

Commissioning for Quality Strategy

2016 – 2020

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1. BACKGROUND

NHS Hull Clinical Commissioning Group (CCG) is part of the commissioning landscape put in place since April 2013. The CCG brings together local GPs and experienced health professionals to take on commissioning responsibilities. These include:

- improving the health and wellbeing of our population
- planning and commissioning all local health services including community and hospital services
- making sure that the services are delivering the highest standards of care and treatment

At a time when the NHS and Local Authorities face huge financial constraints, there is an increasing demand for services. Improving quality will require the CCG to work more closely with Social Care, the public and our health providers to deliver positive patient outcomes, defined in the NHS Outcomes Framework (2015/16) and the transformational approach to delivering health care described in the 'Five Year Forward View' (October 2014), and in planning guidance (December 2015).

We have an excellent track record as a local health commissioner, with strong clinical / managerial leadership, effective relationships with our providers and partnership working across the city. The CCG will continue to keep a relentless focus commissioning high quality services and achieve positive health outcomes, and the Governing Body will ensure that quality, safety and the public voice is at the heart of commissioning decisions.

2. HULL CLINICAL COMMISSIONING GROUP QUALITY AMBITIONS

The CCG has clear responsibilities in relation to commissioning for quality, informed by the NHS constitution (2011):

- To ensure that services we commission are safe, effective, provide good patient experience and continuously improve
- To secure health services that are provided in an integrated way, working in partnership with the Local Authority
- To actively seek patient feedback on health services and engage with all sections of the population with the intention of improving services
- As a membership organisation, working with NHS England, support primary medical and pharmacy services to deliver high quality primary care.

Our ambition is to continue to be an excellent performing CCG, commissioning services that ensure that the residents of Hull continue to receive high quality, safe health care, delivered in the right place by staff with appropriate skills. NHS Hull CCG ambition is depicted in Figure 1



Figure 1 NHS Hull CCG's Ambition

3. PURPOSE

The previous Commissioning for Quality Strategy (2013 -2015) has delivered its ambition and has been reported to NHS Hull CCG’s Board. With the range of new national quality initiatives it is timely that NHS Hull CCG redefines its position and ambition for quality.

This strategy sets out our key principles and describes how we will continue to make commissioning high quality accessible services the highest priority and ensure that this is at the centre of everything we do. It sets out our strategic aims in relation to quality, supporting the overall CCG vision, strategy and objectives.

This strategy is applicable to health care both directly commissioned and received by our patient population and all the work undertaken by Hull CCG. The strategy will be sufficiently flexible to respond to the changing commissioning and healthcare environment. It defines how we commission for quality and describes our ambition, governance and assurance arrangements and a clear delivery plan.

Appendix 1 provides detail on what is quality, quality in the commissioning cycle, national context, how quality is regulated and measured, who are our partners and how we are organised.

4. STRATEGY OBJECTIVES

We have identified five key objectives to deliver over the next four years. Due to the changing landscape of healthcare and the challenges we face with ensuring we have a workforce that is fit for future we have committed to having a strong focus on workforce development in collaboration with all of our healthcare partners. Without a sustainable workforce we will be unable to deliver and sustain our other objectives.

Objective 1:	<ul style="list-style-type: none">• Ensuring that we have the right staff, with the right skills and competencies, in the right place
Objective 2:	<ul style="list-style-type: none">• Developing effective leadership
Objective 3:	<ul style="list-style-type: none">• Promoting self care, independence and optimising health outcomes
Objective 4:	<ul style="list-style-type: none">• Commissioning a positive experience of care and involving patients and service users in their care
Objective 5:	<ul style="list-style-type: none">• Commissioning safe, effective and high quality care across the city

5. ACCOUNTABILITY

Whilst every member of NHS Hull CCG is accountable for commissioning for quality the Chief Officer has overall accountability, delegated to the Director of Quality, Clinical Governance/Executive Nurse.

NHS England holds the CCG to account for quality and patient outcomes via the CCG Assurance Framework (2014). NHS England supports the CCG to drive continuous improvements in quality and patient safety within services which we directly commission and will be integral in driving future quality improvements in primary care as part of co-commissioning.

6. GOVERNANCE ARRANGEMENTS

NHS Hull CCG has a robust and transparent governance and assurance process which monitors and drives improvement of the quality of services that we commission.

The Governing Body

NHS Hull Clinical Commissioning Group Board meets bi-monthly in public and the papers are published on the CCG website. The Board provides leadership and strategic direction to the CCG. It receives reports on standards, targets, patient experience, serious incidents and safeguarding. Decisive action is taken regarding the management of providers where performance concerns are raised.

The CCG has a number of Board Committees that are accountable for specific areas of its work and report regularly to the Board.

Quality and Performance Committee

The Quality and Performance Committee is a Committee of the Board and takes responsibility for leadership on behalf of the Board for ensuring that there are mechanisms and reporting systems in place to advise the CCG Board of quality and performance management for contracted providers and that remedial action plans are developed and implemented when positive assurances are not received. The committee meets monthly and the minutes of the meeting are a standing agenda item of the Board

7. NEXT STEPS

This strategy has set out the five objectives 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. An action plan will be developed to drive this strategy and will ensure that objectives are delivered in partnership with our providers of healthcare across the city of Hull.

8. MONITORING AND REPORTING OF THIS STRATEGY

The Quality and Performance Committee will be responsible for ensuring that this strategy and action plan is delivered. The Head of Quality and Clinical Governance will review and report on the achievements of the strategy biannually.

9. REFERENCES

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QUALITY IN THE COMMISSIONING CYCLE

1. WHAT IS QUALITY

It is essential that we understand what we mean by “quality”. The most recognised definition of quality is provided by Lord Darzi (2008) who defined high quality services as:



2. HIGH QUALITY SERVICES MODEL

The Care Quality Commission (CQC) set out a framework in 2014 to measure quality based on this description and defined high quality services as:

Safe	People are protected from abuse and avoidable harm.
Effective	Care, treatment and support achieve good outcomes, promoting a good quality of life and based on the best available evidence.
Caring	Staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	Services are organised so that they meet people’s needs.
Well-led	The leadership, management and governance of the organisation/service assure the delivery of high-quality person-centred care, supporting learning and innovation, and promoting an open and fair culture.

3. NATIONAL CONTEXT

There have been a number of key national publications and developments since the recognition within the Francis report (2013) that fundamental change was required in the NHS to put patient safety at the heart of everything we do. The fundamental influences on quality which underpin NHS Hull CCG Commissioning for Quality Strategy are:

National Quality Board (NQB)

The NQB is a multi-stakeholder board which champions quality and ensures alignment in quality throughout the NHS. The NQB has produced guidance and reports on a number of quality and patient safety issues and is developing a system wide approach to quality improvement.

NHS England Five Year Forward View (2014)

In October 2014, NHS England described the ambition of the NHS to introduce a transformational approach to Health care including strengthening primary care, joint NHS commissioning with local government and introducing entirely new models of care. In relation to quality and safety, new plans include the following:

- Improving clinical accountability
- Improving participation in local patient safety collaborative programmes and sign up to safety
- Ensuring the NHS Outcomes Framework indicators are delivered and increase transparency of patient outcomes data
- Introducing new quality incentive indicators - Commissioning for Quality and Innovation (CQUIN) for sepsis and acute kidney injury
- Reducing antibiotic prescribing

NHS Outcomes Framework

The Framework was developed in December 2010, and is updated each year. It outlines outcome indicators delivered at CCG level, which are grouped in five domains and focus on health improvement and reducing health inequalities. The five domains are:

	Domain 1	Domain 2	Domain 3	
	Preventing people from dying prematurely	Enhancing quality of life for people with long term conditions	Helping people to recover from episodes if ill health or following injury	} Effectiveness
Domain 4	Ensuring people have a positive experience of care			} Experience
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm			} Safety

Learning Lessons from National Reviews

During the last few years there have been a number of investigations of hospitals and care homes that have highlighted the tragic consequences of poor care and treatment, neglect and abuse. This has resulted in decisive action from the Department of Health (DH) including further in-depth inspections of poorly performing Hospitals/Care homes, a national review of patient safety, complaints and support worker training. The two notable

reviews are Winterbourne View (2012), a Hospital for people with Learning Disabilities, and the Francis public inquiry into Mid Staffordshire Hospital (2013). As a result of lessons learned, policy changes and guidance has been introduced. These include:

- DH Compassion in Practice – 6C's (2012)
- A review of the CQC regulatory process and the appointment of Chief Inspectors of Hospitals, social and primary care
- Guidance on involving patients and the public in services
- Publishing Clinical Outcome data by Consultants
- Nursing/Midwifery and fast track leadership programmes
- Friends and Family Test
- 'Hard Truths' (2013) The government's response to the Francis inquiry
- Duty of Candour; being open with patients and families
- Publishing ward staffing levels

4. HOW QUALITY IS REGULATED AND MEASURED

There are a number of organisations that are responsible for the regulation of NHS quality in England. The process is set out to influence improvements in quality and provides additional intelligence and assurance for the CCG.

Care Quality Commission (CQC)

The CQC is the main NHS regulator of the quality of healthcare. Their role is to check whether hospitals, care homes, GPs, dentists and services in peoples home are meeting essential standards. The CQC inspects services, publishes findings and provides monthly 'Intelligent Monitoring Reports'. New quality frameworks for each health care setting have recently being produced within 'provider handbooks'.

We have a relationship with the CQC locally and regionally and will raise concerns directly with the CQC regarding individual providers if required. The Quality Team will also provide intelligence prior to site inspections and participate in focus groups during the inspection and will work with providers to contribute to any improvement action plans.

Monitor (NHS Foundation Trusts)

Monitor is the sector regulator for health services in England and ensures that *NHS Foundation Trusts* are well led, that the NHS payment system promotes quality and efficiency, and that procurement, choice and competition operate in the best interests of patients. Monitor can take action against Foundation Trusts when there are quality issues, identified either through CQC inspections or via commissioners raising concerns directly to Monitor.

NHS Trust Development Authority (TDA)

The TDA oversees NHS Trusts, and holds them to account across all aspects of their business, whilst providing them with support to improve services and ensure they are high-quality and sustainable and move to Foundation Trust status. The TDA works directly with a number of other bodies, and commissioners in relation to service reconfigurations and to address any quality concerns. The Secretary of State in July 2015 announced the merger of Monitor and the TDA, renamed as 'NHS Improvement'. This is likely to commence in April 2016.

National Institute for Health and Care Excellence (NICE)

NICE provides advice and national guidance on pathways, standards and indicators to improve health and social care. Guidance is continually updated and informs the majority of NHS evidence based practice and commissioning decisions.

Professional guidance

Guidance from professional bodies also defines evidenced based practice and often used to inform quality frameworks.

CCG Outcomes Indicator Set (OIS)

This data provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes. The indicators measure outcomes at CCG level to help inform priority setting and drive local improvement. The areas covered by the indicators contribute to the five domains of the NHS Outcomes Framework. The CCG OIS does not set thresholds or levels of ambition.

NHS England Quality Surveillance Group (Yorkshire and Humber Region)

Information is shared regarding individual providers at the regional group which facilitates triangulation of data and is used as an enhanced quality surveillance measure. Quality risk profiles are discussed at this group and actions agreed.

Quality Risk Profile Tool (NHS England)

The quality risk profile tool is used to systematically assess risks to the quality of provision at a point in time. The tool is used where persistent or increasing quality concerns have been identified. This provides focus on the issues which may need further exploration and is shared at the regional Quality Surveillance Group. The profile can be re-run at any time to demonstrate an increasing or decreasing level of provider assurance.

5. WHO ARE OUR PARTNERS?

We have a duty to work with partners and regulators to drive quality improvement of our providers and raise standards of care. Our key partners are:

NHS England (NHSE)

In addition to primary care, we work with NHSE as co-commissioners of services to agree contracts, and manage Serious Incidents and underperformance.

Local Authority

The Local Authority (LA) commissions social care and specific public health services. The key areas of joint work with the LA are agenda; Mental Health/Learning Disabilities; Safeguarding Adults and Children and Infection control. As part of the integration agenda, there is also a range of services that the CCG is working with the LA to jointly commission within the 'Better Care Fund' and we have a duty to maintain high quality care for these services. The Better Care Fund aims to improve the quality of health and social care to enable people to live independently in the community for as long as possible, by joining up services around the individual person and their individual needs.

Healthwatch England

Healthwatch has statutory powers to ensure that the voice of the public is heard by those who commission, deliver and regulate health and care services. Healthwatch Hull brings a

local picture of issues that matter most to patients and the CCG is able to triangulate this information with existing Data.

Health Education England (HEE)

Health Education England hosts the Local Education and Training Board (LETB) and is responsible for the training and education of NHS staff, both clinical and non-clinical, within their area and is made up of representatives from local providers and commissioners of NHS services.

The National Institute for Health Research (NIHR)

The institute provides the framework through which the Department of Health can position, maintain and manage the research, research staff and research infrastructure of the NHS in England as a national research facility.

Academic Health Science Networks (AHSN) – Improvement Academy

AHSNs aim to drive adoption and spread of innovation across all areas of healthcare provision and population health, specifically deliver improvements in the way the NHS identifies, develops and adopts new technologies.

6. HOW ARE WE ORGANISED?

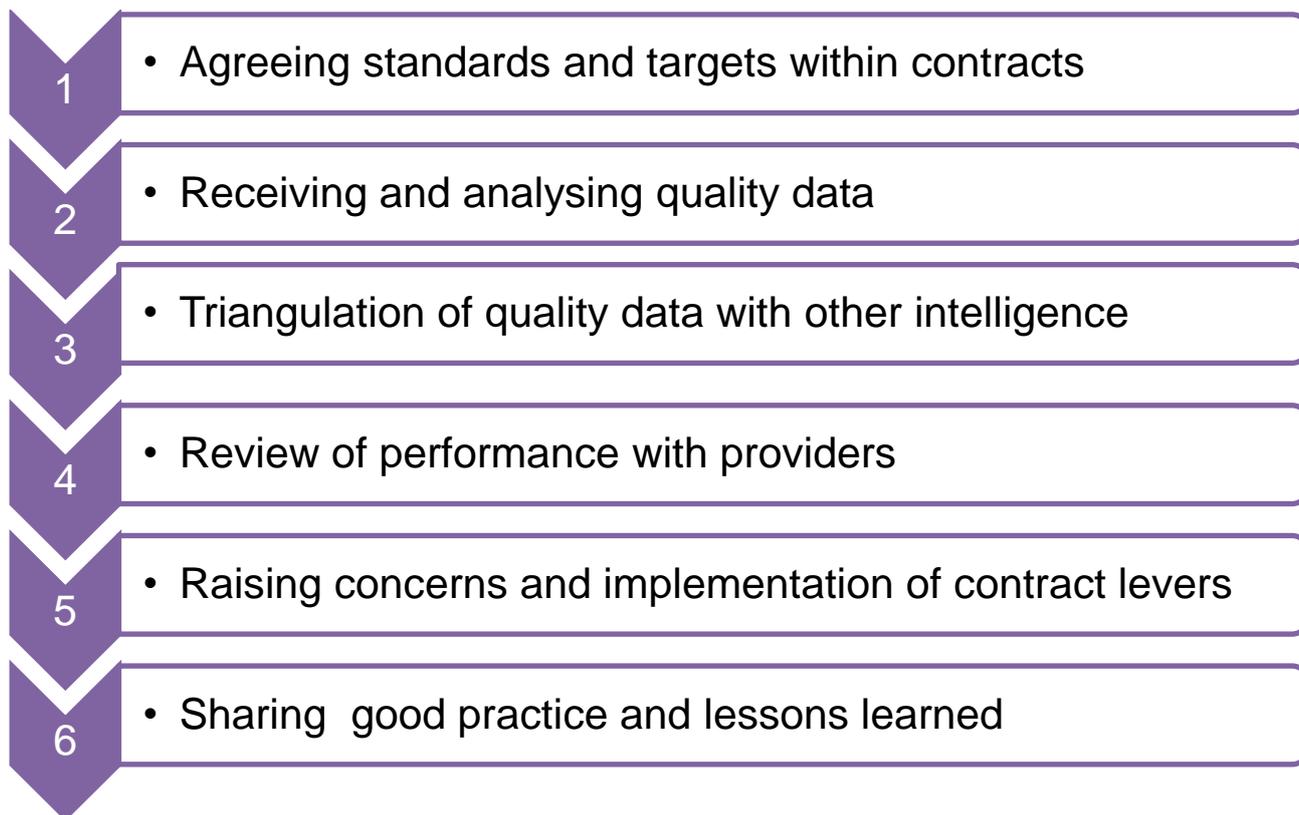
Effective commissioning for quality requires input at all stages of the commissioning cycle (see Figure 2). The CCG has a system of matrix management that enables delivery of CCG business. Our delivery model is based on clinical portfolios, led by experienced GP's, supported by management teams. These are:

- Primary Care including Long Term Conditions
- Unplanned care
- Planned care including Cancer and End of Life
- Partnerships including Mental Health, Children, Young People, Maternity & Public Health

Quality commissioning is integrated into each portfolio and our approach to delivery and service improvement is a via programme management model. The Quality team work together with Finance, Contracting and Operations teams in relation to monitoring targets/standards and managing performance.

7. HOW NHS HULL CCG GAINS ASSURANCE OF THE QUALITY OF CARE

The CCG has a Quality Assurance framework to ensure that we systematically review and manage performance of our providers via a six stage process:



The majority of quality requirements are defined in our contracts with providers. We also work closely with NHSE Area Team to agree standards and key performance indicators across the hull footprint to encourage consistent practice.

NHS Standard Contract The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. Within the contract there are detailed quality requirements which are updated annually and set out within a 'Quality Schedule' for providers. Services that are not on this type of contract will similarly have clear quality requirements defined.

Within the contracting process, we also agree year on year improvements to services and key performance indicators to compliment existing quality incentive schemes.

Quality Incentive Scheme (Commissioning for Quality and Innovation - CQUIN) CQUIN is a scheme has been in place since 2009 and links part of provider income to the achievement of quality goals and targets. Organisations providing healthcare services under the NHS Standard Contract can earn incentive payments of up to 2.5% of their contract value by achieving agreed national and local goals for service quality improvement.

Receiving and analysing quality data

We have a wide range of communication channels with all our providers to facilitate the receipt of effective and timely data, including the annual quality reports. Data is received via national reporting systems and local data reports. The majority of data is received via a systematic routine flow of information via provider's internal reporting processes. This is facilitated by CCG Quality staff attending each organisation's Clinical Quality Forum, Contract Monitoring Board and CQUIN reconciliation meetings.

Triangulation with other data

In order to develop a comprehensive understanding of provider performance, it is important to triangulate data sources relating to all three areas of quality, safety, effectiveness and patient feedback. This is undertaken via the maintenance of quality dashboards informed by both local and national performance and CQC information that brings together all data relating to a provider / service. Regional and national benchmarking data is also used to compare provider's performance and identify areas of concern.

Review of performance with providers

The CCG places a significant emphasis on sustaining effective relationships with providers. This promotes collaborative working and transparency, enables timely intelligence sharing and fosters cooperation. Within the CCG we review performance via a number of internal forums that include contract and CQUIN's, Serious Incidents, safeguarding and provider Cost Improvement Programmes. We meet with providers regularly via:

- Board to Board meetings
- Executive and clinical 1:1 forums
- Clinical Quality Forum
- Contract Management Board
- Serious Incident Review Panel
- Clinical visits by clinical and managerial leads
- Formal clinical Contract Review Meetings
- Safeguarding Health Liaison Groups

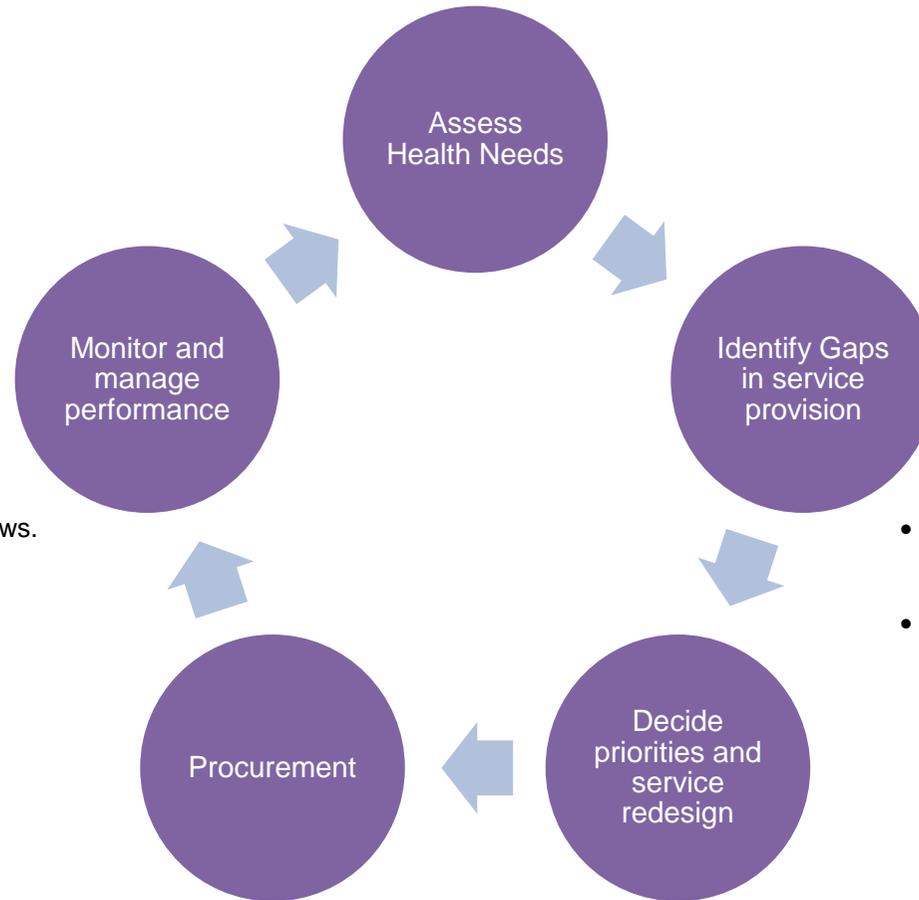
Raising concerns and implementation of contract levers

The CCG approach is to provide support and incentivise improvement to the quality of services. There is however a clear escalation framework in place that is supported by the contracting process. This enables the assessment of risk via the quality risk profile where a risk assessment is undertaken and concerns are prioritised and managed. The model of escalation we employ has been agreed in the contract.

Sharing good practice and lessons learned

Working in partnership with NHSE and local CCGs, we share good practice across North Yorkshire and the Humber in all areas of healthcare particularly lessons learned from CQC visits, serious incidents, safeguarding reviews.

QUALITY IN THE COMMISSIONING CYCLE



- Timely and accurate quality data flows.
- Review provider performance data.
- Information sharing.
- Contract Quality Review meetings.
- Escalation and contract levers for underperformance.
- Provider quality visits.

- Identify gaps in Quality via review of services. Data sources – safety, effectiveness and patient/staff feedback.
- Triangulate both qualitative and quantitative to give a full picture of quality

- Service specifications to be clinical outcome based and include key performance and quality indicators.
- Quality schedules in contract.

- Redesign services to improve quality.
- Involvement of patients in redesign.
- Outcomes to be derived from best evidence / practice and patient feedback.
- Consider de-commissioning poor quality services