

**Clinical Commissioning Group  
Governing Body  
Paper Summary Sheet  
Date of Meeting: 28 May 2013**

For: Decision  Discussion  Noting

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| <b>Agenda Item &amp; Title:</b>   | <b>GOV/13/05/13 The Francis Report : Wiltshire CCG assurance</b>  |
| <b>Author:</b>  | Deborah Rigby, Associate Director Quality and Patient Safety  |
| <b>Lead Director/GP from CCG:</b>   | Jacqui Chidgey-Clark Director of Quality and Patient Safety   |
| <b>Executive summary – (what is proposed and intended impact) and recommendation:</b> | <p>This paper looks at the development of the CCG's internal action plan and proposes that this becomes the responsibility of the Quality and Clinical Governance Committee reporting to the Governing Body.</p> <p>The Francis report recommendations have many components which require work across Quality &amp; Patient Safety, Commissioning and Contracting and in addition would most efficiently be managed in partnership with cluster CCGs in order to deliver effective outcomes and potentially reduce wasteful duplication of resources and process.</p> |
| <b>Evidence in support of arguments:</b>  | At the heart of the Francis report is a determination that the inquiry's recommendations and findings be implemented and not suffer the same fate as many previous inquiries. Its first recommendation sets out requirements for oversight and accountability to ensure implementation of its proposals.  |
| <b>Who has been involved/contributed:</b>   | <p>Director of Quality and Patient Safety</p> <p>Senior Mangers – Quality and Patient safety Directorate</p>  |

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|   | Commissioning Leads   |
| <b>Cross Reference to Strategic Objectives:</b> | <p>To Commission services from providers who offer a safe and effective service</p> <p>To contribute to community well-being by creating a sustainable healthcare system in terms of its environmental impact and the models of care</p> <p>To provide access to health services in line with best performance in England</p> |
| <b>Engagement &amp; Involvement</b>             | This paper will form part of the framework for public engagement.   |
| <b>Communications Issues:</b>                   | Not exempt under FOI.   |
| <b>Financial Implications:</b>                  | Not applicable.   |
| <b>Review arrangements:</b>                     | Quarterly reviews of performance at Clinical Quality Review Meeting with providers.   |
| <b>Risk Management:</b>                         | The Commissioning for Quality Cycle ensures that quality improvement is central to the business of the organisation. Patient experience, patient safety and effectiveness of care are key considerations in all aspects of this cycle.  |
| <b>National Policy / Legislation:</b>           | <p>NHS Constitution rights and pledges.</p> <p>2011-12 NHS Operating Framework</p> <p>NHS Outcomes Framework</p> <p>Public Health Outcomes Framework</p>  |
| <b>Equality &amp; Diversity:</b>                | No direct impact from the update in this paper  |
| <b>Other External Assessment</b>                | Shared with Associate Commissioners   |

## **Subject: The Francis Report - the findings of the Public Inquiry into events at Mid Staffordshire NHS Foundation Trust between 2005 and 2008**

### **1. EXECUTIVE SUMMARY**

This paper provides an update on NHS Wiltshire CCG responsibilities and actions to the Francis Report. The Francis Report was published in February 2013 contained 1781 pages and 290 recommendations. The Executive Summary itself is 120 pages in length, therefore a degree of summation is required to make sense of the key issues and themes arising, and the actions necessary. It is evident that many of the themes and issues raised are already receiving focussed attention. The CCG Clinical Committee was provided with an executive summary of the report in February 2013 as part the Quality and Patient Safety Update.

The full Francis report can be accessed via:

<http://www.midstaffpublicinquiry.com/report>

It is proposed that NHS Wiltshire CCG seek assurance from our providers and that they update us on what actions they will be taking within their organisations in response to the report. It is proposed that this is undertaken with partner CCGs in order to prevent duplication and to strengthen our commissioning to influence areas of further change where appropriate.

### **2. Background**

The significant events in Mid Staffs NHS Trust in the mid 2000's are well recorded with the findings of the public inquiry being the second of two major investigations and reports into the issue. The Francis Report not only describes the context but also the response by the Trust to earlier findings which identified failings that ultimately led to a significant number of premature deaths in the hospital.

At the time the Trust was pursuing Foundation status and as a result was focused on ensuring adequate and sustained performance across a range of measures including financial targets. It is now evident that this diverted the Board from focusing on the quality and standards of patient care which ultimately compromised patient experience and outcome.

The table below highlights the warning signs Robert Francis identified as collective failure by the Trust Board, by professionals and by regulators to respond to a number of concerns.

### **Warning Signs in Stafford Hospital:**

- a) Patient stories identifying problems with:
  - Staffing levels and competency
  - Lack of compassion
- b) Problems with training and leadership
- c) Systematic failures in patient safety without effective actions
- d) Patients felt their complaints would not be listened to
- e) Staff with concerns
  - They felt they could not raise or that they were not responded to
- f) A negative organisational culture
  - Habituation to poor care
  - Poor morale and disengagement
  - Uncaring behaviour
- g) Disconnect between organisational purpose and priorities

The Government has considered the Francis Report and has set out its initial response to the recommendations that were made; they include:

- I. Putting in place a culture of zero-harm and compassionate care;
- II. A new regulatory model under a strong, independent Chief Inspector of Hospitals;
- III. A new statutory duty of candour;
- IV. Health and social care professionals will be held more accountable;
- V. NHS-funded student nurses will spend up to a year working on the frontline as healthcare assistants, as a prerequisite for receiving funding for their degree;
- VI. The Chief Inspector will introduce single aggregated ratings and develop ratings of hospital performance at department level;
- VII. The CQC will move to a new specialist model based on rigorous and challenging peer-review;
- VIII. A new Chief Inspector of Social Care will ensure the same rigour is applied across the health and care system. The merits of having a Chief Inspector of Primary Care are also being explored; and
- IX. A review by the NHS Confederation on how to reduce the bureaucratic burden on frontline staff and NHS providers by a third.

### **3. Summary of Recommendations for Commissioners**

The section on commissioning for standards pulls out the reflections and lessons learned by the primary care trust. The report suggests commissioning as a practice must be refocused to procure the necessary standards of a service as well as what it provides as a service (outcomes in quality as well as activity).

This section should be an area of particular focus for the CCG and contains 21 recommendations specifically for commissioning organisations- with six of these specifically around the role of commissioners in performance management and oversight of quality. (The CCGs current position in relation to these recommendations is set out in Appendix 1).

### **3.1 Creating the right culture**

The report highlights the importance of establishing a shared positive safety culture that permeates all levels of the healthcare system, which aspires to prevent harm to patients and provide where possible, excellent care and a common culture of caring, commitment and compassion. Leaders of organisations are expected to adopt the shared culture themselves, and be seen to do so. This should be supported by measures such as open board meetings, personally listening to complaints, and an open and honest admission where there is an inability to offer a service. At a system level, this should be demonstrated by constantly considering how the wellbeing of patients is protected or improved by proposed measures.

#### **Action**

- From June 2013 NHS Wiltshire CCG Governing Body Outcome Reports will start with a patient story, this will ensure a focus on putting the patient first.
- The Quality and Patient Safety Directorate have started to report complaints concerns and issue on a bi monthly basis via the Quality and Clinical Governance report. Further work is needed to triangulate with provider reports, staff survey and CQC reports.

### **3.2 Patient, public and local scrutiny**

It was suggested that Patient and Public Involvement Forums and Local Involvement Networks (LINKs) failed to offer a route through which patients and members of the public could link into health services and hold them properly to account. It makes several recommendations in relation to how this should be addressed moving forward into the new quality architecture.

#### **Action**

- NHS Wiltshire CCG hold Stakeholder events every six months, each group director and corporate director is taking responsibility to link with individual groups.
- Further Involvement with user in service redesign to be embedded
- Quality Accounts by providers are developed with local user involvement
- Friends and Family Test to start data analysis at the end of May 2013

### **3.3 Openness, transparency and candour**

The report concludes that "insufficient openness, transparency and candour lead to delays in victims learning the truth, obstruct the learning process, deter disclosure of information about concerns, and cause regulation and commissioning to be undertaken on inaccurate information and understanding".

Robert Francis recommended that there should be a uniform process for managing complaints and that the "recommendations and standards suggested in the Patients Association's peer review into complaints at the trust should be reviewed and implemented nationally".

### **Action**

- Complaints management and reporting are a central feature in all commissioning contracts, In June 2013 we plan to start an integrated complaints report which combines provider complaints, commissioner complaints, CQC surveys and staff surveys.
- CCG assurance Framework published in May 2013 proposes a framework to report
- The CCG quality dash dashboard reports complaints by provider, more thematic analysis is required.

## **4. Proposal for Reviewing Provider Services' Response to the Francis Report**

Health Providers have had a period of time to review the report and consider the impact that the recommendations will have on their organisations and should be in the process of developing action plans accordingly. It is proposed that NHS Wiltshire CCG in collaboration with local CCGs where we have joint commissioning arrangements now request that within a suitable timeframe our Providers present us with their action plans and timeframes for completion of the work that they are identifying. This will allow us to jointly seek assurance that their response is suitable and meets our expectations, or to establish opportunities for further discussion in order to negotiate additional areas of improvement we expect.

**It is proposed** that NHS Wiltshire CCG Quality and Clinical Governance Committee provide a focal point to review and discuss providers' proposed actions plans. The Quality and Clinical Governance Committee will report back to the Governing body. Appendix 2 outlines the key recommendations for proposed NHS Wiltshire CCG action plan.

It is recognised that the development of the key recommendations is integral to all parties with responsibility for contracting and commissioning as well as quality & patient safety and as such should be a common piece of work to ensure that all options are considered and processes embedded where they can be most effectively managed and monitored.

Many elements of the recommendations will rely on joint work and processes that we agree with our Partner CCGs in order to prevent duplication and ensure that we have a consistent approach to the way in which we utilise our commissioning responsibilities.

The Governing Body is asked to support this proposal; the Associate Director of Quality and Patient Safety will liaise with Quality leads from neighbouring CCGs to ensure the viable option of a consistent approach is utilized.

| Appendix 1: Current position of NHS Wiltshire CCG in relation to recommendations 123- 144 Commissioning for standards |   |  |  |
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|   | Standard  | Current NHS Wiltshire CCG Position   |  |
| 123   | Responsibility for monitoring delivery of standards and quality | <ul style="list-style-type: none"> <li>• GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services.</li> <li>• They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> | <ul style="list-style-type: none"> <li>• The CCG groups chair the quality contract monitoring meetings which are in place with our main local acute provider .</li> <li>• NHS Wiltshire CCG's Quality and Clinical Governance Committee, has overall responsibility for and oversight of clinical quality issues.</li> <li>• Areas of serious risk or concern are reported to the Governing Body and groups</li> <li>• In addition the Associate Medical Director has agreed to use the role to champion quality in primary care as well as commissioned services, at local GP Clinical Governance meetings.</li> <li>• NHS Wiltshire CCG has established Quality Visits with all providers</li> </ul> |
| 124   | Duty to require and monitor delivery of fundamental standards   | <ul style="list-style-type: none"> <li>• 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.</li> <li>• In relation to each such standard, it should agree a method of measuring compliance</li> </ul>   | <ul style="list-style-type: none"> <li>• All contracts with providers have quality schedules which detail standard and method of measurement, along with consequence of breach.</li> <li>• The Clear and Credible plan for NHS Wiltshire CCG approved in January 2013 has objectives which described setting quality standards for all contracts in respect of patient experience, complaints, patient safety incidents, serious incidents to go into all</li> </ul>   |

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|     |  | <p>and redress for non-compliance.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>   | <p>contracts at every stage of the commissioning cycle starting with procurement.</p> <ul style="list-style-type: none"> <li>From April 2013 all contracts have additional requirements in relation to duty of candour.</li> </ul>   |
| 125 | Responsibility for requiring and monitoring delivery of enhanced standards | <ul style="list-style-type: none"> <li>Commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards.</li> <li>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.</li> </ul>  | <ul style="list-style-type: none"> <li>As stated above NHS Wiltshire CCG has had quality standards around central areas such as patient safety, patient experience and clinical effectiveness in all contracts.</li> <li>The development of CQUINS</li> </ul>  |
| 126 | Preserving corporate memory  | <ul style="list-style-type: none"> <li>Commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure the information conveyed is both candid and comprehensive.</li> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>During transition there were structures that were set and monitored by the Department of Health.</li> <li>NHS Wiltshire CCG recognises the on-going risks to the system.</li> <li>Quality is being monitored during this period and include a handover legacy document .</li> </ul> |
| 127 | Resources for scrutiny   | <ul style="list-style-type: none"> <li>NHS England and local commissioners must be provided with the infrastructure and the support necessary to enable a proper</li> </ul>  | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG has recognised the responsibilities it has in relation to the scrutiny of providers and has recruited a quality lead and support from the</li> </ul>  |

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|     |  | scrutiny of its providers' services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide   | Commissioning Support Unit in relation to Provider Management. <ul style="list-style-type: none"> <li>• In addition we have developed relationships with local surrounding CCGs to enable shared commissioning arrangements.</li> <li>• NHS Wiltshire CCG strategy sets out the CCGs ambition to do things differently.</li> </ul>   |
| 128 | Expert support   | <ul style="list-style-type: none"> <li>• 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.</li> </ul>   | <ul style="list-style-type: none"> <li>• NHS Wiltshire 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.</li> <li>• Matrix of responsibility</li> </ul>   |
| 129 | Ensuring assessment and enforcement of Fundamental standards through contracts | <ul style="list-style-type: none"> <li>• 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.</li> </ul> | <ul style="list-style-type: none"> <li>• NHS Wiltshire CCG has and will maintain and develop quality standards in contracts in line with the Quality schedules . Providers are asked to provide assurance against these standards. Some of the assurances that the CCG receives are copies of internal reports, assurances from commissioner visits to the Trust.</li> <li>• NHS Wiltshire CCG has processes in place currently using traditional methods alongside modern media to engage with and gain feedback and input from patients and the public.</li> </ul> |
| 130 | Relative position of commissioner and provider                                 | <ul style="list-style-type: none"> <li>• Commissioners – not providers – should decide what services they want to be provided.</li> <li>• They need to take into account what can be provided, and for that purpose will have to consult clinicians both from potential</li> </ul>                       | <ul style="list-style-type: none"> <li>• NHS Wiltshire 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.</li> <li>• It requires providers to deliver such outcomes and</li> </ul>   |

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|     |   | providers and elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.  | provide services which are safe and of high quality.  |
| 131 | Development of alternative sources of provision | <ul style="list-style-type: none"> <li>As above</li> </ul>   | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG undertakes procurement processes that are in line with the requirements as set out by the Co-operation and Competition Panel.</li> <li>NHS Wiltshire CCG recognises the importance of ensuring that any alternative providers 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.</li> </ul> |
| 132 | Monitoring tools                                |  | <ul style="list-style-type: none"> <li>As stated in section 127 above, the CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers</li> </ul>  |
| 133 | Role of commissioners in complaints             | <ul style="list-style-type: none"> <li>Commissioners should be entitled to intervene in the management of an individual complaint on behalf of the patient where it appears to them it is not being dealt with satisfactorily, while respecting the principle that it is the provider who has primary responsibility to process and respond to complaints about its services.</li> </ul> | <ul style="list-style-type: none"> <li>Current contracts levers enable CCGs to do this.</li> <li>NHS Wiltshire CCG also receives assurances from all providers in relation to how they handle complaints, a quarterly summary of all complaints including a trend and theme analysis of this</li> </ul>   |
| 134 | provision of support for complainants           | <ul style="list-style-type: none"> <li>Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.</li> </ul>   | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG will await the response from the government in relation to this and comply with any new governmental guidance.</li> </ul>  |
| 135 | Public accountability of commissioners          | <ul style="list-style-type: none"> <li>Commissioners should be accountable to their public for the scope and quality of services they commission. NHS Wiltshire</li> </ul>   | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG has a membership system, which currently operates as part of the overall NHS Wiltshire CCG arrangement</li> </ul>  |

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|     | and public engagement   | CCG has become the publicly accountable body responsible for commissioning services for the local population as of 1st April 2013.   | <ul style="list-style-type: none"> <li>• There is lay membership on NHS Wiltshire CCG Governing Body, including a lay member with specific responsibility for patient and public engagement.</li> <li>• NHS Wiltshire CCG consults with patient forums, both through the Stakeholder events but also through more specific forums as part of its service reform and redesign activities.</li> <li>• NHS Wiltshire CCG Board meets in public.</li> </ul>  |
| 136 |   | <ul style="list-style-type: none"> <li>• Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support.</li> <li>• Effective local commissioning can only work with effective local monitoring, and that cannot be done without knowledgeable and skilled local personnel engaging with an informed public.</li> </ul>  | <ul style="list-style-type: none"> <li>• Using both traditional methods alongside modern media to engage with and gain feedback and input from patients and the public.</li> <li>• This objective clearly sets out the direction of travel for NHS Wiltshire CCG and this will be reflected in the action plan the CCG develops.</li> </ul>  |
| 137 | Intervention and sanctions for substandard or unsafe services | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> | <ul style="list-style-type: none"> <li>• NHS Wiltshire 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.</li> <li>• NHS Wiltshire CCG has a developing early warning system with 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.</li> <li>• NHS Wiltshire CCG has used these powers of intervention and will continue to do so when and where</li> </ul> |

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|     |  |   | there have been any concerns in relation to substandard or unsafe care.  |
| 138 | Local scrutiny                                       | <ul style="list-style-type: none"> <li>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.</li> </ul>   | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG is able with smaller providers 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 in relation to these; and this will be reflected in the action plan the CCG develops.</li> </ul>   |
| 139 | The need to put patients first at all times          | <ul style="list-style-type: none"> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG's strap line is 'The right healthcare, for you, with you, near you' and throughout the Two year strategic Plan the CCG describes the importance and the ethos of putting the patient at the centre of everything we do.</li> <li>This strategy was approved by the shadow Governing Body in January 2013, and has specific objective which described setting quality standards for all contracts in respect of patient experience, complaints, patient safety and serious incidents.</li> <li>NHS Wiltshire CG has quality standards in contracts, against which Trusts currently provide assurances. Reporting requirements against these in the contracts with providers for 2013-2014 and are reflective of CQC requirements and best practice.</li> </ul> |
| 140 | Performance Managers working closely with regulators | <ul style="list-style-type: none"> <li>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</li> </ul>   | <ul style="list-style-type: none"> <li>NHS Wiltshire 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 relevant regulatory bodies.</li> <li>NHS Wiltshire CCG will work collaboratively across the health and social care system and is linking into the</li> </ul>   |

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|     |   | judgement as to the safety of patients of the healthcare provider.  | new architecture of quality monitoring that is emerging including the local and regional Quality Surveillance Groups including representatives from Monitor and CQC within its membership.  |
| 141 | Taking responsibility for quality                                 | <ul style="list-style-type: none"> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG would welcome an open dialogue with CQC and Monitor in relation to this recommendation and this aspiration will be reflected in the action plan the CCG develops.</li> </ul>   |
| 142 | Clear lines of responsibility supported by good information flows | <ul style="list-style-type: none"> <li>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</li> </ul>   | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG is currently looking at what information it holds and has access to in relation to quality.</li> <li>It recognises its role both to assure itself of quality and safety in the services which it commissions, and also to work with member practices and the NCB Area Team to secure improvement in quality and safety in primary care.</li> <li>It is recognised that given the qualitative nature of quality information that this is an area that needs further development and this will be reflected in the CCG action plan.</li> </ul> |
| 143 | Clear metrics on quality  | <ul style="list-style-type: none"> <li>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</li> </ul>  | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG has always had quality standards in contracts, against which Trusts currently provide assurances. Reporting requirements against these in the contracts with providers for 2013-2014 and are reflective of CQC requirements and best practice.</li> <li>NHS Wiltshire CCG is currently looking at what information it holds and has access to in relation to</li> </ul>  |

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|     |  |   | quality; and, as stated above, it is recognised that this is an area that needs further development and this will be reflected in the CCG action plan.   |
| 144 | Need for ownership of quality metrics at a strategic level | <ul style="list-style-type: none"> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>NHS Wiltshire CCG recognises that to achieve this ambitious aim it will need to work closely with the NHS England Area Team. The CCG will input into any work undertaken through the Area Team in relation to quality standards and this will be reflected in the CCG action plan.</li> </ul> |

## Appendix 2

### Proposal for the Development of Wiltshire CCG's action plan

In accordance with recommendations within the report, Wiltshire CCG will consider how it will use its commissioning responsibilities to improve patient outcomes.

| Key responsibility   | Action  | Timescale   |
|--|---|---|
| openness, transparency and candour is required throughout the system, underpinned by statute;                      | <ul style="list-style-type: none"> <li>All providers of NHS Wiltshire CCG commissioned service are required in the quality schedule of their contract to demonstrate a duty of candour.</li> <li>Reporting from April 2013</li> <li>Greater openness in contract meetings</li> <li>Commitment to the common values of the NHS Constitution.</li> </ul>  | June 2013   |
| stronger patient centred healthcare leadership;  | <ul style="list-style-type: none"> <li>Assurance at provider level of leadership training and improved support for compassionate, caring and committed practitioners.</li> <li>Evidence of Board engagement at clinical level through quality visits and patient stories.</li> </ul>  | July 2013<br><br>June 2013  |
| Agree a method for measuring compliance and redress for non-compliance of standards;                               | <ul style="list-style-type: none"> <li>This requires us to consider how we use our contractual management for commissioned services to ensure we receive relevant information.</li> <li>To ensure that we have agreed indicators which reflect actual and meaningful quality of services as experienced by patients reflect best practice requirements and outcomes.</li> <li>We should consider contractual levers, which includes financial penalty</li> <li>Innovations through Commissioning for Quality and Innovation (CQUIN) Schemes.</li> </ul> | July 2013<br><br>August 2013<br><br>August 2013<br><br>October 2013 |
| Commissioners must have the capacity to undertake their own or Independent audits, inspections and investigations. | <ul style="list-style-type: none"> <li>In order to maximise the resource and capacity that is available to us and ensure that we have the ability to comply with these recommendations, we must consider how we jointly work in partnership with CCGs and commissioned Clinical Support Unit in planning the most effective ways to monitor jointly-commissioned</li> </ul>   | July 2013   |

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|  | <p>providers.</p> <ul style="list-style-type: none"> <li>• Plans need to be consistent across CCGs in order to achieve effectiveness of this process and could be supported through the Cluster CCG Quality and Safety Committee.</li> <li>• Established Quality visits</li> </ul>   | July 2013 |
| Intervene in the management of a complaint on behalf of a patient where it appears it is not being managed satisfactorily        | <ul style="list-style-type: none"> <li>• To enable NHS Wiltshire CCG to undertake this role we need to ensure that the public are aware of our ability to provide this support; have ease of access into our complaints procedures.</li> <li>• That there is a suitable escalation process in place to capture complaints that are being mis-managed or require advocacy . This will also provide us with first-hand experience of how our providers manage their responsibility for transparency and duty of candour. We have embed this principle in our 2013/14 contracts with all providers</li> </ul> | July 2013 |
| Accountable to the public for the quality of the services they commission and fully involve and engage the public in their work. | <ul style="list-style-type: none"> <li>• NHS Wiltshire CCG already takes many opportunities to engage with patients and the public in order to gain feedback and direction in relation to service development and on-going commissioning intentions.</li> <li>• Plan to develop a programme of structured engagement.</li> </ul>   | July 2013 |
| Powers of intervention when substandard or unsafe services are being provided.   | <ul style="list-style-type: none"> <li>• We should ensure that early intervention is taken when untoward quality variances are seen within services and that our involvement is proactive, preventing services wherever possible from becoming unsafe.</li> <li>• To achieve this we will need to rely upon good partnership information-sharing and escalation of concerns, along with agreed practices and processes for monitoring which are consistent across CCGs.</li> </ul>   | ongoing   |