Barnet Clinical Commissioning Group

BARNET CLINICAL COMMISSIONING GROUP

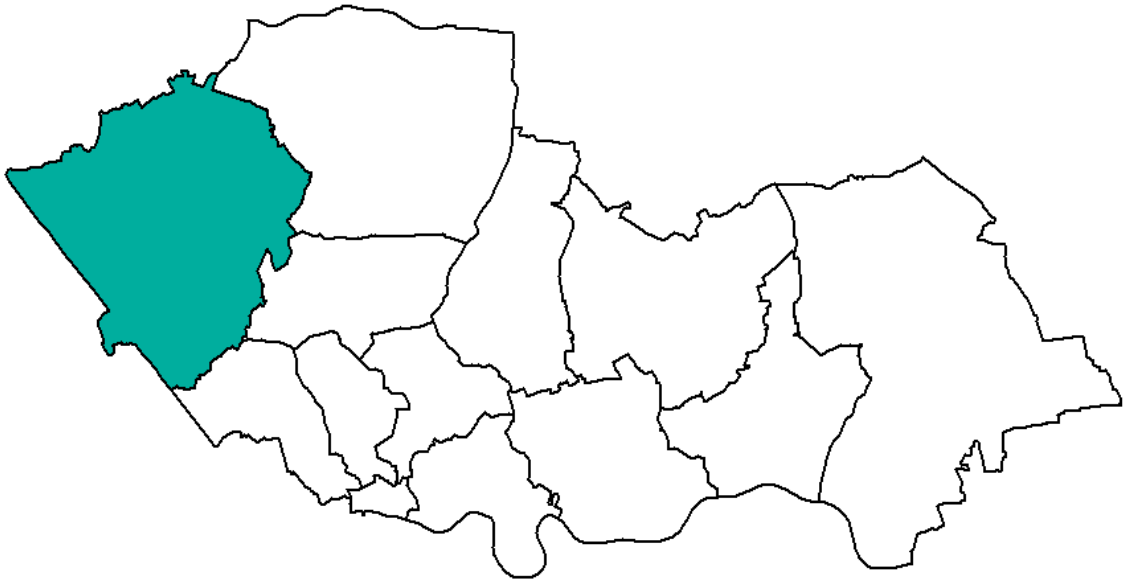
QUALITY STRATEGY

2015-2018

Approved: 12 November 2015, Barnet CCG Clinical Quality & Risk Committee

Ratified: 26 November 2015 Barnet CCG Governing Body

For Review: September 2016



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Approvals

This document requires the following approvals before finalisation.

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Foreword

Following the publication of the Francis Report into the breakdown of care at the Mid-Staffordshire NHS Foundation Trust, Professor Donald Berwick was asked by the Prime Minister to review the report's findings and his second recommendation states:

"All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support" (Don Berwick; published 6 August 2013).

NHS Barnet Clinical Commissioning Group have set out in their 3 year Quality Strategy what this statement means to their delivery of healthcare services for the people of Barnet which they are responsible for buying through commissioning.

It is our belief that every person deserves a quality and safe experience wherever they are cared for in NHS services. It is our ambition is to work with providers of services and our local population to continually improve the quality of services to ensure that this is the case for the people of Barnet.

Patients and their carers judge services by varying criteria including good clinical care and outcomes of treatment, effective and efficient access to services and some choice in the location and care they are given. What is often not discussed but has now been highlighted by various inquiries, reports and media attention, is the delivery of what used to be called basic care but is fundamental to patient and carer experience.
People want and deserve to be treated as an individuals and to be properly communicated with in a respectful and listening manner. They want to be sure that their voice is heard and that they, and their carers, are at the centre of decisions made about them.
Professor Don Berwick identified the importance of this in his report of 2013:

"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times. Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work. Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge."

Most important to patient experience is to ensure all staff working directly with patients, whether in a patient's home, GP surgery, a hospital or care home are given a clear understanding of how they should behave. Training and development of staff is crucial to the delivery of high quality, compassionate care. Kindness and consideration of others should be central to care. Leaders should role model a culture which reflects the behaviours they wish to see in staff. Transparency and honesty in all dealings with staff, users of the services, with our partners in commissioning and our regulators, such as the Care Quality Commission (CQC), should always be the case.

This document describes our strategy and actions to see quality and safety as core to Barnet CCG's work on behalf of our residents.

Debbie Frost
Chair
Barnet Clinical Commissioning Group

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1. EXECUTIVE SUMMARY

1.1 This Quality Strategy sets out Barnet Clinical Commissioning Group (BCCG) approach to quality in the commissioning (funding) and monitoring of services. Building on the recommendations of the national reports on quality and safety of care reports by Francis, Keogh, Berwick and Cummings, the strategy outlines our responsibilities and first describes what we mean by the term 'quality'. It goes on to define how we will assure ourselves that people within the population we serve receive high quality care delivered with compassion by competent staff through clear and effective communication and with courage and commitment. The strategy also sets out the controls and monitoring (governance) arrangements, as described in section 11, which are vital to that ensure BCCG's Governing Body reviews, challenges and subsequently supports the quality of services commissioned.

1.2 The Health and Social Care Act 2012 sets out the Government's long-term plans for the future of the NHS. Under the Act, the responsibility for commissioning non-specialist or secondary health services shifted from the Primary Care Trusts to local groups of clinicians through the establishment of Clinical Commissioning Groups (CCGs). These clinically led organisations are responsible for planning and commissioning a range of high quality healthcare services for the local communities.

1.3 As well as the 2012 Act there are three other sets of key national deliverables for high-quality care; the NHS Constitution, the NHS Outcomes Framework and the NHS Five Year Forward Plan.

- The NHS Constitution 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 must work to.

- The NHS Outcomes Framework (NOF) sets out the national outcomes and aims that all providers of NHS funded care such as hospitals are aiming to improve and meet. These are grouped around five domains or areas, these 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 and treating and caring for people in a safe environment and protecting them from avoidable harm.

- The NHS Five Year Forward Plan sets out a clear direction of travel for the NHS:

    - ❖ Focus on prevention to reduce health needs (including obesity, smoking and alcohol)

- ❖ When people do need health services, patients will gain far greater control of their own care
- ❖ The NHS will take decisive steps to break down the barriers in how care is provided
- ❖ Integrated services from general practice to specialist to create new integrated multispecialty providers
- ❖ New models of emergency and out of hours care
- ❖ Additional NHS support for people in care homes

1.4 Ensuring that patients receive high quality care relies on a complex set of interconnected roles, responsibilities and relationships between the CCG, healthcare and other professionals, provider organisations such as hospitals and community organisations, other commissioners, regulators who review all providers, local authorities and other national bodies.

1.5 A single definition of quality for the NHS was described by Lord Darzi in his review published in 2008. The definition sets out three dimensions that must be present to provide a high quality service; clinical effectiveness, safety and patient experience. The national regulator, the Care Quality Commission's (CQC) reviewed it's method of assessing healthcare and added two additional dimensions; organisational culture and leadership and responsiveness.

1.6 BCCG's Quality Strategy is based on these five dimensions. For each dimension the strategy describes our 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?

1.7 For each domain of quality the strategy sets out a number of measurable actions and related outcomes that will help ensure that we 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 the quality of commissioned services.

1.8 The CCG is a statutory body and is therefore accountable to the public and our Quality Strategy will be overseen and ratified by our Governing Body and the strategy describes how this will take place.

1.9 The strategy will be supported an implementation plan that incorporates all of the proposals within the document, together with timescales and expected outcomes.

2. INTRODUCTION

2.1 The significant breaches in standards of care at Mid-Staffordshire Hospitals and the subsequent findings of Sir Robert Francis's Inquiry into those failures 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 healthcare is provided and the quality monitored and the outcomes from the investigation have rippled through and touched every corner of the NHS.

2.1.1 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 and further national reports on quality and safety of care have been published by Sir Bruce Keogh, Don Berwick and the Chief Nursing Officer report (Compassion in Practice). As a result of these quality of care has been pushed to the very top of the NHS agenda.

2.1.2 This Quality Strategy sets out the approach of Barnet Clinical Commissioning Group (BCCG) to quality in the commissioning and monitoring of services. The strategy aligns with the CCG 2015/16 Operational Plan and previously published vision and goals. *[Diagram 1, page 10]*

2.1.3 This strategy outlines our responsibilities, describing what we mean by the term 'quality' and how we will continue to improve systems to ensure that the Barnet population whom we serve receive high quality care.

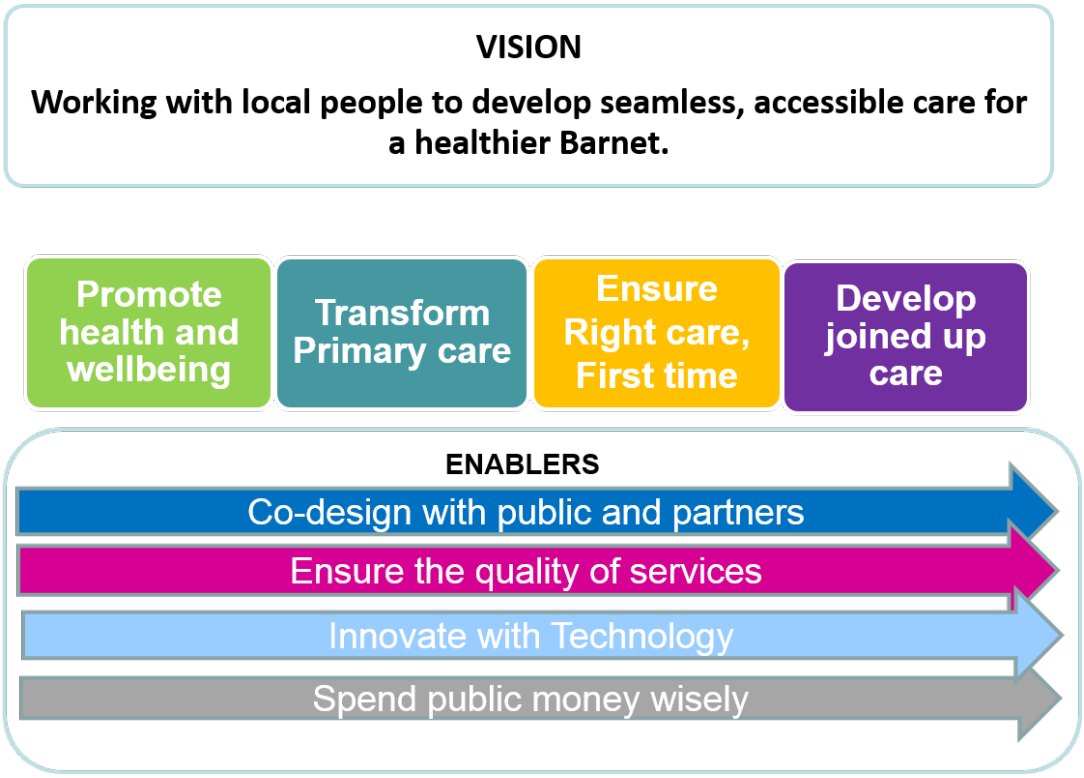
2.2 **Barnet's Health and Social Care System**

2.2.1 Barnet is part of a local 'health economy' which groups together the five boroughs of North Central London (NCL) and their equivalent Clinical Commissioning Groups (CCGs); Barnet, Camden, Islington, Enfield and Haringey.

2.2.2 In NCL there are six organisations that provide community healthcare mental health services, six acute or hospital trusts (3 of which are Foundation Trusts) and 240+ GP practices.

2.2.3 Barnet CCG has 63 member general practices (GP) covering a population of around 364,000 people. The CCG works closely with the London Borough of Barnet to assess the health and social care needs of its population and develop services that can improve health and social outcomes. The Joint Health & Well-Being Strategy (London Borough of Barnet and Barnet CCG) sets the key priorities for health and well-being in Barnet and informs the service development initiatives of Barnet CCG including this strategy.

2.3 Our Priorities



"We will work in partnership with local people to improve the health and well – being of the local population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population".

2.3.1 **Five Year Plan**

- **Strategic Goal 1**: Promote health and wellbeing, enabling Barnet's population to be as healthy as they can be and make informed choices about their health and lifestyle
- **Strategic Goal 2**: Transform Primary Care utilising the knowledge and skills of GP membership, ensuring patient-centred consistent primary care for the people of Barnet.
- Develop a proactive and innovative Primary care network to provide more local care and joined up care
- **Strategic Goal 3**: Ensure Right Care First Time, working with patients, the public, GOs, the London Borough of Barnet, service providers and other stakeholders, BCCG will develop new service models and pathways to meet the health and social care needs of our population.
- **Strategic Goal 4:** Deliver Joined up care

2.3.2 Our 5 year plan is supported by a set of priorities that support the commissioning of high quality services

- To establish Barnet CCG as the health systems leader for Barnet and across the 5 CCGs to create a resilient health system in North Central London;
- To manage the local health system to commission urgent care access for patients when they need it, to the appropriate services, ensuring the system is resilient to surges in demand
- Ensure good quality, safe healthcare in all settings
- Implementation of a Barnet Strategy that is clinically-led, and delivers the best possible care to patients and their carers
- Enhance quality and safety of care, embedding the recommendations of the Francis Inquiry
- Improved Quality & Outcomes by delivering across the five domains
- Reduce inequalities in access to health services & outcomes achieved
- Improve Patient Safety through continuous improvements & target for providers to be in the top 20% of National Reporting & Learning Service reporting
- Providers to have action plans to implement the "6 Cs" action points from the Francis Review 2013
- Achieving Parity for Mental Health –review of needs, models and gaps and commissioning of outcome based service models
- Transforming care of people with learning disability.

2.4 Scope of our commissioning

2.4.1 Barnet CCG commissions activity from providers that are registered with the CQC), and as part of the contracting arrangements we work closely with them to deliver continuous improvements in quality.

2.4.2 The services commissioned by Barnet CCG include the majority of NHS funded healthcare services such as:

- ❖ Planned hospital care;
- ❖ Rehabilitative and continuing health care (nursing care in non-acute patient settings);
- ❖ Urgent and emergency care (including out of hours services);
- ❖ Most community health services; and maternal and Childrens' health, mental health and learning disability services.

2.4.3 Most of these services are provided by four large NHS Trusts:

- ❖ The Royal Free London NHS Foundation Trust which includes Barnet and Chase Farm Hospitals
- ❖ University College London NHS Foundation Trust
- ❖ Central London Community Health NHS Trust
- ❖ Barnet, Enfield and Haringey Mental Health Trust.

2.4.4 Urgent and emergency care services are provided by the London Ambulance Service NHS Trust including the provision of the NHS 111 service.

2.4.5 We work closely with the London Borough of Barnet to align our commissioning and quality work to joint goals and vision' e.g., our 5 year plan is underpinned by the Barnet Health Well-Being Strategy.

2.4.6 Barnet CCG is not responsible for directly commissioning primary care services, such as dental care, pharmacy, ophthalmology (optician) or GP services; this is currently the responsibility of NHS England. However, we do have a responsibility to support the improvement of quality in primary care in our member GP practices. As part of the primary care co-commissioning agenda (NHSE and CCG) the CCG will develop an action plan to support the improvement in quality in primary care.

3. QUALITY SERVICES: THE ROLE AND FUNCTION OF BARNET CCG

3.1 CCGs are clinically led organisations through their membership of GP practices and are responsible for planning and funding (commissioning) a range of high quality healthcare services to meet the needs of the local community. In so doing they must ensure equality of access and effectively monitor the delivery of the services provided by local. In this way Barnet CCG assures itself that providers of health care are compliant with their duties to deliver high quality, safe, compassionate and effective treatment and care.

3.2 Our Quality Strategy outlines the actions required to secure the quality of services we commission and is enshrined in our four strategic goals.
Diagram 1: Barnet CCG Strategic Objectives & Vision 2014/15

3.3 Our Values

- Treat everyone with compassion, dignity and respect
- Person-centred care that supports people to be as healthy as they can be
- Work in partnership and collaborate with all
- Reduce dependency and promote self-care

4. OUR RESPONISIBILITIES

4.1.1 The Health and Social Care Act 2012 set out the government's vision for strengthening the reforms that the Francis Report began; a clinically led and quality driven health care service. NHS England has challenged CCGs to improve local services defining their expectations of how they should be delivered and experienced by the populations they serve.

4.1.2 The CCG is a statutory body resulting from an Act of Parliament and has responsibilities to:

- To improve the health of population of Barnet
- Reduce the inequalities in access to health services
- Provide integrated health services including with social care where this will reduce inequality.
- To provide access to high quality care which is free at point of entry.

4.1.3 In setting out its vision for a clinically led and quality driven healthcare service, the Government, through NHS England, has challenged CCGs to improve local services, defining its expectations of how local services should be delivered and experienced by the public. CCGs are required to assure themselves of the quality of services that they commission from all providers and ensure that local people can use these services with confidence. This is in response to public inquiries such as those into the care delivered at Mid Staffordshire NHS Foundation Trust by Robert Francis and at Winterbourne View Hospital; subsequent reports into patient safety (the Berwick review) and the quality of care and treatment provided by 14 hospital trusts in England (the Keogh review),

4.1.4 Subsequently, the CCG takes responsibility for the quality assurance of health services we commission by meeting with and reviewing information and data on a regular basis thereby holding providers to account for delivery of their contractual obligations and quality standards.

4.1.5 We also take responsibility for working closely with providers to ensure service delivery continually improves and they have in place processes to drive this continual improvement including the adoption and sharing of innovation and learning from incidents when things go wrong.

4.1.6 As a GP membership organisation we also take seriously our responsibility to work with and help member GP practices and wider primary care to continually improve quality and meet support practices to meet current national standards. We work closely with NHS England who hold the contracts with the GPs and want to continually improve the range and quality of services GPs offer.

4.1.7 Each provider and GP member practice remains accountable for the quality of services within their own organisation. Individual CCG members/staff have a responsibility to report incidents and respond to patient feedback in an open and transparent way in order to support improvement in our services.

5. OUR AUDIENCE

The audience for the strategy are members of the public and those groups representing the public and local health and social care organisations. The Quality Strategy's purpose is to explain Barnet CCG's approach to the delivery of high quality care in Barnet and define its expectations of itself and of its providers.

6. FRAMEWORKS AND METHODS FOR MONITORING QUALITY IN THE NHS

6.1 The NHS Outcomes Framework (NOF) sets out the national outcomes and aims that all providers of NHS funded care such as hospitals are aiming to improve and meet . Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high level national outcomes that the NHS should be aiming to improve *[Diagram 2]*

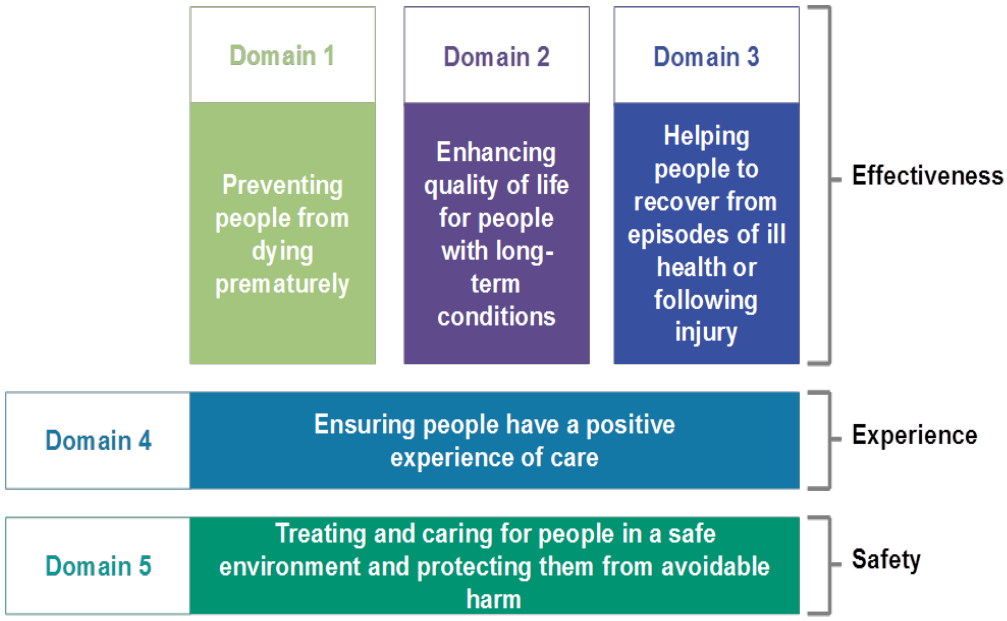


Diagram 2: NHS Outcomes Framework

6.2 Our quality strategy is built on the 5 domains set out in the NHS Outcome Framework *[diagram 2]* and supports Barnet CCG's 5 year strategic goals (Ensuring right care, the first time) as in Diagram 1:

i. Promote health & well-being enabling the population to make informed choices about their health & lifestyle
ii. Utilise the knowledge and skills of our GP membership, ensuring a patient centred primary care for the people of Barnet
iii. Ensure right care, first time, working with patients, the public, service providers and other stakeholders to develop new service models and pathways to meet the health and social care needs of our population
iv. Develop local joined up care to streamline and join up complex care and support for the frail and the elderly and those with complex long term conditions, with care provided as close to home as possible.

6.3 There are several other key frameworks and that shape our approach to quality:

- ❖ CQC essential standards framework
- ❖ Monitor's/ Trust Development Authority (TDA) governance and patient choice guidance
- ❖ The NHS Five Year Forward Plan
- ❖ The NHS Constitution.

6.4 Our commissioning and contracting mechanisms have quality at their centre; containing specified quality monitoring standards which are embedded in the specification of the service. We use these standards to compare performance of providers in respect of quality outcomes.

6.5 In monitoring the quality of services we give due regard to both the quantifiable or hard data such as numbers of staff on wards and the softer intelligence provided by patients, public and staff about their experiences of care received. We use this to identify any significant variations in the performance of the service and outcomes for the patients and in regular meetings with providers discuss the information and challenge them to understand the reasons for variations and, more importantly, what the organisations will do to remedy them. We learn from our monitoring activities and feed that learning back into our organisation and share that learning with other health and social care commissioners.

7. WHAT IS QUALITY

7.1 Quality is systemic, it can't be delivered in isolation from those receiving or commissioning care. Ensuring that patients receive high quality care relies on a complex set of interconnected roles, responsibilities and relationships between commissioners, healthcare and other professionals, provider organisations such as hospitals and community organisations, other commissioners, regulators who review all providers, local authorities and other national bodies.
Quality is not the responsibility of any one part of the system alone, but a collective endeavour requiring collaboration at every level of the system. No one player in the system holds all the available intelligence upon which quality is based nor the whole system view which is necessary.

7.2 Lord Darzi's report, *High Quality Care for All*, in 2008 made it clear that quality is the organising principle of the NHS and provided a single definition of quality for the NHS 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.

i. **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.
ii. **Safety**; quality care is delivered in a way that reduces the risk of any avoidable harm and risks to a patient's safety.

iii. **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.

7.2.1 Darzi's definition was added into the CQC's inspection toolkit, in 2013/14 the CQC added a further 2 domains for review; responsiveness and organisational culture and leadership.

The five dimensions of quality in Barnet CCG

Diagram 3: CQC the five domains of quality 2014

7.3 Barnet CCG Quality Framework

7.3.1 We believe that all five domains *[diagram 3]* described in this strategy have equal weight and will be accorded equal emphasis when describing and reviewing quality and will therefore have equal emphasis in terms of managing the performance of organisations.

7.3.2 In addition we believe that all services must be accessible, cost effective and must be delivered by a competent and compassionate workforce. These principles are demonstrated in the diagram below.

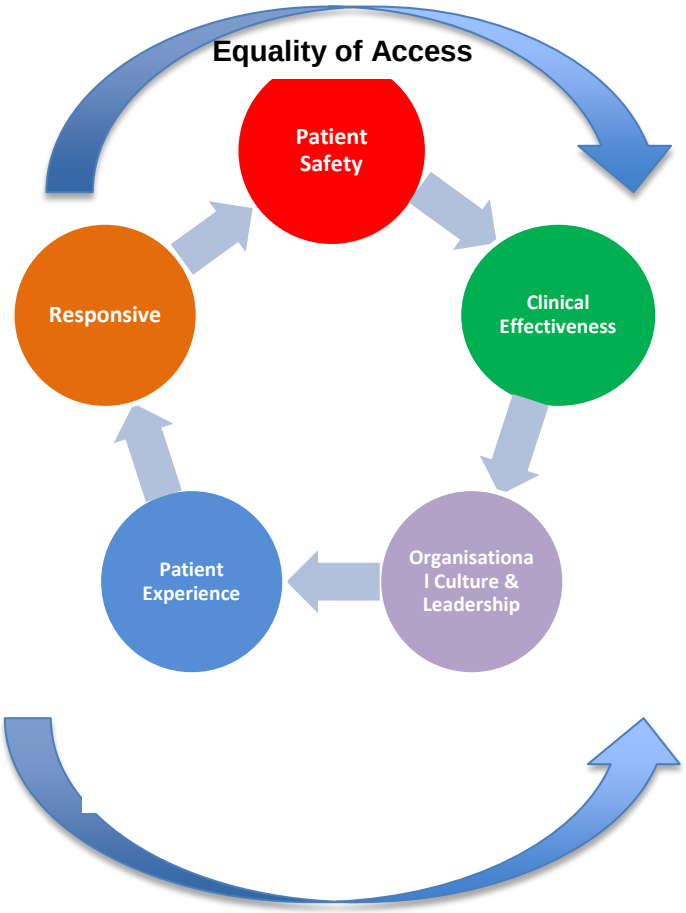


Diagram 4: Barnet CCG's approach to commissioning high quality services

8. VISION FOR QUALITY

8.1 Our vision is that:

Every person in Barnet will have access to safe, evidence based care that is personalised and responsive.
The people of Barnet deserve to enjoy the best possible health and wellbeing, and receive quality care when they need it. We aim not only to deliver the national quality standards but also to exceed them through local innovation and excellence. We believe in all residents having the right care, in the right place, at the first time.

8.2 We believe that when planning any service redesign the views of our patients and carers must be heard and be at the heart of our continuous quality improvement plans. We will strive to ensure all service providers are working together to provide services that are accessible for individuals every time they need them; delivered by competent and compassionate staff.

8.3 We will keep this vision at the forefront when we are planning service redesign and ensure that patients, carers and families are at the heart of our quality improvement plans.

8.4 Achieving high quality services is more challenging today than it has ever been. NHS funding is only increasing marginally and local authority funding is reducing year on year. At the same time, clinicians are telling us that it is not always possible to deliver the highest level of care within the constraints of our current system. These factors create significant service and financial pressures on our health and social care economy which could impact quality. This environment is an impetus for the development of this strategy which will define the improvements we need to make to the methods of managing.

9. OUR AIMS

9.1 Patient Safety

9.1.1 What is our aim?

Patients will experience harm free care when they are using NHS funded services.

Through collaborative working we will encourage our providers to meet the standards and reporting requirements set out in the NHS Outcomes Framework, other key drivers and national guidance.

We will ensure that all services commissioned are safe through a thorough assessment of risk and actions. Barnet CCG is committed to working in partnership to reduce risk through identifying, monitoring, challenging, managing and reporting on safety issues and concerns in a transparent and timely manner.

We recognise that different parts of the healthcare system need to work together to address this within 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 aim therefore is to develop a positive safety culture that is open and fair and encourages people to speak up about mistakes and for healthcare organisations record them through appropriate incident reporting mechanisms.

9.1.2 What do we need to do to succeed?

- All organisations within the NHS have a legal duty (a ‘Duty of Candour’) to be open and honest with patients where mistakes resulting in harm are made and offer to share the results of the investigation.

- We currently monitor that our providers ensure that where mistakes resulting in harm to an individual are made the patient/ patient family are informed in a timely way and informed of the outcome of investigation.

- Serious Incident reports (mistakes resulting in harm) are also expected to include assurances that patients have been told that a mistake has been made.

- We will ensure that providers inform us of the occurrence of any serious incident within 48 hours of it taking place.

- We expect providers to inform us of the immediate actions taken to protect the safety of patients (and if applicable, staff) and to undertake a comprehensive investigation to identify opportunities to change processes and share learning.

- We will monitor action plans produced in response to investigation findings and ensure that any emerging issues will be taken forward with the provider and monitored through the appropriate quality monitoring processes

- We expect providers to be able to demonstrate that any recommendations or lessons learned from incidents are fully implemented to prevent recurrence and will monitor this on a regular basis.

- The recommendations from the Francis, Berwick, Keogh and Cummings 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. We will produce self-assessments of our position arising from these key reports and any subsequent reports on patient safety and assess our performance and that of our providers of service against each action point.

- We will expect our providers to regularly reassess their performance against these reports and to share their position with the CCG. We will require action plans to address areas for development and will escalate our concerns where we cannot see the outcomes.

- We will work collaboratively and supportively with providers of care to jointly monitor patient safety and the mechanisms that support it through regular meetings. If we identify any areas of concern, we will work with providers to understand the reasons and agree and monitor appropriate remedial actions.

- We will listen to patients and staff concerns, respecting their right to raise concerns without fear of undue consequences.

- We will monitor providers to understand what degree of care that they provide is 'harm free'. The safest organisations are those that have very high levels of 'harm free' care. The patient safety thermometer requires hospitals and care organisations to audit themselves and publish results on a monthly basis. We will compare this nationally using the national patient safety 'thermometers' for acute care and maternity services and through defined quality measures in NHS contracts.

- We will expect our providers to understand the safety of their services using national tools such as The Health Foundation Framework for Measuring and Monitoring Safety and report on their assessment to their Boards and to commissioners.

- Barnet CCG wishes to create a 'high trust' environment where members feel able to share worries, even if not supported by hard data (in line with CCG policies for example 'being open' and whistleblowing policies). However, this needs to be set within the context of the CCG's statutory duty to act on information that may raise patient safety issues.

- We will 'Sign up to Safety', the Secretary of State's 2014 initiative, to reduce the level of harm caused within the NHS and publish our 'Sign up for Safety' Pledges for the public to see. We will monitor and communicate our progress in the delivery of the pledges and encourage our providers to sign up.

9.1.3 **How will we know when we've got there?**

- The CCG and its providers will have assessed themselves against the recommendations of the Francis, Berwick, Keogh and Cummings reports and developed and implemented action plans to address any shortfalls.
- The degree of harm free care provided by the CCG's providers is significantly higher than their equivalents.
- Numbers of serious incidents reported is below the average for the type of provider.
- There are no never events *(an event so serious that it should not happen as defined by Department of Health).*
- Providers will reduce their level of acquired health infection rates year on year in line with their trajectories.
- There are no breaches of an organisation's 'Duty of Candour' to patients and relatives.
- We will be able to demonstrate robust safeguarding practices and governance internally.
- We and our providers will have Signed up to Safety and reported progress against our pledges.
- Providers are able to demonstrate that learning from errors and incidents has been embedded within organisations, systems and practice to prevent recurrence.
- Providers will have an embedded, evidenced based mechanism for monitoring the safety of their services.

9.2 Clinical Effectiveness

9.2.1 What is our aim?

The NHS Outcome Framework defines that good commissioning is much more than the specification of the services and the outcome for the patient. It requires review of information describing the clinical effects of the treatment and 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 that the long-term interests of the public are being safeguarded.

We want to ensure that services that we commission are effective and provide the best outcomes possible for the patients that use them and that our providers have robust mechanisms to measure the effectiveness of their services and robust governance to support its delivery.

We will demonstrate clinical effectiveness by measuring provider performance in relation to:

- Implementation of the national NICE guidance
- Reduction of variation in clinical practice (commissioning for quality)
- Value for money
- Achievement of key performance indicators and clinical outcomes.

We will adopt the NHS England guidance for commissioners on improving nutrition and hydration (2015-2018) to ensure that people receive high quality nutrition and hydration support whe4n required through commissioning person centred and clinically effective services.

9.2.2 What do we need to do to succeed?

- We will expect that all providers are able demonstrate that they comply with best practice standards including 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 CCG will require that time specific action plans are developed and agreed. Plans will be monitored through the relevant quality meetings with providers.

- We will formally comment on all of our provider Trusts' Quality Accounts, which must be published annually and provide a self-assessment of performance in areas of patient safety, clinical effectiveness and patient experience.

- 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. Barnet CCG will commission services in line with these standards where relevant, using them as the benchmark.

- We will monitor hospital mortality rates through trust reports and the CQC intelligent monitoring reports and will act where these are higher than the expected levels to understand the figures and local factors which may impact them and any actions that can be taken to improve them.
  Providers will be expected to have a robust mechanism for reviewing and monitoring clinical practice as well as reviewing mortality statistics.

- We will expect that any accreditations relevant to commissioned services and regulatory inspections are disclosed and results and actions discussed with the CCG.

- There is a national reporting process in place for all acute hospital providers for patient reported outcome measures (PROMS) for several key procedures. We will continue to monitor this data from our providers and work with them to support improvement if outcomes are lower than the national average.

- Through primary care co-commissioning we will support our member practices to effectively manage processes aligned to quality (clinical effectiveness and patient experience) and monitor their implementation.

- We will identify a senior/ executive champion to drive forward the work on nutrition and hydration and influence key stakeholders to make improvements. We will develop our understanding of the state of nutrition and hydration in Barnet and use this to commission improved services.

9.2.3 **How will we know when we've got there?**

- The CCG can demonstrate that it has considered the NICE quality standards applicable to the services they commission, prioritised them and used them where appropriate in service specifications and commissioning activities.
- Providers are able to demonstrate compliance with all appropriate NICE technology appraisals and guidance.
- Mortality rates are within expected levels.
- Nationally measured outcomes for provider key procedures are higher than equivalent organisations.
- Provider governance and operational practice supports the delivery of effective services and there is evidence of routine reporting at provider boards.
- PROMS are monitored and acted upon.

9.3 Patient Experience

9.3.1 What is our aim?

Core to understanding the quality of services provided, is to understand the experience the patients/service users/carers have of the services.

We want to ensure that our patient's experience compassionate care that is personalised and sensitive to their needs. We will ensure that patient opinion and experience informs our assessments of provider standards and flags up any potential failings in quality and becomes implemented in commissioning of services.

One of our key challenges is how to obtain patient experience data from all providers and to use it intelligently to lead to real improvements in patient experience in present and future services. We aim to ensure that collating this information is aligned to our strategic priorities and analysed in a meaningful way.

9.3.2 **What do we need to do to succeed**?

- We will expect our providers to:
  - Provide care in line with the standards set out in the 6 C's: compassion, competence, communication, courage and commitment.
  - Demonstrate how patients are involved in decisions about their care.
  - Demonstrate how patients are involved in changing service models
  - Demonstrate how all patient feedback is used in opportunities to enabling learning and improvement

- We will continually seek to develop and implement systems both, data monitoring and softer intelligence gathering such as listening to the patent's story, to improve our monitoring of patient opinion and experience of care across all commissioned services.

- We will capture learning from our monitoring thus enabling themes and trends to be identified and use this information to assist in identifying where a service may be failing or not delivering the expected standards of quality.

- We will share this data with the organisation and investigate and require providers to provide remedial actions where lapses in quality of care or service are identified. We will then provide feedback to patients to demonstrate that we have listened to them and acted accordingly.

- We will develop a 'patient stories' programme with our providers to ensure we can capture the experiences of patients allowing us to better understand the impacts of their experiences and use that learning in our commissioning. For providers which do not currently have patient stories or qualitative measures of patient experience, the CCG aims to encourage development of processes.

- We will develop and implement systems that support patient feedback from general practice.

- We will monitor patient comments recorded on public social media, NHS validated websites e.g., NHS Choices; collating themes and trends and take appropriate action to address any issues raised.

- We will work in partnership with HealthWatch Barnet to widen the capture of patient experience.

- We will manage and monitor concerns related to the CCG itself and ensure all formal CCG complaints are fully investigated by the organisation and that responses acknowledge the complainant's concerns, contains an apology and

demonstrates that learning has been shared and embedded across the organisation.

- The CCG has commenced co-commissioning of GP services in Barnet borough with NHS England. We will develop patient experience mechanisms to capture feedback and concerns of patients from general practice and promote the sharing of learning from both.

- We expect our providers to manage their complaint process in line with national requirements. We will monitor the provider quarterly complaints reports which identify numbers, themes and trends and the actions taken by the organisation in response through the CQRG.

- We will develop and implement systems that enable us to monitor patient opinion and experience of care across all commissioned services.

- We will use patient experience information that we capture and cross reference this against information from the wider quality information sources, enabling themes and trends to be identified. We will investigate variations and require providers to provide remedial actions where lapses in quality of care or service are identified. We will provide feedback to patients to demonstrate that we have listened to them and acted accordingly.

- We will expect our providers routinely report on service specific Friends and Family Tests. The test gives the providers and CCG 'real-time' feedback on patient experience. We expect providers to monitor feedback and implement appropriate actions to increase the number of patients who rate their care as excellent or good.

9.3.3 **How will we know when we've got there?**

- Barnet CCG will have a clear picture of patient opinion through quantitative and qualitative data from providers and residents with measurable results for the providers in patient satisfaction.
- The providers and the CCG will have developed systems of enquiry relating to services where quality has been identified as an issue and ways monitor services in less formal ways than through the contract measures.
- Providers will be 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.

9.4 **Responsiveness**

9.4.1 **What is our aim?**

Health care responsiveness is the responsibility of all health care commissioning and provider staff. We have a responsibility to respond to the needs of our population, and develop strategies that ensure healthcare responsiveness is fully assessed and that services are commissioned appropriately.

To achieve this we aim to:

- We will Involve the public early in our decision making about commissioning new services and re-designing existing ones;
- Listen to what people tell us and ensure as far as is possible that public views are acted upon;
- Feedback what we have done to take account of patient's views, and where we have not made any changes to explain why;
- Make sure that the organisations we commission services from have effective public engagement and systems in place to gather patient views and patient experience information;
- Make sure that everyone who works with us will share our views about the importance of involving the public.

9.4.2 **What do we need to do to succeed?**

- We will have a refreshed engagement strategy based on learning in 2014/15. The new strategy will be developed in collaboration with the London Borough of Barnet, HealthWatch Barnet, providers and Patient Participation Groups.

- Our commissioning priorities will be informed through wide stakeholder involvement and health needs assessment. These priorities and commissioning intentions will be set out in our annual operational plans and shared with stakeholders.

- We will build community capability and capacity in order to have a "sustained conversation";
    - Be clear where we need to involve patients and what for and;
    - Be clear where we need to involve the public and what for

- We will commission work to establish how best to hear those patient and population groups whose comments and views are seldom heard and use the learning to inform the new strategy.

- We will expect providers to demonstrate that they are able to assess the needs and requirements of patients and service users and respond appropriately.

- We will expect our providers to be able to demonstrate robust internal governance of its Patient and Public Involvement activity and report as required to the CCG Clinical Quality & Risk Committee and Patient & Public Engagement Committee and Governing Body.

- We will support the establishment of patient participation groups at GP surgeries throughout Barnet and develop a system for regular feedback to GPs through the three GP locality groups where they meet to discuss local issues and the GP locality representatives to the CCG Clinical Quality & Risk Committee and Governing Body.

9.4.3 **How will we know when we've got there?**

- Evidence of engagement with general and specific client groups including those groups whose views are seldom heard.
- Evidence of wide engagement with stakeholders including public bodies representing the health views of the population in the development of CCG commissioning priorities.
- Evidence of early engagement with patients and carers when developing or changing services.
- Evidence of assessment of patients and carer's needs and opinions, for example through patient surveys and complaints.
- The CCG will be able to provide assurance to the Governing Body and its subcommittees that Public and Patient Engagement has been considered across the commissioning cycle.
- The CCG will be able to demonstrate tangible outcomes from its engagement activity.
- The 'Walk the Pathway" engagement programme with Children and young adults will be central to the new Childrens and Adolescent Service transformation programme.
- We will become active participants in the Barnet Youth Parliament.
- The results of the 'Reimagining Mental Health Services' engagement work will inform future services,

9.5. **Organisational Culture and Leadership**

9.5.1 **What is our aim?**

We want to develop a culture of openness, learning and continuous improvement for all staff. This should not only be within our own commissioning organisations, but within provider organisations as well.
Our aspiration is to.

9.5.2 **What do we need to do to succeed?**

- The CCG will develop a set of updated values and behaviours aligned to our vision and strategic objectives by which it will operate.

- Continue with our commitment of engaging 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.

- We will ensure that all of our staff receive an annual appraisal, and that their objectives contribute towards CCG priorities and demonstrate continued commitment to improving services. Staff will agree personal development plans that will enable them to grow and develop.

- We will have fully trained staff with the appropriately high standard of knowledge, skills, abilities and motivation to deliver against our key objectives and vision. We will ensure all CCG staff undertake mandatory and

statutory training. We will ensure that we have arrangements for dealing fairly with issues of conduct, performance and capability.

- We will make clear in service specifications and contracts our expectations of providers in ensuring that their staff are appropriately trained (including mandatory and statutory training), qualified and receive supervision and appraisal.

- We expect all provider organisations to ensure that all staff have objectives, personal development plans, appropriate supervision and regular appraisals, and arrangements for dealing fairly with issues of conduct, performance and capability.

- We expect all providers to have a workforce development plan that ensures that staff have the capabilities and resources to deliver on the quality standards set out in contracts.

- We expect all our provider organisations to work with us to foster open, learning cultures supported by whistleblowing policies and staff consultative arrangements, and arrangements for resolution of disputes.

- The CCG will have workforce development plans that ensure that staff are able to take the necessary actions to ensure that quality is embedded in routine business work streams; produce quality actions for inclusion in contracts, monitor quality standards, support improvement and manage escalation processes.

9.5.3 **How will we know when we've got there?**

- The CCG will have developed a set of core values and behaviours for staff that supports an empowered, open culture.
- All CCG staff will have had an annual appraisal and agreed a set of objectives that supports the CCGs aims in commissioning high quality care that are regularly reviewed.
- The CCG will be able to provide robust assurance to the Governing Body that staff are completing their annual programmes of mandatory training.
- The CCG will have a robust method of capturing GP concerns about commissioned services and the feedback will be used to inform assessments of quality & safety of those services.
- Our providers will have robust strategies in place to recruit and retain high calibre staff and mitigation plans for any shortfall.
- Providers will be able to demonstrate consistently high levels of staff training, supervision and appraisal.
- Our providers will receive 'good' ratings in CQC inspections for organisational leadership.

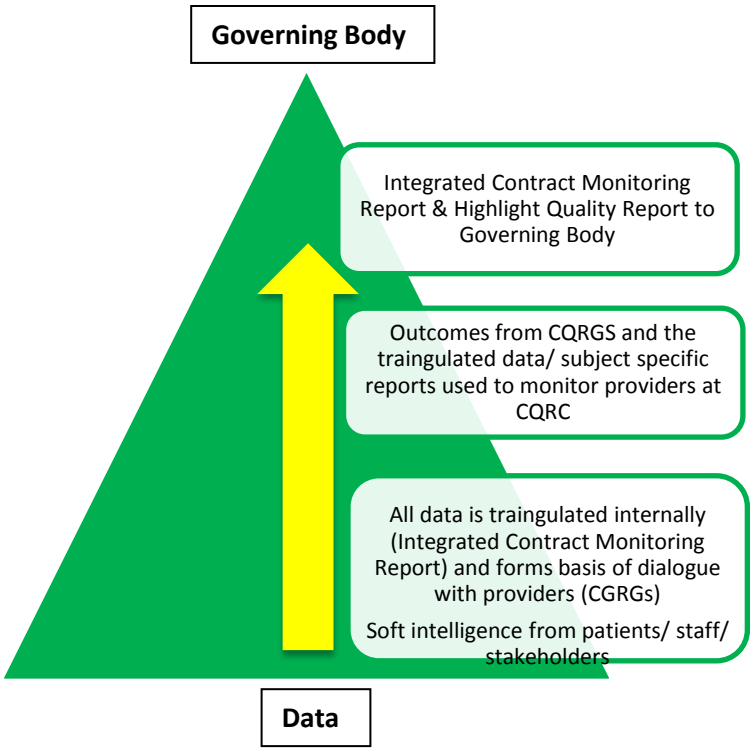
10 QUALITY ASSURANCE

10.1 Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements and incorporates the 5 dimensions of quality. Quality assurance is the responsibility of all parts of the healthcare system. Barnet CCG will operate an integrated quality model aligned with the commissioning cycle.

10.2 In the light of the findings from the Francis, Berwick Cummings and Keogh reports some of the key lessons for commissioners, which we adopt as principles in our quality assurance are:

- Do not miss or ignore the signs of failures of providers
- Listen to patients and their carers and act on what they tell you
- Understand the performance information that you request and the insight that it gives you
- Listen to and share information and concerns with your fellow commissioners
- Share you vision for quality widely and often.

10.3 We deliver quality assurance to the Governing Body on all aspects of quality in commissioned services. The ability to do is routed in the data analysis of provider performance and quality metrics.



10.4 To deliver its responsibility for quality assurance Barnet CCG also reports to NHS England (NHSE) through NHSE London. The CCG is required to provide a self- assessment of its quality assurance function in dialogue with NHSE. In addition the CCG participates in the London wide (NHSE) quality surveillance group to share system wide monitoring of providers and learning.

11.QUALITY GOVERNANCE

11.1 Good governance is at the heart of all high performing systems as it supports and underpins all of the acts of ensuring quality. Within the quality team we will ensure that we have a competent workforce and robust reporting arrangements to provide assurance to the CCG.

We will promote a culture in which quality is everyone business and at the heart of all decisions in Barnet CCG.

11.2 More widely we will ensure that staff are developed to understand and identify both successful services and those requiring improvement, to know how to listen when concerns are raised through any source and to have the confidence to speak out when they become aware of concerns with the quality of services.

11.3 Ultimate accountability for the quality of commissioned services lies with the CCG Governing Body through the Accountable Officer.

11.4 Performance monitoring of quality of commissioned services is led by the Quality Team in partnership with associated commissioners. Key quality issues and risks are notified through the integrated performance and quality report and a detailed quality highlight report to Governing Body.

11.5 The Quality & Risk Committee is sub-committee of the Governing Body and provides assurance to the Governing Body on all aspects of clinical quality. It is chaired by a Governing Body clinical member and has in its membership: lay members of the Governing Body, patient representatives and clinical locality leads.

11 DELIVERING THE STRATEGY

This strategy will be supported by a delivery plan that identifies the executive an operational leads and timescales. The delivery of the plan will be monitored through the Clinical Quality & Risk Committee twice a year and a report on progress will go Barnet CCG Governing Body annually.

Appendix 1

Stakeholders Involved in the Development of the Strategy

CCG Heads of Departments
CCG Board Patient Engagement Lay Member
CCG Executive Management Team
CCG CQRC Membership
Key Provider Trusts
Public Patient Engagement Committee
Governing Body GPs
HealthWatch Barnet
London Borough of Barnet
CCG Chairperson
Chair of CQRC
CCG Board Registered Nurse
CCG Quality & Governance Team
CCG Safeguarding Team

Appendix 2

GLOSSARY

Term	Definition
Acquired healthcare infections	Healthcare-associated infections (HCAI) are infections that are acquired as a result of health care. The burden of healthcare-associated infections has mainly been in hospitals where more serious infections are seen
CCG	Clinical Commissioning Group
CQRC	Clinical Quality & Risk Committee: sub-committee of Barnet CCG Governing Body
CQRG	Clinical Quality Review Group: CCGs and providers reviewing together.
Duty of Candour	Any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.
Governance (clinical)	a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in **clinical** care will flourish. (Royal College of Nursing)
Never Event	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 leads the National Health Service (NHS) in England. Setting the priorities and direction of the NHS and encouraging and informing the national debate to improve health and care.
NICE	National Institute of Clinical Effectiveness: provides national guidance and advice to improve health and social care
Primary Care Co-commissioning	Delegated responsibility from NHS England to take on various aspects for commissioning General Practice services
Serious Incident	Events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so

	significant, that they warrant using additional resources to mount a comprehensive response. (NHS England)
'Signed up to Safety'	2014 NHS Initiative to improve the patient safety
Francis Report & Reviews	Report and reviews following failure in care standards at Mid- Staffordshire Hospital between 2005- 2009
Keogh Report	Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report; 2013 Professor Sir Bruce Keogh KBE
Berwick Report	"A promise to learn– a commitment to act; Improving the Safety of Patients in England National Advisory Group on the Safety of Patients in England. Review of safety in English hospitals 2013
Cummings Report	Compassion in Practice, 2012 identified the 6 Cs required for quality care**:** care, compassion, competence, communication, courage and commitment**.**

Appendix 3

Barnet CCG Quality Governance Structure