Merton Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: Thursday, 16th May 2013

Agenda No: 7.2 **ATTACHMENT:** 05

Title of Document: Quality Strategy and Workplan	**Purpose of Report:** For discussion and Agreement
Report Author: Jenny Kay - Director of Quality	**Lead Director:** Jenny Kay
Contact details: jenny.kay@mertonccg.nhs.uk	
Executive Summary: The quality strategy sets out the strategy, objectives and workplan for the CCG's quality activities for the forthcoming year.	
Key sections for particular note (paragraph/page), areas of concern etc: The whole document	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to: 1. discuss the strategy and suggest any improvements or amendments 2. agree the strategy and workplan in principle, pending further consultation with stakeholders.	
Committees which have previously discussed/agreed the report: Merton Clinical Quality Committee, April 2013	
Financial Implications: Not specifically identified	
Other Implications: None	
Equality Analysis: N/A	
Information Privacy Issues: None	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) will be communicated and tested with stakeholders over the summer	

Merton Clinical Commissioning Group
Quality Strategy
May 2013 (Second draft)

CONTENTS

1. Foreword

Merton CCG has set out its vision to improve the health outcomes of the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of the population. This quality strategy is an essential part of this work, and complements our previously published planning documents, the Integrated Strategy and Operating Plan and Commissioning Intentions, in setting out our vision for the future care of patients in Merton.

2. Quality is at the heart of all we do…..our goals

The Clinical Commissioning Group (CCG) has ambitious plans to develop and improve health services for its residents.
We have four key quality goals :

1) As commissioners, to seek assurance that all NHS funded providers, from whom we commission services, provide care which meets Care Quality Commission (CQC) and other (e.g. National Institute of Health and Clinical Excellence, NICE) quality standards and outcomes
2) As the system leader for health, to drive for continuous improvement in quality and outcomes across the locality, improving standards of healthcare to match or exceed the best in London
3) To work with our local authority (and other partners) to promote health and prevent ill health for Merton residents, through our Health and Well Being Strategy
4) To work with our partners to ensure children and vulnerable adults are protected from harm and live in safe and healthy environments, through the Local Adult and Child Safeguarding Boards

To do this we will:

- Listen to patients 'as never before' ….to get a picture of the quality of NHS funded services in our locality
- Be demanding of ourselves and others
- Bring partners together to drive quality improvement in targeted areas.
- Measure the quality of care we commission, using a series of metrics and benchmarks
- Use incentives , penalties and other contractual levers to develop schemes which improve quality outcomes for our patients
- 'Tune in' to early warning signs if services are becoming unstable or unfit for purpose
- Use our powers of intervention as and when required

3. What do we mean by Quality?

The following definitions will be helpful in designing this strategy:
Care can be regarded as <u>high quality</u> if it is:

- Safe – patients and service users suffer no avoidable harm
- Effective – evidence based and in line with best practice
- With a positive patient experience – patients are treated with respect and dignity
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This definition of quality, first seen in 'High Quality Care for All' (2008) is now enshrined in legislation through the Health and Social Care Act 2012.

The NHS Outcomes Framework has developed this definition further into 5 quality domains. These domains capture the breadth of ambitions that the NHS should be striving to deliver for patients:

- 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.

In addition, any review of quality must also include an assessment of organisational culture and leadership , as it is so critical to success in delivering quality of patient care. Unhealthy cultures can lead to service failure and poorer outcomes. (Francis, 2013, Winterbourne View 2012).

For commissioners, continuous quality improvement means:

- setting and demanding increasingly ambitious standards
- using contractual levers to improve quality
- facilitating system wide solutions to intractable complex problems

For commissioners, quality assurance means:

- monitoring performance against agreed standards and outcomes
- gaining assurance that the services commissioned meet quality standards.
- providing assurance to other regulators and system leaders as required.

Clinical governance is the system through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services and safeguarding high standards of care and services. (NHS Quality Improvement Scotland (2005)

4. CCG role and responsibilities for quality and safeguarding

Merton Clinical Commissioning Group will be guided by a wealth of legislation and regarding our duty of quality.

This includes:

The NHS Constitution makes several commitments, including 'rights' and 'pledges' relating to quality. These include the following 'right':

'You have the right to expect NHS bodies to monitor and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services'.

Other NHS Constitution rights and pledges relate to quality (this is not an exclusive list): access (for example waiting times), openness and transparency, involvement and information, smooth transition between services, treatment by appropriately qualified and experienced staff, clean and safe environment, that the NHS identifies and shares best practice, single sex accommodation, access to clinically appropriate drugs and treatments, and the right to be treated with dignity and respect in accordance with human rights.

The Health and Social Care Act (2012) brings duties on clinical commissioning groups to *'exercise their functions with a view to securing continuous improvement in the quality of services and the outcomes that are achieved from the provision of services'*

Professional Standards Authority for Health and Social Care have published standards for members of CCG's governing bodies that put respect, compassion and care for patients at the heart of leadership and good governance in the NHS

The National Quality Board (2012) set out responsibilities for all the major organisations in the NHS, including CCGs:

- *Commissioners are responsible for securing a comprehensive service within available resources, to meet the needs of their local population*
- *They must commission 'regulated activities' from providers that are registered with the CQC and should contract with their providers to deliver continuously improving quality care*
- *They must assure themselves of the quality of services they have commissioned*
- *Where commissioners have significant concerns about the quality of care provided, they should inform the CQC*.

Francis, in his report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, sets out 290 recommendations, many of which apply to Clinical Commissioning Groups. The CCG's response to these recommendations are set out in Chapter 5 below.

Compassion in Practice (2012) sets out the requirement for all organisations to promote the 6Cs: Care, Compassion, Competence, Competence, Communication, Courage and Commitment. This document sets out a series of measures to improve nursing care and organisational culture in the NHS and care sector.
Responsibilities for safeguarding are set out in the recent NHS Commissioning Board, (2013) Safeguarding Vulnerable People in the Reformed NHS, accountability and assurance framework. More detail can be found at Chapter 6.

5. Francis report – Response to recommendations

Sir Robert Francis QC, in his report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, sets out 290 recommendations, many of which apply to Clinical Commissioning Groups as well as the providers from whom we commission care. The recommendations relevant to commissioners can be summarised as follows:

- Commissioners are responsible for meeting the needs of their populations by commissioning high quality services. They must assure themselves of the quality of care that they have commissioned. All services must meet the CQC 'essential standards of quality and safety'.
- CCGs have a duty to exercise their functions with a view to securing continuous improvement in the quality of services and outcomes that are achieved. The commissioners' relationship with their providers will be vital.
- Commissioners are under a duty of care to involve patients and service users in designing pathways of care.
- Commissioners, regulators and other national bodies must share information and intelligence on the quality of services in an open and transparent way, and take coordinated action in the event of an actual or potential quality failure

The Government have now published their initial response, 'Patients First and Foremost'. (DH, March 2013). This begins with a 'Statement of Common Purpose', signed by key Government departments, agencies and regulators. It then describes a series of measures designed to:

- Prevent problems
- Detect problems quickly
- Take action promptly
- Ensure robust accountability
- Ensure staff and trained and motivated.

Merton CCG has considered the Francis report and the Government's response. Rather than respond to each recommendation separately, this quality strategy summarised the values and principles which have emerged from that review, as well as the actions we commit to take (see workplan). It aims to set out Merton CCG's plans in light of the events outlined in the Francis report and other important reviews, e.g. Winterbourne View.

6. Safeguarding

Responsibilities for safeguarding are set out in the recent NHS Commissioning Board, (2013) Safeguarding Vulnerable People in the Reformed NHS, accountability and assurance framework. For CCGs these responsibilities include:

• Plans to train their staff in recognising and reporting safeguarding issues
• A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
• Appropriate arrangements to co-operate with local authorities in the operation of Local Adult and Child Safeguarding Boards and Health and Wellbeing Boards
• Ensuring effective arrangements for information sharing
• Securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood
• Having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

Child safeguarding

Merton CCG has recently published its 'declaration' on its website, which demonstrates that the CCG has effective safeguarding arrangements in place.

These arrangements include:

- Appropriate selection and recruitment of staff, with criminal record checks as required,
- Child protection policies and systems are available, up to date and robust,
- All eligible staff have undertaken and up to date with safeguarding training at level 1.
- Designated professionals are in post, are clear about their role
- There is a Board leadership for safeguarding,
- There is an audit programmes to assure the CCG that safeguarding systems and processes are working, as well as appropriate performance monitoring systems in place with all providers, including the independent sector.

A work-plan will be developed for the year ahead to ensure continued compliance, learning and improvement in commissioning systems and processes.

Adult safeguarding

Adult safeguarding systems are also in place. The CCG is represented on the local Safeguarding Adults Board. There is a resource allocated for an adult safeguarding post and discussions are currently underway as to the roles and responsibilities of the post holder so that the role can work effectively with Adult Social Care staff at the London Borough of Merton and with providers.

The oversight of Deprivation of Liberty safeguards is now managed by the local authority and handover occurred before April 1st.

Once the post holder is appointed, a workplan for the year ahead will be agreed.

7. Quality improvement: 'enablers'

The CCG has many system levers available to it, which are designed to drive the desired quality improvements.

Our patients – the people of Merton

If we 'listen as never before' we will gain useful insight into patients' views of their services. Consistent concerns or praise should come through as we systematically analyse the feedback available. Our Practice Patient Participation Groups will enable the patient's voice to be heard.

Healthwatch is being created as the new national and local voice of patient and public involvement in the NHS.

The 'friends and family test' will prove a useful tool in understanding satisfaction levels and as a drive for improvement as it is developed across the health economy.

Leadership and culture

Francis, in his report into the failure of Mid Staffordshire NHS Foundation Trust, highlighted the importance of organisational culture and leadership. We will pay close attention to the leadership capacity and capability in the organisations where we commission care. If leadership and culture cause concern, we will raise this with the providers and require remedial action.

Better Services, Better Value

Since October 2011, clinicians have been reviewing the health services currently provided in our area, through the Better Services, Better Value programme (BSBV). They have been looking at the quality of care currently given and whether it meets the standards patients should receive.

The BSBV programme is about to launch a consultation on these proposals, which set out the case for change. Merton CCG is fully engaged with BSBV and is committed to ensuring that the quality impact for local residents is clear and transparent. More details can be found at:

http://www.bsbv.swlondon.nhs.uk/wp-content/uploads/2013/03/BSBV-case-for-change_v1903-1-online.pdf

Contractual levers

The CCG has several commissioning and contracting levers available to influence improved care. These include, for example, the regularly monthly contract and quality reviews with providers, financial incentives, contract penalties, procurement of new or competitively tendered services, encouraging choice and competition.

Quality improvement skills
Commissioning managers and other senior staff in the CCG have a wealth of quality improvement skills which will be targeted at supporting agreed quality priorities.
The CCG will be able to commission external reviews, peer review or clinical audit in order to identify quality improvements and action required.

The CCG has its own primary care improvement team, which will provide support in delivering agreed goals and objectives.

The QIPP programme is designed to deliver value for money through quality, innovation, productivity and prevention schemes. Merton CCG QIPP schemes all have an identified project manager and clinical leads assigned.

Partnership working
There are many opportunities for partnership working - we can achieve more together than we can alone. These include:

One Merton Group, Health and Wellbeing Board, Better Services Better Value Steering Group, the Merton Children's Trust, Merton Adult and Child Safeguarding Boards.

Role of the Commissioning Support Unit
The Commissioning Support Unit (CSU) is a vital partner in assisting the CCG to deliver its quality objectives. The existing Service Level Agreement covers the areas of service delivery contracted by CSU. As developing organisations, it has been agreed to review the working relationship and the SLA over the summer to ensure that we are maximising opportunities for collaboration.

Role of NHS England
NHS England have a range of responsibilities which contribute to local quality improvement. These include the organisation of quality surveillance groups, as well as commissioning of primary care and specialist services. During the year, the CCG will work closely with counterparts in NHS England (London South) to ensure coordination of activities.

Information for assurance and improvement
There are national developments in terms of streamlining data for quality, for example a national quality dashboard is in development, and CCG 'Outcomes Indicator Set' has been published.

The CSU will have a vital role in accessing and presenting such data meaningfully for the CCG to assess quality. This is still an embryonic function and will need testing and developing.

We will need a series of dashboards regarding the different providers, and different services, so we can track and benchmark quality outcomes meaningfully
In addition the 'soft' data which comes from patient feedback. GPs, quality alerts etc will need to be aggregated meaningfully.

Workforce assurance
The CCG will work with the Local Education and Training Boards and with providers via the CQRG's to ensure that it is assured that providers workforce plans, and workforce assurance indicators demonstrate safe staffing levels and appropriate access to senior, skilled clinical leaders, especially out of hours.

Quality surveillance groups, and risk summits.
If the CCG becomes concerned about the quality of any service through its 'early warning system', it can call a 'risk summit' in conjunction with other commissioners and

the NHS Commissioning Board. Those attending the summit may agree a series of measures or interventions including, for example CQC reviews or other external reviews of a service.
The quality surveillance group is a regular monthly meeting of all commissioners and regulators with NHS England which will ensure that information regarding quality in provider organisations is shared and reviewed, and action taken where required.

8. Quality objectives for 2013/14 and beyond

Quality objectives have already been agreed for the forthcoming year, and are set out in the Integrated Strategy and Operating Plan, Commissioning Intentions, QIPP scheme and Equalities Objectives. These are set out in summary format through the 'Plan on a page'. (provide link)

The CCG is also signed up to several key partnership initiatives, all of which have quality at their core: for example Better Service Better Value programme, the Health and Wellbeing strategy.

The CCG has also agreed specific 'quality premiums' relating to three areas of development:

- Immunisation and vaccinations – improving uptake (Domain 1)
- Chronic Respiratory Disease – improved pathways between hospital and home (Domain 2)
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Integrated working with the local authority, specifically regarding 'reablement' funding , to ensure prevention of hospital admission and rehabilitation for those admitted to hospital. (Domain 3)
Examples of schemes, covering the 5 domains, are as follows: (this is not an exhaustive list, please see the relevant documents for more information)

Domain	Strategic context	Examples of Schemes
Preventing people from dying prematurely	Merton Health and Well being strategy	Giving Every Child a healthy start in life Supporting people to improve their health and well being Enabling people to manage their own health and wellbeing as independently as possible Improving wellbeing, resilience and connectedness Improvement in take up of immunisation.
Enhancing quality of life for people with long term conditions	QIPP, ISOP	Long term conditions, risk stratification, case management, 'Coordinate my Care', MDT case meetings End of life care
Helping people to recover from episodes of ill health or following injury	BSBV, Out of hospital care	Urgent care, integration of UCCs at St George's and St Helier's Hospitals, implementation of 111 services and out of hours services

Ensuring People have a positive experience of care	Compassion in Practice Francis report and Govt response Engagement strategy	Friend and family test 'Listening' to patients as never before – Practice Patient Participation Groups Mixed Sex Accommodation Managing complaints Responding to quality alerts
Treating and caring for people in a safe environment and protecting them from avoidable harm	London Quality and safety Programme, (acute care) Safety thermometer Infection control outcomes	7 day a week working and senior clinical presence during extended hours, Infection control, Safety thermometer, Safeguarding workplan

9. References

Department of Health and NHS Commissioning Board, 'Compassion in Practice. Nursing, Midwifery and Care Staff Our Vision and Strategy', (2012)
Department of Health, 'High Quality Care for All: NHS Next Stage review Final Report', (known as the Darzi review), (2008)
Department of Health, 'Patients First and Foremost, The Initial Government response to the Report of the Mid Staffordshire NHS Foundation Trust Inquiry' (2013)
Department of Health, 'The Handbook to the NHS Constitution', (2013)
Department of Health, 'Transforming Care, a National Response to Winterbourne View Hospital', (2012)
Monitor, 'Quality Governance Framework' (2010)
National Quality Board 'Quality in the new health system – maintaining and improving quality from April 2013. A draft report', (2012)
NHS Commissioning Board, 'CCG Outcomes Indicator Set' (2012)
NHS Scotland, Educational resources (2005)
http://www.clinicalgovernance.scot.nhs.uk/section1/introduction.asp
Professional Standards Authority, 'Standards for members of NHS Boards and Clinical Commissioning Group governing bodies in England'. (2012)
Robert Francis QC, 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry', (2013).

Safeguarding:

HM Government, 'Working Together to Safeguard Children, A Guide to Inter Agency Working to Safeguard and Promote the Welfare of Children' (2013)
NHS Commissioning Board, (2013) Safeguarding Vulnerable People in the Reformed NHS, Accountability and Assurance Framework

10. Glossary

BSBV Better Services Better Value
CCG Clinical Commissioning Group
CQC Care Quality Commission
CQRG Clinical Quality Review Group
CSU Commissioning Support Unit
HWS Health and Well being strategy
ISOP Integrated Strategy and Operating Plan
JSNA Joint Strategic Needs Assessment
QIPP Quality, Innovation, Productivity and Prevention
SI Serious Incident

Merton Clinical Commissioning Group
Quality strategy – workplan

Action Plan

1.Strategy	Action	Lead	Desired Outcome	Timeline Plan and Progress
1.1	Quality strategy: consultation, development and sign off	DoQ	Agreed plan for action for 13/14	April 13 to CQC to May 13 to Governing Body Final sign off date June 13
1.2	Ensure all annual corporate strategy reviews for 14/15 include (eg ISOP) quality advice	DoQ and AO	Quality embedded in strategy development	April 14
1.3	QIPP schemes – need to ensure CCG and provider QIPP schemes have quality impact assessment signed off by their Nursing and Medical Directors	DoQ	Assurance that any adverse impact is identified and mitigated	Workshop planned for June 13
1.4	Contribute actively to partnership strategies (eg BSBV)	AO and Chair	Merton will evidence of influencing strategic direction of locality	April 14
1.5	Develop partnerships with LB Merton across adult and childrens' services	AO and DoQ	Evidence of joint commissioning / planning for children	Workshop planned for June 13 for children Integration work with adult services commenced

2.Capability and culture	Action	Lead	Desired Outcome	Timeline Plan and Progress
2.1	Assessment of leadership and culture of provider organisations via the national annual staff survey Identify staff survey measure for community Trust	DoQ	Assurance, or improvement plan / evidence of improvement	Paper written for MCQC in April, and May 13
2.2	CSU – plan a joint workshop between exec team and CSU directors to review CSU partnership working and contract	CFO	Better joint working and deliver of SLA and corporate objectives	Summer 2013
2.3	CSU – regular meetings regarding quality requirements with identified lead within the CSU	DoQ	Improved reporting to MCQC and CGRGs	Evaluate Sept 13
2.4	Local CCGs Directors of Quality to meet regularly to agree 'host' commissioning role and responsibilities	DoQ	Better joint working and reduced duplication	May 13
2.5	Fill Named GP and adult safeguarding roles	DoQ	Improved engagement from GPs in safeguarding agenda, fewer SCRs involving GP care	Summer 13
2.6	DoQ to meet CQC and other key partners to establish working relationships	DoQ	Information sharing, early warning of any emerging issues	First meeting took place May 13

3. Processes and structure	Action	Lead	Desired Outcome	Timeline Plan and Progress
3.1	Scope all contracts, including smaller providers, to ensure quality outcomes and KPIs are identified and monitored	DoC with DoQ	Governing Body Assurance that quality outcomes are identified and monitored	Initial meeting May 13, to agreed plans.
3.2	Feedback loop for quality info e.g. quality alerts, PALs etc to be developed	JK with CSU	GPs and others to feel confident that the information they share, is used appropriately to improve services and they hear the outcome	December 14
3.3	Scope all CQRG agendas to ensure they cover all 5 quality domains / outcomes effectively		Governing Body Assurance that quality outcomes are identified and monitored	Review all agendas by December 13
3.4	SI process to be established and tested		Assurance that the 'system' is picking up trends and themes and appropriate learning and	Immediate

			improvement is occurring.	
3.5	Risk register to be updated	CSU and exec team	'live' risk register which demonstrates understanding of main risk areas and demonstrates action taken regarding risks	Early work commenced, developments through the year.
3.6	Patient participation groups to be 'activated' where appropriate and contribute to 'insights' regarding service issues	PPI mgr	Active groups which provide rich feedback	Agreed to present to HWB in September
3.7	Locality leads for practices to review quality standards for practices (as discussed at membership meeting)	Locality leads	Consistent standards across all practices in Merton CCG	

4. Measurement for quality	**Action**	**Lead**	**Desired Outcome**	**Timeline Plan and Progress**
4.1	Integrated performance and quality report to be available	CSU	Board assurance	First version available July 13
4.2	Quality dashboards to be developed for all major providers and services (acute, community, safeguarding, children, mental health, maternity etc)	CSU, with DoQ	Dashboards and data that 'tell a story', show trends and comparative data between organisations	Significant progress should be made by September 13, acknowledged this will be a 'work in progress' and will take some time to perfect
4.3	Agendas for all CQRGs to be reviewed to ensure all 5 domains covered, and targeted speciality / directorate reviews occur as well as Trust wide data	DoQ with GP leads and CSU / DoC	Assurance that all domains reviewed for all providers, and individual services reviewed where there may be concerns	As above.