

Briefing note: July 2012

## **The importance of nurse leadership in securing quality, safety and patient experience in CCGs**

### ***Introduction***

For the NHS to meet the challenges ahead, decisions about health services need to be led by clinicians because they are best placed to:

- understand the health needs of their local communities and the quality of local services;
- involve local communities in improving services;
- work with other clinicians across organisations to improve outcomes for patients;
- coordinate and integrate care for patients across different services; and
- challenge poor quality care.

Clinical commissioning groups (CCGs) will have full responsibility to lead the design and commissioning of healthcare services and focus on improving outcomes for patients. The concept of 'clinical commissioning' is based on this clinical added value.

Clinical commissioning is multi-disciplinary – involving a broad range of health and care professionals in different parts of the health and care system. As CCGs design their management and leadership arrangements they will want to give consideration to how they can best draw on the wide range of clinical and professional expertise available to them and ensuring that they capture the unique contributions that each can make to support improvements in care pathways and outcomes.

Emerging CCGs are currently determining their internal arrangements to discharge the full range of their responsibilities, putting in place a governing body and wider leadership team that draw on the strengths of each and every individual's contribution.

As they do this, CCGs will want to bear in mind the tremendous value that experienced senior nurse leaders and other healthcare professionals can contribute, particularly to the quality and improvement of care and services for patients. The expertise that senior nurses have brought to previous NHS organisations has been invaluable and CCGs across the country are considering how they can best build on this.

Nursing represents the largest professional workforce<sup>1</sup> and, as such, the senior leadership we have within provider organisations, should be matched by senior nurse leaders within every part of the commissioning landscape.

Clinical commissioners have a tremendous opportunity to improve the outcomes, quality and experience of healthcare. However, we do need to be mindful that some healthcare settings have been subject to public scrutiny and this has led to significant issues that have affected the reputation of health care, and ones that need significant attention from commissioners. Mid Staffordshire and Winterbourne View are such recent examples and the implications for the commissioning and regulation of healthcare will be far reaching.

CCGs will need to ensure that they have the ability to develop relationships with a range of professionals, including senior nurses in all parts of the health care system. This requires a credible leader with vision, presence and a senior profile to lead and respond to issues across boundaries within all health and social care settings.

The experience and role of the senior nurse within a CCG will enable the mobilisation and leadership of the wider provider system, ensuring mechanisms for both quality challenge and scrutiny are clear and takes place within an environment that is supportive but able to hold the local healthcare system to account.

The value of having an experienced nurse at a most senior level within a CCG means that crucial issues of care, compassion and dignity, as well as wider issues of quality and safety, receive full attention.

## **Context**

*Towards establishment: Creating responsive and accountable clinical commissioning groups*, confirmed that CCGs are a new type of NHS statutory organisation built from a membership model:

*CCGs will be different from any predecessor NHS organisation. Whilst statutory NHS bodies, they will be built on the GP practices that together make up the membership of a CCG. These member practices must decide, through developing their constitution, and within the framework of legislation, how the CCG will operate*

In terms of governance arrangements, The Health and Social Care Act 2012 sets out that:

*A clinical commissioning group must have a governing body. The main function of the governing body will be to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it.*

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<sup>1</sup> Nursing and Midwifery Council maintain a register of over 660,000 Nurses and Midwives  
<http://www.nmc-uk.org/Registration/>

*The governing body has the function of determining the remuneration, fees and allowances payable to the employees of the CCG, or to other persons providing services to it and such other functions connected with the main function described above, as may be specified in the group's constitution or by regulations. .*

A CCGs constitution would need to describe any other key decisions (connected with its main function) the CCG has decided will be the province of the governing body. This could include areas such as:

- leading the setting of vision and strategy;
- approve commissioning plans, on behalf of the CCG (if the CCG choose to delegate this function in its constitution);
- monitoring performance against plan; and
- providing assurance of strategic risks.

It terms of membership of each CCG's governing body, the Government made a public commitment in its response to the NHS Future Forum that governing body membership would include at least one registered nurse and this is referred to in the guidance:

*The CCGs governing body will include at least one registered nurse, and a doctor who is a secondary care specialist who must have no conflicts of interest in relation to the CCGs responsibilities. While knowledge of local health services would be an asset, it is more important that the nurse and doctor on the governing body bring an understanding of nursing and of specialist care. They will need to be appointed on the basis of their professional expertise and knowledge, and the additional perspectives that they will bring to the governance of the CCG. They are likely to play an important role in helping make sure that the CCG has effective systems in place for involving a range of healthcare professionals in decision-making.*

The guidance also makes it clear that the members of the governing body are not there to represent any specific interest, but as individuals bringing their perspective to support the decisions made by the body as a whole.

A further level of detail regarding the role of the registered nurse on the governing body is described in the subsequent document, *CCG governing body members: Role outlines attributes and skills* (updated July 2012). The core role outline for all members of the governing body clarifies:

*As a member of the CCGs governing body each individual will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members. Each individual is there to bring their unique perspective, informed by their expertise and experience. This will support decisions made by the governing body as a whole.*

In the specific role outline for the registered nurse it then goes on to propose that:

*As well as sharing responsibility with the other members for all aspects of the CCG governing body business, as a registered nurse on the governing body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.*

and the specific attributes and competencies that apply to this role are set out as follows:

- *be a registered nurse who has developed a high level of professional expertise and knowledge;*
- *be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;*
- *be highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint;*
- *be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;*
- *be able to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation's circumstances; and*
- *be able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.*

Finally, this document also clarifies that there are some constraints regarding eligibility for this role

*The nurse cannot be an employee or member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made commissioning arrangements. The exceptions are where the CCG has made an arrangement with a provider, subsequent to a patient exercising choice, and where the CCG has made an arrangement with a provider in special circumstances to meet the specific needs of a patient (for example, where there is a very limited choice of provider for a highly specialised service).*

*This is especially in relation to this particular role and does not preclude practice nurses from being members of the governing body in other capacities.*

### ***Moving forward and future challenges***

It is absolutely vital that CCGs take their responsibilities for quality and safety very seriously, as:

*CCGs, for the first time, will bring systematic and comprehensive clinical leadership across England to drive up outcomes, tackle health inequalities and improve value for every pound spent on healthcare.*

And we recognise that in many cases the senior leadership and expertise for this has, in existing organisations, sat with the most senior nurse roles.

The NHS must be even more vigilant and transparent in relation to quality and experiences of health care. The role of commissioners and regulators will be key in ensuring that quality improvements are in place, standards of care are accounted for and that experience of care is described and improved. In addition, the commission on delivering dignity for care of older people<sup>2</sup> clearly sets out the role and duty of commissioners and strong nurse leadership to deliver this across the system. This is reinforced by the emphasis on dignity within the 2012/13 operating framework.

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<sup>2</sup> [http://www.nhsconfed.org/Publications/Documents/Delivering\\_Dignity\\_final\\_report150612.pdf](http://www.nhsconfed.org/Publications/Documents/Delivering_Dignity_final_report150612.pdf)

The role of the nurse leader at a senior level is vital in ensuring the CCG can deliver against these duties. Some of the increasing commissioning duties of CCGs are likely to include amongst many others:

- close scrutiny of skill mix and workforce numbers to deliver commissioned services;
- ensure increasing targets around harm reduction are achieved and accounted for across whole system including nursing homes;
- greater scrutiny of care and dignity standards;
- commissioning of nurse high impact actions across whole system; and
- ensuring CCG is able to fulfill statutory safeguarding duties.

Whilst the Health and Social Care Act sets out that “the accountable officer is responsible for ensuring that the CCG complies with its obligations ... to improve the quality of services”, and for accounting to the NHS Commissioning Board for this on behalf of the CCG – there is no doubt that they will need to draw on the expertise and experience of other members of the governing body and their senior leadership team in discharging this.

In particular, as CCGs design their internal management structures they will wish to consider how they intend to ensure that vital quality issues such as patient safety and safeguarding are given absolute attention. In doing this, many are choosing to invest in a very senior nurse role to complement the medical leadership across their organisation. A single individual may hold both the role of registered nurse on the governing body and a senior nurse leadership role within the management structure, should a CCG choose to do this. In this case, any individual would need to meet the skills and competencies in both roles, and be fully supported in their complementary contributions.

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