

Bracknell and Ascot Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning
Group

Quality Strategy

2014 – 2017

Developed by the Bracknell and Ascot Clinical Commissioning Group, Slough Clinical Commissioning Group, Windsor, Ascot and Maidenhead Clinical Commissioning Group Quality Team.

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Introduction

The implementation of the Health and Social Care Act (2012) has put in place the largest ever transition programme in the history of the NHS. This programme puts quality at the heart of what the NHS does and moving health services from good to great. Throughout this period of significant change a continued focus on quality as the primary 'organising principle' is paramount in everything the NHS does.

“Continuously improving patient safety should be at the top of the health care agenda for the 21st century. The injunction to do no harm is the defining principle of the clinical professions”

(Lord Darzi; High Quality Health Care for all 2008)

Bracknell and Ascot Clinical Commissioning Group, Slough Clinical Commissioning Group and Windsor, Ascot and Maidenhead Clinical Commissioning Group; herewith known as 'the CCGs' as the Commissioners and local leaders of the NHS in East Berkshire, on behalf of our population, will continue to develop a clear focus on quality within all our contracts. This will serve to drive quality improvement on behalf of the population we serve.

Each CCG has a vision, which this Quality Strategy intends to unify in order to deliver quality healthcare for all in East Berkshire.

Bracknell and Ascot CCG

To commission local outcome-based, cost effective services for the health benefit of our population now and in the future.

Windsor, Ascot and Maidenhead CCG

Improve healthcare and make healthcare better. Working together locally to deliver sustainable excellence in healthcare.

Slough CCG

GPs and Patients working together within the NHS to continually improve the health of Slough and Healthcare services and making the best use of taxpayers money.

Collectively the CCGs work collaboratively to commission services and have agreed the following aims through which quality is a major strand:

- Reduced hospital admissions and shorter lengths of stay in hospital;
- Fewer outpatient visits;

- Using more community-based health services rather than hospitals wherever possible;
- Caring for more people in their own home;
- Supporting more people to care for themselves;
- A greater focus on prevention; helping people to stay healthy.

This Quality Strategy for 2014-2017 sets out how the CCGs collaboratively will endeavour to ensure high quality, safe care is always provided and that patients experience better care of the services they receive.

This Strategy has been developed since the creation of the CCGs and captures the main activities that monitors and ensures quality. Consultation has been sought over time from stakeholders including patients and providers at various public and provider focussed meetings.

What is Quality?

Quality means different things to different people, and accordingly has been defined in different ways. The three part definition that stemmed from Lord Darzi's review has been enshrined in Legislation. Section 2 of the Health and Social Care Act 2012 defines quality as: Safety, Effectiveness, and Experience.



For the purposes of this Strategy, Quality will therefore be defined as;

‘The continuous improvement in Effectiveness, Experience and Safety of Health and Social Care services for the local population provided within the available resources’.

Quality will be subdivided in line with the above into the following three domains.

- **Patient Safety**
 - Serious incidents
 - Reported safety incidents
 - Management of safety alerts
 - Healthcare associated infections
 - Safeguarding Serious Case Reviews

- **Effectiveness** (which encompasses cost effectiveness, equality and diversity).
 - Hospital level mortality indicators
 - Re-admissions
 - National Institute of Health and Clinical Excellence (NICE) compliance
 - Clinical Audit outcomes
 - Outcome measures
 - Pathway development
 - Innovation and initiatives
 - Policy updates
 - Staff surveys

- **Patient, Service User and Carer Experience** (which encompasses accessibility, acceptability and appropriateness).
 - Complaints, Concerns and Compliments
 - Ombudsman reports
 - Care Quality Commission (CQC) reviews
 - Claims and Litigation
 - Patient experience group updates
 - Patient and public engagement feedback
 - Equality and diversity requirements
 - Patient surveys

Lord Darzi's review has been built on with the recent review by Professor Sir Bruce Keogh which has identified five key themes as being core foundations of high quality care for patients:

- **Patient experience** – understanding how the views of patients and related patient experience data is used and acted upon (such as how effectively complaints are dealt with and the 'visibility' of feedback themes reviewed at board level);

- **Safety** – understanding issues around the trust’s safety record and ability to manage these (such as compliance with safety procedures or trust policies that enhance trust, training to improve safety performance, the effectiveness of reporting issues of safety compliance or use of equipment that enhances safety);
- **Workforce** – understanding issues around the trust’s workforce and its strategy to deal with issues within the workforce (for instance staffing ratios, sickness rates, use of agency staff, appraisal rates and current vacancies) as well as listening to the views of staff;
- **Clinical and operational effectiveness** – understanding issues around the trust’s clinical and operational performance (such as the management of capacity and the quality – or presence - of trust-wide policies, how the trust addresses clinical and operational performance) and in particular how trusts use mortality data to analyse and improve quality of care;
- **Governance and leadership** – understanding the trust’s leadership and governance of quality (such as how the board is assured of the performance of the trust to ensure that it is safe and how it uses information to drive quality improvements).

In addition, the 5 Domains of the NHS Outcomes Framework form part of NHS England’s mandate to deliver the priority outcomes for each domain. These outcomes will be key drivers for the CCGs’ local priorities for commissioning and quality. The 5 domains fit well with the themes of personal care and patient experience, safety and clinical effectiveness described above, as shown below.

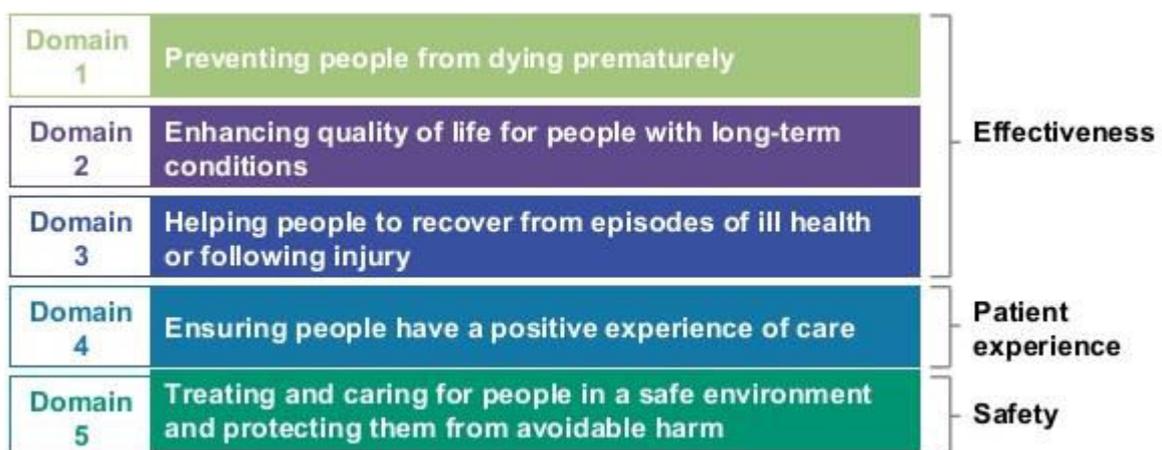


Figure 1: 5 Domains of NHS Outcomes Framework

Quality - The Key Component of Commissioning

The CCGs will ensure they are competent and capable to deliver quality along the commissioning cycle, as part of its core business functions, in combination with effective governance systems. The commissioning cycle will follow a simple action cycle; assess, decide, implement, monitor/evaluate. If quality care is the core of what we do, then quality inevitably will be a part of every step in the commissioning cycle. The figure below shows the quality considerations supporting commissioning at each step.

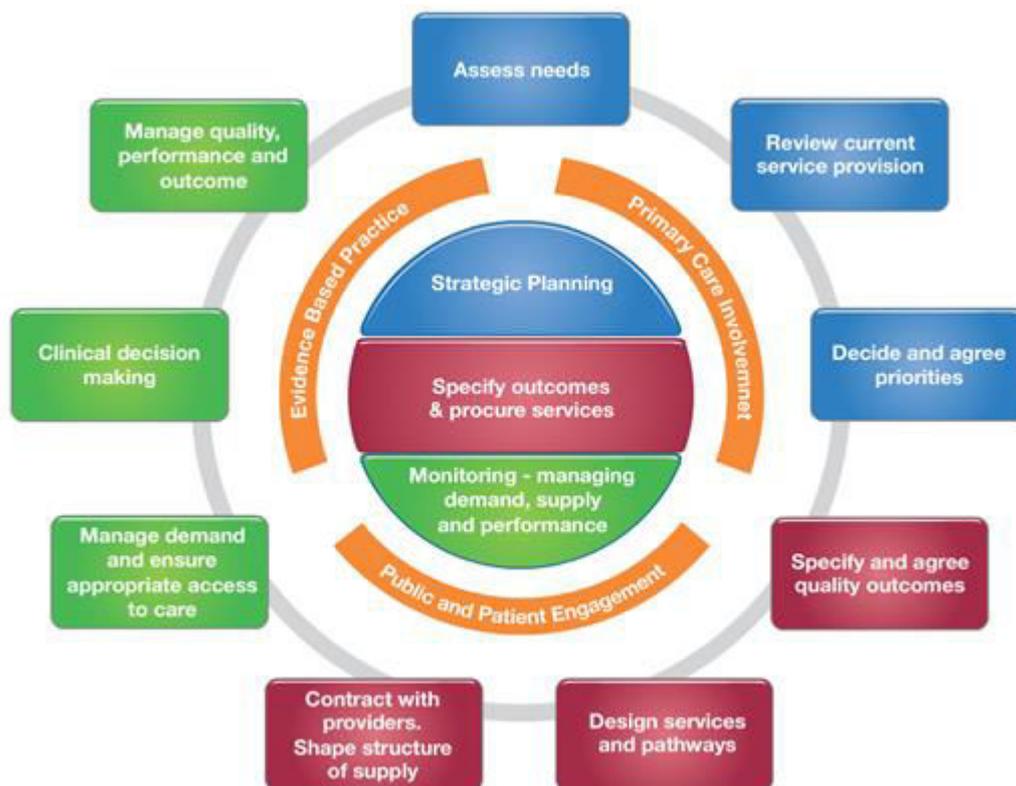


Figure 2: Commissioning Cycle

The commissioning cycle begins with assessment of the current quality of care provided to patients across all local services (along pathways, as well as of individual providers). This intelligence gathering includes knowledge of new best practice guidance (effectiveness evidence base) and innovations to be considered for implementation (e.g. NICE Guidance, National Clinical Audit outcomes etc.) but also the intelligence about safety and patient experience of individual provider services, including their incidents and risks, and feedback from patients and staff.

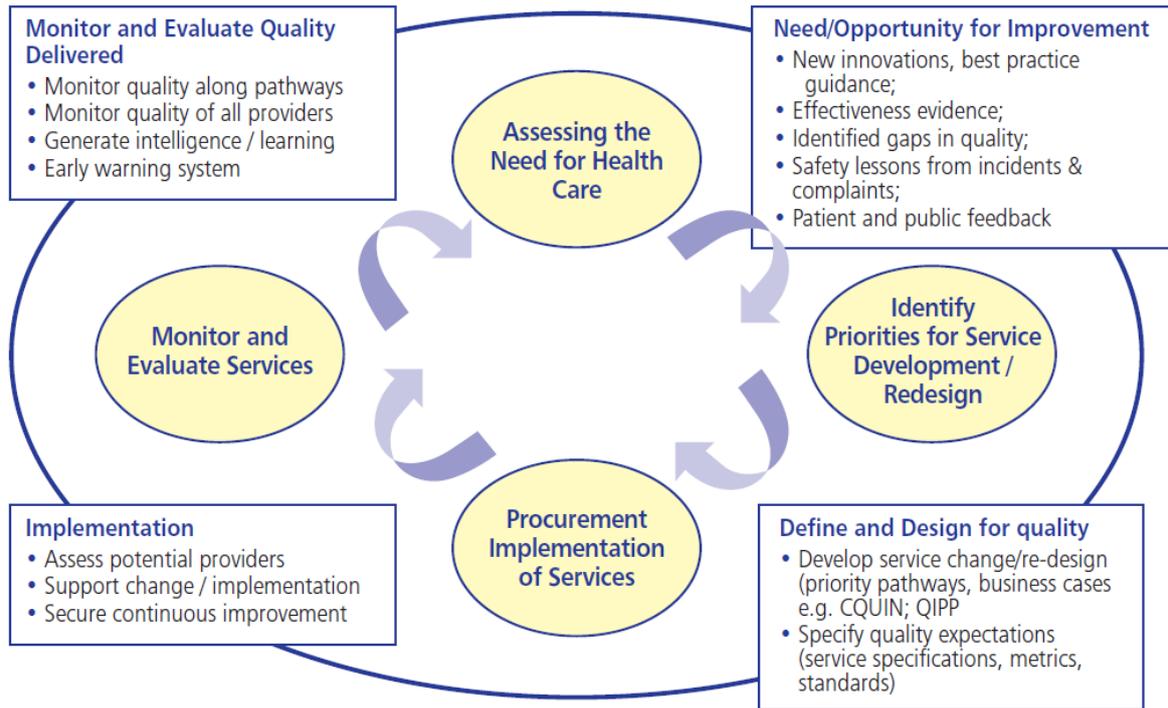


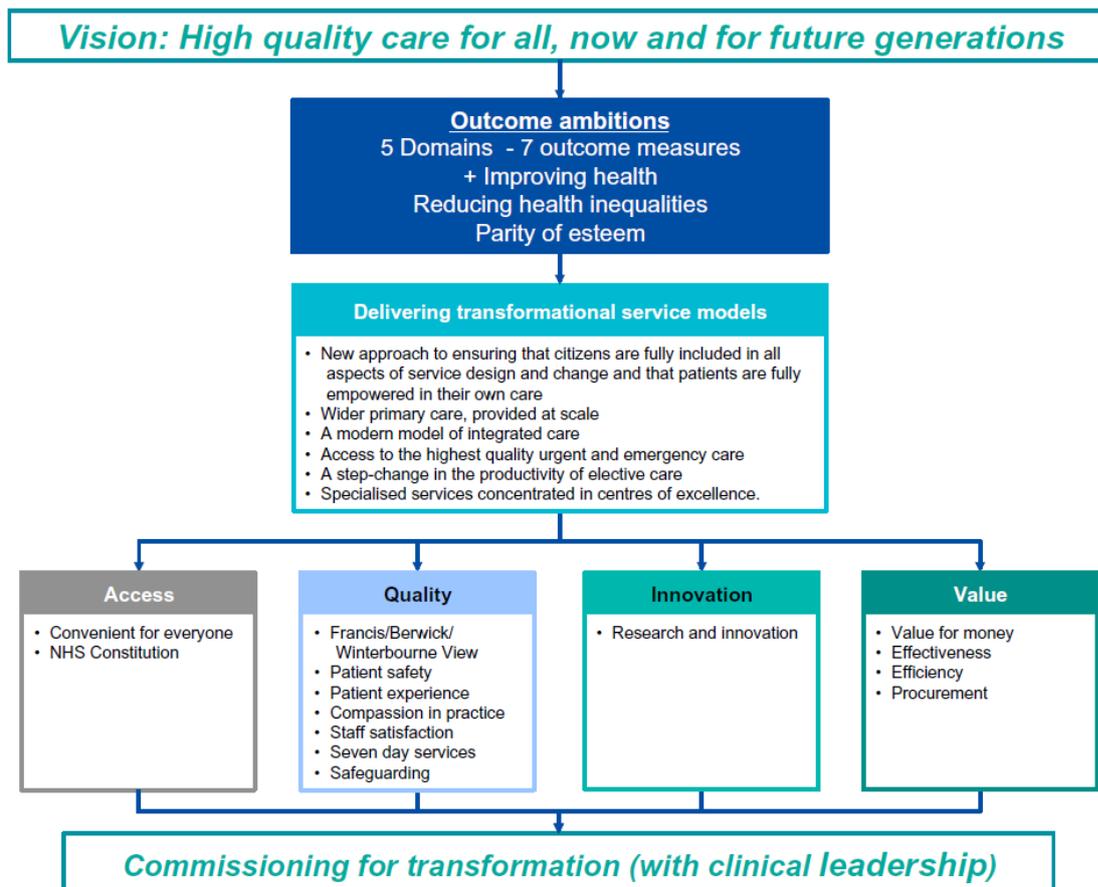
Figure 3: Key quality components as they feed into the commissioning cycle

NHS England Everyone Counts Planning for Patients 14/15 outlines a vision for high quality care for all, now and for future generations, outlining 7 quality outcome measures:



This forms part of a wider vision involving access, innovation and value.

The diagram below is taken from NHS England Everyone Counts Planning for Patients 14/15:



The resulting intelligence sought via the above activities within the Commissioning cycle is crucial in informing the detailed developments of service re-design or changes to service or pathway. Specific metrics are defined and monitored to ensure the desired results are actually being achieved (e.g. in terms of clinical outcomes, patient experience, safety and costs). This monitoring information in turn contributes to the intelligence required for continuous assurance and quality improvement.

Quality Drivers

Nationally, there has been an increased focus on processes that have a direct impact on quality. A summary of these new bodies and measures is included below.

A major change in the way health care services in England are commissioned will drive the CCGs to ensure that the provision of health care services it already commissions is of a consistently high quality.

NHS Constitution: March 2013

The NHS Constitution aims to safeguard the enduring principles and values of the NHS, setting out clear expectations of the behaviour of staff and patients. It sets out existing legal rights and pledges so that patients and staff can help the NHS improve the care it provides.

Health and Social Care Act 2012

The Bill is a crucial part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes.

Report of the Mid Staffordshire NHS Foundation Trust public inquiry and 'Patients First and Foremost' the initial Government response; 2013

Robert Francis QC emphasised that it is not the system itself which will ensure that the patient is put first and this cannot be assumed to be happening. He indicated that the extent of the failure of the system shown suggests that a fundamental culture change is needed. The CCGs have taken the recommendations of the Public Inquiry very seriously and have ensured that, where it is appropriate to do so, they are properly aligned to the agreed strategic objectives and future work of the CCGs. This Quality Strategy has been developed in response to the Francis report.

Keogh and Berwick Reports 2013

The recommendations from the Berwick and Keogh (Department of Health (DH) 2013) reports clarify the need to seek assurance from Providers that we commission services from to ensure fundamental standards and measures of compliance are always met which in turn delivers safe and effective care. That these services are meeting the needs of service users, carers and the general public, that they demonstrate openness and candour, promote and provide compassionate and caring service provision, promote strong healthcare leadership and provide information data that is transparent to service users and the public. The CCGs consider the findings of these two reports pivotal in integrating quality and patient safety into commissioned services.

Health and Wellbeing Boards

Based in local authorities, Health and Wellbeing Boards have been established across the country, bringing together NHS commissioners with local government to help join up the commissioning of NHS, public health, social care and other local services.

Each of the CCGs is a member of one or more Health and Wellbeing Boards (HWB), with three HWB Boards in existence in East Berkshire for Slough Borough Council, Royal Borough of Windsor and Maidenhead and Bracknell Forest Council.

Healthwatch

Healthwatch England is the national consumer champion in health and care. They have significant statutory powers to ensure the voice of the consumer is

strengthened and heard by those who commission, deliver and regulate health and care services. There are three local Healthwatch organisations made up of patients and others from the local community. The core remit of Healthwatch is to find out what patients and carers think about the services they use, to monitor the quality of services from the patient perspective and to work with the CCGs to bring about improvements. They use a variety of methods to gather patient experience and feedback including surveys and meetings.

Care Quality Commission

Registration with the Care Quality Commission (CQC) is a national requirement for all hospitals, care homes and care services.

NHS England

Was established to champion quality and ensure alignment in quality throughout the NHS. The NHS England Board is a key driver of work throughout the NHS that focuses on delivering high quality care for patients.

The mandate to NHS England sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements.

NHS England Quality Surveillance Groups (QSG)

QSGs operate at regional and local levels bringing together organisations and their respective information and intelligence to spot potential and actual quality problems at an early stage. The CCGs are members of the South QSG.

The National Institute for Clinical Excellence (NICE):

The care pathways launched by NICE in May 2011 are accessible and used by the CCGs to support quality development as they seek to deliver their strategic priorities. NICE quality standards are central to supporting the Government's vision for a health and social care system focussed on delivering the best possible outcomes for people who use services, as detailed in the Health and Social Care Act (2012).

The National Operating Framework: Everyone Counts 2014 -2015

The National Operating Framework for 2014/15 sets out national priorities and performance targets to drive continuous improvement in quality.

Commissioning for Quality and Innovations (CQUINS) Payment Framework

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Safeguarding Vulnerable People in the Reformed NHS 2013

The CCG's work with the Local Authorities and other partners like the police to promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels.

Quality, Innovation, Productivity and Prevention (QIPP):

QIPP covers all aspects of the NHS (national, regional and local) and aims to support clinical teams and NHS organisations to prevent ill health, improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year improvements.

The CCGs are working collaboratively to commission services and have agreed on the following aims:

- To reduce hospital admissions and shorter lengths of stay in hospital.
- To have fewer outpatient visits.
- To use more community-based health services rather than hospitals wherever possible.
- To care for more people in their own homes.
- To support more people to care for themselves.
- To ensure a greater focus on prevention; helping people to stay healthy.

GP Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is a system to remunerate GP practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services Contract, introduced on 1st April 2004. The CCGs have a statutory responsibility to support NHS England in improving the quality of care in primary care.

NHS Outcomes Framework 2013-2014

The NHS Outcomes Framework sets out the improvements against which NHS England and CCGs will be held to account from 2013/14. As previously described, the NHS Outcomes Framework has five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Quality Objectives

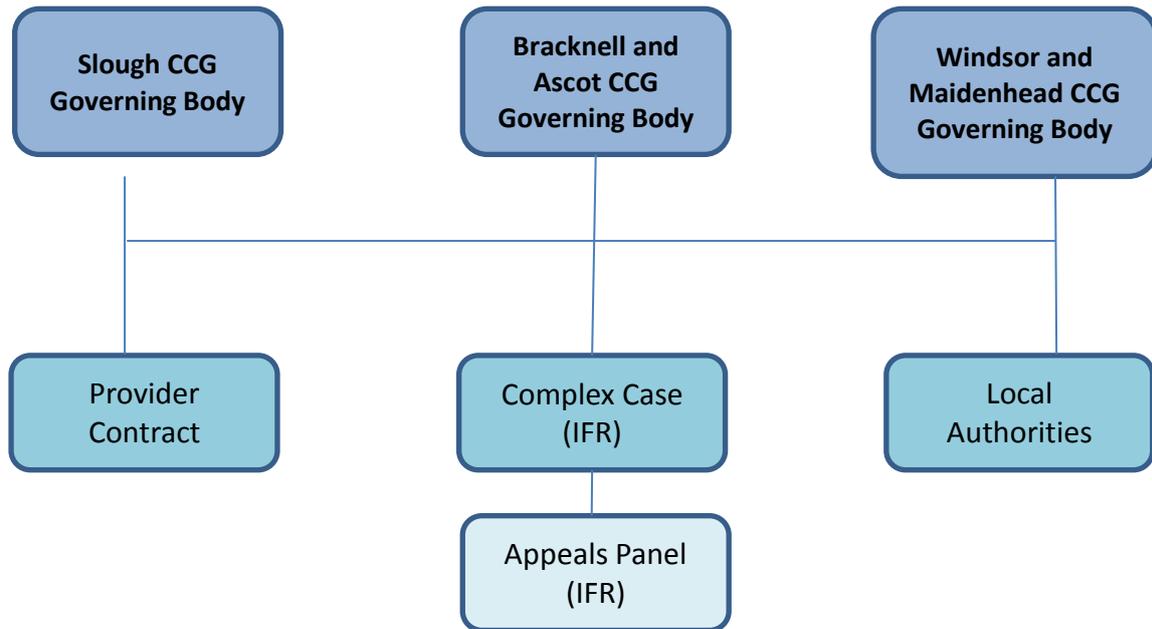
This Strategy has identified six objectives that are to be addressed at each stage of the commissioning cycle. These objectives are:

1. Quality is to be at the heart of all that we do at each stage of commissioning health services
2. To ensure that commissioned services are safe, personal, effective and deliver best practice across the East Berkshire health economy.
3. To ensure the right quality mechanisms are in place so that standards of patient safety, quality and experience are understood, met, and effectively demonstrated.
4. To provide assurances that patient safety and quality outcomes are being realised, protecting patients from avoidable harm and to recommend action if the safety and quality of commissioned services is compromised at any stage.
5. To promote the continuous improvement in the safety and quality of commissioned services.
6. To ensure public, patient and carer engagement in shaping and improving commissioned services.

Reporting Structure & Organisational Arrangements

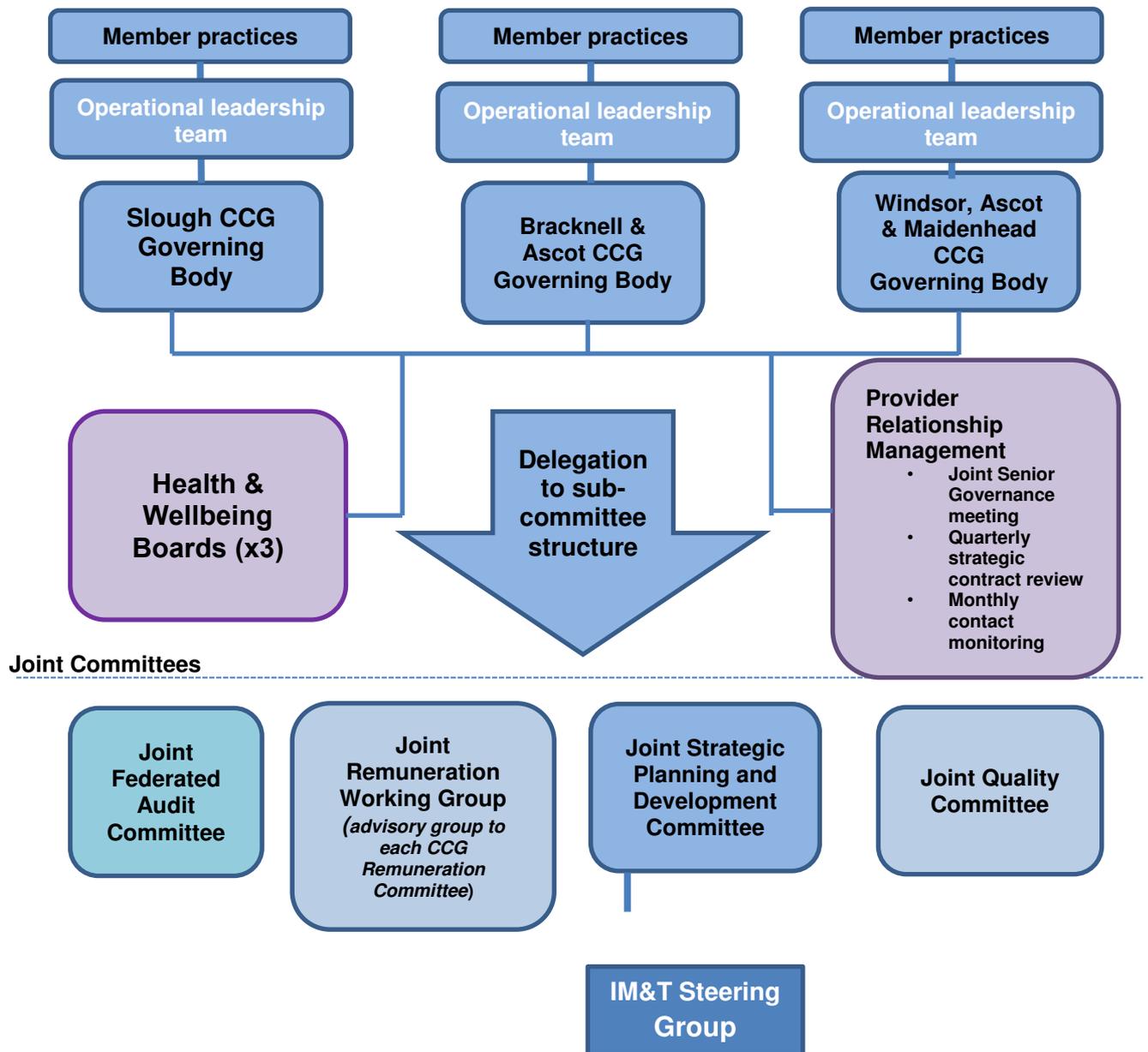
East Berkshire CCGs, comprising of Slough CCG, Bracknell & Ascot CCG and Windsor, Ascot & Maidenhead CCG organisational structure with regard to organising quality is illustrated below:

Figure 4: Berkshire East Quality Committee Structure



Governance Structure for Action and Reporting

The CCGs have an organisational structure that reviews and monitors quality in several forums. This structure is illustrated below.



Roles in Assuring Quality

The Role of the CCG

The Health and Social Care Act 2012 states that -

“Each clinical commissioning group must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness”.

The Role of Member Practices

Member practices are expected to become fully engaged in the work of the CCGs around quality improvement.

Each practice to consider developing its own quality improvement plan within the context of primary care, highlighting where improvements in patient care and experience could be made. Member practices to consider how they might achieve this as part of this Quality Strategy.

The CCGs will routinely survey and monitor patient experience of using services at the GP practices.

Practice patient participation groups will be essential in capturing patient experiences to feed into the early warning processes and quality review meetings with providers.

The Role of the Central Southern Commissioning Support Unit

This organisation works in partnership with the CCG's in supporting the contract management of the local providers. It also supports the quality agenda by hosting PALS and complaints for the CCG's.

Quality Team

The purpose of the Quality Team across the CCGs is to:

- Ensure that there is clear information on provider performance that all parties understand.
- Provide support and advice on service redesign and QIPP initiatives.
- Ensure that clinical and QIPP programmes are delivered via robust contractual delivery mechanisms.
- Support the annual and on-going contract negotiations.
- Coordinate contract monitoring and support the challenge on over performance, targets, CQUINS, quality standards, QIPP, key performance indicators (KPIs) and demand management.
- Provide the safeguarding function.
- Determine the strategic direction for quality assurance and improvements;

- Identify key quality issues and ensure systems are in place to enable the provision of assurance in respect of monitoring progress and levels of compliance with the relevant provider; and to,
- Provide high level assurance to the CCG Quality Committee, and NHS England as required, on key quality issues and systems.

Quality Assurance & Improvement Arrangements in Place

A series of reporting tools and scorecards are in place to ensure that quality can be monitored. These will reflect the national outcomes to deliver harm free care, but will be enhanced by more detailed local reporting. Through the Associate Commissioner arrangements the CCGs will work collaboratively with commissioning colleagues in other localities to align reporting requirements and notify areas of concern.

Monitoring Providers

The CCGs commission major provider contracts collaboratively. Each major provider contract is reviewed through a Clinical Quality Review Group (CQRG) which is attended by members of the quality team, contracts team, performance team and representation for the quality and safety agenda for the provider organisation. The CQRG is part of the formal contract management process and the Group has a set agenda built on the requirements for quality, safety and patient experience in the contract and any new national drivers and the minutes of the Group go to the Joint Quality Committee.

As part of contract monitoring the CCGs will undertake a series of announced and unannounced visits and the CCGs' Director of Nursing has developed a visit template to ensure consistency of monitoring. The outcomes of these visits are discussed at the CQRGs and are reported to the Joint Quality Committee.

Clinical Quality and Innovation Scheme (CQUIN)

This nationally-mandated financial incentive mechanism has been in place since 2009 to drive up quality of care in acute, community, mental health providers and ambulance trusts. Indicators are set at the national, regional and local level in the three domains of patient safety, patient experience and effectiveness. These are agreed on an annual basis with providers and a proportion of the contract value is attached to their achievement, as a strong driver for quality improvement.

Quality and the Risk Management Process

The purpose of Risk Management is to enable the CCGs to competently control and manage risk whether it arises from a clinical (patient or staff safety) or non-clinical (strategic, financial or reputation) source.

The CCGs will ensure that risks are managed in line with the aims, objectives and governance arrangements outlined in this Quality Strategy and through:

- systematic programme of implementation of the CCGs' Risk Management Strategy;
- reporting, investigation, management and learning from incidents;
-
- identification, reporting and management of risks;
- development of risk registers and monitoring of action plans to mitigate risks.

Quality and safety risks will be grouped on the risk register to make more explicit to the Governing Bodies the nature and scale of risks that exist in direct relation to the quality of care it commissions. The CCGs will therefore clearly see any quality risks that threaten the organisations ability to achieve its objectives.

Serious Incidents Requiring Investigation (SIRIs) and Never Events

In order to learn lessons from adverse incidents, hazards and near misses, the CCGs encourage the reporting of any event which results in a serious incident. The CCGs are fully committed to ensuring that corrective action is taken and the lessons learnt shared in order to reduce the likelihood of recurrence.

Performance is monitored according to national and regional policy requirements. Provider investigation and review reports are included and reviewed with the provider at SIRI panels, and reported through this group to Joint Quality Committee.

Patient Experience

Public and Patient Engagement (PPE) is a core priority for the CCGs and is integral to its quality and patient safety responsibilities. It recognises that patients are the "experts" in receiving care and are at the centre of service planning and delivery. Through improved partnership, staff and patients will be able to exercise their rights, roles and responsibilities to best effect in delivering and receiving healthcare of the highest quality.

The CCGs engage with patients in delivering quality and such engagement is embedded throughout the work of the CCG in achieving the objectives within this Quality Strategy.

The CCGs work closely with Healthwatch.

Each CCG also has a Lay Member with responsibility for Patient and Public Engagement on their Governing Body.

Infection Control

Prevention and control of infection is essential to the quality agenda. As a core item of the quality agenda, infection prevention and control is embedded within the contracts of all providers ensuring that patients, the public and staff in both primary and secondary care are protected and that risks are minimised. Infection Prevention and Control issues are reported to the Joint Quality Committee which oversees remedial actions required.

Complaint Management

The CCGs recognise complaints to be a rich source of information about how services can improve. The Commissioning Support Unit (CSU) manages the service which remains the responsibility of the CCGs. Monthly and quarterly reports are received which are reported at the Joint Quality Committee.

Safeguarding

A key priority for the CCGs is working with partner organisations and health providers to protect vulnerable children and adults.

The CCGs are working with partners including local police, social care, education, care homes and other local statutory and voluntary organisations and with GP practices and other health care organisations to strengthen arrangements for safeguarding adults and children.

The Joint Quality Committee has oversight of Children's and Adult's safeguarding issues and considers in detail reports from Safeguarding Boards delivered on a regular basis:

- Safeguarding Children and Young People and Looked After Children (aligned to the Local Children's Safeguarding Board)
- Safeguarding Adults (Aligned to the Local Adults Safeguarding Board)

Clinical Audit and Clinical Effectiveness:

The National Institute of Clinical Excellence (NICE) is to help the NHS provide high quality care that is consistent across England. It does this by giving the NHS evidence-based guidance on new medicines, surgical interventions, diagnostic and medical technologies, and public health interventions, and also by publishing clinical quality standards.

The implementation of NICE guidance and quality standards is correlated with high quality NHS health and social care. The CCGs are currently reviewing the support and processes that will give the CCGs assurance regarding provider compliance and implementation of NICE guidance.

National Clinical Audit is a mandatory requirement of the National Contract. There is a published National Audit Clinical Outcomes programme of which acute providers must participate. The Quality Team, via the contract monitoring process, review progress of this participation and published participation figures via the Providers' Quality Accounts. Feedback is given to the Joint Quality Committee annually.

Observational Visits

Patient safety observational quality assurance visits (walk around visits) can be conducted in any care setting where patient care is being provided such as wards, A&E departments, operating theatres and community settings but should not be limited to these. They are also useful in support services such as pathology and portering or other areas that may affect patient care or the efficiency and safety of the organisation. They provide a formal process for commissioners to talk with frontline staff, patients and carers about safety issues in the department or service and show their support of staff for reporting errors/near misses.

Conclusion

To support implementation of this strategy, the CCGs have in place a clear clinical commitment to the quality agenda, and promotion of an open and fair culture with its providers and partners.

Improving quality is a wide-ranging agenda and in order for it to be implemented efficiently and effectively it is essential to maintain awareness with regards the changes in health care in East Berkshire.

CCGs are confident that by establishing a shared understanding of quality, and a commitment to place it at the heart of services, the Quality Strategy represents an important opportunity for all to work together to a mutual benefit to make East Berkshire even better, for everyone, now and into the future.

This Quality Strategy is focussed on patients and aims to provide all patients with the care and compassion they need that are safe and effective. By enabling their voice to be heard and then designing and commissioning services with them and for them, The CCGs will seek to ensure that across East Berkshire this is provided reliably to every person, every time.