



# QUALITY STRATEGY

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## Revision History

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## Approvals

This document requires the following approvals (a signed copy should be placed in the Authorisation Office):

Lead	Name	Signature	Title	Date of Issue	Version
COO (interim AO)	S Laing		CCG COO		
Chair	C Pidsley		CCG Chair		
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## Distribution

This document has been distributed to:

## **Executive Summary**

Quality is the organising principle underpinning the current programme of NHS reforms, now enshrined in the Health and Social Care Act 2012 to enable the NHS to:

- *Put patients at the heart of all NHS care*
- *Deliver improved health outcomes and*
- *Empower local organisations and professionals to improve quality*

The Clinical Commissioning Group (CCG) as a local organisation led by local GPs who work with and for the people of our local community are well placed to commission the highest possible quality healthcare.

Ensuring the delivery of compassionate, high quality care focused on outcomes is at the very heart of our clinical values and by establishing a shared understanding of quality and a commitment to place it at the centre of everything we do the CCG has a unique and important opportunity to continually improve and safeguard the quality of local NHS services for everyone, now and in the future.

The Clinical Commissioning Group will commission healthcare services in partnership with clinicians and our local population that reflect their healthcare needs and expectations, which involves them in our commissioning decisions and which responds to their concerns. Our partnerships with key statutory and voluntary agencies will continue to be crucial in safeguarding our population.

The services we commission will ensure that our local population will receive high quality, safe health care, close to home or at home, delivered by staff with appropriate skills. Feedback from patients and carers will be actively sought and used to continually improve these services. People's views and experiences, whether providers or receivers of healthcare, will be listened to, collated and analysed. This information will then be used to make measurable improvements in the areas of quality care that patients, carers and staff have identified as being the most important.

## **Introduction**

The aim of this Quality Strategy is to outline how we will work to ensure our providers deliver the highest quality healthcare services to people in East Staffordshire and to support the CCG as a newly established commissioning organisation in working towards achieving excellence in commissioning. This will mean ensuring that local and national quality standards are developed and met and that there is a drive to continuously improve quality and outcomes. To achieve this, the CCG will need to address the challenges of an ageing population with an increased prevalence of chronic disease, challenges around children and young people and address the implications for quality and patient safety following the Francis Inquiry into Mid Staffordshire Hospital.

This strategy sets out the national, regional and local quality issues which will influence the way the CCG operates to address quality improvements. The strategy also outlines the CCG approach to quality management based on the three dimensions (*clinical effectiveness, patient experience and patient safety*) which define quality, the structure and processes for embedding quality at each stage of the commissioning cycle to gain assurance from provider organisations during the transition period to April 2013 whilst the CCG move towards authorisation as a Statutory Body. The Strategy will be reviewed and updated to reflect the recommendations from the Francis Inquiry, now expected to be published in January 2013.

The CCG is a small organisation in comparison to previous NHS commissioning bodies. Its core role of commissioning involves a small team with support from the Staffordshire Commissioning Support Unit (CSU). Staff in the CCG work with and on behalf of the member practices and the clinical leaders who have been nominated from the practices to lead clinical commissioning.

The Quality Strategy will focus the work of the CCG to achieve local, regional and nationally mandated quality outcomes and those specified within the QIPP agenda to drive quality improvement. Full details of the quality objectives are contained within the local section of this strategy.

## **Quality in the NHS – The National and Regional Context**

This section outlines the core elements of the current national quality assurance system based on common values of what constitutes quality and how this can be safe guarded and continually improved. Whilst other high profile failures have led to reviews and guidance much of current national approach to managing quality and safety at each stage of the commissioning and delivery process has arisen from the catastrophic and systematic failures in Mid staffs Hospital All CCGs will need to demonstrate that local systems for monitoring and assuring quality exceed the national and regional requirements referred to in this section of the strategy.

The NHS Next Stage Review, led by Health Minister Lord Darzi, which culminated with the publication of "*High Quality Care for All*" in November 2008, provides the primary focus for the current national context for quality improvement in the NHS (Darzi 2008). This report stated that whilst the past decade of NHS reform was about increasing *capacity*, the future reform will focus on increasing *quality*. According to the review, centrally determined targets based on *process* (i.e. how many?), must give way to locally determined targets based on *quality* (i.e. how good is it?).

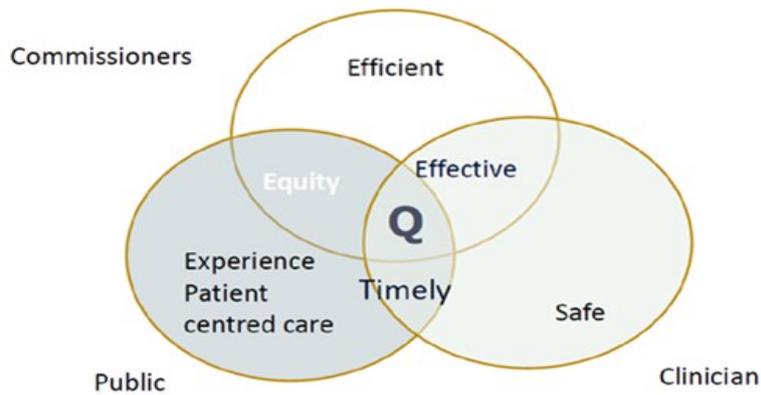
The review brought seven key aspects to improve the quality of services:

- Bringing clarity to quality
- Measuring quality
- Publishing quality performance
- Recognizing and rewarding quality
- Raising standards
- Safeguarding quality
- Staying ahead

The Darzi review went on to define quality in terms of three key areas:

1. Patient Safety;
2. Patient Experience; and
3. The effectiveness of care.

These key components are illustrated in the following diagram:



These key areas remain a real driver for quality activity across the NHS. However, in addition to these three areas the CCG is responsible for assuring the Governing Body that it is meeting all its obligations through Integrated Governance which includes mechanisms for commissioning high quality safe health services. There are a number of national and regional drivers linked to this agenda, these are outlined below:

### **Commissioning for Quality and Innovation Framework (CQUIN)**

This framework for 12/13 mandates 2.5% of the contract value to incentivise quality over and above that defined in the standard contract and is currently established in all main provider contracts. The CCG has CQUIN schemes as part of its contracts with its main providers of healthcare and uses these to drive continuous quality improvement in patient safety, experience and outcomes. The 2012/13 CQUIN schemes were reviewed to ensure they were in alignment with the “Innovation Review” as this will be used as prequalification criterion for CQUIN 2013/14. CQUIN schemes are monitored via the Clinical Quality Review Meetings.

### **Quality Accounts**

Since April 2010, every NHS provider organisation has been required by law to report its performance on the quality of care and services, incorporating views of stakeholders, including PCTs and the public through an annual quality account.

### **Care Quality Commission (CQC) Registration**

The CQC replaced the Health Care Commission and since April 2010, all Providers of health care have been required by law to be registered with the CQC. Registration is subject to compliance with a regulatory framework based upon a series of regulations known as the “essential standards of quality and safety”. Dental practices have been registered since April 2011 and In relation to primary medical services, including GP surgeries, out-of-hours services and NHS walk-in centres this is a requirement by April 2013.

### **Quality Innovation Productivity and Improvement (QIPP)**

In order to take care of the NHS resources at a time of limited funding and increasing demand, whole scale redesign of services with a focus on quality and innovation are the corner stone of the CCGs business for the foreseeable future. Demonstrable

outcomes for patients are the true measure of success and underpin any quality improvement activities.

QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and aims to improve the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014-15, which will be reinvested in frontline care. QIPP is engaging large numbers of NHS staff to lead and support change. At a regional and local level SHAs have been developing integrated QIPP plans that address the quality and productivity challenge, and these are supported by the national QIPP work streams which are producing tools and programmes to help local change leaders in successful implementation.

There are a number of national work streams designed to support the NHS to achieve the quality and productivity challenge. Some deal broadly with how we commission care, for example covering long-term conditions, or ensuring patients get the right care at the right time. Others deal with how we run, staff and supply our organisations, for example supporting NHS organisations to improve staff productivity, non-clinical procurement, the use and procurement of medicines and workforce. However there is growing concern that due to financial pressures many QIPP programmes are based on financial savings and that there needs to be a change of emphasis on quality improvement. In addition it is becoming clear that many programmes were overly ambitious and will not realise the projected savings. In the light of this the CCG has established a CCG Group to manage the QIPP programmes.

### **NHS Constitution**

This Strategy is underpinned by the pledges made to patients in the NHS Constitution, which sets out rights to which patients, public, and staff are entitled based on the principles and values of the NHS in England.

*“We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.”*

Patient rights in relation to the quality of care and environment are articulated including the right to expect NHS organisations to monitor and make efforts to improve the quality of healthcare they commission

### **The NHS Outcomes Framework**

The Commissioning Outcomes Framework will be used to drive local improvements in quality and outcomes for patients, to hold clinical commissioning groups to account and to have clear, publicly available information on the quality of healthcare services commissioned by commissioning groups and publish progress in reducing health inequalities.

## **National Quality Board (NQB) Reviews and Guidance**

The role of the National Quality Board is to provide leadership and system alignment for quality and to provide cross system advice to Ministers on quality. The NQB was asked by Ministers to review the systems and processes in place to safe guard quality in the NHS and this resulted in recommendations for improving earlier detection and faster responses in a document entitled “A review of Early Warning Systems in the NHS”. The key findings of this review were as follows:

- High Quality Care is an inherently complex and fragile operation
- Robust systems and processes to monitor, manage performance and regulate the quality of care are essential
- The NHS needs to embrace a culture of honest co-operation where individuals and organisations are transparent about the quality of care being provided.
- The quality of care should never be compromised by the ambitions or management pressures of organisations’ commissioning or providing services.
- Listening to patient and service user experiences of care and concerns is a key part of the early warning system.
- There must be absolute clarity about the different roles and responsibilities for quality for both individuals and organisations.
- NHS staff and clinical teams are the first line of defence in preventing serious failure in the NHS. However ultimate responsibility rests with Board of the organisation providing care.
- No system can be 100% failsafe and where a failure does occur there needs to be a system wide response to safeguard patients, ensure continued provision and secure rapid improvements to the quality of care.
- A single organisation should hold the ring to ensure action across the system is swift and co-ordinated.

## **NQB “Managing Quality in the New Health System”**

The NQB is currently out to consultation (“*Quality in the new health system*”) further guidance on how the lessons learnt from the review of early warning systems can be applied in the new NHS architecture. It is clear that there are valuable lessons to be learned from Mid Staffordshire that are applicable to all Providers and Commissioners. The report highlights the following key areas:

- The distinct roles and responsibilities for quality of the different parts of the system;
- How the different parts of the system should work together to share information and intelligence on quality and to ensure an aligned and coordinated system wide response in the event of a quality failure; and
- The values and behaviours that all parts of the system will need to display in order to put the interests of patients and the public first and ahead of organisational interests

Significantly, this report recommends that quality is managed in accordance with Lord Darzi’s report “High Quality Care for all” which will be used by the CCG as indicated above.

### **National Reporting and Learning System (NRLS)**

Patient safety incident reporting is a vital mechanism for identifying downward trends in the quality of care, identifying failure and facilitating learning. Since April 2010, it has been mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission (CQC) as part of its registration process. All incidents resulting in death or severe harm are reported to the National Reporting and Learning System (NRLS) and the NPSA then report them to the CQC.

### **NHS Midlands and East 'Ambitions'**

The SHA have identified 5 ambitions to transform the quality of care locally care:

1. Eliminating avoidable grade 2, 3 and 4 pressure ulcers;
2. Significantly improving Quality and Safety in Primary Care;
3. Creating a revolution in patient and customer experience;
4. Making Every Contact Count through systematic healthy lifestyle advice delivered through front line staff;
5. Ensuring radically strengthened partnerships between the NHS and local government.

Ambitions 1 and 3 have been targeted through the 2012/13 CQUIN framework and it is intended that the remaining ambitions are woven into the core business processes of the CCG.

### **The National Institute for Health and Clinical Excellence (NICE)**

The care pathways launched by NICE in May 2011 addressed over twenty clinical conditions including chronic obstructive pulmonary disease, stroke and dementia. These pathways are designed to bring together all guidance, written and visual, that relates to a specific topic, in an interactive tool. These care pathways will contribute to our commissioning intentions.

## **Local Action – East Staffs CCG Approach to Quality Improvement**

### **Strategic Quality Objectives**

East Staffs CCG will need to have robust systems and processes in place to monitor, measure, reward and safeguard quality in order to ensure that all patients receive safe and effective care.

The overarching quality objectives for the organisation are to:

- Embed quality into the commissioning cycle ensuring that services being commissioned are safe, effective and provide patients with a positive experience. This will ensure that associated outcome benefits are being realised and have the ability to take action if the safety and/or quality of commissioned services is compromised.
- Develop and support a culture of continuous improvement in the quality of commissioned services.
- Identify and utilise benchmarking data to support key quality improvements.
- Review and extend the current mechanisms for monitoring patient experience.
- Shift the emphasis of quality activity from quality assurance through counting data to quality improvement as a result of improved monitoring, measuring and reporting of outcomes for patients.

These objectives need to be delivered via a robust process of reviewing best available evidence on quality improvement programmes and through the implementation of best practice to deliver high quality services. This will be achieved by working in partnership with provider organisations to ensure clear quality improvement systems exist and that there are clear measures of evidence based quality of care and patient experience.

### **Aims and Strategic Approach**

The main aim of the ES CCG Quality Improvement Strategy is to ensure that the requirements of all current national quality improvement drivers are, at the very least, met and where possible exceeded. This should not be read as an intention to meet targets that measure process; instead it should be seen as an intention to meet the requirements laid out by Darzi i.e. to develop and achieve locally determined targets which monitor and measure the outcomes of services for patients through the use of the seven key aspects identified by Darzi as necessary for the organisation to be assured of continued quality improvement across the local NHS.

In order to achieve this, over the coming year the CCG will make changes to the way that quality has previously been monitored and measured, through a strategic shift from the traditional method of clinical governance for quality management, to a more modern approach which includes clinical governance and which supports a wider, more responsive quality improvement agenda. This will be delivered through a

programme of refocusing, where work areas and quality improvement activities are realigned to the Darzi three themes and where outcomes for patients are monitored.

### **Quality Committee**

The Quality Committee has been established as a subcommittee of the Governing Body. This will be the forum through which progress against this Strategy and the associated plan is monitored. The Committee has an overview and scrutiny role providing a forum for constructive challenge around the management of quality issues and serves to enable the CCG to be proactive in monitoring and promoting quality outcomes.

The committee will receive reports on patient feedback and patient experience. It will also be the forum through which soft intelligence from practices is monitored, ensuring that both patients and member practices receive feedback upon concerns they raise with the CCG.

The Committee will receive quality performance reports from provider Clinical Quality Review Meetings (CQRMs) enabling an interface between the CCG Governing Body and the CSU Contract Management Teams, including the quality improvement leads. The committee will provide an additional level of governance around quality and its membership will include the appointed lay member for patient engagement, the Chief Nurse, the CSU Quality Lead, the Head of Governance and the GP lead for Quality. It will provide assurance to the Governing Body through regular quality reports.

The Quality Committee will be the forum through which key quality and safety reports are received and reviewed. These will include the clinical risk register, medicines management reports and regular updates in respect of the CCG's compliance with the Research Governance Framework.

### **Clinical Quality Review Meetings**

There is an established programme of clinical quality review meetings for all key providers. ESCCG will establish and implement a strong governance structure to drive improvements in the clinical quality review meeting process and over the coming years will work to ensure that the contract is used to its full capacity to ensure that standards of safety are continuously reviewed and raised.

The clinical quality review meetings will continue to receive data from all providers in relation to key quality measures and planned improvements in relation to each dimension of quality. Significantly next year there will be a shift from reporting numbers to increasing the requirement to report patient outcomes. Furthermore, there will be an additional change in approach through moving from the meetings being a discussion about numbers to one of themed clinical discussions, sharing outcomes and feedback on what are important issues for patients. The programme for these will be agreed with each provider at the start of the year, with some scope to change if circumstances require urgent consideration of a particular issue.

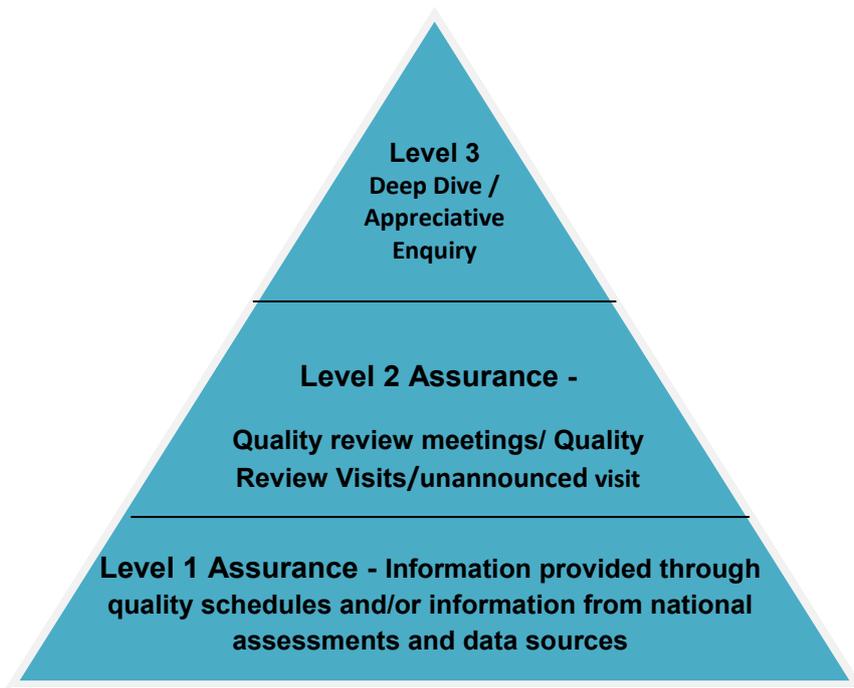
### **Contract Sanctions for Quality**

There are a number of incentives and sanctions available to commissioners to use as contractual levers for managing provider performance on quality and safety. These levers need to be used intelligently and in a systematic way to ensure that whilst addressing quality concerns, there are no unintended consequences elsewhere in the local health system as a result. The sanctions must be used judiciously and focused on priority areas for quality improvement with outcomes agreed with providers that embed and reinforce the behaviours and culture that will sustain the improvements. The NHS standard contract with its performance and quality schedules provides a vehicle for transparency on commissioner expectations for outcomes and how these will be monitored and evidenced.

### **Quality Monitoring, Assurance and Escalation**

Monitoring will be maintained through the agreed contract arrangements with individual providers. The Quality Monitoring and Assurance Framework will be used by the CCG to structure the quality management processes required for the three Levels of assurance and to identify at what point escalation will be implemented.

### **Quality Monitoring and Assurance Framework**



**Level 1 Assurance** - information held should be subject to thorough review as a matter of regular process within the commissioners.

**Level 2 Assurance** –CQRMs and Quality review visits –planned visit should not duplicate any of the information known/held but enhance it . For example if a policy is known to be in place, then the visit can explore its application the visit should be developmental in its approach whilst acknowledging its role in performance management. This is supported by unannounced visits where information /intelligence whether hard or soft identifies a patient safety risk/concern, for example, the reporting of a ‘never event’, concerns raised by health professionals, or by patients and service users.

**Level 3 Assurance** – a “deep dive” / appreciative enquiry will be carried out following formal assessment of risk. It will normally include representatives from the SHA /NHS Commissioning Board Local Area Team (currently the Cluster).

Examples of triggers for this level of assessment would be:

- Alarms or concerns arising from the examination of qualitative and quantitative data. For example, raised mortality rates, deteriorating infection profiles or concerning patient harm reports;
- Alternatively a worrying set of workforce metrics or credible soft intelligence which is not readily accounted for by the provider;
- When a concern about quality has been identified and acknowledged by the provider and commissioner but where the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk, or potentially at risk;
- Repeated failure to deliver agreed improvement plans.

### **Risk Summits**

Concerns may escalate to the establishment of the risk Summit process involving the external regulatory bodies. Examples of situations where this may need to be used are listed below. It is suggested in the recent National Quality Board consultation that this could be undertaken by the local “Quality Surveillance Groups” although one organisation e.g. CCG, SHA / NHSCB Local Area Team would still need to “hold the ring.”

- Credible and material whistle blower feedback;
- Complaints about services provided for patients which suggest problems are not isolated and perhaps are more systemic;
- Cost improvement plans (CIPs) which are focused on cost reduction through major workforce or service reductions. This might include a poor outcome to a quality impact assessment;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Serious media exposure / covert reporting.
- Increase of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by CQC, Monitor or professional bodies.

## **Performance Management**

In the event that through the main monitoring routes requested information is not forthcoming and/or the quality of care is deemed to be below the acceptable standard, commissioners will take the initiative in setting out what is required and in demonstrating how it can be achieved by issuing a performance notice requesting a remedial action plan.

Continued failure to meet the contractual requirements may result in contractual payments being withheld. An exception report will be issued to the provider's board of directors, the SHA/NHSCB, and the regulator.

In extreme cases where there is a serious threat to patient safety the commissioners will work with the providers and if necessary can suspend the affected service whilst also ensuring that an alternative provision is put in place to allow continuity of services. This may result in services being decommissioned in the longer term.

## **Safeguarding**

Arrangements are already in place to safeguard and promote the welfare of vulnerable adults and children. Providers have the responsibility to identify safeguarding issues relevant to their areas of provision, ensure that policies and procedures are implemented, ensure safe recruitment procedures are in place and that staff are trained to identify and report safeguarding concerns.

ES CCG will work to the Staffordshire Safeguarding Children's Strategy 2010 and has arrangements in place to co-operate with the local authority through attendance by the CG Chief Nurse at the Local Safeguarding Children's Board and the Safeguarding Adults Executive Board.

The CCG Quality Committee, and subsequently the Governing Body, will be informed of all incidents involving children and adults, including death or harm whilst in the care of any local provider. This service will be hosted by South East Staffordshire and Seisdon Peninsula CCGs (SESP CCG) on a collaborative commissioning basis. ES CCG Chief Nurse is jointly appointed with SESP CCG and will therefore act as executive lead for both Governing Bodies and will represent the health economy at the Safeguarding Boards.

On behalf of ES CCG, SESP CCG has secured the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood. SESP CCG also host the bereavement nurse post.

Arrangements are in place to ensure all staff are trained in key safeguarding requirements. Some of this training is provided directly by the lead nurses at SESP CCG, the remainder is provided by a local community trust through a service level agreement. This is routinely monitored and reports in relation to training data are provided on a regular basis.

SESP CCG plan to host a CCG safeguarding meeting which is currently operating in shadow form at the Staffordshire Cluster of PCTS. Once transferred, routine reports will be produced and along with the minutes of the meeting, will be presented to quality committee to ensure close monitoring of compliance with all training requirements.

### **Research and Innovation for Quality Improvement**

The Quality Committee will receive regular reports on research governance and also on research, innovation and development activity.

The importance of improving the quality of clinical treatment and care is widely recognised. It is equally important to improve the effectiveness of interventions designed to prevent disease. ES CCG will demonstrate clinical effectiveness by measuring performance in relation to:

- The continuous improvement and innovation in the safety and quality of commissioned services.
- Implementation of NICE guidance and standards
- Reduction of variation in practice (commissioning for quality)
- Equity of access
- National Quality Outcome Framework and Clinical outcomes
- Value for money
- Research/ audit
- Staff competencies & training uptake rates
- Workforce metrics
- Public Health information

ESCCG is committed to continuous quality improvement through these various routes many of which depend upon the use of research and innovation. The CCG recognises that for quality to improve, changes to current and previous systems will be required. It is also recognised that these changes may, at times, appear challenging to staff and to patients who use our services. With patient safety first and foremost, ESCCG will work to achieve the following:

- We will encourage innovation from Practices through a locally agreed prescribing incentive scheme to drive improvements in the quality of care. Recognising and rewarding improvements in practice.
- ESCCG will continue to develop and promote clinical guidelines to ensure that referrals from GPs to secondary care are consistent with local protocols and of a consistently high quality.
- ESCCG will engage not only with GP practices but also with the wider clinical community to ensure that we make best use of the clinical expertise and experience within our health economy to drive improvement in quality.

- ESCCG will develop and implement a research and development strategy which will focus on driving quality improvements through local projects.
- ESCCG will remain committed to meeting the requirements of the Research Governance Framework (DH, 2001)
- ESCCG will continue work with the Primary Care Research Network to support increased practice involvement in research activity.
- ESCCG will look outwards for examples of best practice and seek to learn from other organisations.

### **Responding to Concerns**

The CCG are committed to providing a responsive service for patients and staff, including GPs in member practices, who wish to raise concerns or feedback on the services commissioned by the CCG. This feedback will be regularly reviewed, collated, analysed and reported to quality committee as part of the overall summary of quality in key providers. This, coupled with quality performance information, will be used to drive forward improvements in patient safety and assurance that this is taking place will be provided to Governing Body on a regular basis. In order to achieve this, ESCCG intend to undertake the following:

- We will ensure that GPs in East Staffordshire know how to report soft intelligence, patient experience and incidents and how to share concerns relating to the quality and safety of any services commissioned for our patients, and we will encourage them to do so. This information will be monitored through Quality Committee. More importantly, we will ensure that GPs receive timely responses to such reports, thus encouraging an active and responsive reporting cycle.
- ESCCG will involve patients in the review of services and in service redesign and will give due regard to patient experience information.
- ES CCG welcomes feedback from patients, service users and their families to help us improve the quality of our commissioned services.
- ESCCG anticipates the publication of the full report following the Mid Staffordshire Foundation Trust enquiry (expected in January 2013) and acknowledges that recommendations from the report will need to be incorporated into the CCG quality strategy.

### **Systems, Process and Outcome Measures – key work areas**

#### **Overall approach**

ES CCG's responsibilities for commissioning for quality have already been described in this strategy. The approaches to quality improvement listed in this section of the

strategy should be considered applicable to all providers, including independent contractors and nursing homes. .

## **Patient Safety**

Notification of and learning from patient safety incidents and serious incidents (SIs) is a contractual requirement for all providers. It is important that organisations learn from patient safety errors and make changes in practice to minimise risk of recurrence. Each provider will adhere to the National framework for reporting and learning from serious incidents requiring investigation (2010) and the Never Events Framework which are part of the quality element of the contract. Each of the main providers has a Serious Incidents (SI) sub group that ensures robust management of SIs including a Root Cause Analysis for each incident. CCGs are represented on these sub groups by the CSU quality leads.

Over the coming year, patient safety quality improvement activity will relate to the following areas, each of these will be monitored through the CQRM and Quality Committee route:

- NHS Safety Thermometer - The NHS Safety Thermometer is an improvement tool for measuring, monitoring and analysing patient harms and harm free care. The Thermometer is currently being used by Clinical Commissioning Groups as one measure of the quality of care.
- Alerts – all main providers are required to evidence that they have acted on alerts issued from national and local organisations such as the National Patient Safety Agency (NPSA) and the Central Alerting System (CAS).
- Serious Incidents (SIs) – the focus will be on improved reporting, both in terms of level of detail and timeliness of reporting. The investigation of SIs is completed using root cause analysis and the timescales for all aspects of SI management are currently dictated by the regional SI policy. Compliance with this policy will be integrated into the Quality Schedule of next year's contracts, with a strong emphasis on prompt closure of completed SIs. Investigation reports from SIs provide all NHS organisations with the opportunity to learn from each other in an attempt to minimise the risk of recurrence. Maximising the use of such learning opportunities will be a key element of the coming year's work programme.
- Healthcare Associated Infections (HCAIs) – work will continue to ensure that all local providers maintain low levels of HCAIs and that when incidents and outbreaks do occur, appropriate action is taken to limit the spread. Key infections such as deaths from Clostridium Difficile and outbreaks resulting in ward closures will continue to be managed under the SI process. All providers will be expected to meet the infection control requirements outlined in the annual Operating Framework.
- Safeguarding Vulnerable Adults and Children – these are two key indicators of patient safety and following several high profile cases in relation to adults and children, this year's quality schedule includes increased reporting

requirements, specifically detailing numbers of referrals for safeguarding adult and children. Furthermore, providers will be required to demonstrate that action has been taken to protect both vulnerable groups.

- Incident reporting – as with SIs, the focus over the coming year will be on improved reporting and management of all incidents and a stronger emphasis on learning from incidents. All providers will be expected to provide reports which detail not only number and type of incidents but also evidence of lessons learned and outcomes for patients. It is anticipated that greater analysis of incident numbers will take place and will start to include the reporting of incidents per specified number of bed days.
- CQUINs - this year's Commissioning for Quality and Innovation (CQUIN) framework brought increased financial reward to the drive for quality improvement for providers by increasing the value of CQUINs in the contract from 1.5% to 2.5%. It is likely to continue or increase next year, thus continuing to incentivise quality improvements.
- Pressure ulcers – already an SHA ambition, further work will be undertaken to include a requirement to further improve the assessment of patients to identify those at risk of developing pressure ulcers, to maintain action to prevent them occurring and to ensure that when pressure ulcers do occur they are treated promptly and appropriately.
- Falls reduction – as with pressure ulcers, the numbers of falls which occur on NHS provider sites continue to feature highly in patient safety incident data. A CQUIN has previously been agreed with key providers to ensure that they undertake comprehensive falls risk assessments and specific requirements have been developed which require providers to demonstrate that they are acting to reduce the number of patients who fall repeatedly. Despite this, falls continue to feature highly in incident reports and further work will therefore be undertaken to ensure broad understanding of the reasons for and best management of this issue.

### **Patient Experience**

People want the best from the services commissioned by the CCG and often judge providers by their experience as well as by the outcome of the treatment they receive. National policy continues to encourage people to help shape the design and delivery of services and also places a strong emphasis on the level of quality people can and should expect from the NHS through publications such as the NHS constitution. As such, the use of patient experience feedback to transform services is now centre-stage in current policy agenda.

Over the coming year, ES CCG will continue to increase patient experience activity and will work to strengthen the value and use of information, both in terms of data from surveys but also through increased use of patient experience and patient stories to inform and drive improvements across the CCG. The will be establishing a patient council and the inputs from the council will be used alongside additional information.

In order to achieve these aims the patient experience work programme over the coming year will include the following:

- Internal Complaints management – ES CCG has access to the CSU complaints management function. Current complaints management systems are under review and plans for the year include the launch of the “Insight system” to centrally collate patient and practice feedback. The CCG will also be looking at ways of ensuring improved reporting to include details of agreed timescales and whether or not these were met. Consideration is being given to reintroducing a system where all complaints responses containing clinical details are reviewed by either the Chief Nurse or GP Lead for Quality prior to sign off by the Accountable Officer.
- Improved Complaints management for providers – the quality schedules in the contract will require the reporting of increased information from all providers in relation to a shift from reporting only complaints numbers, to reporting types of complaints and significantly a requirement to highlight any trends at the earliest opportunity. As with incidents, next year’s quality schedules will also include a requirement to analyse complaints trends and to demonstrate outcomes for patients, lessons learned and changes made to the way in which services are delivered as a direct result of patient complaints.
- Compliments – it is recognised that there are many cases where patient experiences are positive and these experiences are currently captured sporadically across the NHS and especially in commissioned services. There will be a drive to capture this data more clearly and ensure that it is presented alongside negative experiences to provide a balanced perspective on care received by patients.
- Patient Surveys - the National Patient Survey Programme is recognised as the main tool for collecting patient experience information. The surveys are primarily designed to provide a snapshot of provider performance; they enable organisations to be benchmarked against similar organisations. The surveys will continue to play an important role in patient experience assessment for ES CCG, linking the findings of the surveys to commissioning in the future.
- Soft intelligence – the launch of the Insight system will help to ensure that informal patient and staff concerns are recorded and managed in a similar way to formal complaints. Where details are provided, written acknowledgement and where appropriate updates given in response to actions taken. The Insight system will support improved feedback and evidence of action linked to the overall patient experience.
- Provider Strategies – the quality schedule of the contracts with all key providers requires providers to develop and implement a patient experience strategy details how they will work to monitor and improve the experience of their patients. As a minimum these require providers to demonstrate use of a number of different tools to collect patient experience feedback, inclusion of specific actions to obtain the views of vulnerable groups, a robust plan to

demonstrate how the results of patient experience feedback will be used to influence service changes and developments and an improvement plan to include use of the data from the national patient survey.

### **Effectiveness of Care**

ES CCG will continue to maintain the various mechanisms in place to ensure effectiveness through the use of clinical knowledge and best practice. The CCG will manage clinical knowledge and evidence to consider improved outcomes and cost effectiveness at all levels. In line with all other aspects of this strategy, the next stage of development in clinical effectiveness will be to drive a shift from counting and reporting numbers, to assessing quality and reporting outcomes alongside any resultant changes to practice.

Over the coming year, ES CCG will continue to work to increase and improve monitoring of the effectiveness of care through the following mechanisms:

- NICE compliance – an internal NICE review group will be established and will be the forum through which the implications of NICE guidance is assessed and compliance with all NICE guidance is monitored, both in terms of CCG compliance and that of all providers. In addition, the quality schedules now require providers to report their compliance with NICE Technology Appraisal Guidance (TAGs) which they are required to comply with, and also to report compliance with the remaining guidelines on a quarterly basis.
- Clinical Audit – all providers undertake significant numbers of clinical audit projects and some of these support the local and national CQUIN schemes. The quality schedule of the contract includes a requirement for all providers to have a forward plan for clinical audit and to share the findings of selected audits with the PCT. Specific reference to the outcomes of audits where audits reveal shortfalls in the standards of care are also included in the contract and where these relate to a failure to deliver a national requirement, the CCG may undertake more detailed audit, the costs of such audits being met by the Provider concerned.
- Quality Inspections – in an extension of a programme commenced during 2009/10 by the former South Staffordshire PCT. ES CCG will continue to undertake a programme of announced and unannounced inspections of all providers. The work undertaken previously by the PCT was adopted and adapted by the West Midlands SHA for a region wide appreciative enquiry visiting programme. For each provider a minimum of 2 unannounced visits and 4 announced visits will take place annually and the Chief Nurse, CSU Quality Lead and GP Lead for Quality will continue to undertake these visits. The visits include observation of care, audits and inspection of services. They also include discussions with staff and with patients at the point of delivery of care where their feedback is recorded and used as part of a more general feedback report to each provider. The requirement to cooperate with the inspection programme is written into the quality schedules for all key providers. Actions required to improve outcomes for patients are reported

back following the visits and implementation of required actions is further monitored through the ongoing visiting programme and the CQRM process.

- Mortality reviews – all key providers now undertake mortality reviews, primarily through the use of key mortality data and internal mortality review groups. The CCG will consider mortality data alongside other quality data when assessing risk in providers.
- Training and workforce – learning from high profile investigations has highlighted the significant role that training and workforce data plays in delivering high quality care. Where staffing numbers fall below recommended levels, the risk of standards of care reducing is known to be significant. As a result, monitoring of workforce data will continue to be increased over the coming year. This increase will be written into the quality schedules with all providers and include a requirement to report workforce data through the CQRM process. NHS Midlands and East are developing key metrics for workforce and these will be the basis upon which future monitoring is completed.

### **Developing a Quality Improvement Culture**

The importance of organisational culture when driving a programme of quality improvement should not be underestimated. Ownership needs to exist at all levels, from board level to ward level, between the commissioners, staff teams, providers and patients and should be one where high quality is recognised and any deterioration in quality standards and expectations is openly identified, explored and remedied.

Significant work has already been completed in relation to driving quality improvement by legacy organisations. This will continue to be rolled out across ES CCG through encouraging and supporting staff and patients to take responsibility for raising concerns that they have about the quality of local services and, significantly, for hearing and acting upon those concerns.

Over the coming year further work will be undertaken to ensure that the drive to improve quality continues, and that the strategic shift from quality assurance to quality improvement takes place, thus supporting the development of an open quality improvement culture.

### **Conclusion**

Whilst legacy organisations made progress in quality assurance over the past few years, this strategy highlights the actions necessary to facilitate a shift from quality assurance to quality improvement, where all work undertaken in relation to quality has an increased emphasis on the outcomes of interventions. Making this shift requires an organisational commitment to drive the change at all levels and the tools to support the organisational commitment. This strategy has outlined the key

developments intended to advance the CCG's drive to demonstrate real quality improvements.

### **Links to other documents**

This strategy should be read alongside all PCT strategies, policies and procedures but has specific links to:

1. Risk management strategy
2. ES CCG Clear and Credible Plan
3. Complaints Policy
4. Being Open Policy
5. Integrated Plan
6. Equality and Diversity Strategy 2012
7. Staffordshire Safeguarding Children's Strategy 2010
8. Communication and Engagement plan

### 3. Quality

The key objectives linked to this ambition are outlined below:

Our Ambitions	Actions / Projects to support our ambitions.	Measurement of success (March 2013)	What will success look like –measurement by March 2015
<p><b>To embed quality throughout the CCG</b></p>	<ol style="list-style-type: none"> <li>1. Responsibility for quality to be included in all CCG role descriptions, all committee Terms of reference, service specifications, contracts and other CCG documentation</li>   <li>2. Strong leadership for quality at all levels of the organisation.</li>   <li>3. (Consider) quality newsletter (or section in main newsletter) for member practices, highlighting key quality indicators e.g. complaints, patient experience, key serious incidents etc to ensure wide awareness and shared learning</li> </ol>	<ol style="list-style-type: none"> <li>1. Wide acceptance and ownership of the quality agenda evidenced in all reports and associated documentation. Staff supported to develop individual roles and contribution to quality agenda.</li>   <li>2. Quality is seen as organisational not individual responsibility.</li>   <li>3. Wide acceptance and ownership of the quality agenda evidenced in all reports and associated documentation. Staff supported to develop individual roles and contribution to quality agenda.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence of CCG wide involvement in Quality work programmes, quality explicit in all commissioning activity.</li>   <li>2. As above</li>   <li>3. Communication route for key quality issues is clear, responsive and functioning effectively</li> </ol>

Our Ambitions	Actions / Projects to support our ambitions.	Measurement of success (March 2013)	What will success look like –measurement by March 2015
<p><b>To demonstrate continuous quality improvement</b></p>	<p>1. Quality strategy developed, central to the key indicators i.e. patient safety, patient experience and clinical effectiveness</p>	<p>1. Strategy clear, objectives in place and communicated to members, partners etc.</p> <p>2. Reports to Governing Body focus on all three key areas, working towards achievement and evidence of continuous improvement in the three key areas.</p>	<p>1. Continuous quality improvement is evident and Governing Body is assured that systems and processes to support CQI are effective.</p> <p>2. Improved outcomes for patients are reported across the organisation.</p>
<p><b>To develop a new way of working to improve quality</b></p>	<p>1. Establish CCG quality committee as the forum through which key quality activity is agreed, monitored and developed to assure CCG Governing Body and external bodies e.g. Cluster, SHA.</p> <p>2. Establish collaborative quality forum as agreed during stakeholder event.</p>	<p>1. Quality Committee established and operating effectively to monitor quality whilst working differently to previous PCTS</p> <p>2. Collaborative forum working effectively to eliminate duplication and drive up joint quality improvements across the health economy.</p>	<p>1. Quality committee functioning effectively and continuing to provide assurance to governing body.</p> <p>2. Collaborative quality forum continuing to drive up joint work programme on quality improvements, evidence of previous year's collaborative success reported.</p>

Our Ambitions	Actions / Projects to support our ambitions.	Measurement of success (March 2013)	What will success look like –measurement by March 2015
	<p>3. Revise current quality schedule to reflect the need to evidence continuous quality improvement and improved outcomes for patients whilst still monitoring statutory requirements.</p> <p>4. Work collaboratively to revise current format of Clinical Quality Review Meetings (CQRMS) to ensure that these become a forum conducive to evidencing the changes above and are reflective of what matters to member practices and our patients.</p> <p>5. Change approach to quality improvement to introduce more proactive quality improvement methods rather than relying heavily on responsive reviews</p>	<p>3. New contract contains all KPIs plus indicators relevant to outcomes rather than performance.</p> <p>4. CQRM operating more effectively, KPIs monitored but focus of meeting on outcomes for patients and acting on/ learning from previous experience.</p> <p>5. Proactive quality improvement plan in place including work to develop core standards and expectations aligned to the Total Quality Management model</p>	<p>3. Monitoring of KPIs is routine, effective and responsive. New schedule reflects outcomes focussed approach to commissioning for quality.</p> <p>4. CQRM operating as a responsive, joint and effective forum focussing primarily on evidence of improved outcomes whilst still meeting contractual requirements.</p> <p>5. New approach operational, responsive and working effectively to TQM model.</p>

Our Ambitions	Actions / Projects to support our ambitions.	Measurement of success (March 2013)	What will success look like –measurement by March 2015
<b>To use soft intelligence and other forms of patient feedback to drive quality improvements</b>	<ol style="list-style-type: none"> <li>1. To establish new system for monitoring, acting upon and feeding back to patient feedback (links to wider involvement and engagement work)</li> <li>2. To establish an open, responsive and effective culture, through a system for recording the concerns of health care staff</li> <li>3. To establish “spotter practices” and mystery shopper programmes to support ad hoc and wider feedback mechanisms.</li> </ol>	<ol style="list-style-type: none"> <li>1. Insight web based feedback system providing sufficient information on patient feedback to enable responsive commissioning and action where needed.  Action is taken as a direct result of patient feedback.</li> <li>2. Evidence that concerns are taken seriously, considered and investigated fully and action is taken as a result of staff concerns</li> <li>3. Spotter practices established and information from these and mystery shopper programme being used to influence change.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence of change as a direct result of patient feedback is seen at relevant committees.  Timely feedback is given to all forms of soft intelligence and patient feedback.</li> <li>2. Continued evidence of improvements in this area and confidence in respect of action taken to address concerns.</li> <li>3. Spotter practices and mystery shopper programme proving effective route for feedback and responses to findings clearly evident.</li> </ol>
<b>To respond to opportunities to learn from others</b>	<ol style="list-style-type: none"> <li>1. Respond to recommendations from Francis Inquiry when published (now likely to be January 2013) ensuring</li> </ol>	<ol style="list-style-type: none"> <li>1. Self-assessment against recommendations will highlight gaps which will be addressed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Continued evidence of change and on-going monitoring.</li> </ol>

Our Ambitions	Actions / Projects to support our ambitions.	Measurement of success (March 2013)	What will success look like –measurement by March 2015
to improve quality	that key lessons for commissioners are embedded at all levels of the CCG.	2. Action plan to address recommendations is developed, agreed and approved. Implementation underway, strategy amended to reflect as required.	