***NHS Barnsley CCG has read the Francis Report and we have considered the findings and recommendations made. We accept the report in its entirety and the recommendations for commissioners in principle.***

***We are committed to serving our local population and will ensure they receive safe, committed, compassionate and caring services through our commissioning.***

**What is the Francis Report?**

**The inquiry, chaired by Robert Francis QC, made 290 recommendations to improve quality, safety and patient experience. 15 of which are related to commissioning**

**The recommendations impact on all NHS organisations.**

**What did the Francis report say?**

A major change in culture is needed in the NHS which puts patients and their safety first:

* Patients need to be the first and foremost consideration of

the system and all those who work in it

* Every single person and organisation in the NHS needs to reflect

on what needs to be done differently in the future and how they can

contribute to a safer, committed, compassionate and caring service

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| **Key Recommendations – *head over the page to see what this means in practice for Barnsley***   * A structure of essential standards and measures of compliance * Openness, transparency and candour is required throughout the system * Improved support for compassionate, caring and committed care * Stronger patient centred healthcare leadership * Accurate, useful and relevant information to allow effective comparison of performance by patients and the public |

|  |  |
| --- | --- |
| **Instead of these things happening…..** | **Francis says these things should happen…** |
| **Passive – waiting for concerns to be raised** | **Proactive – looking for signs of concern** |
| **Reliant on how individual NHS services rated themselves** | **Independent checking from a number of sources which tests how NHS services rate themselves** |
| **Little patient involvement** | **Patient experience key to quality assurance** |
| **Few effective ways to create change** | **A range of measures for commissioners and regulators to intervene and ensure improvement** |

**The Francis report – what Barnsley CCG is doing**

***Whilst the delivery of individual actions are vital it is important to ensure that how all CCG business is conducted – our focus, ethos and level of scrutiny – reflects the ultimate aim of the Francis report; a culture of care and accountability.***

**We commit to closely monitoring commissioned services**

We are developing our early warning systems and proactively seeking out and acting on feedback. We will:

* Ensure providers of services clearly advertise to patients how to complain and that they respond in a timely manner to any complaint made.
* Require more detailed information from feedback and complaints collated by providers.
* Revise how contracts are developed and monitored.
* Review risks and benefits of redress for sub-standard service.

**Our first and most important commitment is to listen to patients**

* We will proactively seek the views of patients through a number of methods.
* We will work with our local HealthWatch.
* We will put patients and how they experience health care at the heart of our meetings and reports by regularly using patient stories describing how people have experienced the services we commission

**We commit to working together with local health providers**

* The CCG Chief Nurse will meet regularly with the Nursing Directors of each provider organisation.
* The Chief Nurse will meet regularly with the other Senior Nursing Leads, to share good practice and to drive the embedding of the 6Cs\* into local practice.
* Senior CCG management and clinical quality leads will be present at every provider contract meeting providing senior leadership and challenge.

**We commit to preventing problems**

* We will ensure the patient is the priority in everything we do.
* We fully accept our responsibility for setting and monitoring standards.
* We will develop a system to collate GP and public insights.
* We will collate key patient safety and experience data from providers.
* We will develop a system of real time quality assurance sampling of services.
* Triangulation to note any ‘patterns of concern’ to trigger further action.
* Utilise expert support as required

**We commit to developing our Governing Body**

* The Chief Nurse will stimulate discussion about what types of information our Governing Body wants and needs to know in order to assure themselves of the quality of clinical care being provided by the services we commission.
* Quality will be central to all we do, we will review the information received about clinical quality and question the extent to which it provides the assurances needed.
* We will develop and support our lay body members to challenge colleagues, interrogate data, request information where it is lacking and focus on their assurance role.
* We will seek to develop lay member’s understanding of the processes and issues around the quality of clinical care; describing the clinical impact of any failings.

**We commit to developing our capacity to deliver high quality**

* We have developed a robust quality framework.
* We have established a Governing Body subcommittee which dedicates time to detailed scrutiny of information about quality for the membership council.
* We will aim to bring the energy and flavour of the subcommittee to the Governing Body so everyone is fully engaged in quality.
* We will cross reference information we receive with regard to quality from providers and regulators to challenge proportionately; driving up standards of care.
* We will collaborate and share information with regulatory and local commissioning bodies of any concerns we have about our providers.

**We commit to acting on problems**

* We will ensure the patient is the priority in everything we do.
* We will use appropriate routes of escalation regarding emerging or persistent concerns regarding delivery of services.
* We will promote a proactive relationship with regional NHS England, Monitor and CQC.
* The Chief Nurse will attend the local SY&B Quality Surveillance Group.

**We commit to reviewing our culture, ensuring we are all putting patients first**

As leaders of the local health economy we will ensure we model the correct behaviours, create an empowering culture and have the right skills and values to successfully deliver what is required of us.

* We will provide clinical leadership and challenge to the local health economy.
* We will ensure we apply the values of transparency, honesty and candour within our own organisation and how we operate.
* We will explore how achievement and maintenance of high standards is celebrated and shared.

**\*What are the 6 Cs?**

* Compassion
* Care
* Courage
* Commitment
* Competency
* Communication