Sheffield Clinical Commissioning Group

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Sheffield Clinical Commissioning Group Tim Furness – Director of Business Planning and Partnership
Date:	27 June 2013
Subject:	Quality in the New Health System – a review of recommendations from recent national reviews and the implications for Sheffield Clinical Commissioning Group
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Summary:

This paper provides an update from the first Clinical Commissioning Group (CCG) report in March 2013 relating to the Francis (2) report. The report provides:

- A review of those recommendations from the report that have implications for commissioners and an assessment of any actions to take forward by CCG
- A summary of the Government response to the report and implications for the CCG
- In addition, an overview of the National Nursing Strategy – 'Compassion in Practice' implementation plan is provided and local actions from the CQC Winterbourne View recommendations.
- An action plan and final CCG response will be developed following the Government final response in September 2013.

Recommendation for the Health and Wellbeing Board

- Consider the recommendations of all four reports.
- Note the current actions for commissioners to take forward the Francis (2) recommendations and the current position.

- Support the development of a Commissioning for Quality Strategy for Sheffield CCG.

Reasons for Recommendations:
To ensure that the Clinical Commissioning Group is commissioning and implementing national recommendations in relation to safe and effective health care.

Background Papers:

- Mid Staffordshire NHS Foundation Trust Public Inquiry, 6th February 2013, http://www.midstaffspublicinquiry.com/report
- Compassion in Practice Nursing Midwifery and Care Staff - Our Vision and Strategy, December 2012,

  http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf
- Transforming Care – A National Response to Winterbourne View Hospital, 28th March 2013, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf.pdf

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Quality in the New Health System
Implications for Commissioners from National Reviews of Quality
31 May 2013

1. REPORT SUMMARY

This paper provides an update from the first Sheffield Clinical Commissioning Group (CCG) report in March 2013 relating to the second Francis report. The report provides:

- A review of those recommendations from the report that have implications for commissioners and an assessment of any actions to take forward by the CCG
- A summary of the Government response to the report and implications for the CCG
- In addition, an overview of the National Nursing Strategy – 'Compassion in Practice' implementation plan is provided and local actions from the CQC Winterbourne View recommendations.
- An action plan and final CCG response will be developed following the Government final response in September 2013.

2. WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

The publication of two national reviews of failing Hospitals and subsequent government and nursing responses will require a range of organisations to review their internal processes in relation to the recommendations of these reports. This is to ensure the people of Sheffield are provided with high quality, safe and effective services.

3. INTRODUCTION

Previously, a summary of the Robert Francis second enquiry was provided to Governing Body in March and this paper provides further information as follows:

- A review of those recommendations from the Francis (2) report that have implications for the commissioners and an assessment of further actions to take forward by the CCG.
- A summary of the initial Government response to the Francis (2) report 'Patients First and Foremost' and implications for the CCG.
- An overview of the national Nursing strategy, Compassion in Practice implementation plan and implications for the CCG.
- Local actions required as a result of the CQC Winterbourne View recommendations.

With the exception of Winterbourne View, all recommendations from the above reports have arisen from the Mid Staffordshire Hospital review and there is significant overlap from each in terms of actions required. Although the paper provides a general update on actions required nationally, there is a specific focus of this paper on the Francis (2) report recommendations for commissioners.

4. RECOMMENDATIONS FROM FRANCIS (2) FOR COMMISSIONERS

An assessment has been undertaken of the 290 recommendations and those that are directly applicable for action by CCG's are identified at Appendix A. A review of the current status for the CCG is provided and suggestions have been made regarding actions to take forward – those actions rated amber/red. The recommendations with no RAG rating indicates that actions need to be taken at a national level before the CCG can consider any actions.

The remaining recommendations from the report are applicable for action by providers or other organisations.

5. GOVERNMENT INITIAL RESPONSE TO THE FRANCIS (2) REPORT

The Government responded to the report in March 2013 and measures are described in relation to radical transparency, excellence in leadership, clarity of accountability, consequences for failure and rewards for the best in an attempt to revitalise the culture of the NHS to be focused around the needs of the patients. The final report and recommendations is due September 2013.

The response is set out in five areas of action as follows:

5.1 Preventing Problems

- The NHS Constitution will be updated.
- The Leadership Academy will update guidance for 'Effective Trust Boards' to ensure there is culture change in the NHS.
- The NHS Outcomes framework will be used to hold NHS England to account and ensure there is commissioning for outcomes rather than targets and processes.
  Sheffield CG has reviewed the quality and performance reporting process to ensure it is structured around the outcomes framework.
- The NHS Confederation will review paperwork, regulation and reporting with a report due by the by September 2013, aiming to reduce the burden by a third.
- There will be a single national portal for collecting information – the Health and Social Care Information Centre.
- Professor Don Berwick is now working with NHS England leading a Patient Safety Advisory Group to ensure safety and a zero tolerance of avoidable harm is embedded in the NHS.
  The CCG will work with providers and ensure they deliver the actions following this review.

5.2 Detecting Problems Quickly

- The Care Quality Commission will appoint a Chief Inspector of Hospitals later this year to enable the CQC to become not just a regulator but an inspector of quality. Ratings will be used similar to those used by OFSTED.
- Quality Surveillance Groups (QSG) will bring together all relevant organisations to share information and intelligence about quality.
- *The CCG now participates in the S Y & H Area Team QSG.*
- Local Authority Commissioners of care are leading the drive to improve the quality of care via the 'Towards Excellence in Adult Social Care Programme'.

- The Duty of Candour is now in 2013/14 national Standard Contracts – to be open and honest with patients when things go wrong, with penalties for breaching the duty.
- An independent review is being undertaken on complaints based on Francis recommendations and will be reported in the summer 2013.

5.3 Taking action promptly

- The Care Quality Commission, working with the National Institute for Health and Clinical Excellence (NICE), commissioners, patients and the public, will draw up a new set of simpler, fundamental standards which make explicit the basic minimum standard of care.
- *The CCG will be responsible for ensuring that all providers comply with these standards and that remedial action is taken if there is non-compliance*.
- Regulators will work closer together and with commissioners to drive up standards of care
- *Relationships with the CQC need to be re-established.*
- A new time-limited three stage failure regime, encompassing not just finance, but for the first time quality, will ensure that where fundamental standards of care are being breached, firm action is taken until they are resolved.

5.4 Ensuring robust accountability

- Where the Chief Inspector identifies criminally negligent practice in hospitals, he or she will refer the matter to the Health and Safety Executive to consider whether criminal prosecution of individuals or boards is necessary.
- There will be a Law Commission's review to radically overhaul 150 years of complex legislation into a single Act that ensures that professional regulators act much faster on individual professional failings.
- A national barring list will be introduced for unfit NHS Managers, based on the barring scheme for Teachers.
- There will be a barring system introduced for Health Care Assistants enforced by the Chief Inspector of Hospitals via the consistent application of the Home Office's barring regime.
- There will be clear responsibilities for dealing with failure. The Chief Inspector will identify failing standards. Monitor and the NHS Trust Development Authority will resolve them. NHS England will support the CCG's to improve commissioning and the DH will be the 'champion' for the patient.

5.5 Ensuring that staff are trained and motivated

- Staffing levels will be monitored by the Chief Inspector of Hospitals, and NICE, the CQC and NHS England will develop guidance and tools to inform local decisions.
- *The CCG will need assurance of adequate staffing levels following publication of this guidance.*
- Implement the Compassion in Practice action plans overseen by the Chief Nurses, NHS England and Public
- *See section 4 of this report.*

- Starting with pilots, every student who seeks NHS funding for nursing degrees should first serve up to a year as a healthcare assistant.
- A national scheme of revalidation will be introduced by the Nursing and Midwifery Council for already qualified nurses to ensure all nurses are up to date and fit to practice.
- There is currently a review by Camilla Cavendish (Journalist) to establish how best to ensure healthcare and care assistants can provide safe and compassionate care to patients. The Chief Inspectors will ensure that all employers are meeting their requirements.
- The NHS Leadership Academy, will initiate a major programme to ensure new talent from the clinical professions and from outside the NHS is drawn into top leadership positions including a fast track programme for Chief Executives.
- The Department of Health, with its new role as champion of the patient, will ensure that by 2016 every Department of Health civil servant will have real and extensive frontline experience of caring for patients.

6. COMPASSION IN PRACTICE – IMPLEMENTATION PLAN

6.1 To address key issues raised from Francis report, a strategy for nursing was launched in December 2012 'Compassion in Practice' based on 6 (the 6 Cs) values and behaviours; Care, Compassion, Competence, Communication, Courage and Commitment. A follow on implementation plan has been published in March 13 which sets out 6 areas of action, delivered together as one programme as follows:

Area 1: Helping people to stay independent, maximising well-being and improving health outcomes

Area 2: Working with people to provide a positive experience of care

Area 3: Delivering high quality care and measuring impact

Area 4: Building and strengthening leadership

Area 5: Ensuring we have the right staff, with the right skills, in the right place

Area 6: Supporting positive staff experience

NHS England and the National Federation of Nurse Leaders will oversee the delivery of these plans with DH leading on Action Area 1.

6.2 Actions for the CCG

- Sheffield Providers have agreed to integrate actions from Compassion in Practice into their local strategies which are monitored at Board Level. Most Trusts are integrating these actions into their existing Quality and Safety Strategies. The CCG will monitor these plans via existing reporting arrangements.
- The key actions from these plans for commissioners are as follows:
    - Ensure providers report patient experience results at public board meetings, on their websites and in annual Quality Accounts.
    - To consider within commissioning intentions the introduction of supervisory status of ward/unit managers and team leaders.

- To consider in any services we commission or redesign the rights, risks and responsibilities for vulnerable groups
- Consider incorporating the achievement of standards for the delivery of high quality appraisals into contracts during 2013/14 ready for 2014/15 contracts.

7. Winterbourne View

7.1 Local Authorities and CCGs are required to implement the findings of the Winterbourne View review recommendations. The Department of Health published its final response to the review in December 2012 and described 63 actions with timeframes to be delivered up to summer 2016.The key findings of the review were:

- Inappropriate placements - too many people placed inappropriately in hospitals for assessment and treatment and staying for long periods.
- Inappropriate care models - too few people experiencing personalised care that allows them to be in easy reach of family or enabling them to live fulfilled lives in the community.
- Poor standards of care – too many examples of poor care and too much reliance on physical restraint, with failure to assess the quality of care or outcomes being delivered for these very high cost placements.

Following the review, a Concordat was launched to deliver national and local actions with a commitment to transform health and care services and improve quality of the care offered to people with learning disabilities, challenging behaviour, autism and mental health conditions.

7.2 Local actions

- An immediate action was to review the care of any adult in a specialist autism or LD hospital setting by June 2013 and end all inappropriate placements by 2014.
  The current position in Sheffield is that there are 79 NHS funded individuals, of which six are with NHS Secure Services. The remaining 73 are currently being reviewed and new care plans developed where appropriate. In addition 11 jointly funded people are being reviewed. The reviews are planned to be finished by May.

- Planning for people to return to Sheffield.
  The Out of City Team, within the Joint Learning Disability Service, has been working to return people who are NHS funded, as part of delivering the CCG's Complex needs Business Case. This is to be expanded and re-prioritised under the 2013/14 commissioning intentions to deliver this objective sooner than initially planned.

- Implementing a wider transforming care agenda.
  The CCG, in partnership with the Sheffield City Council has already begun to look at learning implications of the reviews and the requirements of the concordat as follows:
  Two multi-agency workshops have been held, in November 2012 and February 2013, attended by representatives from across health and social care, including third sector and patient groups. The programme of work emerging from these workshops is being overseen by a steering group jointly chaired by the CCG and LA.

Four main strands of work are emerging:

- Reviewing out of city placements and planning for change where appropriate.
- Developing and ensuring local services are in place to meet local need. This will include stimulating the market to increase the access to appropriate housing, specialist clinical support and specialist providers.

- Improving quality and safety of care – including setting standards and monitoring services. This work will need to address quality and safety at the organisational level, the service provision level and for individuals.
- Reviewing the role of health and social care professionals – including responsibilities, skills and training and local capacity.

Two cross cutting themes are also evident in the emerging action plan; the need to include children and young people in all themes; and the importance of developing management and leadership across Sheffield. Implementation will require significant commitment and prioritisation.

7.3 Further Actions for Winterbourne

Discussions are currently underway between CCG and LA about resources available to support the development and implementation of the action plan. Steering Group membership has been identified and inaugural meeting planned.

- The June Deadline for submission of next DH return for reviews of NHS funded patients will be met.
- The complex needs business case will be reviewed in the light of outcome of the reviews and the required update to the return to Sheffield plan.

8. NEXT STEPS TO TAKE FORWARD ACTIONS FROM THE ABOVE REVIEWS.

The recommendations from these reports will form the basis of the actions for the development of the CCG Commissioning for Quality Strategy. Specifically the Quality Assurance Committee will consider the recommendations for Commissioners from the Francis (2) report and agree those actions for the CCG to take forward. A more detailed action plan will then be developed to deliver the actions for 13/14.
The CCG will need to review and implement any further actions following the publication of the final government response expected in September 2013.

9. RECOMMENDATIONS

- Consider the recommendations of all four reports.
- Note the current actions for commissioners to take forward the Francis (2) recommendations and the current position.
- Support the development of a Commissioning for Quality Strategy for Sheffield CCG.

10. REASONS FOR THE RECOMMENDATIONS

To ensure that the Clinical Commissioning Group is commissioning and implementing national recommendations in relation to safe and effective health care.

Paper prepared by Jane Harriman, Deputy Chief Nurse

On behalf of Kevin Clifford, Chief Nurse

May 2013

Appendix A **Sheffield Clinical Commissioning Group**

Current Position on Key Recommendations Francis (2)

No.	Recommendation	Current Position	Proposed Action
12	All NHS providers should report all incidents of concern relevant to patient safety and compliance with fundamental standards and staff are entitled to receive feedback in relation to any action taken or reasons for not acting.	All NHS providers in Sheffield have this requirement written into contracts, all have policies in place, FT's are monitored nationally and benchmarked and we have robust assurance that action is being taken and lessons learned via quarterly reports. Primary care providers do not report SI's to the CCG and smaller NHS providers could improve reporting.	Reporting needs to be improved for Primary care and smaller providers
26	In policing compliance with standards, direct observation of practice, direct interaction with patients, carers and staff, and audit of records should take priority over monitoring and audit of policies and protocols.	The CCG currently works within the South Yorkshire Policy on Gaining Assurance, supports enhanced quality visits to providers should this be required when all other avenues of engagement has been exhausted, or a serious risk to patient safety is identified.	Review the Policy on Gaining Assurance and adopt / adapt within the CCG.
36	A coordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in as near real time as possible. It must not only include statistics about outcomes, but must include safety related information	We currently access a range of performance data from providers, including safety related information; however we are constantly working with providers to improve the timeliness of information regarding patient safety incidents and complaints.	Continue to work with all providers to receive real time data
40	Greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	We receive themes and trends on a quarterly basis from providers and the level of detail is variable. The CCG complaints report however focuses on the numbers of complaints and activity rather than the detail.	Work with providers to reduce the variability of detailed narrative, Provide more narrative within CCG reports
52	The CQC should consider conducting	We are currently re-establishing a working contact with	A meeting has been arranged

	provider reviews with other agencies	the CQC, to improve communication and ascertain the feasibility of joint inspections. We currently undertake joint quality reviews of care homes with the Local Authority.	for the end of May with the CQC to take this forward.
120	Commissioners should be given access to complaints information on a real time basis from providers and GP's have an oversight role to play	*See also No. 40*. We receive quarterly reports of provider complaints, with a varying level of detail. GP's currently have minimal involvement in review of complaints.	The CCG needs to agree a level of detail from providers and establish a clinically focused system of review and management.
123	GP's need to undertake a monitoring role on behalf of patients who receive acute hospital and other specialist services in order to make patient choice a reality.	A number of GP's are active members on CET and Governing body and have a high level oversight of the quality of services they commission. Further work will be required to ensure that all GP's are kept up to date with quality issues relating to providers and in addition that GP share intelligence from providers with members.	Improve communication between GP's and staff involved in quality assurance in relation to provider performance.
124	Fundamental standards are being developed during 13/14 by the CQC. CCGs have a duty to make these a requirement and monitor performance of providers. Performance management will also be via the regulators.	The CQC currently has essential standards of compliance for regulatory purposes and compliance is part of every registered provider contract. These will be updated this year and the process will remain the same whereby there is a regulatory and contractual requirement to comply.	For review and action within the contracting process for 14/15 when standards are published.
125	With NHS England, the CCG will need to develop enhanced and developmental standards of care for each provider. Performance management will be via commissioners.	Currently all providers with a national standard contract have a CQUIN Scheme in place consisting of enhanced standards, and for specific contracts, a best practice tariff.	For review and action within the contracting process for 14/15 working with the Area Team
126	To develop a code of practice for managing organisational transitions	To assist NHS England in developing the code both for commissioner and provider transitions.	For action 13/14

127/128	CCG's must have the infrastructure to provide proper scrutiny of provider services and access to a wide range of specialist clinical and procurement expertise, collaborating with others if groups are too small	Sheffield CCG has maintained its size and capacity, with effective contracting, quality assurance and a clinical advisory resource. South Yorkshire Networks for Quality have now been established. With the system change, both capacity and the model of working needs to be reviewed within the CCG.	Capacity and the model of internal working needs to be reviewed.
129	In reviewing if fundamental standards are being maintained, there is a need to engage with patients and carers to determine if their concerns are being addressed	Patient feedback is received from all key providers (e.g. local and national surveys, complaints, Friends and Family Test). The CCG has the support of the 'patient opinion' online service this year, to review feedback and service improvements. More detailed work is required to ensure that all concerns are being addressed and that feedback information is triangulated with other performance information.	Review the internal processes for establishing and acting on patient feedback both from providers and primary care.
130/131	Ensure that CCG's define what services need to be provided (and not the providers) and if necessary make available alternative sources of provision	Current position needs to be reviewed	
132	CCG's need to monitor the performance of every commissioning contract on a continual basis: • Seeing and understanding all quality and safety information • Undertaking its own independent audits and inspections • Monitoring both fundamental and enhanced standards, but the	*See also 124, 127 and 128* Quality assurance processes are in place within the CCG however improvements could be made as follows: • Reviewing the structure of the contract monitoring process, to include a wider range of staff and views, with a focus on provider performance • Triangulating of performance with patient feedback • Instigating a more proactive approach to assurance by targeting visits to service	To review the process of contracting and assurance during 13/14

	regulator to focus on the fundamental standards.	*NB. The concept of the regulator solely monitoring fundamental standards needs further clarification.*	
133/134	Commissioners should intervene in the management of a complaint on behalf of the patient where it is felt it is not being dealt with satisfactorily. If necessary provide support and advocacy for patients	This is currently not part of the contracting or assurance process, except on an exceptional basis when a provider has asked the CCG to contribute to a complaint review. Currently there is national review of complaints handling and we should wait for the outcome of this.	CCG's should consider the inclusion of the power to intervene in contracts and consider a process that would enable patient support services to be commissioned.
135/136	Commissioners should be accountable to the public for the scope and quality of services that they commission	CCG has membership system with lay members on the Governing Body which meets monthly in public. Additional public meetings have been held and work is on-going to improve engagement with the local community.	The CCG will create and maintain a recognisable identity which becomes a familiar reference for the community
137/138	Commissioners should intervene where substandard or unsafe services are being provided to protect patients from harm, working with regulators and if necessary to stop the provision of a service and put in place contingency plans.	Sanctions are already considered via the contracting process but there could be further consideration as to how the CCG conducts contract negotiation and escalation of concerns. Working closer with regulators to address concerns has commenced via the Quality Surveillance Group.	*See also 26*. Further work required in relation to contract escalation process, using the Policy on Gaining Assurance and developing a closer working relationship with the CQC decisions being made via the business meeting