

Berkshire West Clinical Commissioning Groups

Quality Strategy 2017 – 19

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Foreword

Quality of health services is under scrutiny like never before. In the wake of the findings of the Francis Inquiry into the events at Mid Staffordshire Hospitals the government and public rightly expects Clinical Commissioning Groups to ensure that commissioned services provide the highest standards of care possible and that they are safe, effective and meet the expectations of users in terms of experience.

This Quality Strategy sets out the approach of the Berkshire West Clinical Commissioning Groups (CCGs) to quality in the commissioning and monitoring of services. It builds on the work from the first 3 years as Clinical Commissioning Groups (CCGs). The CCGs have been at the forefront of developing robust quality assurance mechanisms across the health and care economy, as set out in our first Quality Strategy 2013-16.

The CCGs and their partners have made significant progress over this time and need now to develop and protect high quality services in an increasingly challenging environment. The strategy forms the blueprint for the quality team within Berkshire West in how the CCGs will commission and monitor services and is mapped against the requirements of the NHS national contract for health services, as well as planning for the development of new requirements.

The Quality Strategy is owned by the members of all four CCGs in Berkshire West and has oversight by the Governing Body, supported by the delegated Quality Committee. Both the Governing Body and the Quality Committee include Lay members, GP Clinical leads, locality leads and the Nurse Director. In addition the Quality Committee has membership from Healthwatch. Although not primarily aimed at service users, the strategy will be publicly available and is written in a style that is hoped can be understood.

The CCGs are committed to high quality compassionate care and fully support the quality aims and direction required, that is outlined in this strategy. The ultimate aim is to support the commissioning of high-quality care for all users of health care in Berkshire West.



Wendy Bower
Lay Member & Chair Quality Committee



Debbie Simmons
Nurse Director

Executive summary

- This Quality Strategy sets out the ambitions and approach of Berkshire West Clinical Commissioning Groups (CCGs) to quality in the commissioning and monitoring of services. Building on the recommendations from a range of key reports, such as Berwick (2013), Francis (2013), Keogh (2013) and Cummings (DoH, 2012) the strategy outlines the CCGs responsibilities, describing what is meant by the term 'quality' and how the CCGs will assure its members and the public that people within the population the CCGs serve receive high quality care. It also sets out the governance arrangements that ensure the CCGs Governing Bodies are sighted on the quality of services commissioned and the patient outcomes achieved.
- Clinical Commissioning Groups are clinically led organisations that are responsible for planning and funding (commissioning) a range of high quality healthcare services for their local communities. The population of Berkshire West is served by Wokingham CCG, North and West Reading CCG, South Reading CCG and Newbury and District CCG working together in a federation.
- In Berkshire West, most health services are provided by the following NHS Trusts:
 - Royal Berkshire NHS Hospital Foundation Trust (acute services)
 - Berkshire Healthcare NHS Foundation Trust (mental health and community services)
 - The CCG is also lead commissioner for the South Central Ambulance Service (Thames Valley contract)
- There are two other national drivers for high-quality care; the NHS Constitution (2013) and the NHS Outcomes Framework (2014).
- The NHS Constitution (2013) sets out what patients, the public and staff can expect from the NHS and what the NHS expects from them in return. It contains a set of core quality principles that CCGs seek to apply.
- The NHS Outcomes Framework (2014) sets out the national outcomes that all providers of NHS funded care should be working towards. Indicators in the NHS Outcomes Framework (2014) are grouped around five domains, which set out the high level national outcomes that the NHS should be aiming to improve. The domains are:
 - 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
- Ensuring that patients receive high quality care involves a complex set of interconnected roles, responsibilities and relationships between the CCGs, professionals, provider organisations, other commissioners, system and professional regulators, local authorities and other national bodies.

- A single definition of quality for the NHS was first set out in 'High Quality Care for All - NHS Next Stage Review (Final Report)' (2008), led by Lord Darzi. This definition sets out the three dimensions to quality that must be present to provide a high quality service. These are clinical effectiveness, safety and patient experience. The Care Quality Commission's (CQC) new inspection approach for providers of care includes two additional dimensions - organisational culture and leadership and responsiveness. This quality strategy is based on these five dimensions. For each dimension the strategy describes the CCGs approach to three questions:
 - What is our aim?
 - What do we need to do to succeed?
 - How will we know when we've got there?
- For each domain of quality the strategy sets out a number of measurable actions and related outcomes that will help ensure that the CCGs are commissioning safe, effective services that meet patient expectations in terms of experience.
- The strategy also describes the various mechanisms that are in place to assure quality. Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements. The mechanisms include:
 - Clear expectations of quality defined through service specifications and contracts
 - Performance and outcomes data
 - Audit
 - Patient Experience information e.g. Friends and Family test, Patient Opinion
 - Listening Events
 - Soft Intelligence e.g. local stories / experiences where a formal complaint has not been made or web based feedback
 - Healthwatch feedback
 - Complaints and compliments

Introduction

The significant breaches in standards of care at Mid-Staffordshire Hospitals and the subsequent findings of Sir Robert Francis's Inquiry (2013) are a stark reminder that safe, effective person-centred care cannot be taken for granted. The inquiry report has resulted in a seismic shift in how care is provided and quality monitored and the outcomes from the investigation have rippled through and touched every corner of the NHS. Since the publication of the original report in 2009, commissioners and providers have undertaken a great deal of work to ensure that there can be no repeat of the circumstances that led to the breaches of standards. Since this, further national reports on quality and safety of care have been published by Sir Bruce Keogh (2013) and Don Berwick (2013), as a result of these and other reports quality of care has been pushed to the very top of the NHS agenda.

This quality strategy sets out the approach of the Berkshire West Clinical Commissioning Groups (CCGs) to quality in the commissioning and monitoring of services. Building on the recommendations of the Berwick (2013), Francis (2013) and Keogh (2013) reports the strategy outlines the CCGs responsibilities, describing what is meant by the term 'quality' and how the CCGs will assure themselves that people within the population the CCGs serve receive high quality care. It also sets out the governance arrangements that ensure the CCGs Governing Bodies are sighted on the quality of services commissioned.

Alongside key strategic quality aims, ways of demonstrating how achievement of these will be monitored and evidenced are noted. These are not presented as an exhaustive list; rather demonstrate key methods in place currently.

Key approaches, underpinned by the values of the organisation, which are:

- **Working proactively**

The staff of the CCGs will work with providers to share information and intelligence about the quality of care so that the CCGs can spot potential problems early, preventing them having a harmful impact and managing risk.

- **Reacting and responding (working reactively)**

In the event of a potential or actual serious quality failure coming to light, the CCGs will make informed judgements about quality and ensure that appropriate and timely responsive actions are implemented.

Local context

Clinical commissioning groups (CCGs) became statutory bodies on 1 April 2013. CCGs are clinically led organisations that are responsible for planning and funding (commissioning) a range of high quality healthcare services for their local communities.

The population of Berkshire West is served by four CCGs and has 55 member practices covering a population of around 520,000 people. The CCGs have a responsibility to act on behalf of other CCGs across the county and wider, in the monitoring of standards of quality in Berkshire West providers and provide assurance to them that care is of the highest quality possible.

The CCGs commission activity from providers that are registered with the Care Quality Commission (CQC) and as part of the contracting arrangements works closely with them to deliver continuously improving quality. The services commissioned by the CCGs include the majority of NHS funded healthcare services such as:

- Planned hospital care;
- Rehabilitative and continuing health care;
- Urgent and emergency care (including out of hours services);
- Most community health services;
- Maternity, mental health and learning disability services;
- End of Life Care.

In Berkshire West, most health services are provided by the following NHS Trusts:

- Royal Berkshire NHS Hospital Foundation Trust (acute services)
- Berkshire Healthcare NHS Foundation Trust (mental health and community services)
- The CCG is also lead commissioner for the South Central Ambulance Service (Thames Valley contract) who provide all urgent and emergency care services, including the NHS 111 service.

The CCGs are also associates to the contracts at Great Western Hospital NHS Trust and Hampshire Hospitals NHS Trust and commission services through the NHS Choice agenda with 3 Independent Hospitals in Berkshire West

The CCGs have now taken on fully delegated commissioning responsibilities with NHS England for primary care, although does not have responsibility for Dental, Pharmacy or Optical care. The CCGs have a responsibility to support the improvement of quality in primary care in member GP practices and the CCGs have developed a Primary Care Strategy, which includes a quality framework to underpin the quality improvement processes in primary care [add link to primary care strategy](#).

National context

CCGs have a responsibility to provide high quality healthcare that's free at the point of need and can be accessed by all, as outlined in the NHS Constitution (2013). The Constitution is enshrined in law and the CCGs are committed to upholding its rights and pledges and delivering against its standards. Under the Constitution, patients have rights listed below.

- Be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality;
- Be treated with dignity and respect, in accordance with their human rights;
- 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;
- Be able to have access to drugs and treatments that have been recommended by NICE for use in the NHS, if their doctor says they are clinically appropriate for them.

The Core Operating Principles for Quality set out in the NHS Constitution (2013) sets out the following behaviours the CCG seeks to apply:

- The patient and the public comes first – not the needs of any organisation;
- Quality is everybody's business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers;
- If we (health and care professionals, staff as well as patients and the wider public) have concerns we speak out and raise questions without hesitation;
- We listen in a systematic way to what our patients and staff tell us about the quality of care; and
- If concerns are raised, we listen and 'go and look'.

The NHS Outcomes Framework (2014) sets out the national outcomes that all providers of NHS funded care should be working towards. Indicators in the NHS Outcomes Framework (2014) are grouped around five domains, which set out the high level national outcomes that the NHS should be aiming to improve:

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

What is Quality?

Quality, in a healthcare context, is systemic. The parts of that system are Berkshire West CCGs, professionals, provider organisations, other commissioners, system and professional regulators (e.g. CQC), local authorities and other national bodies. In order to ensure that patients receive high quality care there is a reliance on the collective responsibilities of those organisations and individuals to make sure that the complex sets of interconnecting roles and relationships work well, to provide a care experience that meets the needs of the individual. It is the collective endeavour at every level of the system that will achieve this, as no one player holds all the available intelligence upon which quality is based.

A single definition of quality for the NHS was first set out in 'High Quality Care for All - NHS Next Stage Review (Final Report)' (2008), led by Lord Darzi, and has since been embraced by staff throughout the NHS and by successive governments. This definition sets out the three dimensions to quality that must be present to provide a high quality service.

1. **Clinical effectiveness** – quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient's health outcomes.
2. **Safety** – quality care is delivered in a way that reduces the risk of any avoidable harm and risks to a patient's safety.
3. **Patient experience** – quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what the patient (or their representatives) wants or needs, and with compassion, dignity and respect.

The diagram below illustrates how the five National Outcomes Framework domains are overlaid on the three dimensions of quality.



The Care Quality Commission's (CQC) new inspection approach for providers of care goes further to build on the three dimensions of quality with two additional dimensions:

1. **Organisational culture and leadership** - commissioning high quality care which is well-led
2. **Responsiveness** - commissioning high quality care which is responsive to the needs of patients.

Our quality strategy is based on the five dimensions of quality, the three from the NHS Outcomes Framework and the additional two outlined by the CQC.

The Five Dimensions of Quality

The diagram below illustrates the five dimensions of quality that BW CCGs are committed to achieving. In this section of our strategy we look at each of the five dimensions outlining the CCG's approach to each of the elements and how success will be measured.



1. Patient Safety

What is the aim?

BW CCGs will ensure that all services commissioned are safe through thorough assessment of risks, because patients have the right to expect harm free care when they are using NHS funded services. The CCGs will work proactively and where needed reactively to reduce and avoid, where possible, risks. This will be dependent on working with others to identify, monitor, challenge, manage and report on safety issues and concerns in a transparent and timely manner.

What needs to be done to succeed?

The recommendations from the Berwick (2013), Francis (2013) and Keogh (2013) reports are designed to ensure that providers and commissioners are clear on their responsibilities and that systems are in place to ensure that those accountable are sighted on standards of quality. This is now embedded in the CCG's practices, through the Quality Contracting Schedule.

Utilising the key patient safety messages within the Governments report 'Hard Truths - The Journey to Putting Patients First' (2014) the CCGs will work collaboratively and supportively with providers of care to jointly monitor patient safety and the mechanisms that support it. If the CCGs identify any areas of concern, they will work with providers to understand the reasons and agree and monitor appropriate remedial actions. The CCGs will also listen to patient and staff concerns, respecting their rights to raise concerns without fear of undue consequences.

The CCGs will act quickly and decisively to protect patients if an immediate risk to patient safety is identified or where concerns are raised regarding an organisation or an individual's ability to provide safe care. Depending upon the level of risk, actions may vary from the requirement for the provider to provide immediate assurance and evidence that any breaches or threats to safety have been rectified or in extreme circumstances the CCGs will reserve the right to ask for a complete suspension of a service.

As part of the CCGs commissioning and ongoing performance management arrangements they will ensure providers inform them of the occurrence of any serious incident within 48 hours of it taking place, as per National Serious Incident Framework (2015). The CCGs also expect providers to inform them of the immediate actions taken to protect the safety of patients (and if applicable, staff) and to undertake a comprehensive investigation and root cause analysis.

The CCGs will monitor action plans produced by providers in response to serious incidents and 'Never Events' and will conduct a thematic review of each provider's serious incidents

and associated action plans to ascertain any trends and themes. The CCGs will ensure that any emerging issues are taken forward as an action plan with the provider and monitored through the appropriate quality monitoring group. A diagram of the governance structure that supports this is included in Appendix A. The CCGs expect providers to be able to demonstrate that any recommendations or lessons learned from incidents are fully implemented to prevent recurrence.

The CCGs will monitor providers for the degree of care that they provide that is 'harm free', using national tools such as the national patient safety thermometer. The patient safety thermometer requires hospitals and care organisations to audit themselves and publish results on a monthly basis for the four most common types of harm; falls, pressure ulcers, venous thrombo-embolisms and catheter acquired urinary tract infections. Safe organisations are those that have very high levels of 'harm free' care.

The National Quality Board (2013) launched guidance relating to nursing, midwifery and care staffing capacity and capability, which was then built into the NHS Contract. To support staffing requirements the CCGs have included a number of local quality indicators in the provider quality contracts.

All organisations within the NHS have a legal duty (a Duty of Candour) to be open and honest with patients where mistakes are made. A proactive safety culture is one that is open and fair, and one that encourages people to speak up about mistakes and record them through appropriate incident reporting mechanisms. Incident reports are expected to include assurances that patients have been told that an incident has occurred or a mistake made. As part of this strategy, the CCGs are committed to monitoring all reports to ensure that patients have been informed when a mistake has happened that could have, or has, resulted in harm. Saying sorry when things do go wrong is vital for the patient, their family and carers, as well as to support learning and improve safety.

It is recognised that different parts of the system need to work together, as part of a culture of open and honest cooperation, to identify potential or actual serious quality failures and take corrective action in the interests of protecting patients. The CCGs wish to create a 'high trust' environment where members feel able to share worries, even if not supported by hard data (in line with the CCGs policies for example 'being open' and whistleblowing policies). However, this needs to be set within the context of the CCGs statutory duty to act on information that may raise patient safety issues. To support this, the CCGs have established a clinical concerns alert process with providers to allow GPs to raise patient clinical issues, for prompt resolution and feedback on action taken. A themed monthly report is received from providers and shared through the GP members councils, to ensure dissemination of learning across practices and our providers.

How will it be known that the aim has been achieved?

- The degree of 'harm free' care provided is significantly higher than equivalent providers i.e. no harm caused by the use of urinary catheters, from falls, pressure ulcers or the development of a Venous Thromboembolism.
- Numbers of serious incidents reported is significantly below the average for the type of provider, yet with the reporting of all incidents being high.
- There are no serious and wholly preventable incidents, known as 'Never Events'.
- There are no breaches of an organisation's 'Duty of Candour'.
- Providers are able to demonstrate that learning from errors and incidents has been embedded within organisations, systems and practice to prevent recurrence.
- There is evidence of effective changes made, through actions following clinical concerns being raised.

2. Clinical Effectiveness

What is the aim?

The CCGs aim to ensure that services they commission are effective and provide the best outcomes possible for the patients that use them. Effective commissioning is much more than the specification of services and outcomes. It requires a mature dialogue with providers and other organisations in the health and care system about issues such as best practice, evidence based practice and cost effectiveness to ensure patients receive the highest levels of care.

What needs to be done to succeed?

The CCGs expect that all providers are able to demonstrate that they comply with best practice standards including National Institute for Health and Care Excellence (NICE) technology appraisals and guidance. Providers will be expected to demonstrate that they have systems in place to receive, assess and implement NICE guidance and submit quarterly reports on compliance with relevant standards. Where they are not compliant, the CCGs will require that time specific action plans are developed and agreed. Plans will be monitored through the relevant quality meetings.

NICE guidance does not only apply to providers. The Institute has also published a series of quality standards that set out best practice and effective pathways for defined conditions. The CCGs will commission services in line with these standards where relevant, using them as the benchmark.

By working closely with the CCG Transformational Team it is ensured that any new commissioned pathways, or review of existing pathways are following the most up to date and relevant national guidance in order to maintain the clinical effectiveness of the patient pathway.

There is increasing focus being placed on whole pathway redesign from medicines optimisation, primary care and secondary care rather than one particular area. This enhances the entirety of the patient's journey, the CCG embrace this notion as it ensures seamless clinical management.

Following the Francis Report (2013) there has been an increased focus and coverage on mortality ratios as an outcome measure. Whilst they should not be used in isolation as a measure of effectiveness, they are considered an important contributory indicator when assessing quality of care and outcomes. The CCGs will monitor mortality ratios and will act where these are higher than expected by investigating providers, analysing any associated analysis reports and the active monitoring of associated action plans.

In addition to this, in light of the systematic failing of Southern Health NHS Foundation Trust with reference to the recommendations identified within the Mazars Review (2015), a requirement is that a thematic review of deaths of service users with learning disabilities

should be carried out. Indeed this piece of work has commenced at the time of writing, and the CCG will continue to engage with the newly formed Berkshire system wide mortality review group.

There is a national reporting process in place for all acute providers for patient reported outcome measures (PROMS) for hip and knee replacements, hernia repair and varicose veins. We will continue to monitor this data for our providers and work with them if outcomes are lower than the national average.

The CCGs have in place a **Medicines Optimisation Strategy** that forms part of the quality approach and aims to ensure that the principles of medicines optimisation underpin the commissioning of services, where the use of medicines forms an integral part of the patient pathway. Medicines optimisation constitutes an essential part of the CCGs Quality, Innovation, Productivity and Prevention (QIPP) Plans. Promotion and uptake of innovative new treatments and NICE approved medicines is a priority for the CCGs. This along with reducing variation in prescribing performance and proactively disinvesting in medicines where these do not demonstrate best value in improving patient outcomes remains a key objective. Embedding effective health economy arrangements for local decision making on new medicines and incorporation of medicines within the prescribing formulary and treatment pathways, is an ongoing strategic objective of the medicines optimisation strategy.

How will it be known that the aim has been achieved?

- The CCG can demonstrate that they have considered the NICE Quality Standards applicable to the services they commission, prioritised them and used them where appropriate in service specifications and commissioning activities.
- Performance outcomes relating to each medicines optimisation project will demonstrate improvement and achievement.
- Providers are able to demonstrate compliance with all appropriate NICE Technology Appraisals and Guidance.
- Mortality ratios are achieved in line with national predictions.
- Nationally measured PROMs are higher than equivalent organisations.
- Providers contribute to a range of national audits, utilising the results to improve quality, by being effective.
- When benchmarked, the resultant provider outcomes from National Audits and surveys, demonstrate that local providers are ranked favorably, with assurances gained where any decrease in performance is noted.

3. Patient Experience

What is the aim?

The CCGs will ensure that patient opinion and experience informs assessments of provider standards and flags up any potential failings in quality. The CCGs want to ensure that patients experience compassionate care that is personalised and sensitive to their needs. A key challenge for the CCGs is how to obtain reliable patient experience data and how to use it intelligently to deliver real improvements in patient experiences. The CCGs will then ensure that the collation of this information is aligned to their strategic priorities and analysed in a meaningful way.

What needs to be done to succeed?

The CCGs will continue to develop and implement systems that enable the capture and monitoring of patient opinion and experience of care across all commissioned services.

The CCGs will use patient experience information to cross reference against information from the wider quality initiatives in place, enabling themes and trends to be identified. This will help to identify where a service may be failing, not delivering the expected standards of quality or exceeding those standards. The CCGs will investigate and require providers to provide remedial actions where lapses in quality of care or service are identified. This will lead to the provision of feedback to patients to demonstrate that they have been listened to and actions taken accordingly.

The CCGs has supported providers' with the implementation and monitoring of the national Friends and Family Test from (2013). This simple test asks patients whether they would recommend the hospital where they received their treatment and care, to a family member or friend. However, it is noted that due to advancement in real time monitoring, the CCGs will need to support providers in implementing innovative practices to ensure patient feedback and opinion are actively sought and acted upon.

The CCGs have developed and implemented mechanisms for collecting and collating patient feedback from a variety of sources. Approaches to the collection of patient feedback may differ across the CCGs commissioned services; however they will be analysed using an agreed process and the CCGs will seek to work collaboratively across Berkshire West to share and understand the available information and take action together to address any issued revealed.

The CCG will monitor patient comments recorded on public social media sites including Patient Opinion, NHS Choices, Twitter and Facebook. Comments will be collated, themes and trends identified and appropriate actions taken with providers to address any issues raised.

The CCGs will monitor national surveys including the acute inpatients survey and a range of service user surveys such as those conducted within mental health, cancer and maternity services. Providers will be asked for their responses and if any action plans are in place they will be monitored through the appropriate quality meetings.

Complaints will be monitored, including those made directly to the CCGs and those made to providers. Providers are expected to submit quarterly complaints reports which identify numbers, themes and trends, and the actions taken in response. Providers will also be required to provide assurance on the governance and management of complaints, ensuring that Boards are regularly sighted on key issues and where appropriate, individual patient concerns.

Where complaints have been made directly to the CCGs, they will ensure that they are fully investigated by the provider and that their response acknowledges the complainant's concerns, contains an apology and demonstrates that learning has been shared and embedded across the organisation.

Comments on providers will also be monitored; these may be from other bodies such as regulators including published reports following Care Quality Commission (CQC) and Healthwatch inspections. Furthermore, the CCGs will work with the CQC and Healthwatch in addressing any highlighted concerns, alongside supporting the providers in making the necessary changes.

How will it be known that the aim has been achieved?

- Positive comments published on public sites significantly outweigh negative or neutral ones.
- Providers Friends and Family Test scores and response numbers / rates are significantly higher than equivalent.
- Providers are able to demonstrate a significant reduction in the number of complaints including a reduction of re-opened cases where the original response failed to provide a satisfactory response to the complainant.
- Provider scores in national surveys are consistently rated 'among the best'.
- The CCGs receive fewer complaints or requests to investigate patient concerns.
- A range of inspections and visits to providers will show continued improvements over time. To include:
 - CQC inspections
 - Healthwatch 'enter and view' visits
 - CCGs contractual quality assurance visits

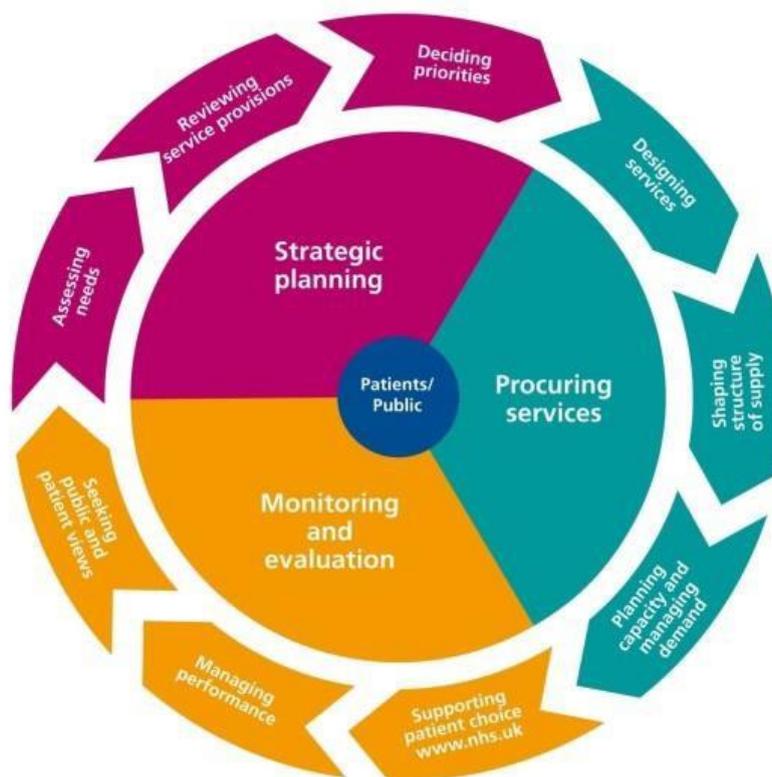
4. Responsiveness

What is the aim?

The CCGs aim to respond to the needs of the diverse local population and develop strategies that ensure healthcare responsiveness is fully assessed and that services are commissioned appropriately. Health care responsiveness is the responsibility of all health care commissioner and provider staff.

What needs to be done to succeed?

The CCGs will undertake a considered 'co-design' approach to commissioning, by focusing on the commissioning cycle outlined below. At each part of the cycle patient and public involvement or feedback will be a key part of commissioning services that meet local needs and that those services are improved, where needed, based on experiences.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

The CCGs are embedding co-design in all planned service changes, bringing together patients and other stakeholders as equal partners. The aim of this approach is to pool a wide range of expertise to deliver more effective and sustainable outcomes, alongside improved experiences for all involved. A range of methods will be used including surveys, patient stories, focus groups and co-design events to ensure full patient and public involvement in improvement activities and monitoring the impact they have on patient experience. The CCGs will also

expect providers to demonstrate how they have involved patients and carers in service design and delivery.

As highlighted within the Operational Plan, which forms part of the Berkshire (West), Oxfordshire and Buckinghamshire (“BOB”) Sustainability and Transformation Plan (STP), the year ahead reflects an increased set of challenges which include delivering higher levels of efficiency savings than ever before, at the same time as delivering against key national performance targets. This will be achieved largely through the implementation of the Berkshire West Accountable Care System (ACS), as well as our engagement in STP priority work streams.

Our shared vision is that through enhanced primary, community and social care services in Berkshire West, we will have a developed service model which prevents ill-health within our local populations and supports people with much more complex needs to receive the care they need in their community. People will be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Care providers will share information, and use this to co-ordinate care in a way that is person centred, and reduces duplication and hand-offs between agencies.

How will it be known that the aim has been achieved?

- Evidence of engagement with general and specific client groups including those defined as ‘protected groups’.
- Evidence of engagement with patients when developing or changing services.
- Evidence of assessment of patients’ needs and opinions, for example through patient surveys and complaints.

5. Organisational Culture and Leadership

What is the aim?

The CCGs want to develop a culture of openness, learning and continuous improvement for all staff. This should not only be within this commissioning organisation, but within provider organisations too.

What needs to be done to succeed?

The CCGs need to build on the values already developed and encourage matched behaviours across the health economy. The organisation is clinically led and is committed to engaging wider with clinicians and member practices to ensure that those who deliver care directly to patients are able to inform and influence service provision and commissioning decisions based on their clinical knowledge and experience.

There will be a focus on the need to work across the health economy to encourage cultural changes and leadership to remove barriers to change and act as facilitators for quality improvement. Creating the right environment for staff to be empowered and make patient centred decisions is essential. The CCGs will encourage providers to work together to ensure that the provision of health and social care is seamless and provided in a way which minimises duplication, is cost effective and delivers patient centred outcomes.

The CCGs will ensure that their entire staff receives an annual appraisal and that their objectives contribute towards the CCGs priorities and demonstrates continued commitment to improving services. The CCGs staff will agree personal development plans that will enable them to develop their skills and knowledge further.

Service specifications and contracts will detail what the CCGs expectations of providers are in ensuring that their staff are appropriately trained, qualified and where appropriate for the profession, receive supervision. In addition, the CCGs expect providers to submit regular reports on how many staff have received an appraisal and the proportion of the workforce that has received appropriate statutory and mandatory training.

How will it be known that the aim has been achieved?

- The CCGs will have developed a strategic vision and set of core values, by which it will monitor its services.
- For each organisation, all staff will have had an appraisal and agreed a set of objectives that supports the CCGs aims in commissioning high quality care.
- Providers will be able to demonstrate consistently high levels of staff training, supervision and appraisal.
- Board to Ward processes, which demonstrate engagement with patients, carers and staff, to understand their experiences.

Quality Assurance

Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements. The mechanisms through which the CCGs will assure themselves of quality are identified in this section of the strategy and are as follows:

- clear expectations of quality
- provider monitoring
- provider visits
- quality accounts
- Thames Valley Quality Surveillance Group

Clear expectations of quality

All contracts will specify the outcomes and quality standards, planned monitoring arrangements and penalties where these apply. Where a threat to quality is identified, the CCGs will escalate as appropriate and will use appropriate commissioning and contractual levers to bring about improvements.

Provider monitoring

Through 2017/18, Clinical Quality Review meetings will continue with providers as required by the national NHS Contract. The frequency of meetings will vary according to the size of contract and level of risk. Meetings with large organisations will take place bi-monthly and with smaller low-risk providers less frequently. The CCGs monitoring systems allows them to identify any risks and then additional meetings will be scheduled if required.

Providers will be required to submit quality and safety performance reports that provide evidence of performance against national and locally agreed quality standards. As a minimum all providers will be required to provide information relating to:

- serious incidents
- health care associated infections
- complaints
- patient experience
- compliance with NICE guidance
- workforce
- staffing
- compliance with safety alert broadcasts
- performance against Commissioning for Quality and Innovation (CQUIN) requirements.
- local indicators such as 'Clinical concerns themes and actions taken

These indicators will be presented at hospital site level where this information is available. In addition, service level information is monitored for existing community services.

Where appropriate 'deep dives' will be used to explore in much more detail the layers of data and information to help provide the story that leads to a more comprehensive understanding of the provider or associated service. Any concerns will be highlighted and remedial actions agreed.

During 2017/18, the CCGs will establish an ACS Quality Committee, to begin undertaking quality assurance and monitoring on a system wide basis. This committee will replace the individual CQRMs from April 2018.

Provider visits

The CCGs will ensure that they see at first hand the quality of care being provided to patients and service users. There will be visits to provider organisations on a regular basis to observe care delivery, the environment that it is being provided in and to speak to patients, relatives and staff regarding their experiences of receiving or providing care. The CCGs will provide feedback to the provider on their observations and also reflect the findings and outcomes of the visits in CCGs Provider Quality reports to Quality Committee.

The CCGs will take into account clinical and/or public interest and quality and/or safety concerns when prioritising visits. Visits will take place with the prior agreement and notification of the provider, unless there are significant concerns relating to standards of quality and safety whereupon an unannounced visit may be appropriate. The decision to make an unannounced visit will be made by the CCG's Nurse Director (Executive lead for Quality).

Visiting staff will include medical or nursing leads, quality managers and lay members of the CCGs. Where areas of concern are highlighted, the provider will be asked to respond and provide assurance that these are addressed. If necessary, repeat visits will be arranged to ensure that actions have been implemented.

Quality Accounts

Large providers of NHS care are required to publish a Quality Account each year. The account must contain a retrospective review of performance of key quality initiatives and priorities and set out the quality priorities for the forthcoming year. Providers are also required to outline the clinical audits that they have taken part in or have undertaken independently. The account will be available publicly however before it is published CCGs must be given the opportunity to comment on providers' quality accounts. Providers must include the comments from the CCG in their entirety, in the final publication of the account. Accounts will be monitored through the relevant quality groups to ensure that they are an accurate account of quality and that progress against the identified priorities is being made.

The CCGs will provide comments on the Quality Account for the providers where they act as lead commissioner on behalf of the Thames Valley. Comments will be signed off by the Nurse Director on behalf of the Accountable Officer of the CCGs. Providers will

be monitored for performance and progress against the clinical priorities through the quality contract meetings.

Quality Surveillance Group

The CCGs will manage the relevant quality monitoring mechanism appropriate to the provider for which it is designated as the commissioning lead. In addition, informal and formal conversations within the CCGs, between commissioners, providers and stakeholders on a day to day basis may illicit 'soft intelligence' to be triangulated against other measures. To support the sharing and triangulation of information, a Thames Valley Quality Surveillance Group, led by NHS England is convened which meets on a bi-monthly basis. Membership includes Executive quality leads of each CCG and representatives from Healthwatch, CQC and NHSI. The purpose of the group is to jointly review quality performance and share information in order to identify potential or actual risks to quality and agree a response.

Governance

To ensure that performance concerns on quality and risks are escalated appropriately and openly, the CCGs has a governance structure which incorporates the provider quality meetings and the Thames Valley Quality Surveillance Group. An Integrated Quality and Provider report is presented to quality committee on all quality and performance. Each quality meeting reports directly to Governing Body through a chairs report and issues requiring contractual action are escalated to the Contract Review meetings with providers.

Integrated Quality and Performance Reports are presented to every Governing Body meeting and published on the CCG's websites, ensuring transparency and openness. The CCGs governance structure is outlined in Appendix A.

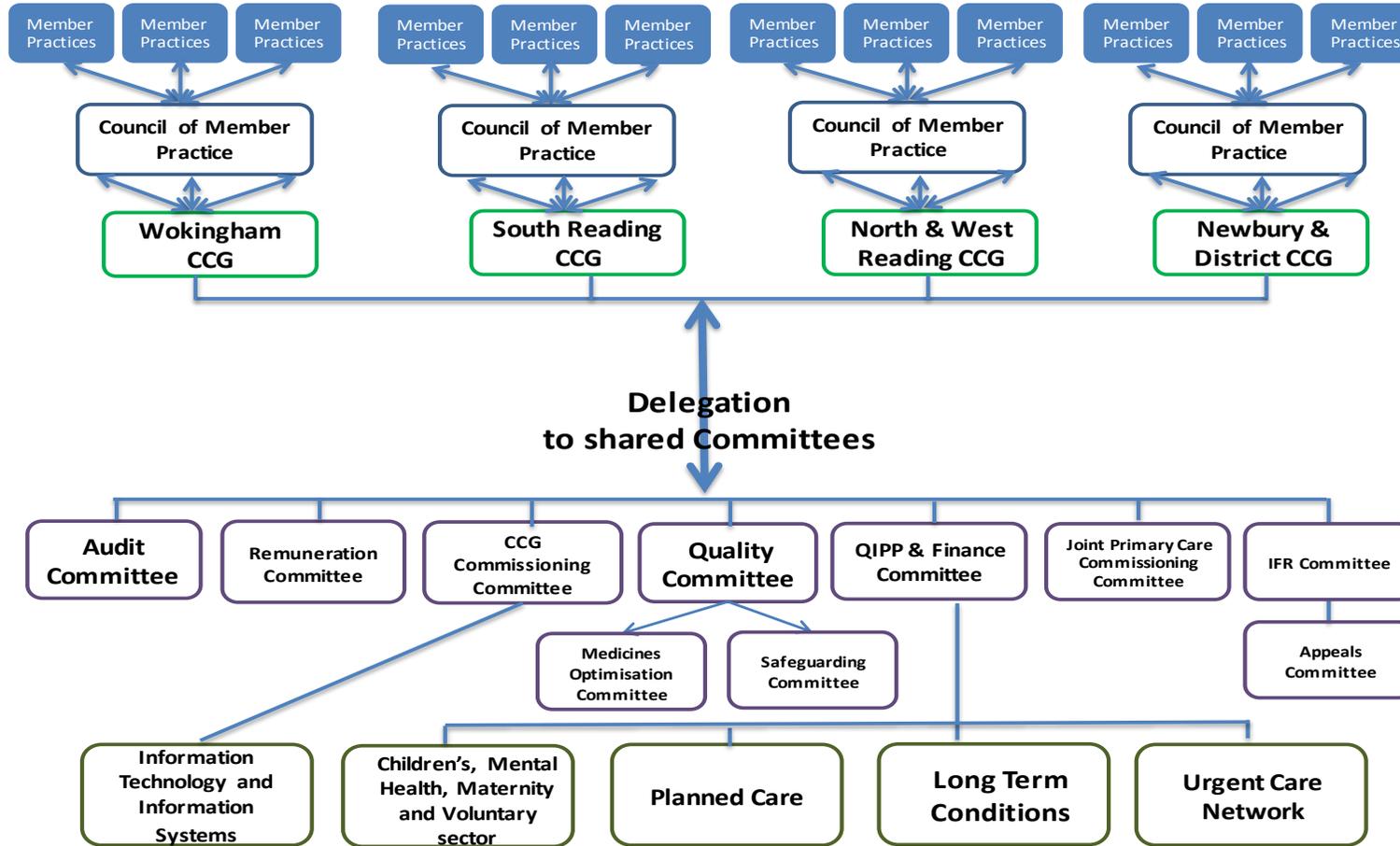
Quality Strategy Implementation

This strategy builds upon structures and actions developed in response to the Francis Report (2013) and the requirements of the CCGs structures and arrangements. Whilst the CCGs have put in place mechanisms to assure themselves of the quality of services at a high level, greater understanding of quality at service level is required. This will be supported through the implementation and further development of this strategy over the next five years.

To ensure accountability, implementation will be monitored by the CCGs Quality Committee and a chairs report provided to each Governing Body of the CCGs, after every meeting, as well as an annual quality committee report.

APPENDIX A

Berkshire West CCGs Governance Structure



References

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Glossary

Berwick Report

Report into NHS Safety published in February 2013 by Professor Don Berwick, an international expert in patient safety. The report highlights the main problems affecting patient safety in the NHS and makes recommendations to address them.

Clinical Commissioning Groups

Clinical Commissioning Groups are groups of General Practitioners that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Commissioning for Quality and Innovation (CQUIN) Indicators

A payment framework that enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of locally agreed quality improvement goals.

Francis Report

A report published by Sir Robert Francis QC in February 2013 which examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005-2009. The report made a total of 290 recommendations on openness, transparency and candour throughout the healthcare system and fundamental standards for healthcare providers.

Keogh Report

A report published by Professor Sir Bruce Keogh, NHS Medical Director for England, that reviewed the quality of care and treatment provided by fourteen NHS trusts and NHS foundation trusts that were persistent outliers on mortality indicators. His report identified some common challenges facing the wider NHS and set out a number of ambitions for improvement, which seek to tackle some of the underlying causes of poor care.

NHS Constitution

A document published in 2013 which sets out clearly what patients, the public and staff can expect from the NHS and what the NHS expects from them in return.

National Institute for Health and Care Excellence (NICE)

A national body that provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation. NICE guidance supports healthcare professionals and others to make sure that the care they provide is of the best possible quality and offers the best value for money.

Never Events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

NHS England

NHS England is an executive non-departmental public body of the Department of Health. It oversees the budget, planning, delivery and day-to-day operation of the NHS in England as set out in the Health and Social Care Act 2012.

Outcomes Framework

The NHS Outcomes Framework sets out the outcomes and corresponding indicators that are used to hold NHS England to account for improvements in health outcomes, as part of the government's Mandate to NHS England.

Patient Reported Outcome Measures (PROMS)

PROMs assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre & post-operative surveys. The procedures included are hip replacements, knee replacements, groin hernia and varicose veins.

Providers

Organisations that provide primary and secondary health care. This includes hospitals, clinics and general practitioners; along with community services, mental health services or nursing homes. They can also be privately owned or NHS organisations.

Primary Care

Primary care includes GP practices, dental practices, community pharmacies and high street optometrists.

Safety Alert Broadcasts

A mechanism for issuing patient safety alerts. Alerts are issued via the Central Alerting System (CAS), a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care.

Serious Incidents

A serious incident is an incident that has occurred during NHS funded healthcare, which results in unexpected or avoidable death or severe harm of one or more patients, staff or members of the public. It also includes any scenario that prevents, or threatens to prevent, an organisation's ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population.

Urgent Care

'Urgent care' describes the NHS services that are used when patients need advice or treatment immediately, but which is not an emergency or life-threatening. Urgent care services can be accessed at any time of the day or night and any day of the week, including bank holidays. It includes anything from telephone advice through to face-to-face treatment by a doctor or nurse.