

CF03 - A Plan for Quality



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3.1 Purpose and Background

Purpose

As a CCG we place people at the centre and a positive experience of care must be a right for everyone. Quality must therefore be everyone's business and not just an NHS concept. Quality should be at the heart of all that we do collectively to improve care.

The CCG defines quality by the 3 domains set out in 'High Quality Care for All' – clinical effectiveness, patient safety and patient experience. It is only by the connection of these three elements that quality can be governed and improved.

We will achieve this through:

- A safe system of quality governance to manage risk and react proportionately
- Transparency and openness with the public to improve engagement, reputation and demonstrate accountability to our public
- Commission care based on a number of defined 'Quality Standards'

Background and Context

The learning from recent national inquiries and inspections has reinforced the need for patients to be at the centre of all the NHS does. The Keogh and Berwick reviews have brought centre stage the need for all health and social staff to focus on ensuring that patients receive high quality and responsive care and that they receive a positive experience of that care.

Listening, transparency and learning are all features of an effective health and social care system that rigorously focuses on quality improvement, ensuring that people have a good experience of care. Where failure does occur we will ensure that we support providers and clinicians in being open and transparent with patients working to the spirit of the 'Duty of Candour'.

We will ensure that the needs of vulnerable groups are understood; that care delivery is sensitive to those needs and appropriate and that vulnerable people are safeguarded from harm.

The delivery of the Public Sector Equality Duty is not only a legal requirement but also a route to ensuring that equity of access and outcome is a feature of care delivery.

3.2 Our Intentions

Quality is the guiding principle of our framework and as such reducing variation in patient safety, ensuring that clinical evidence and best practice are applied and that the experience of people is embedded within the commissioning framework will be core. Therefore we will:

- commission for continuous quality improvement ensuring that this is reflected within commissioning plans and contractual principles
- require all commissioned services to demonstrate effective systems for safeguarding vulnerable children and young people and vulnerable adults within their care
- ensure that the rights of patients within the NHS Constitution are delivered and that all providers are compliant with these duties
- ensure that the needs of vulnerable groups are understood and that commissioning plans and care delivery is sensitive and appropriate in meeting those needs. Whilst we will jointly commission specific carer support in conjunction with our local authority partners, providers should identify and support the needs of carers of all ages. We will work in partnership across health, social care and the voluntary sector to secure high quality people focused outcomes

The Public Sector Equality Duty is core to all that we do and we will ensure that commissioners and providers reflect the principles and requirements of the Duty, ensuring that the needs of people with protected characteristics are integral to all pathways.

Integration of commissioning and delivery of care services will be at the centre of the commissioning framework and the development of the 5 year strategic planning process.

3.3 Actions

We will work with providers to ensure quality and safety are fully embedded within commissioning and contracting processes. In particular we will ask providers to:

1. Engage in and deliver CQUIN requirements as a mechanism to drive real and sustainable improvements in care, supporting the principle of system wide CQUIN where appropriate.
2. Engage with the commissioners in the review, development and making more systematic, the integrated provider assurance meetings. This will ensure that these become a mechanism through which quality assurance and performance monitoring takes place and is also provides space and opportunity to drive improvement and innovation.
3. Demonstrate progress towards implementation of the relevant findings of the Robert Francis enquiry, the Berwick review, the Keogh Review and Compassion in Practice. Specifically, the Duty of Candour, transparency in reporting of patient experience and implementation of the recommendations of the national NHS complaints review, will be our priorities.
4. Improve safeguarding systems and processes and the mechanisms to demonstrate the implementation of safeguarding requirements. Whilst across the system many improvements have been made, there is further progress required to ensure that all vulnerable people are safeguarded from harm. We will expect providers to demonstrate compliance with national requirements and plans for improvement which embed the learning from local and national enquiries.
5. Finally we would expect that all providers, regardless of their setting, have robust plans in place to review, implement and monitor safe staffing levels, utilising nationally recognised tools, research and best practice in line with the recent recommendations of the recent National Quality Board publication and the government response to the Robert Francis enquiry. The impact of Cost Improvement Programmes and QIPP on the workforce and safe staffing levels will need to be considered and this will be shared with the commissioner for agreement.

3.4 Engagement and Involvement

More than any other area, safety and quality is an area where we expect to work with all providers to agree the best way forward, based on our intentions and actions. The final quality plan will be one we create together, based on comments, feedback and agreement with this draft.

We know that quality improvement can be a whole system lever for change. Following the learning from the events at Mid Staffordshire NHS Trust and the findings of the Keogh and Berwick reviews, we will focus on ensuring that we bring together all elements of the local health and social care system to explore, design and implement opportunities for quality improvement.

We know that all staff need to focus on ensuring that patients receive high quality and responsive care that is delivered with kindness and respect. However, we also know that in times of pressure and in the transition between services that sub-optimal care is a feature. We will lead a series of events which will focus on working collaboratively to address these issues.

A number of system wide quality improvement events will be held over the next year to focus on how we create a common purpose for quality improvement and how we keep the needs of people at the centre and thereby improve people's experience of care

Utilising the experience and commitment of staff within Devon the opportunities for improvement are vast. Collectively primary, community and acute services need to support the health and social care system in quality improvement. To that end, we will support the concept of a Quality Collaborative which will seek to share skills, knowledge and expertise across the system, supporting care homes and domiciliary care in this endeavor.

At the same time as supporting the system to improve, we will work with providers, not only in monitoring quality but also working to embed an improvement environment where support, encouragement, inquiry and, if required investment ,are a feature.

3.5 Monitoring

Quality monitoring will focus on consistent, measureable outcomes, aimed at reducing harm and variation in safety, embedding patient experience within performance and applying local and national best practice. Integrated Provider Assurance Meetings are our key mechanism for monitoring with each provider, supported by overarching actions.

As an aspiration, measures will focus on system wide improvement where possible encouraging collaborative approaches to quality across health and social care – including smart measurement, sharing information and proactive, supportive improvement.

Integrated commissioning, performance, quality and finance information will remain a feature of our approach.

CQUIN will be utilised by local commissioners to lever system transformation and quality improvement.

We will ensure that there is a 'just' culture where failure does occur. We will support providers and clinicians in being open and transparent with patients and their carers. We will therefore expect providers to demonstrate compliance with the 'Duty of Candour'.

In line with 'Compassion in Practice' we will expect all providers to be able to demonstrate that patients are treated with kindness, dignity and respect and that staff experience is given due regard. We expect providers to ensure that they use a range of communication routes to gather feedback from all groups and act on the findings.

Safeguarding vulnerable people from harm is a legal and moral duty. We will expect providers to demonstrate compliance with these duties and provide evidence of a culture that supports vulnerable people and their needs and ensures that staff are appropriately trained and supported when dealing with safeguarding issues.

The Equality Act Duties will be monitored and supported through contractual arrangements. This will ensure that there is equity of outcome and equality of access for people with protected characteristics.

There will be an expectation that workforce changes and Cost Improvement Programme requirements will be shared with the CCG and that there will be clinical agreement of these between the provider and the CCG.