilful neglect - the Government will legislate at the earliest available opportunity to make it an offence to wilfully neglect patients - so that organisations and staff, whether managers or clinicians, responsible for the very worst failures in care are held accountable.

- A new Fit and Proper Person's Test which will enable the Care Quality Commission to bar unsuitable senior managers who have failed in the past from taking up individual posts elsewhere in the system.

- All arms-length bodies and the Department of Health have signed a protocol in order to minimise bureaucratic burdens on Trusts.

- A new Care Certificate, as recommended by the Cavendish Review, to ensure that Healthcare Assistants and Social Care Support Workers have the fundamental training and skills needed to give good personal care to patients and service users. The Chief Inspectors will ensure that employers are using the Disclosure and Barring Service to prevent unsuitable staff from being re-employed elsewhere.

- The Care Bill will introduce a new criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading, where that information is required to comply with a statutory or other legal obligation.

5. Next Steps

The Quality and Safety Team will a review and refreshment of the following WBCCG key documents.

- Strategy for Quality 2012 to 2015: review and align with any new or updated legalisation, regulation and good practice guidance.

- Quality and Safety Delivery Plan: development of the 2014 - 2015 plans.

- Francis Keogh and Berwick Action Plan: review of content and format.

6. References - WBCCG Governing Body Reports

- WBCCG Action Plan - Francis Keogh and Berwick. 26 November 2013

- An Overview of Published National Reports on Quality and Safety in the NHS (Francis, Keogh and Berwick). 27 August 2013.

- Mid Staffordshire NHS Foundation Trust Public Inquiry - Francis Report WBCCG Position Update and Action Plan. 23 July 2013.

- A Summary of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. 20 May 2013.

- Briefing Paper: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Published 6 February 2013 (Francis Report). 26 March 2013.

- Greater Manchester Area Team, Quality Surveillance Group. *Hard Truths Summary*. 13 January 2014.

7. Recommendation

The CCG Governing Board / Committee are asked to:

1. Note and discuss the report.

2. Provide their views and comments.

3. Approve the actions as noted with the next steps.

Wigan Borough CCG - Position in relation to Francis recommendations 123 - 144 at February 2014 *Inclusive of the emergent themes following the review of the Keogh and Berwick Reports and the Governments Response to Francis 'Hard Truths - The Journey to Putting Patients First'*			
Commissioning for Standards			
STANDARD			**CURRENT CCG POSITION**
123	**Responsibility for monitoring delivery of standards and quality**	GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.	The CCG has Locality structures and processes in place to actively engage with GPs on a continuous basis. This builds on structures that the CCG has had in place previously. Alongside the opportunity that each GP has to gather feedback at each consultation this allows patients and GPs to come together to discuss experience and concerns with care. The CCG Clinical Governance Committee (CLGC) is chaired by the Governing Body Clinical Director, and has overall responsibility for; and oversight of quality; safety, clinical effectiveness and patient experience. The CCG Quality and Safety Team hold responsibility for ensuring provider compliance with quality standards. Ensuring compliance with regards to the local NHS Providers is monitored through the Provider 'Quality Safety and Safeguarding Groups'. In relation to independent providers e.g. Intermediate Care a member of the Quality and Safety Team is included on the membership of the Contract Monitoring Group meetings held with Providers. All assurances and or concerns/risks highlighted at the contract monitoring meetings are reported through to the Finance and Performance Committee, any concerns directly relating to quality would also be escalated directly to the CLGC. The commitment to Quality is demonstrated by the appointment of a Director of Quality and Safety, non-voting member of the Governing Body who will provide corporate leadership for the Quality and Safety agendas. The Nurse Member on the Governing Body represents the nursing view point with a special interest in Quality and Safety and is also a member of the CLGC. Nurse Leadership is also provided by the Associate Director for Quality and Safety who is focussed on building key working relationships with care providers and external agencies. Clinical Directors have also been appointed and will champion quality in primary care as well as commissioned services. The CCG will look to further refine this role and also the role of all GP members in relation to their quality monitoring/assurance role. The CCG Head of Primary Care Quality is also in post and is responsible for leading the

			development of quality and safety across Primary Care. During 2013/2014 a Patient Experience Project (Safeguard Ulysses) has been piloted across the Wigan Borough Localities. The Quality and Safety Team have now provided feedback and our thanks to the Practices that engaged in the pilot. As was always the intention a full roll out to all Practices will be completed at 31 January 2014. The system enables GP staff to capture and report intelligence based on the feedback of patient/service user experience of care both positive and negative. This will support each Practice to demonstrate their commitment to this specific recommendation. The intention is to then collate and analyse the data to identify any emergent themes/trends. Going forward, the Director for Quality; the Head of Primary Care Quality and the Locality Officers will all continue to encourage Practice staff to report. The intention is to collate and analyse the data to both inform developmental work at a Practice and Locality level and also to inform and drive improvements in the quality and safety of commissioned services. The Quality and Safety Team will also use this and other sources of intelligence to work with Social Care Commissioners and other agencies to inform local intelligence sharing. Currently the CCG link with Wigan Council and the CQC. As captured within the Quality and Safety Delivery Plan the developmental work regards the development Local Surveillance Group (LQSG) has moved ahead with an inaugural meeting planned to take place in March 2014. The surveillance processes will then feed into CCG report to the NHS Greater Manchester Quality Surveillance Group.
124	**Duty to require and monitor delivery of Fundamental standards**	The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider whether it would incentivise compliance by requiring redress for individual patients who have received sub- standard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.	The CCG has an approved Strategy for Quality 2012 - 2015 in place. The Quality and Safety Delivery Plan 2013 - 2014 sets out how the CCG plans to develop and deliver on Quality in the first year. *In light of the Governments response to the Francis report the Strategy for Quality 2012 – 2015 will require review during 2014.* The CCG has always had quality standards in contracts, which Trusts currently provide assurances against. The Francis requirements aim to further enhance these to ensure that there are consistent quality standards and reporting requirements against these in the contracts with Providers that are also reflective of CQC requirements and best practice. Quality indicators are currently included within contracts in respect of

			patient experience, complaints, patient safety incidents, serious incidents at every stage of the commissioning cycle starting with procurement. *In light of the Governments response to the Francis report the Strategy for Quality 2012 – 2015 will require review during 2014.* The Quality and Safety Team is working with the Commissioned Services Team on the Quality indicators for inclusion within the 2014/2015 contracts. The CQUIN schemes for 2013-2014 have been agreed with the Providers. Quality and Safety Team members have been monitoring compliance with the agreed indicators at each milestone and progress has been reported through the respective Provider Quality Safety and Safeguarding Group (QSSG) on a monthly basis. Should a significant concern/risk arise at any point this will be escalated for the attention of the Clinical Governance Committee or the Governing Body should the risk be extreme. The Q1 and Q2 updates have been agreed and received by Finance. The Q3 evidence is currently being collated for review. Work on the 2014 -2015 schemes with each of the three main NHS providers is progressing. The CCG has developed relationships with the CQC at a local level and shares information and intelligence on any issues or concerns in relation to providers. As an interim arrangement the Quality Team has co-opted into and has been attending the Wigan Council meetings with the CQC. As captured above the developmental work regards the development Local Surveillance Group (LQSG) has moved ahead with an inaugural meeting planned to take place in March 2014. The surveillance processes will then feed into CCG report to the NHS Greater Manchester Quality Surveillance Group.
125	**Responsibility for requiring and monitoring delivery of enhanced standards**	In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards. They can incentivise such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the organisations for which they work.	As stated above the CCG has had quality standards around central areas such as patient safety, patient experience and clinical effectiveness in contracts. To secure improvements in quality of services and better outcomes for patients the CCG is working with stakeholders to review the incentives, rewards and sanctions within the NHS Standard Contract, including CQUIN, and other available levers to inform the 2014 -2015 planning round. This will further develop standards in areas such as safe staffing, integrated care, care and compassion and collaborative working. *In light of the Governments response to the Francis report this will now require a further review during 2014.*

			As noted at 124 the CQUIN schemes for 2013-2014 have been agreed with the Providers. Quality and Safety Team members have been monitoring compliance with the agreed indicators at each milestone and progress has been reported through the respective Provider Quality Safety and Safeguarding Group (QSSG) on a monthly basis. Should a significant concern/risk arise at any point this will be escalated for the attention of the Clinical Governance Committee or the Governing Body should the risk be extreme. The Q1 and Q2 updates have been agreed and received by Finance. The Q3 evidence is currently being collated for review. Work on the 2014 -2015 schemes with each of the three main NHS providers is progressing QIPP Schemes for 2013 – 2014 have also been agreed and progress is monitored by the QIPP Group and assurances on compliance reported through to the Finance and Performance Committee. Work is currently progressing on the identification and agreement of the QiPP schemes for 2014 – 2015.
126	**Preserving corporate memory**	The NHS Commissioning Board and local commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure the information conveyed is both candid and comprehensive. This code should cover both transitions between commissioners, for example as new clinical commissioning groups are formed, and guidance for commissioners on what they should expect to see in any organisational transitions amongst their providers.	Robust structures are in place in relation to the facilitation of a safe transition. The transition arrangements for PCTs into CCGs were set and are monitored by the DH. The CCG fully recognised that the transition was complex and posed risks to the system. To this end, Quality was and is continuing to be monitored carefully. Post transition the CCG has retained a strong cohort of staff with only a small numbers of activities having been outsourced to the Greater Manchester CSU. The remaining vacant posts within the Quality and Safety Directorate have now all be recruited to and staff are in place which is reflected of the CCGs commitment to quality. In relation to organisational transitions between providers these are covered and governed by the CCGs policies on procurement. The CCG will input into any work undertaken by the NCB in relation to a code of practice for transition.
127	**Resources for scrutiny**	The NHS Commissioning Board and local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its providers' services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide.	The CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers. The CCG Strategic Plan and Strategy for Quality sets out the CCGs ambition to do things differently, to commission for a culture of change and quality improvement, and for the CCG to be a more visible presence within the Borough. As noted at 126 the CCG has retained a strong cohort of staff with only a small numbers of activities having been outsourced to the Greater Manchester CSU. The remaining vacant posts within the Quality and Safety Directorate have now all be recruited to and staff

			are in place which is reflected of the CCGs commitment to quality. Having already set up Quality, Safety and Safeguarding Groups for each of the NHS Trusts; and establishing the commissioning quality visits, this "hands on" approach will enable closer scrutiny and further development of the "critical commissioner" role the CCG intends to foster. Going forward in recognition of what Keogh highlighted regards Commissioner Quality Visits and their focus; it is the intention of the Quality and Safety Team to review the process for the 2014 -2015 plans to ensure they are more disciplinary focused. We also intend to look at the value of putting in place Junior Doctors and Nurses and also Support Staff focus groups will be considered. The CCG is also providing a 'TPM-style' service to all GM CCG's on a reciprocal basis (i.e. not funded) for the WWLFT contract in 2013/14. This is on the basis that the CSU provides a TPM service back to WB CCG for the other GM Trusts. Any area of concern relating to Quality aspects of TPM is to be reported to the CCG.
128	**Expert support**	Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement expertise. When groups are too small to acquire such support, they should collaborate with others to do so.	The CCG recognises the importance of having access to specialist clinical expert advice in the development and monitoring of contracts. The CCG has clinical leads with specialist skills in different specialist areas that act as part of this specialist advice. The CCG has recognised this need through the authorisation process and structured itself in a way to ensure that it has the expert resource available in relation to the areas of commissioning that the CCG is responsible for. As captured at points 126 and 127 the CCG has retained a strong cohort of staff and covers all aspects of Quality, Safety, Contracting; Performance, Medicines Management, Continuing Healthcare etc. The CCG also has adheres to an ethos of providing a strong focus on Clinical Leadership as detailed within section 123. Some expert support has been sourced through collaborative arrangements across Greater Manchester through the Commissioning Support Unit (CSU). However, in the main specialist expertise has been retained within the CCG.
129	**Ensuring assessment and enforcement of Fundamental standards through contracts**	In selecting indicators and means of measuring compliance, the principal focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained. This requires close engagement with patients, past, present and potential, to ensure that their expectations and concerns are	The CCG has and will maintain and develop quality standards in contracts in line with the Strategy for Quality and the Quality and Safety Delivery Plan. Providers are requested to provide assurance against these standards. Some of the assurances that the CCG receives are copies of provider internal governance reports, assurances from commissioner quality visits to the Provider(s) and going forward

		addressed.	through involvement and membership of provider's internal governance committees. The CCG has processes in place using traditional methods alongside the development and use of modern media to engage with and gain feedback and input from patients and the public. Patient and public engagement needs to be further enhanced and mechanisms are being developed to ensure that views captured are considered and fed in to each stage of the commissioning and contracting cycle in systematic way. The CCG are also working to establish firm links with Wigan Healthwatch.
130	**Relative position of commissioner and provider**	Commissioners – not providers – should decide what they want to be provided. They need to take into account what can be provided, and for that purpose will have to consult clinicians both from potential providers and elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.	As captured within the Corporate Objectives the CCG's role is to improve the health of the local population through its commissioning activity, and as a CCG has stressed the importance of commissioning for improved outcomes. The CCG recognises the strength of collaborative working with partners across the health and social care system and will consistently works towards having a joint vision for quality outcomes and patient care. This vision is mobilised locally via the development of Integrated Care which is being progressed via Wigan Leaders and led by the CCG. This work will improve both the quality of care and the experience of local people. At a Greater Manchester level the CCG also works collaboratively on the 'Healthier Together' programme. The CCG holds the accountability and makes the final decisions on all commissioning decisions but this collaborative approach ensures all decisions are clinically led to provide high quality and safe patient care. The CCG will continue to consider at each commissioning cycle how to work collaboratively with Providers and Clinicians to be more defined as to the determinants of quality KPIs within the contracts to further advance quality.
131	**Development of alternative sources of provision**	Commissioners need, wherever possible, to identify and make available alternative sources of provision. This may mean that commissioning has to be undertaken on behalf of consortia of commissioning groups to provide the negotiating weight necessary to achieve a negotiating balance of power with providers.	In line with the CCG's policies in relation to procurement the CCG undertakes procurement processes that are in line with the requirements as set out by the Co-operation and Competition Panel. The CCG recognises the importance of ensuring that Any Qualified Providers (AQPs) meet the strong quality standards that are currently in all NHS contracts and that all procurement processes are underpinned by the principles of patient choice. The CCG is increasingly working with Primary Care and Local Health and Social Care Providers to develop services at a local level, closer to home.

132	**Monitoring tools**	Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period: ▪ Such monitoring may include requiring quality information generated by the provider. ▪ Commissioners must also have the capacity to undertake their own (or independent) audits, inspections, and investigations. These should, where appropriate, include investigation of individual cases and reviews of groups of cases. ▪ The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to effective regulation. ▪ Monitoring needs to embrace both; compliance with the fundamental standards and with any enhanced standards adopted. In the case of the latter, they will be the only source of monitoring, leaving the healthcare regulator to focus on fundamental standards.	As stated in section 127 above, the CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers. The CCG also has a Strategy for Quality and a Quality and Safety operational delivery plan in place, with a robust Performance Framework which sets the strategic direction in relation to how quality and performance will be monitored, improved and reported to the Governing Body. *In light of the Governments response to the Francis report this will now require a further review during 2014*. The Provider Quality, Safety and Safeguarding Group(s) hold the delegated authority in relation to the oversight and scrutiny of quality. The Group(s) meet on a monthly basis and report any areas of risk or exception to the CCG Clinical Governance Committee and Governing Body. Performance is monitored through the Provider Contract Monitoring meetings any areas of risk or exception are reported through Finance and Performance Committee to the Governing Body. Performance Reports are also included on the Clinical Governance Committee for robustness. The CCG will be looking to review its internal arrangements for the monitoring, audit and scrutiny processes going forward.
133	**Role of commissioners in complaints**	Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.	Current legislation enables CCGs to do this. The CCG also receives assurances from providers in relation to how they handle complaints, a quarterly summary of all complaints including a trend and theme analysis of this.
134	**Role of commissioners in provision of support for complainants**	Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.	The CCG will await the response from the Government in relation to this and comply with any new governmental guidance.
135	**Public accountability of commissioners and public engagement**	▪ Commissioners should be accountable to their public for the scope and quality of services they commission. Acting on behalf of the public requires their full involvement and engagement: ▪ There should be a membership system whereby eligible members of the public can be involved in and contribute to the work of the commissioners. ▪ There should be lay members of the commissioner's board. ▪ Commissioners should create and consult with patient forums and local representative groups. Individual members of the public (whether or not members) must have access to a consultative process so their views can be taken into account. ▪ There should be regular surveys of patients and the public more	At 1 April 2013 the CCG became the publicly accountable body responsible for commissioning services for the local population. In relation to the specific points within this recommendation the CCG's current position is as follows: ▪ The CCG has a membership system, which operates across the six Localities of Ashton Leigh and Wigan. ▪ The CCG Governing Body meets in public. Minutes of the meeting are posted on the CCG public website. ▪ There is lay membership on the CCG Governing Body, including a lay member with specific responsibility for patient and public engagement.

		generally. ▪ Decision-making processes should be transparent decision making bodies should hold public meetings. ▪ Commissioners need to create and maintain a recognisable identity which becomes a familiar point of reference for the community.	▪ The CCG consults with patient forums, Patient and Participation Groups and is keen to develop strong links with Wigan Health Watch ▪ Surveys of patients and the wider public take place; as well as other opportunities being taken to elicit feedback and views. ▪ The Strategy for Quality and the Quality and Safety Deliver Plan also has a specific objective in relation to communication and engagement of the strategy. The CCG's has a strong desire to be open and honest in everything it does, and with every decision made. It is also recognised that this is an area which will be reviewed further as part of the future revision and development of the Strategy and the Quality and Safety Delivery Plan for 2014/2015.
136	**Public accountability of commissioners and public engagement**	Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support. Effective local commissioning	As stated above the CCG became the 'Accountable Body' at 1 April 2013. As it has done previously the CCG aims to continue to use both traditional methods alongside modern media to engage with and gain feedback and input from patients and the public.
137	**Intervention and sanctions for substandard or unsafe services**	Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm. In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service.	The CCG has levers described in contracts presently that give it certain powers of intervention; guidance and legislation in relation to safeguarding children and vulnerable adults also give CCGs such powers to intervene. The CCG has used these powers of intervention and will continue to escalate concerns to the Governing Body when and where there have been any concerns in relation to substandard or unsafe care. Concerns are also escalated through the Exec to Exec meetings. The Quality and Safety Team in partnership with Business Intelligence have developed an Early Warning System; this system is continually being improved upon. A report is being prepared monthly for the CLGC; this provides an escalation process that triggers any interventions at the appropriate time and level. These interventions can involve measures such as service improvement plans, unannounced commissioner walk rounds and inspections of providers to the decommissioning of services.
LOCAL SCRUTINY			**CURRENT CCG POSITION**
138	**Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found that they are at risk from substandard or unsafe services.**		The CCG through existing contract arrangements is able to ensure that there are contingency plans in place for provision, and to be deployed when significant patient safety issues have been identified that are unable to be mitigated in a timely manner. This recommendation

			provides a challenge in relation to the provision of care by larger providers and ensuring contingency plans are in place. The CCG currently has processes in place in regards urgent care provision which are enacted as and when required this can be sometimes require daily conference calls with the acute provider to manage activity during periods when acute services are pressured. The CCG philosophy is one of 'openness' between providers leading by Exec to Exec relationships that encourages sharing of information and concerns at every stage so that as the Commissioner of local health services we can support providers and be part of seeking a positive resolution to difficult situations as and when they may arise.
PERFORMANCE MANAGEMENT AND STRATEGIC OVERSIGHT			**CURRENT CCG POSITION**
139	**The need to put patients first at all times**	The first priority for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	The Strategy for Quality describes the importance and the ethos of putting the patient at the centre of everything we do. The CCG has always had quality standards in contracts, against which Trusts provided assurances. The inclusion of compliance with "Francis" within contracts aims to further enhance these to ensure that there are consistent quality standards and reporting requirements against these in the contracts with providers for 2013-2014 and these are reflective of CQC requirements and best practice. The 3 main NHS Providers (Acute/Community/Mental Health) have now formally presented their Francis action plans to the WBCCG Clinical Governance Committee. Francis is also an agreed Provider CQUIN scheme for 2013 – 2014 and will be monitored by the respective Provider Quality, Safety and Safeguarding Group (s) and reported through to Clinical Governance Committee. *In light of the Governments response to the Francis report this will now require further review during 2014*.
140	**Performance Managers working closely with regulators**	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	The CCG holds the patient at the centre of everything it does and commits to sharing pertinent information in relation to patient safety, quality and performance with the relevant regulatory bodies. The Quality and Safety Team will also use the intelligence gathered to work with Social Care Commissioners and other agencies to inform

			local intelligence sharing, currently the CCG link with Wigan Council and the CQC. As captured above the developmental work regards the development Local Surveillance Group (LQSG) has moved ahead with an inaugural meeting planned to take place in March 2014. The surveillance processes will then feed into CCG report to the NHS Greater Manchester Quality Surveillance Group.
141	**Taking responsibility for quality**	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	The CCG welcomes an open dialogue with CQC and Monitor in relation to this recommendation and this aspiration will be reflected in the Quality and Safety Delivery Plans.
142	**Clear lines of responsibility supported by good information flows**	For an organisation to be effective in performance management unambiguous lines of referral and information flows must exist to ensure that the performance manager is not in ignorance of the reality.	The CCG has Governance Framework in place that details the current reporting arrangements to the CCG Governing Body, this supports the 'top down' – 'bottom up' view in respect of communications and information flows 'to' and 'from' the CCG Governing Body. The CCG Commissioned Services Leads have and will continue to look at what information they have access to in relation to being assured on the management of provider performance and will ensure that the information they have access to is as up to date as practicable and reflects the real team position in terms of service delivery. It also recognises its role to work with member practices and the NHS GM Area Team to secure improvement in quality and safety in primary care.
143	**Clear metrics on quality**	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.	The CCG has quality and performance standards in contracts, against which contracted services provide assurances. The reporting requirements against these in the contracts with providers for 2013-2014 are reflective of CQC requirements and best practice. As detailed above the Quality and Safety Team is also working with the Commissioned Services Team on the Quality indicators for inclusion within the 2014/2015 contracts. The CCG is looking at what information it holds and has access to in relation to quality and performance from a national; regional and a local perspective. Going forward the qualitative data within reports were practicable will be outcomes focused and systematic, this may prove difficult given specifically that this is concerning the quality of something? We should also be mindful that Francis warned against merely counting the numbers? It is about capturing the essence of

			what cannot be counted by performance management. However it is clear that we do need to have quality KPIs that are measurable relevant to the quality of care and patient safety across the services. Norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed. This has been reflected with the current CQUIN schemes agreed with the providers for 2013/2014 and this is an area of work that the Quality and Safety Team will focus on going forward into 2014 - 2015.
144	**Need for ownership of quality metrics at a strategic level**	The **NHS Commissioning Board** should ensure the development of metrics on quality and outcomes of care for use by commissioners in managing the performance of providers, and retain oversight of these through its regional offices, if appropriate.	The CCG recognises that to achieve this ambitious aim it will need to work closely with the NHS GM Area Team. The CCG will monitor trend and themes in relation to the quality of local services and input into any work undertaken through the NHS GM Area Team in relation to quality standards and this will be reflected in the CCG Quality and Safety Delivery Plan.

WBCCG ACTION PLAN - FRANCIS KEOGH AND BERWICK
UPDATE: FEBRUARY 2014

This action plan is intended to support the CCGs Clinical Governance arrangements in respect of evidencing assurances on compliance with the Francis Report.

Ref No	Action	Lead(s)	Date set for Completion	Date Completed	RAG	Position Statement/Supporting Evidence
1	The Governing Body and Senior Leadership Team to receive and review both the Francis Report Executive Summary and Chapter Seven as a minimum requirement.	TA MT JS JM	26/03/13	26/03/13	G	
2	Quality and Safety Team to review the Francis Report and provide a briefing paper for inclusion on the WBCCG Governing Body agenda 26 March 2013	SF LM	26/03/13	19/03/13	G	
3	The Associate Directors following their review of the Executive Summary and Chapter Seven are to identify the relevant elements and map these through to their service objectives. This will be linked to the WBCCG Corporate Objectives for 2013 - 2014.	JS All ADs	23/07/13	23/07/13	G	*First draft of the Wigan Borough CCG - Position in relation to recommendations 123 - 144 at 30 June 2013 reported to Governing Body at the July meeting. To be then monitored by the CCG Clinical Governance Committee on a quarterly basis.*
4	Quality and Safety Team to review the Government response to the Francis Report - *Patients First and Foremost* and provide a briefing paper for inclusion on the WBCCG Governing Body agenda 28 May 2013	SF LM	28/05/13	25/04/13	G	
5	The CCG Communications lead to ensure that; the full Francis Report, the Governments response to Francis and the CCG response (position statement 30 June 2013) is placed on the CCG public website following approval by the Governing Body at July 2013.	AM	31/08/13	Aug 2013	G	
6	The Clinical Governance Committee will request that the Locality Clinical Leads confirm that the Francis Report (Executive Summary and Chapter Seven as a minimum) and the Governments Response to Francis has been/will be included on their Locality meeting agendas to identify actions for Primary Care Services.	AA JS	~~31/12/13~~ 28/02/2014		A	*Evidence/assurance from the WBCCG Strategy and Collaboration team required.*
7	WBCCG will request Providers to describe how they are implementing the Francis Report locally and specifically how they are engaging with front line staff. This will be monitored through the Provider Quality, Safety and Safeguarding Group. The Chair of the individual groups will report directly to the WBCCG Clinical Governance Committee.	SF	31/03/14		G	*Acute Provider – Yes* *Community Provider – Yes* *Mental Health Provider – Yes*

8	NHS Providers (as noted below) will be requested to formally present their action plans (inclusive of the implementation; monitoring, audit and review processes) to the Clinical Governance Committee.						
	8.1	WWLFT (Acute NHS Health Services Provider)	LM	31/12/13	Oct 13	G	
	8.2	BCHCT (Community NHS Health Services Provider)	HC	31/12/13	Sept 13	G	
	8.3	5BP (Mental Health NHS Services Provider)	LM	31/03/14	Jan 14	G	
9	The Quality Team to provide an overview on the background of the Keogh and Berwick reports to identify any additional actions or amendments that may be required to the WBCCG Francis Action Plan.		LM	30/11/13	15/11/13	G	Completed. Francis Report – Action Plan replaced with the revised document now titled; WBCCG Action Plan – Francis, Keogh and Berwick.
10	The Quality Team to identify any additional actions or amendments that may be required to the Quality and Safety Delivery Plan for 2013 – 2014.		LM	31/12/13	Nov 2013	G	Action closed and superseded by action point 14.
11	The Quality and Safety Team to work collaboratively to host an engagement event for primary care practices to start the debate on Patients First and Foremost in Wigan.		SF LM LD	31/03/14	Feb 2014	G	The event is arranged and is to take place on 26/03/2013. The Primary Care Education Lead is covering a session on the Francis; Keogh and Berwick and the implications for Primary Care. All Practices across the Wigan Borough are to be invited to attend.
12	The Quality and Safety Team to ensure that the Francis Keogh and Berwick Update Position (inclusive of this action plan) are included as a quarterly update on the Clinical Governance Committee agenda until all the required actions have been completed.		LM	31/03/14		A	Currently on target to achieve by deadline 31/03/2014 on completion of the final report for 2013/2014
13	Develop a Local Quality Surveillance Group		SF LM	31/03/14	Feb 2014	G	Inaugural meeting 25 March 2014
14	The Quality Team to develop a Quality and Safety Delivery Plan for 2014 – 2015. (*The plan will be influenced by the recommendations highlighted by the Francis; Keogh and Berwick Reports*).		SF LM	31/03/14		A	Currently on target to achieve by deadline 31/03/2014 on completion of the final report for 2013/2014

KEY:		
	RED	Action not completed by deadline date
	AMBER	Action commenced and work progressing towards deadline
	GREEN	Action completed
	BLUE	Action has not yet started

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