

No	Theme	Recommendation	Current CCG position / action required	Lead	Date for action	RAG
3	Common set of values	The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	Bury CCG constitution is compliant with the NHS Constitution. Assessed at authorization. To be reviewed annually			
4		The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	Bury CCG constitution compliant with guidance 4. Assessed at authorization. To be reviewed annually			
7	NHS constitution	All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	Bury CCG compliant with guidance 5 To be reviewed annually			

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	Complaints now collated are provided to NHS England LAT. Bury CCG have retained GP with experience + organisational memory to oversee complaints / concerns for GP. Additionally PMO collated soft intelligence form sectors All reviewed at Q&R and escalated to LAT if required Bury CCG to empower + inform GPs of responsibility			
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		continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.				
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.	Processes in place			
141	Taking responsibility for quality	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.	Robust structure across commissioning / quality and safeguarding Collaboration with NES / GM LAT Weekly incident reporting and monthly quality report to Q&R and GB for scrutiny			
142	Clear lines of responsibility supported by good information flows	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.	Robust process for information flow			
174	Candour about harm	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	Bury CCG compliant within constitution and employment principals			
176	Openness with regulators	Full and truthful answers must be given to any	Bury CCG compliant within			

		question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).	constitution and employment principals			
177	Openness in public statements	Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.	Bury CCG compliant within constitution and employment principals			
178	Implementation of the duty. Ensuring consistency of obligations under the duty of openness, transparency and candour	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	Bury CCG compliant within constitution and employment principals			
183	Criminal liability	There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it.	Bury constitution compliant with guidance 184. Processes in place for dealing with non-compliance. Employees will adhere to the standards of employment and the 7 principals of public life			
184	Enforcement by the Care Quality Commission	It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation: <ul style="list-style-type: none"> • Knowingly to obstruct another in the performance of these statutory duties; • To provide information to a patient or nearest relative intending to mislead them about such an incident; • Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the statement in the performance of their duties. 	The CCG will take assurance on this recommendation from providers in their responses to the Francis report. Francis compliance action plans received from main providers PAHT & PCFT			