

NHS Sheffield Commissioning for Quality Strategy 2010 - 2012

February 2010

1. INTRODUCTION

1.1 The NHS is facing a significant financial challenge since its inception and at the same time the Department of Health (DH) has a new level of ambition for the next decade - to move services from 'good to great', ensuring that the NHS is 'people centred' and places quality firmly at the heart of what it does. The economic downturn means that the NHS will need to make between £15-20 billion savings by 2014 and this will pose a challenge to its leaders on an unprecedented scale, as the expectations of the public continue to rise.

1.2 The DH has set its NHS leaders a 'quality and productivity challenge' to use public money effectively and to achieve 'more for less', using innovation to drive and embed change. The NHS will need to change the modality of commissioning to reduce waste and establish innovative ways to deliver high quality, cost effective care and treatment across the health and social care system.

1.3 NHS Sheffield is preparing for this challenge and aspires to be a 'Premier PCT' and achieve excellence. We have a five year strategy in place, 'Achieving Balanced Health', which is refreshed each year and sets out our ambition to improve the health of its population, reduce premature deaths and inequalities of life expectancy within existing resources. We have made excellent progress towards becoming a 'World Class Commissioner'; we are in the UK top 5 for 'use of resources' performance and we have improved our Annual Health Check performance ratings from 'weak' for quality and 'weak' for use of resources in 2007/8, to 'good' and 'good', respectively, for 2009/10.

1.4 In June 2008 Trust Board agreed its first 'Commissioning for Quality Strategy' which was updated in November 2008. During 2009 we have made significant progress, developing our commissioning function and putting in place assurance processes to both measure quality and drive up standards. We have established a 'Sheffield Quality Improvement Academy' to enable quality initiatives and care pathway redesign to align and deliver across the health community.

1.5 This year has also seen developments nationally and regionally that has raised the profile of quality in the NHS and this requires us to review our plans. In addition, we need to 'raise the bar' in relation to commissioning high quality cost effective services for Sheffield and receive assurance of delivery. This strategy sets out our refreshed vision in the context of the challenges over the coming years, our current position and action plan for 2010 – 2012.

2. THE VISION AND PRIORITIES

The residents of Sheffield will receive high quality, safe health care, closer to home, delivered by staff with appropriate skills, and have their feedback used to continually improve services. Our priorities are to:

- Ensure that patients are safe during contact with health care
- Improve the patient experience and listen to patient feedback
- Ensure health care is clinically and financially effective and demonstrate positive outcomes
- Receive assurance that quality standards are implemented and targets are achieved in Sheffield
- Support continual improvement year on year
- Identify clinical risks and manage underperformance
- Develop a culture of transparency and consistency to quality improvement

3. LOCAL STRATEGIES

This strategy should be read in conjunction with the following NHS Sheffield commissioning strategies:

- Achieving Balanced Health 3
- Organisational Development Strategy incorporating WCC
- Infection Prevention and Control strategy
- Clinical Effectiveness and Audit strategy
- Communication and Engagement strategy
- Equality and Diversity Strategy
- Procurement Strategy
- Primary care strategy

4. NATIONAL DRIVERS

This year there have been several policy drivers that have a direct impact on quality and assurance.

- **World Class Commissioning Year 2**

With a more slimmed down approach, there are five competencies within the framework that have quality management/improvement criteria – 4, 7, 8, 9 and 10. They define outputs that will demonstrate the PCT as a world class commissioner for quality.

- **The Operating Framework 2010/11**

This will set out national priorities and targets to drive continuous improvement in quality. Last year it set out priorities for healthcare associated infections, equality, patient experience and public engagement.

- **New National Contract**

This was introduced in April 2009 with a new requirement to put in place monthly meeting with providers, specifically to gain assurance on delivery of the quality elements within the contract.

- **Commissioning for Quality and Innovation Framework (CQUIN)**

This framework for 09/10 mandated 0.5% of the contract value to incentivise quality. A regional scheme has been introduced and this year payment has been attached to data collection and data quality. Next year incentives will be linked to performance.

- **Health Act (2006) updated 2009 - The Hygiene Code**

This legislation outlines standards and actions to be taken as an organisation to reduce Health Care Acquired Infections

- **Darzi 'High Quality Care for All'**

The final report was published in July 09. This has been taken forward regionally via the 'Healthy Ambitions' programme. It sets out ambitions for making quality improvement the organising principle for everything we do.

- **National Quality Board (NQB)**

A National Quality Board is now in place led by Clinicians to drive up national standards for quality. Regionally, quality observatories are being developed to ensure there is local delivery.

- **Quality Accounts**

From April 2010, every NHS provider organisation will be required by law to report its performance on the quality of care and services, incorporating views of stakeholders, including PCTs and the public.

- **Changes to tariff**

Increase in costs via the new Health Related Group 4 (HRG4) payment system has further contributed to the need for the PCT to improve quality and efficiency.

5. GOVERNANCE AND ASSURANCE

5.1 In July, we reviewed our governance arrangements to ensure that the PCT Provider Services put in place its own governance arrangements and to strengthen the quality assurance of our commissioned and contracted services. Provider services have now put in place its own assurance and governance structures. NHS Sheffield now has in place the following structures:

Trust Board

Trust Board receives monthly information via a joint performance and quality reports including feedback from Assurance Committee, serious untoward incidents, safeguarding children and underperformance of Independent Contractors.

Audit and Integrated Governance Committee

This committee receives reports from the Assurance committee and Governance committee.

Assurance Committee

This is a new committee with a remit to ensure that we have assurance that our providers are delivering high quality and safe services. It meets quarterly and reports to Trust Board. This committee will be responsible for ensuring this strategy is delivered and will monitor the delivery of this action plan.

Governance Committee

All aspects of quality, safety and risk that involve NHS Sheffield as a corporate body are reported to this committee. This includes safeguarding and equality and diversity issues.

Professional Executive Committee

This provides clinical leadership and supports engagement to all areas of quality and drives clinical pathway development / re-design, having Practice Based Commissioning integral to its business. It works closely with local committees and has developed a collaborative approach to working with patients and the voluntary sector on quality initiatives. Its programme of work has included the 'better outcomes for patient's' project.

Contract Steering Group

The group consists of all contract account managers and ensures a consistent approach to contract management. Via the contract meetings and quality review groups, it formally makes decisions on CQUIN payment and the issuing of performance notices.

Clinical Quality Review Groups

Monthly contract meetings have been introduced since April 2009 with all key providers on the national standard contract. The PCT membership includes the contract Account Manager, an Executive Director and a Quality Lead. This provides the PCT with an opportunity to review the quality of services within the contracting process and performance manage delivery of contract quality schedules.

Provider Engagement

The PCT has always worked in partnership with its providers and independent contractors to both drive up standards and facilitate health community working. We continue to have good working relationships with providers and we are members of each provider Healthcare/Clinical Governance committees and other key groups; for example, infection control group and patient complaints group. This ensures we have a shared understanding of issues, enables timely intelligence sharing and fosters good relationships.

6. ACCOUNTABILITY

Accountability for quality lies with the Chief Executive Officer and this is delegated to the Executive Director of Standards and Engagement. All staff at all levels has responsibility for commissioning high quality services, however key personnel who are responsible for assurance of providers are detailed below:

- Director of Performance
- Deputy Director of Performance
- Deputy Director of Standards

- Head of Clinical Governance and Infection Control
- Contract Account Managers
- Quality Managers
- PEC Clinicians
- Infection Prevention and Control Team
- Professional Standards Team
- Clinical Effectiveness and Audit Team
- Patient and Public Involvement Team
- Medicines Management
- Primary Care Team
- Public Health Development Nurses
- Risk Management Team

7. QUALITY IN THE STRATEGIC PROCUREMENT CYCLE (SPC)

Effective commissioning for quality requires robust patient / public, clinical engagement and business processes. In order to deliver this strategy during the last three years we have firmly embedded quality into the SPC and to support this, developed an effective system of matrix working across the organisation. This is defined in our Organisational Development Strategy and demonstrated in our improved performance. Appendix 1 outlines the SPC/

8. WHAT IS OUR STRATEGY?

Lord Darzi set out seven steps to ensure that quality is integral to the NHS. Using this framework we set out below the ambitious work programme for the next two years.

8.1 BRINGING CLARITY TO QUALITY

The National Institute for Clinical Excellence (NICE)

This plays the key role in setting standards for good practice and is expanding its role to develop quality standards for clinical pathways and clinical conditions. Currently NICE is piloting a number of pathways – including stroke and dementia. NICE is also synthesising and spreading knowledge through NHS evidence.

Local Action

8.1.2 NHS Sheffield is a beacon site for its health economy approach to effectiveness and audit and for many years we have had commissioning processes in place across the health economy. Our Medicines Management Team are also nationally recognised for their work to promote cost effective prescribing. This year we have published a 3 year Effectiveness and Audit strategy which sets out our priorities for commissioning clinically effective services, along with plans to establish more robust assurance of compliance with NICE technology appraisals and guidance. With full cooperation with our providers, we have now put in place a quarterly monitoring process, which requires evidence submission against 2 areas of guidance chosen at random.

8.1.3 In terms of commissioning, the effectiveness and audit team ensure that best practice is defined in all improvement projects for clinical services (IPCS), services

specifications and PBC business cases, and the development or redesign of new pathways. This work will continue to raise standards and ensure that the PCT commissions clinically and cost effective services.

8.1.4 This year we have defined quality standards and established monitoring and supporting evidence requirements for all providers on the new standard contract, independent contractors and enhanced services. We will extend this model for all contracts next year.

8.2 MEASURE QUALITY

International, national and local metrics for quality are available to enable benchmarking via the NHS Information Centre. This includes NICE standards and the CQC development of outcome measures to be introduced for the new registration system in April 2010. The GP Quality and Outcome Framework indicators are also being reviewed in this context and national clinical audits continue to provide national benchmarking data.

Local Action

Core Standards

The standards were introduced in 2004 and until April 2010 all providers need to be compliant with the 44 core standards. A declaration will be made from providers in November 2009, to ensure there is continued compliance. More information is detailed under the section – Safeguarding Quality.

Clinical Audit

We consider clinical audit to be a key mechanism to monitor clinical performance, quality of services and demonstrate continuous quality improvement. We have agreed an annual work programme of audits with our providers based on national and local priorities, which is tightly performance managed. We described earlier our health economy approach to commissioning and monitoring. Our future work includes plans to encourage each provider to undertake more outcomes focused audit, using national and local indicators and will utilise the pilots undertaken for Patient Reported Outcome Measures.

Clinical Quality Review Groups

We meet monthly with our three main providers and PCT provider services to monitor all aspects of quality and receive assurance on the compliance with standards and targets agreed within the quality schedule. These meetings now form the hub of our quality assurance processes and have enabled us to develop performance measures via quality dashboards.

Quality Dashboards

The quality and performance teams have developed these to both measure performance of providers and facilitate benchmarking. The performance indicators are grouped into the Darzi quality framework; patient safety, clinical effectiveness and patient / staff experience and regulation. This enables comprehensive coverage under a systematic process. This data is monitored via the Assurance Committee and in collaboration with our providers; we are establishing a transparent performance rating system for quality, via the development of more

detailed quality metrics. These will be introduced into the quality schedules for 2010 contracting round. In addition, we will be using the primary care dashboard to monitor quality standards for GP's and in the future all independent contractors.

8.2.1 Patient experience feedback has been a priority this year and we now have quarterly board assurance reports from providers, to triangulate patient feedback with other performance measures. Our main acute provider now has the facility for 'real time' reporting and we are able to receive timely patient feedback information.

8.3 PUBLISH QUALITY PERFORMANCE

Quality Accounts

All providers will be required to publish quality accounts from April 2010, in addition to financial accounts. This will include compliance with standards and performance against targets linked to quality. We are currently working with our providers to establish their plans for publication and content of the accounts and PCTs will be expected to provide a commentary.

Care Quality Commission

The CQC will publish an annual report to Parliament, and performance ratings are awarded to NHS organisations on quality standards and targets. The National Quality Board will also provide an annual report.

NHS choices

NHS Choices provides national and local performance data on services to enable the public to make informed choices of provider.

Dr. Foster

Our main acute provider uses Dr. Foster to publish and benchmark aspects of performance, for example Hospital Standardised Mortality Rates. We now receive timely information from the hospital on any alerts identified by Dr. Foster.

Local Action

We will continue to encourage our providers to ensure that appropriate quality performance data is available in the public domain. FTs are currently not required to hold public Trust Board meetings. We intend to share our performance dashboards with our providers in the future and establish the feasibility of a quality benchmarking process for Sheffield.

8.4 RECOGNISE AND REWARD QUALITY

There are a number of initiatives that recognise and reward quality. This includes incentivisation schemes such as - CQUINs and the GP Quality and Outcomes Framework (QOF). The DOH has also introduced a regional innovation fund (RIF) to reward quality initiatives, which is managed at regional level. Sheffield has submitted a number of proposals in the first bidding round.

Local Action

CQUINs

As described earlier, there is a regional programme in place for incentivising a number of clinical practice indicators with our four key providers. This is now in place and we are receiving quarterly data from providers. This year payment has been linked to data provision only. The programme will be reviewed for 2010 and we will attach payment to performance, in line with the regional benchmarking programme.

Quality and Outcomes Framework

9.4.1 There will be no national changes to QOF during 2010 -11 however it is anticipated that QOF will be reviewed prior to registration requirements with the CQC from 2011. We will review our local quality assurance processes for GP's following this review and ensure GPs understand requirements. We will also review other independent contractor quality assurance standards and monitoring processes in line with registration requirements.

8.4.2 To reward quality and raise standards in Optometry practice, we have put in place a scheme this year to incentivise contractors to deliver high quality services, based on the core standards for better health.

8.5 RAISE STANDARDS

Clinical Engagement

Strong clinical leadership is recognised as paramount in the process of quality improvement. Nationally there is a drive to strengthen leadership at all levels: the NQB, Medical Director Posts at regional level, Professional Executive Committee and Practice Based Commissioning.

Local Action

Practice Based Commissioning

8.5.1 We now have strong engagement with GPs and PBC consortia is central to the core business of the PCT and plays a key role in commissioning high quality services for Sheffield. Quality standards are integrated into the development of business cases.

Sheffield Quality Improvement Academy

8.5.2 The Academy was set up August 2009 and is now driving a consistent approach to quality improvement, identifying key improvement and cost saving projects across the health community, strengthening governance arrangements and developing leadership capacity and capability. We will strengthen our engagement with private providers, academic institutions and social care.

Leadership Capacity

8.5.3 Through our Organisational Development programme we are using the NHS Sheffield 'Delivery Model' to help us to review our capacity and capability to address the quality and productivity challenge. We will utilise national improvement agencies and encourage a health system approach to increase leadership capacity to drive quality improvement and system change.

Patient Safety

8.5.1 Serious Untoward Incidents (SUI)

In October this year the PCT took responsibility from the SHA for all SUIs in the health economy – including PCT provider services. We have set up a tight assurance processes for monitoring and performance managing all SUI via the contracting process and we review progress with action plans with providers on a regular basis. Future work will be to improve the quality and timeliness of provider reports and share learning across Sheffield, where this is appropriate, to reduce the risk of re occurrence. We will also be participating in the proposed national reporting system for SUIs.

8.5.2 Cleanliness and Healthcare Associated Infections (HCAI)

Sheffield is a high performing health community in respect of HCAs. We engage at all levels in the organisations with providers to ensure that there are robust infection prevention and control plans, policies and capacity to reduce HCAs and that MRSA and C. Difficile cases continue to reduce against agreed trajectories. All providers are currently registered with the CQC with no conditions and we will continue to raise the bar with HCAI and set further stretch targets in line with the operating framework 2010/11.

8.5.3 Safeguarding Vulnerable Adults and Children

We have reviewed our children's safeguarding arrangements in Sheffield following the national case – Baby P – and participated in the CQC review of safeguarding earlier this year. In terms of assurance, we have recently revised our governance arrangements and set up a new commissioning safeguarding group to ensure we monitor the performance of each organisation in Sheffield, and provide consistency, transparency and joint working with the Local Authority Safeguarding Boards. We adhere to South Yorkshire procedures for safeguarding and are currently undertaking a review of adult safeguarding assurance processes and this includes tighter performance management of safeguarding SUIs. We intend to develop clear commissioning strategies for adult and children's safeguarding next year to ensure that robust systems are in place to ensure that we comply with legislation and continually drive up services to protect vulnerable children and adults.

8.6 SAFEGUARD QUALITY

Regulation - Care Quality Commission

The CQC became the new regulator for health and social care in April 2009. All acute and mental health providers were required to register with the care quality commission in respect of compliance with the hygiene code. From April 2010, the majority of providers of health and social care will be required to register with the new commission. This will be expanded to independent contractors in 2011.

Local Action

Core Standards for Better Health

We have assurance that our providers are compliant with the current core standards or have plans in place for compliance and are preparing for registration. We have also started to prepare our independent contractors for registration and

commenced discussions with the local committees. We intend to work alongside contractors to ensure they understand registration requirements.

Underperformance of Independent Contractors

We have effective mechanisms to identify and manage underperformance of independent contractors and this is being strengthened through the development of a new approach to GP Appraisal. We will be putting in place new structures and systems for revalidation of GP's including an appointment of the Responsible Officer role.

Review of South Staffordshire Health System

The Healthcare Commission report was published on the South Staffordshire health system and poor quality of care in Mid Staffordshire Hospital. Following the review NHS Sheffield has strengthened its assurance process and governance arrangements to ensure that lessons have been learned from the failings of the system to identify and act on unsafe services. We have also received assurance from all acute providers in Sheffield that they have undertaken a review of the recommendations and we are now monitoring their action plans via the contracting process.

Local Agreement with Regulators

The regulators involved in the Annual Health Check have annual meetings at regional level, following the autumn performance ratings. The aim is to share intelligence and establish more effective ways of communicating. During the year, NHS Sheffield has lead discussions locally with regulators and the Strategic Health Authority and is now establishing closer working relationships to enable intelligence sharing, manage risk and develop a shared understandings of the performance of providers. These discussions will continue during 2010 to establish a consistent approach to regulation and performance management of providers

8.7 STAY AHEAD

Health Innovation and Education Clusters

These are new partnerships that have been introduced at regional level, between industry, Universities and the NHS to pioneer new treatments and models of care for introduction into the health care.

Academic Health Science Centres

These are being developed nationally to bring together health and academic partners to focus on world class research, teaching and patient care.

NHS Improvement Agencies

There are a large number of national agencies that are preparing to support the NHS quality and productivity challenge; NHS Institute, Improvement Foundation, Kings Fund, and the Health Foundation are examples. The NHS institute is currently creating a directory these organisations and there are plans to create alliances between them for synergy and sharing. SHAs currently have a duty to innovate and Yorkshire and Humber are supporting these initiatives.

Local Action

We already utilise a number of these agencies and we have plans implement the NHS Sheffield 'Delivery Model' as described earlier, to identify and promote tools and guidance for staff and develop a web based resource for all aspects of quality improvement methodologies, system change and business case development.

Through the QIA we will work with our academic and research community to ensure that we both engage and drive the research agenda in Sheffield, and specifically we will draw in skills of economic evaluation to support our commissioning function and business case development.

9. Conclusion

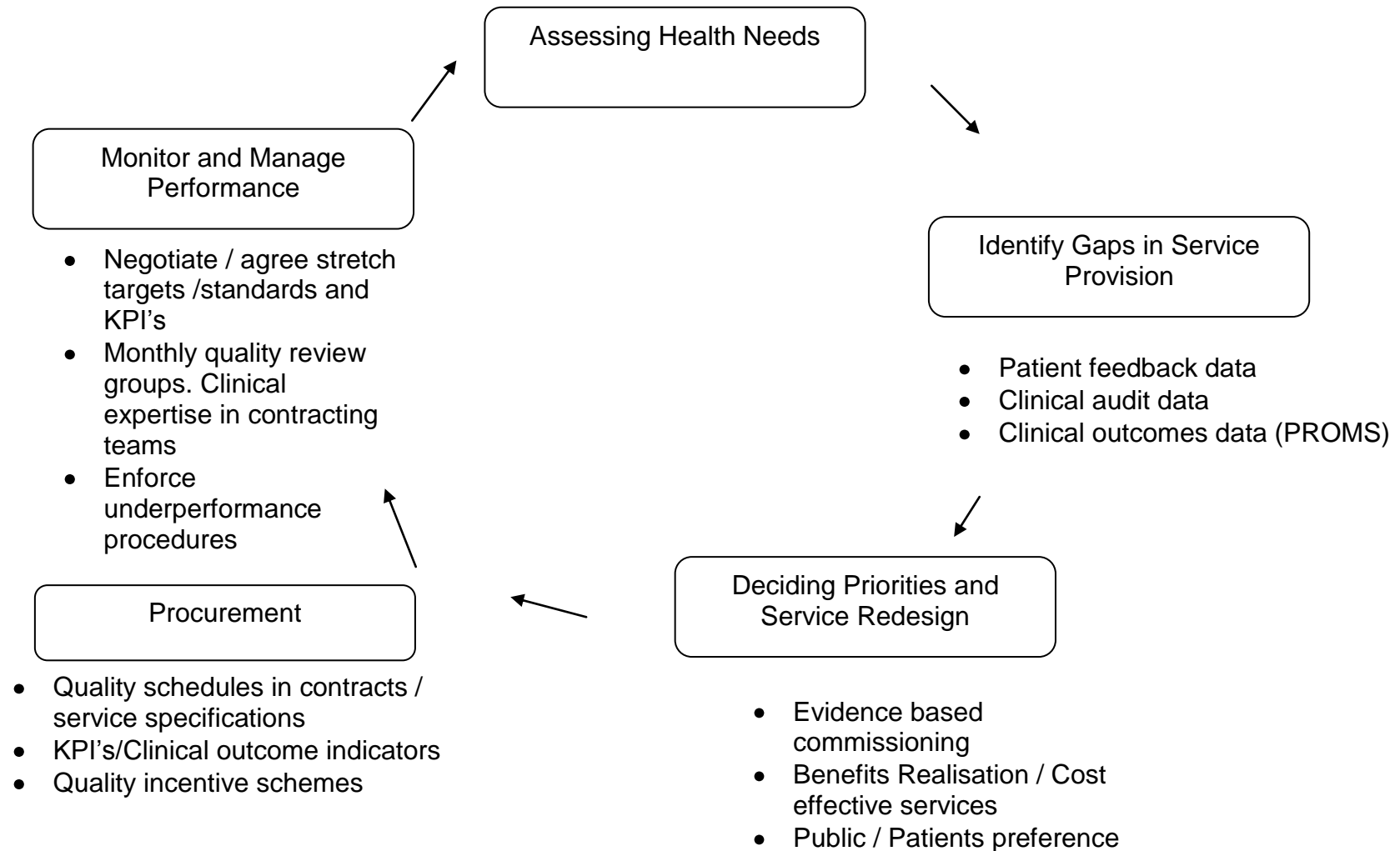
NHS Sheffield has a clear strategic focus and vision for quality improvement and although this strategy is not exclusive, it demonstrates our ambition and actions to take forward the challenging agenda. We have identified enablers and drivers for change and consider system leadership and the development of capacity and capability as paramount. An action plan to deliver this strategy is provided in Appendix 2. We will continue to engage our workforce at every level with all aspects of business to ensure that Sheffield delivers excellent standards of care and treatment to the population of Sheffield.

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Jan 2010**

Quality in the Commissioning Cycle

Appendix 1



Commissioning for Quality Strategy - Action Plan

Appendix 2

Action	Lead Director / Manager	Monitoring Group	Timescale	Status
Bringing Clarity to Quality				
1. The Effectiveness and Audit Strategy will be delivered	Penny Brooks Cordon / Martin Ferris	Commissioning Effectiveness and Audit Group	June 2010	
2. Quality schedules will be put in place with providers who are not on the standard contract.	PBC / Sarah Smyth	Assurance Committee	August 2010	
Measure Quality				
3. Clinical Audit will promote outcome focussed criteria	PBC / MF	Commissioning Effectiveness and Audit group	April 2010	
4. KPIs and stretch targets will be agreed within quality schedules	PBC / SS	Assurance Committee	April 2010	
Publish Quality				
5. All providers will publish quality accounts	PBC / Jane Harriman	Assurance Committee	April 2010	
6. Quality dashboards will be shared with providers	PBC / JH	Assurance Committee	February 2010	
7. A local quality benchmarking process will be established	PBC / JH / Idris Griffiths	Assurance Committee	August 2010	
Recognise and Reward Quality				
8. CQUIN payments will be made for Improved Performance	IA / Account Managers	Contract Steering Group	Quarterly during 2010	
9. New QOF will be introduced following national review	PBC / Karen Curran	Assurance Committee / PEC	April 2011	
10. Optometry incentivisation scheme will be reviewed	PBC / Karen Curran	Assurance Committee	April 2010	

Raise Standards				
11. The QIA will be extended to private providers, Academic institutions and social care	PBC / QIA Project Manager	QIA	August 2010	
12. Leadership capacity for system change and quality improvement will be increased	PBC / QIA Project Manager / Christine Joy	QIA	October 2010	
13. The national system for SUIs reporting will be implemented	PBC / SS	Assurance Committee	April 2010	
14. Provider SUI reports will comply with national requirements for reporting	PBC / SS	Assurance Committee	April 2010	
15. Local stretch targets will be set for HCAs	IA / IG / JH	Executive Team Assurance Committee	January 2010	
16. Safeguarding strategies will be developed and implemented	PBC / Rachel Wilson	Safeguarding Commissioning Group	March 2011	
Safeguard Quality				
17. All Independent Contracts eligible to register will be clear about compliance requirements	PBC / KC/ SS	Assurance Committee	September 2010	
18. All requirements for revalidation will be put in place, including the Responsible Officer role	PBC / KC	Assurance Committee	RO October 2010 Revalidation system April 2011	
19. All providers will comply with recommendations from Mid Staffordshire review	PBC / JH	Assurance Committee	April 2010	
20. Information sharing with all Regulators will be agreed via a memorandum of understanding.	JS / PBC / JH	Assurance Committee QIA	July 2010	

Staying Ahead				
21. Web based tools will be available in all areas of quality improvement.	CS / Christine Joy	Senior Management Team	August 2010	
22. Academic partners will be engaged with the PCT to support the quality improvement agenda.	PBC / JH	QIA	March 2011	