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**Quality and
Patient Safety
Strategy**
2014-16

Foreword

The NHS Constitution clearly articulates the patients' right to high quality care which is defined as clinical effectiveness, patient safety and excellent patient experience. Under the Health and Social Care Act 2012, Haringey Clinical Commissioning Group (CCG) has the responsibility to ensure continual improvement in the quality of local NHS services for everyone; now and for the future.

A quality service is one that recognises the individual needs and circumstances of the patient and ensures services are accessible, appropriate and effective for all and that workplaces support and empower the staff to deliver high quality care.

Quality is at the centre of Haringey CCG's vision and values and we are dedicated to ensuring that the services we commission on behalf of the people of Haringey are of the highest quality and delivered with respect and compassion. We will put quality at the centre of all our discussions with our providers.

We also have a duty to promote the delivery of quality in primary care and support the best use of secondary and tertiary care.

Central to our values is being a listening and learning organisation and our 'Insight and Learning Programme' will be one of the key ways in which we will stay true to these values.

We want our population to receive the best, most cost-effective services according to their need, irrespective of background, beliefs or status. This strategy provides a description of how we intend to achieve this ambition.



Sherry Tang, Chair, Haringey CCG

January 2014



Sarah Price, Chief Officer, Haringey CCG

What is Haringey CCG?

In April 2013, Haringey CCG — a local organisation led by local clinicians — became responsible for deciding how healthcare is provided to the population of Haringey. Our organisation is responsible for ensuring effective commissioning of health services for the people of Haringey

How do we ensure effective commissioning?

Haringey is a diverse borough with some stark health inequalities. Haringey's Joint Strategic Needs Assessment, produced by the local authority and Haringey CCG, identifies the population's needs and highlights the biggest health challenges.¹

By working in partnership with the local authority, Haringey CCG uses the Joint Strategic Needs Assessment to focus commissioning intentions and ensure services deliver effective and high quality care that meets the needs of the population we serve.

Haringey CCG's vision and values

The CCG's overall vision is to enable the people of Haringey to live long and healthy

lives with access to fair, well-coordinated and high quality services.

Haringey CCG has six key values:

1. Engagement - We will foster a culture of engagement with patients, carers, partners, and local community organisations to learn from their experience as well as the best available evidence and research. We recognise that everybody has a part to play in making themselves and our communities healthier and in tackling health inequalities.

2. Efficiency - We are committed to providing the best value for taxpayers' money and finding the most effective, fair, and sustainable use of available resources.

3. Innovation - We will learn from best practice and promote innovation and new ways of working to secure the best possible outcomes for patients.

4. Openness - We will be open and honest in our process of decision-making and explain the reasons for our decisions.

5. Inclusiveness - We value diversity and promote equality. We will use our resources for the benefit of the whole community and make sure everybody is considered. We accept that some people need more help than others and that difficult decisions have to be taken

regarding best use of available resources.

6. Quality - We are committed to commissioning high quality services and will build on success and learn from our mistakes. We will promote public sector values and the benefits of clinical excellence in commissioning services.

What do we mean by quality?

The three part definition of quality as effectiveness, patient experience, and safety was first set out by Lord Darzi in the *NHS Next Stage Review* (2008). In 2012 this definition was enshrined into the Health and Social Care Act placing quality firmly at the centre of everything the NHS does. The NHS Constitution also clearly articulates the patients' right to high quality care.

The 2014/15 NHS Outcomes Framework and the mandate to NHS England lays out the Secretary of State for Health's key expectations in relation to quality:

- Patients at the heart of all NHS care
- Delivering improved health outcomes
- Empowering local organisations and professionals to improve quality

Our challenge as commissioners is to create a culture of continuous quality improvement, based on openness,

¹ www.haringey.gov.uk/jsna

transparency and candour, within our own organisation and across our local healthcare system. We believe that ensuring the delivery of compassionate, high quality care that is focused on outcomes can only be achieved by establishing a shared understanding of quality and a joint commitment to keep it at the centre of everything we do. We will therefore put quality at the centre of all our discussions with our providers.

Learning from recent failures in the NHS

High-level failures in the NHS such as those which happened at the Mid Staffordshire NHS Trust (2005-2009)², Basildon and Thurrock University Hospitals Foundation Trust (2009)³ and at Winterbourne View Hospital (2010)⁴ have highlighted the perils of placing financial priorities above quality priorities.

The Francis Report highlighted the need to have a clear understanding of the experiences of patients, triangulated with other quality related information. It emphasised that patient experience

² <http://www.midstaffspublicinquiry.com/report>

³ <http://www.nhs.uk/NHSEngland/bruce-keogh-review>

⁴

<https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

information has the potential to act as an early warning for possible concerns. The report also underlined the responsibility of commissioners to listen to and act upon patient feedback concerns and complaints in order support improvements in the quality of care in the organisations it commissions.

The lessons from the Francis Report, Winterbourne View and the Berwick Report⁵ and the Review of the NHS Hospitals Complaints System⁶. are that quality is as much about our behaviours and attitudes to patients as human beings as it is about the transactions we need to make to ensure services improve.

Haringey CCG has understood the recommendations and lessons learned from these national reviews following high level failures and recognises that they signal a shift in how we should commission care.

⁵ National Advisory Group on the Safety of Patients in England, 2013. A promise to learn – a commitment to act; Improving the Safety of Patients in England <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

⁶ Right Honourable Clwyd MP & Hart, 2013. A Review of the NHS Hospitals Complaints System, Putting Patients Back in the picture https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

Listening to our patients and learning from their experiences is a core aim and central to the values of Haringey CCG⁷ and we will do this by:

- Engaging with a broad range of patients, carers, partners, local community organisations as well as local healthcare providers.
- Using insights and learning to drive the quality of healthcare services for all Haringey residents and inform our commissioning decisions so that Haringey residents receive the most effective and efficient services with the best possible outcomes for patients.
- Talking to people about what we are learning and how we are using this insight to improve quality and inform commissioning decisions.
- Using people's expectations, views and experiences to make measurable improvements in the quality of care that patients, carers and staff have identified as being the most important.

⁷ <http://www.haringeyccg.nhs.uk/about-us/vision-and-values.htm>

We aim to build a culture of quality which promotes and supports quality improvement and positive relationships with our local providers.

To succeed, we need every member of our CCG Governing Body to own the quality agenda and every member of staff we employ to understand their role and contribution in ensuring that Haringey CCG commissions the highest possible quality care within the resources available.

Quality and Patient Safety Strategy 2014-2016

This strategy has been developed to support us in keeping quality at the heart of all we do. It communicates our vision, key drivers and ambitions for quality and it explains how we will deliver the vision.

It describes our commitment to continuous improvement of quality outcomes and encourages us to develop robust quality assurance mechanisms, in order to provide assurance to our CCG Governing Body about the standard of quality and patient safety in commissioned services.

We will use the three domains of quality to underpin the work we will undertake, in collaboration with key stakeholders, to ensure the local population receives quality assured, timely care in the most

appropriate setting.

Our vision for quality

Our **vision** for quality is straightforward; our patients should:

- Receive clinically **effective care** and treatments that deliver the best outcomes for them;
- Have a positive **experience** of their treatment and care; which meets their expectations; and
- Be **safe** and the most vulnerable protected.

The principles underpinning the strategy

This strategy is underpinned by the pledges made to patients in the **NHS Constitution** and reflects the rights to which patients, public and staff are entitled. These are:

- To create a culture of continuous quality improvement, openness, transparency, and candour within our organisation and across the local healthcare system.
- To promote wellbeing, reduce health inequalities, and improve health outcomes for local people.
- To commission services that reflect individual expectations and needs and are: integrated, accessible, and

delivered in the most appropriate setting with a specific focus on the care of the most vulnerable groups.

- To make the best use of available resources.
- To develop principles of commissioning which support fully informed shared decision making that takes into consideration patients' individual circumstances and ensures that they receive appropriate interventions by suitably skilled individuals in line with widely agreed, nationally endorsed pathways of care.
- To build upon the quality framework to bring together patient safety, clinical effectiveness, and consumer expectations and care experience information from a range of sources.
- To provide assurance regarding the quality of care delivered in commissioned services.
- To be known as a listening organisation which encourages feedback and values the role of patients and healthcare professionals in shaping, monitoring and improving local services.

Our strategy is underpinned by the five domains of the ***NHS Outcomes Framework (2014/15)***:

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

Our quality goals for 2014-16

Goal 1: Patient safety

‘Do no harm’ – keep patients as safe as possible’ — *High Quality Care for All* (2008)

We will ensure systems are in place to track and manage performance, including taking action when required standards are not met. To ensure patient and staff safety, it is important that our providers demonstrate learning from mistakes and make changes in practice to ensure that incidents do not repeatedly occur. Where serious incidents occur, Haringey CCG will be informed within an agreed timeframe and will monitor the investigation and

learning from the incident.

We will expect our providers to demonstrate a reduction in Healthcare Associated Infections (HCAI) in line with agreed trajectories. Additionally, we will expect our providers to have robust infection prevention and control plans, policies and capacity in place to demonstrate full compliance with the Health and Social Care act 2008 Code of Practice on the prevention and control of infections and related guidance.

We will ensure that systems and processes are in place to fulfill specific duties of co-operation and best practice in relation to the safeguarding of vulnerable people. All contracts and service level agreements will require providers to ensure robust safeguarding policies are in place which promote the welfare of adults and children. We will also expect our providers to inform us of all incidents involving children and adults, including death or harm, whilst in the care of the provider.

We will expect our providers to ensure the following safety indicators are in place:

- Robust incident reporting and monitoring systems that include escalation procedures for serious incidents will be in place. Care Quality Commission (CQC) regulations to be

met.

- Ensure staff are able to identify and report concerns.
- Ensure National Patient Safety Agency (NPSA) guidance is implemented.
- Ensure that policies and procedures related to safety are implemented and monitored.
- Ensure that safe recruitment and staffing procedures are in place including vetting and barring requirements of the Independent Safeguarding Authority.

Goal 2: Effectiveness

‘Clinically effective and cost effective treatments’ — *High Quality Care for All* (2008)

In order to provide cost and clinically effective care and treatment, we will require our providers to comply with national and local standards/guidance such as National Service Frameworks and NICE technology appraisals and guidance. We will expect to see evidence of compliance with guidance from other professional bodies.

A clinical and practice audit is one of the key mechanisms that monitors the performance and quality of services and demonstrates continuous quality

improvement at service level. We will therefore expect all our providers to have in place, or continue to have, jointly agreed prioritised clinical and practice audit programmes and demonstrate active participation in audit, including national audits.

Providers will be expected to have effective complaints procedures in place that respond appropriately to complainants and learn from mistakes. We will expect to see identification of trends and embedding of learning to improve services.

We will hold monthly meetings with our acute providers to monitor performance and provide assurance, through our quality committee, to our CCG Governing Body highlighting any risks as they occur. Additionally, we will undertake independent audits where necessary.

Goal 3: Patient experience

‘Understanding patient satisfaction through their experiences’ — *High Quality Care for All* (2008)

We will ensure we engage with patients, carers and the public when we commission and procure services, whilst demonstrating how this has informed decisions.

We will expect our local acute and

community providers and care homes to have implemented the national nursing strategy *Compassion in Practice* (2012)⁸.

Quality will be measured by public perception of NHS services such as outcomes from the Friends and Family Test (FFT), annual national patient satisfaction surveys, and the Government IPSOS MORI survey. We will shorten feedback cycles of these surveys by monitoring feedback locally using local mechanisms and acting on that feedback.

Providers will be expected to use feedback to improve their services and we will expect them to work with us to regularly inform, consult and involve patients, their families, carers and the public in the planning and review of services. We will facilitate this locally developed engagement mechanism as identified in our Communication and Engagement Strategy⁹.

To enable us to lead on the engagement of

⁸ Department of Health, 2012. *Compassion in Practice; Nursing, Midwifery and Care Staff, Our Vision and Strategy*. <http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>

⁹ http://www.haringeyccg.nhs.uk/downloads/strategies/Comms_Engagement_Strategy_20130220_v2.1.pdf

public and patients in the planning of services, we will develop ways that will assist all people in Haringey to have the opportunity to get involved in service development throughout the commissioning cycle. We will also recruit local patient champions to our committees and working groups.

Creating a culture of dignity, respect and compassion

Our challenge is to create a culture of continuous quality improvement, based on openness, transparency and candour, within our own organisation and across our local healthcare system.

We expect our providers to ensure every patient and service user is treated with compassion dignity and respect. We will systematically monitor how our providers respond to feedback concerns and complaints about communication dignity and respect. We will closely monitor compliance with national policy on mixed sex accommodation.

Supporting improvement in quality and patient safety in primary care services

In order for this strategy to be successful in delivering its aims and be effective in improving the quality of care, Haringey

CCG must take a whole system approach to quality.

National guidance sets out the statutory responsibility CCGs have in relation to supporting NHS England to improve quality in primary care. To achieve the aims of integrated care, the CCG's commissioning strategic priorities, and the Quality and Patient Safety Strategy, we will need to work in close partnership with our local GP practices and NHS England Local Area Team on every level. Alongside our overarching quality aims and objectives, Haringey CCG has committed to ensuring and improving quality in primary care in Haringey.

Using feedback from patients and carers about local NHS services

We recognise the need for real and sustainable improvements in the health and wellbeing of our population. We will engage with patients and the public, listen to their views, and involve them in decisions about improving health services.

We believe that in order to achieve our aims we need to work closely with our community, patient participation groups, local providers, voluntary organisations, and Healthwatch to ensure we hear from people who are less often heard. This is an area that we have been developing over

the past year and are committed to continuing to improve how we engage with our local population.

Healthwatch Haringey is committed to working in partnership to give all patients and service users a voice which is heard.

During 2014 we will develop an 'Insight and Learning Programme' to listen, record, triangulate, investigate, learn, act and share patient experience. Our programme will include presentation of patient and carer stories, 'walk the patient pathway' visits and a mechanism for our stakeholders and partners to send us 'quality alerts' to highlight a concern or example of good practice. We expect our 'Insight and Learning programme' to inform and support Healthwatch's schedule of Enter and View visits.

Our aspiration is to establish and embed a system for listening to a broad range of people which will inform the CCG's decision making around commissioning and drive quality improvements in the local healthcare providers.

Equality, Diversity and Human Rights

Addressing health inequalities is a key driver for this Strategy. The integration of the Equality Delivery System (EDS) within this Strategy will demonstrate

performance across the protected characteristics and reduce the risk of discriminatory practices. Regular progress reports will be produced to ensure compliance with legislation.

Measuring monitoring and making sense of data to improve the quality of services

Quality is systemic: it depends upon many different individuals, inputs, processes, and organisations. It is also, to a degree, subjective. Therefore, data we access in order to measure and monitor the quality of the services we commission needs to be drawn from many different sources to ensure that we are capturing relevant information on the three domains of quality: effectiveness, safety, and patient experience.

The vision is for all NHS staff to measure what they do as a basis for improving quality. The Department of Health and the NHS Information Centre, in partnership with professionals across the NHS, are developing a National Quality Dashboard (NQD) and an Organisation Health Intelligence (OHI) tool (a presentation of a variety of indicators in one view for each provider trust). The long-term vision for the NHS is to build an extensive menu of indicators that will help every tier of the

NHS understand and improve the quality of services it provides to patients and service users.

As we await the publication of the National Quality Dashboard, we will draw upon the following list of sources of hard and soft data and intelligence:

- Performance data for the priorities set out in the Operating Framework relevant to quality (i.e. waiting times, infection rates etc.)
- Adherence to safe staffing guidance and how this information is communicated to patients and the public
- Never Events and Serious Incident (SI) data including actions taken by providers to prevent reoccurrence of similar incidents
- Central Alert System (CAS), closure rates, and outstanding issues
- Insight and feedback about local NHS services from our patients, carers and local population
- Summary Hospital Mortality data (SHIMI)
- Adult and child Friends and Family data (FFT), national patient survey results, local near time patient insight, experience data, and

website material such as NHS Choices and Care Connect.

- National staff survey results and local staff survey results (if available)
- Complaints management, themes and trends
- Litigation data and evidence of organisational learning
- Compliance with mandatory training
- Homicides/unlawful killings – historic and on-going, including action plans
- Child and adult Serious Case Reviews (SCRs)
- Maternity services, Local Supervisory Midwifery Authority reports and audits
- Monitor ratings (where relevant)
- CQC inspections – registration details, warning notices and related CQC notifications
- Quality Accounts and performance against annual objectives
- Patient Advice and Liaison Service (PALs) data
- Feedback from local GPs about patients' experiences and any

clinical concerns raised

- Insights from Haringey Patient Participation Groups (PPG) and the CCG's Engagement Network¹⁰
- Safety Thermometer and Energising for Excellence data
- Information from Healthwatch Haringey
- Quality impact assessment of provider Cost Improvement Programmes (CIPs)
- Peer reviews, recommendations, and action plans for example the annual Cancer Peer Reviews
- Clinical audit/confidential enquiries

There are also a number of new methodologies to support measuring and analysis of quality. We will utilise these nationally agreed tools to support commissioning performance management and monitoring of contracts. These include:

- Quality Accounts
- Nationally Agreed Quality Metrics
- National Quality Board
- Quality schedule in contracts

¹⁰ <http://www.haringeyccg.nhs.uk/about-us/the-ccg-network.htm>

Commissioning for Quality and Innovation (CQUIN)

CQUIN is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues. CQUIN schemes can offer incentives of up to 2.5% of the contract value. Robust data capture and milestone monitoring will be agreed with providers.

As part of the quality incentive payment to providers we will continue to encourage achievement of local, regional and nationally agreed quality outcomes.

Patient Reported Outcome Measures (PROMs)

PROMs are questions asked of patients before and after a specific treatment to measure improvements to quality of life from the patient's point of view.

The value of soft intelligence

In May 2012, the National Quality Board stated that whilst there have been improvements in recent years in capturing hard data about quality, we must not lose sight of the importance of 'soft' intelligence. Haringey CCG will therefore also be looking at and listening to:

- Local Quality Surveillance Group (QSAG)
- Media – traditional and social – negative and positive
- Patient websites such as Patient Opinion, NHS Choices, NHS Connect, local user groups
- Local MPs
- Haringey Healthwatch
- Professional Regulators
- Care Quality Commission – soft intelligence and borough specific intelligence from the local area team
- Monitor (where relevant)
- Whistleblowing and similar reports from staff and the public

Capturing data and intelligence from our smaller providers

One of the lessons from the National Quality Board assurance visits was that much of the data tended to focus on acute settings. Haringey CCG acknowledges the

importance of ensuring quality data and knowledge is also captured for non-acute settings and we will use judgment and common sense to proactively capture the intelligence that exists within our systems. We shall also be working with our smaller providers, such as local registered nursing homes, to develop an assurance framework to enable a systematic way of capturing and monitoring data within the three domains of quality.

External Regulators

All NHS service providers are subject to assessment and audit by a range of external regulators and assessors including the Care Quality Commission, Monitor, Royal Colleges, Peer Reviews, the Health and Safety Executive, the National Audit office and Healthwatch. As commissioners, it is important that we are aware of the findings of all external regulator reports in order to inform commissioning decisions and monitor any required development.

Care Quality Commission Regulation

Essential levels of quality and safety will be externally assessed through the new system of regulation with the Care Quality Commission (CQC). Statutory guidance about compliance with registration requirements has been issued by the CQC with more detail on the requirements

under each area.

Providers will need to assure Haringey CCG that they have met the criteria and submitted robust compliance evidence. As commissioners we will work with our local acute and non-acute providers and monitor compliance as part of the contract monitoring process.

Monitoring provider performance

Haringey CCG's Governing Body is responsible for the quality of commissioned services and reviews the performance across all of our providers.

Our Governing Body receives an integrated performance dashboard which includes data and intelligence on the quality of locally commissioned services.

Our CCG Quality Committee, chaired by the Nurse Member of the Governing Body, has been established to maintain the systems and processes that ensure we have a clear focus on quality — and to ensure roles and responsibilities for ensuring quality are clear. This committee, which reports directly to our Governing Body, receives detailed monthly performance reports to enable effective oversight of provider performance and ensure consistency of achievement.

The quality components of the contracts with our providers are monitored through the Clinical Quality Review Group (CQRG) meetings.

We are developing an Insight and Learning Programme which will include patient stories and a range of announced and unannounced insight visits to provider settings.

Our Communication and Engagement Subcommittee will continue to be a crucial part of the governance framework relating to patient experience, engagement, and involvement of patients and carers in service redesign and delivery.

Delivering and monitoring the impact of this strategy

This Strategy provides the context for commissioning quality healthcare for Haringey residents and explains the quality goals for from 2014 to 2016.

In early 2014 the first quality and safety annual action plan based around each of our quality goals will be developed to progress the strategic objectives and support the achievement of continuous quality improvement. The strategy and our annual work plan will be published on our public website.

Progress against the quality and safety annual plan will be formally monitored by our Quality Committee and shared with Healthwatch Haringey, our communities, providers and patients through on-going CCG engagement events.

Jennie Williams, Executive Nurse and Director of Quality and Integrated Governance, Haringey CCG