

Commissioning for Quality Strategy

2013 – 2015

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1. INTRODUCTION

The Commissioning for Quality Strategy sets out the strategic aims in relation to quality, supporting the overall CCG vision, strategy and objectives. The Strategy is applicable to health care both directly commissioned and received by our patient population and all the work undertaken by Hull CCG.

The CCG is committed to commissioning good quality services for the people of Hull. It will do this by driving up quality and ensuring that patient and staff experiences of care and treatment are sought, heard and acted on to both improve the quality of services and to review and develop services where appropriate. The approach of the CCG is to work in partnership with providers and other stakeholders, whilst ensuring that evidence based safe, high quality services are both commissioned and appropriately reviewed.

2. PURPOSE

The strategy sets the principles to be integrated for improving quality and identifies priorities to improve commissioning and obtain assurances around safety and quality.

3. NATIONAL CONTEXT

In 2013 there has been clear recognition that quality of care, as experienced and reported by patients, their carers and staff should be the focus of commissioning high quality care. The Health and Social Care Bill (Department of Health (DH) 2012) requires Clinical Commissioning Groups to have a strong focus on improving quality and outcomes of care for patients, with CCGs being held to account for effective commissioning and promoting improvements in quality.

In the NHS Outcomes Framework Domain 4 identifies patient safety and patient experience as key drivers for commissioners to use in reviewing and improving care. The three major health care related reports to date; the 2nd Francis report into The Mid Staffordshire NHS Foundation Trust Public Enquiry (February 2013); The Winterbourne View (DH Dec 2012); and the National Advisory Group for the Safety of Patients in England, (August 2013) all have similar key themes, which can be summarised as five principles:

1. **Leading for improvement:** Leaders and all care providers should be supported to learn, develop and act on safety and care concerns throughout their working life
2. **Listen and Act:** Patient Experience is key: it should be considered, triangulated and acted on as a part of every action we take and every plan we implement
3. **Be Transparent – Candour and Performance:** Openness and transparency within health and care communities is essential
4. **Support Learning and Development:** staff experience matters and is a strong indicator for the quality of care
5. **Develop a positive Culture and Values:** A strong safety and learning culture improves quality of care.

As commissioners for local health services on behalf of the local people, Hull CCG Board, officers and staff have a duty to ensure that these key aspects of good quality care are

integrated into all its activities. Partners including volunteers will be supported and expected to follow the same principles.

4. ACCOUNTABILITY

Hull CCG has an accountable Board called the Hull Clinical Commissioning Group Committee that consists of eight General Practitioners (GPs) elected by the Council of Members, four Designated Officers and three Lay Members. The Board meets regularly in public and the papers are published on the CCG website.

The CCG has a number of Board sub-committees that are accountable for specific areas of its work and report regularly to the Board, The CCG is subject to regular assessment by NHS England led by the Yorkshire and Humber Area Team and the results of the formal quarterly assessments are reported in the public Board. There are systems and processes in place to monitor serious incidents, patient feedback, staff experience and a range of national and local key performance indicators that provide information on both the CCG's performance as a commissioner and the performance of its provider organisations.

Hull CCG has a well developed public engagement structure that includes a joint patient panel reaching up to 10,000 local residents via a shared questionnaire with the local authority, both adult and young ambassador schemes and outreach through voluntary sector networks and engagement outreach, holding session in all parts of the city.

5. PRIORITIES FOR IMPROVEMENT:

Leading for improvement

Visible and accountable leadership is a key element in improving quality Hull CCG. The CCG has both a Board and a Staff Development Programme and aims to influence and lead improvement Hull city wide. The CCG is a partner in a number of city wide partnerships including the Health and Wellbeing Board

- Hull CCG is in the process of developing its OD strategy with a strong focus on leadership.
- The Board and Senior Leadership Team are taking part in a Leadership Development Programme
- Organisation Culture is being evaluated and monitored through employee engagement.

Listen and Act.

All recent national reviews and inquiries emphasize the importance of listening and acting on patient experience.

- Patient experience is one of the key work streams being addressed by the Francis Programme Board which is designed to develop a good practice framework across Hull and the East Riding. The Programme Board provides a pro-active local response from both commissioners and providers to the recommendations of the Francis Report. When services and contracts are being reviewed, outcome measures and patient experience reporting are key elements specified

- A joined up approach to all patient experience information received is reported to the Quality and Performance Committee to allow triangulation of information. Providers are held to account via scheduled patient experience reports via the contract management route
- A Board development programme is in place
- Patient stories are a part of the Board meetings
- Staff survey tools to understand staff experience and measure culture are used within both the CCG and provider organisations

Be Transparent – Candour and Performance

Most performance information is received through the monthly Contract Management Boards (CMBs) attended by the Commissioning Support Unit (CSU) and CCG staff. The current challenges are timeliness, appropriateness of the reportable indicators and variation. Business Intelligence teams receive a wide range of data on Key Performance Indicators (KPI) and other agreed contractual milestones.

- There is a large range reported for acute provision, some for mental health and almost none for community provision in the national data set.
- The challenge is to improve the specification to make the data more meaningful and to encourage prompt exception reporting and transparency.
- The CCG has a Quality and Performance Committee that is a sub-committee of the Board, and within its work plan, reviews both provider reports and intelligence obtained via the contracting and business intelligence routes. The Quality & Performance Committee has a mechanism to undertake real time reviews on quality issues through its Quality Checkpoint approach.
- Quarterly Quality Surveillance reports are provided by Public Health England to summarise nationally reported indicators for local providers, which are used to triangulate information received at Quality and Performance Committee.
- CSU Contracting Team are developing a core list of Quality and Key Performance Indicators, which will be referenced in individual Service Specifications as they are developed or reviewed, to aid consistency of focus
- Infection control has a dedicated resource of a specialist nurse that reviews and advises on any incidents and concerns and monitors provider performance.
- There is a national mechanism for reporting Serious Incidents and Never Events with an established framework identifying criteria for declaring incidents and a national information system to allow benchmarking against peer organisations. Local implementation and management of Serious Incidents is a shared responsibility between the CCG and the CSU.
- CCG jointly chairs a Serious Incident Panel to review reports, share learning and improve consistency of practice.
- The principles of reviewing provider performance against the revised 9 & 12 week national SI reporting requirements have been added to the main provider contracts in 2012/13; however the principles will be more rigorously managed via contract KPIs moving forward.
- The CCG Named Nurses for Safeguarding Adults and Children are included in Incident reviews, Serious Case Reviews and external inspections of service. They

work alongside colleagues at provider organisations to facilitate critical appraisal and assurances for patient safety

Support Learning and Development

The CCG is implementing an Organisational Development Strategy that will include a Learning and Development approach and a portfolio of development interventions. In addition to its own staff, the CCG has a key role in primary care development across the city and is a partner in developing a new workforce delivery model for medical and nursing staff.

- This work aims to integrate the quality priorities and provide support and opportunities for the development of all staff.
- A Board development programme will integrate the quality principles
- The CCG supports practice learning events and practice nurse and practice manager networks allowing the dissemination of key learning points
- The programme for quality improvements for providers is being reviewed for 2014-15 to link performance to quality improvement

Develop Culture and Values

- Strengthen the Performance Management and Development process for CCG staff
- Develop leadership capabilities to define a high performing culture with cohesive values and accountability.
- Through leadership, redefine the culture, climate, values, and attendant behaviours – subscribing to a climate of transparency, trust, high performance and continuous improvement.
- Implement development solutions to enable and encourage transition to the new culture and behaviours.

The importance of organisational culture and staff values has been recognised nationally and is embedded within the NHS Constitution.

- Action has been taken to include references and statements in staff contracts,
- Organisational development work in the CCG focuses on values and behaviours.
- Emphasis on caring and compassion, as outlined in the Chief Nurse's 6 Cs programme, is a framework any clinician or care giver should adhere to.

NEXT STEPS

This strategy has set out the principles grouped under five headings which apply both to the CCG and its contracted providers and partners providing healthcare to the local people. The ratified strategy will direct all work undertaken by the CCG. All directorates and work streams should consider how each of these strands is addressed when any work is started or reviewed, integrating measures to ensure compliance with quality in all our activity for the CCG and its staff measures to monitor progress are being developed. The CCG is in a position to review and challenge both its own activity and that of its providers and contractors where quality issues are not addressed.