NHS
North Cumbria
Clinical Commissioning Group

NHS North Cumbria System Quality Assurance Committee (SQAC)	Agenda Item
Date 17th June 2019	5.8.3

North Cumbria CCG Quality Assurance Framework

Purpose of the Report								
The provide the SQAC with an opportunity to review and comment on the proposed North Cumbria CCG Quality Assurance Framework.								
Outcome Required:	Approve	**x**	Ratify		For Recommendation		For Information	
Assurance Framework Reference: As detailed in the Strategic Objectives below.								

Recommendation(s):
It is requested that the committee discuss and approve the Framework .

Executive Summary:
Key Issues: The document sets out North Cumbria CCG (NCCCG) agreed Quality assurance arrangements associated with the services it commissions for the population of North Cumbria noting the evolving Integrated Care System (ICS) and the Integrated Care Communities (ICC); it also outlines the Commissioner's approach to quality and safety. This framework outlines how we the CCG will assess, assure and improve quality of care delivered by the organisations within which it commissions health care services. The paper was received by the NCCCG Executive committee last month; to ensure full transparency and inclusion of all assurance meetings/processes in the CCG. **Key Risks:** In not having a document that outlines our process and sharing it with commissioned services the CCG are not being open and transparent in our process pertaining to quality assurance.

Implications/Actions for Public and Patient Engagement:
nil

Financial Impact on the CCG:
nil

Strategic Objective(s) supported by this paper:	Please select (X)
Support continuous quality improvement within existing services including General Practice	x
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	x
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	x
Continuously improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	N/A

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Date Report Written	3/6/19

North Cumbria CCG Quality Assurance Framework

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April 2019

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1. Introduction

The purpose of this framework is to:

Set out North Cumbria CCG arrangements associated with the Quality and Safety of services it commissions for the population of North Cumbria noting the evolving integrated care commissioning structures across the Integrated Care System (ICS), it also outlines the Commissioner's approach to gaining assurance of quality and safety of commissioned services.

This framework will support the CCG to assess, assure and improve quality of care delivered by the organisations it commissions to provide health care services.

2. Scope of the Framework

This Assurance and Accountability Framework applies to all services commissioned by the CCG, all people who access the services and all staff working in and for the Organisations, both clinical and non-clinical.

It outlines the actions of North Cumbria CCG as the lead responsible commissioner for quality, working in partnership Cumbria County Council (CCC), North Cumbria Acute NHS Trust (NCUH), Cumbria Partnership Foundation Trust (CPFT), Primary Care, 3rd sector providers, NHS England (NHSE) / Improvement (NHSI) and the Care Quality Commission (CQC) in supporting improvement, assessment and assurance of quality of care in commissioned services.

3. Context

In recent years the North Cumbria Health Economy has collaboratively been working to enrich quality improvements, address quality variation and the impact of failing standards. We now need to evidence that the learning is embedded and how cultural change, openness, clinical engagement, transparency and partnership working will prevent this happening again.

The CCG collective capacity has often been steered to respond to external motivations such as, inspection and regulation and targets and performance with little resource left to bring about improvement 'from within' and 'across' the system.

The CCG exist within a complex structure of organisations and partnerships which can at times of heightened monitoring confuse responsibilities and lines of accountability. The ICS have implemented governance structures that are

coherent, unified and enable the CCG to collectively oversee and manage the quality and performance of commissioned services.

We also recognise through the evolving ICS that there will be improved assurance and accountability structures being developed in the coming months across the region. We look forward to utilising the ICC and ICS lens to help to generate a system-wide perspective to issues and when necessary a refreshed approach to resolution.

4. CCG Approach to Quality & Safety

Commissioner's approach

Working proactively (seeking assurance)

The CCG will continue to work with NHSE, NHSI and other stakeholders to share information and intelligence about the quality of care so that we can identify potential problems sooner, preventing them from having a harmful impact and managing any associated risks.

The CCG will Chair the System Quality Assurance Committee that brings together all regulators and providers to have a single conversation about the quality of services commissioned for the population of North Cumbria.

The CCG is committed to working with regulators to ensure a coordinated approach that achieves high standards of regulation, characterised by co-operation, collaboration and information sharing. We will work collaboratively to deploy statutory function. We will be cohesive, particularly when dealing with significant issues; we will note potential for regulatory gaps or duplication. We will also meet regularly with other partners including specialised commissioning and scrutiny bodies e.g. Healthwatch to discuss operational and strategic issues of mutual interest.

Working reactively (reacting and responding)

In the event of a potential or actual serious quality failure coming to light, we will work together to enable informed judgements about quality and ensure that appropriate and timely responsive actions are implemented. We will work with the NHSE, related providers, commissioners and regulators to gain timely information. We will strengthen governance processes specifically linked to communication of information, refreshing how and what information is required by who and when. We will also stand firm in the pursuit of unrealistic deadlines and develop SMART action plans across the whole health system / patient pathway.

Assurance (we will not rely on tick boxes to assure ourselves)

We will listen to our respective member practices, patients, their families, friends and our staff, about what they are telling us of the services they engage with. We will undertake a series of assurance visit including being active partners in Trust Mock Inspection programmes and appraise progress of internal Trust Quality Assurance Accreditation Schemes (15 Steps). 15 Steps is a model used by NCUH/CPFT. We will also undertake assurance visits across General Practice, Nursing and Care homes in North Cumbria, working in partnership with CCC to share intelligence and support improvement when required (Ref - Appendix B). We will continue to work with Cumbria Healthwatch and apply what we learn from our coproduction and engaging events. We will refresh, review and respond to Primary Care Networks and our member practices intelligence reports and mature reporting systems across the ICS and into the integrated care communities.

Openness & Transparency (grown up conversations)

The CCG will negotiate and facilitate supportive progressive conversations that are built on honesty, integrity with the patient at the heart of what we are aiming to achieve. We will nurture an approach of shared accountability in our proactive improvement work or when quality failings occur. We will recognise this to be the positive cultural change we need, where people feel that we truly pull together to resolve, that we are comfortable making honest critiques that we are respectful and non-judgmental.
Our 'North Cumbria' System Quality Assurance committee will lead to transform mind-sets for collaborative improvement action. We will build a culture of learning, not blaming.

Continuous Improvement & Learning (building capability)

We know quality improvement doesn't occur by chance, that it is generated from the intentional actions of staff that are skilled, equipped and valued to innovate. We need to aspire to be a high performing health economy that builds capacity to advance improvement and a system that demonstrates it 'learns once'.

The CCG and Provider organisations will be active members of the clinical strategic networks, ICS and ICC's which continue to support and improve health outcomes through measurement and benchmarking of quality and outcome metrics to drive improvement.

The CCG with other North Cumbria Care Partners will continue to drive quality improvement through designing and redesigning work processes, systems and pathways that future proof the delivery of better 'value' outcomes

We will mature our approach to learning from incidents by applying Human Factors system approach to support us to understand analysis and redesign

the system we work in and how individuals interact with them to reduce future risk.

System Leadership & Culture (building leadership capacity & momentum)

The CCG will maintain a level of scrutiny, due diligence and challenge through the complexity of the transformation being undertaken across our health economy. We will build leadership capability and capacity across the system and between organisations to gain a momentum to execute delivery plans.

5. Aims and Objectives of the Assurance and Accountability Framework

The aim of the Framework is to ensure that all patients utilising services from the services North Cumbria CCG commission have access to high quality, safe care and that NHSE and regulatory organisations are clear of the role and interactions of the CCG.

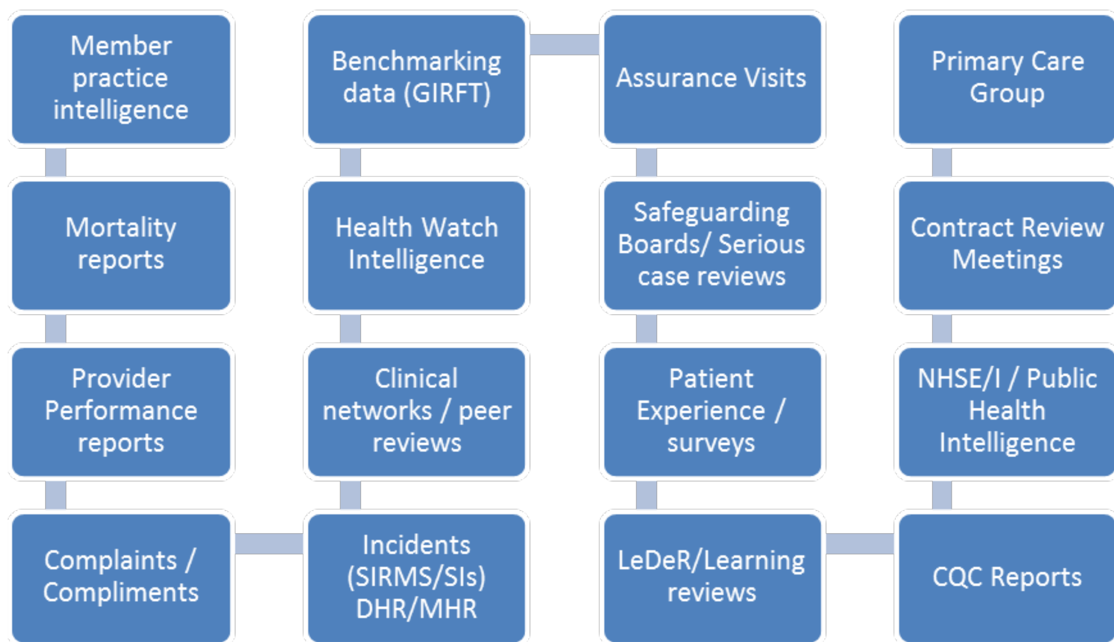
The objectives are:

- To ensure CCG leadership, accountability and responsibility for quality & safety are clearly understood across the ICS
- To ensure that robust mechanisms are in place to provide assurance that the quality and safety of the services it commissions continue to improve
- To ensure assurance mechanisms include active listening to member practices, patients, families, friends and staff and influence CCG decision making
- To promote an open and transparent culture between the CCG and Providers of services this is open, transparent and honest
- To ensure consistently applied robust safeguarding arrangements are in place that provide professional leadership and expertise
- To ensure that learning, good practice, ideas, innovations are systematically disseminated across the ICP
- To ensure the CCG monitoring mechanisms maximise clinical outcomes

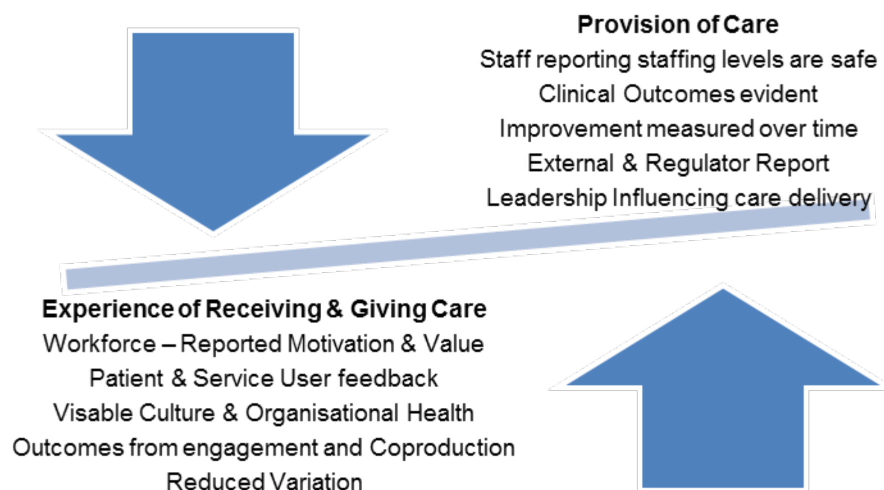
The CCG and the ICS governance arrangements will continue to develop in accordance with the overall system transformation. We currently deliver and develop the stated objectives via a number of statutory and collaborative arrangements. These include the CCG Membership council, North Cumbria System Quality Assurance Committee, Primary Care Quality Group all of which feed into the CCG governance structure including Governing Body, System Leadership Board and Primary Care Committee as appropriate, and Provider Boards and NHSE governance arrangements as and when required.

6. Quality Assurance Process

The CCG recognises the importance of utilising multiple information sources and assurance processes to understand what is happening in services and the experience of patients using those services. There is an obvious tension between evidence versus anecdotal, and historical versus real time information. The diagram below illustrates the range of information the CCG draws on to build a picture of quality.



CCG Quality Assurance Focus:



The areas above detailed in section 6 are the key areas the CCG will performance manage and monitor improvement against. The CCG will work with the Providers with which it commissions to agree key performance indicators (KPI) that will act as early triggers of potential system failings. Each KPI will have an agreed tolerance set against local and national best practice. Contractual frameworks will be utilised to facilitate improvements.

Evaluations from strategic networks inform us often that health professionals are ill prepared to participate in or lead improvement efforts. We know that the challenge of improving quality and safety of a health care system requires active participation from a health care workforce that is skilled in using methods of improvement e.g. CLIC tool kit.

7. The CCG Current Governance Arrangements

(Ref appendix A)

CCG Council of Members

The CCG Council of Members brings together the voices of practices and their patients. It also plays a role in holding elected executive members to account and holding the CCG officers to account for the delivery of CCG priorities. This combined clinical and managerial leadership model is the CCG accountability structure for commissioning decisions that benefit patients. Soft intelligence is gathered from the General Practice community via the CCG through the SIRMS reporting systems. This information serves as an early warning trigger of the wider system care delivery including Acute and Mental Health Trust services.
Feedback and themes can also be picked up through each practice's Patient Participation Groups (PPGs) . The CCG also supports PPGs to ensure they are confident to provide useful feedback and understand the wider context of the local NHS.

CCG Governing Body

CCG Governing Body meetings are held in public, they aim to enhance the sharing of health economy issues and improvements being planned/made, they also demonstrate transparency of decision making processes.

System Quality Assurance Committee (SQAC)

The SQAC receives the exceptions from contract and key quality areas that a provider is working to improve. The members of the meeting collectively review quality indicators and intelligence as well external peer/regulatory reports when required. The meeting also ensures that the Providers carry out their obligations, in respect to quality and performance, as agreed in the standard contract.

Appendix B shows how incidents reported into the CCG are managed and discussed via the Serious Incident panel process.
Smaller organisations are subject to similar process that is reflective of the services being delivered.

Primary Care Group

This group provides oversight to the delegated commissioning responsibility for monitoring quality and responding to concerns arising from General Practices. NHSE and CCGs have a shared responsibility for quality assurance. It is important to note that whilst exercising of the functions passes to the CCG, the liability for the exercise of any of its functions remains with NHS England.
The group ensures that the CCG undertakes these responsibilities in accordance with the Primary Medical Care – Policy and Guidance Manual (PGM) – in particular ensuring that the following processes are in place;

- routine annual reviews of every primary medical care contract it holds.
- a rolling programme of deep dive contract reviews.
- a robust assurance management programme to identify and share best practice, recognise where additional management may be needed and to highlight when things are going wrong at an early stage in primary medical service provision.

Serious concerns requiring escalation are reported to the CCG Primary Care Commissioning Committee

CCG Commissioning, Contractual and Performance Meetings

There are a series of meetings that the CCG collaboratively run and hold directly with Providers and Care Partner governance arrangements. The Meetings have a combination of approaches that monitor the commissioning process, quality, safe effective care and value. Exceptions requiring escalation report into the CCG Executive Management Team through the Director or Executive meeting.

CCG Assurance Visit and Audit Programme (including attendance of Trust 15 step's or equivalent Mock Inspections programmes) (Ref – Appendix B)

This programme and approach supports the validation and assurance of key indicators included an organisations quality improvement plan and quality schedule as detailed in the North Cumbria CCG Commissioner Assurance Guidance (Appendix B). It seeks to build strong working relationships, allowing active dialogue about quality, which develops a culture where concerns can be raised without fear of reprisals. It responds to concerns raised by patients, carers or other stakeholders and allows the identification of potential issues and problems at an early warning stage. It provides staff a voice and a chance to share and celebrate what they do well. A programme of audits to assure that assures the implementation of the Safeguarding

Assurance Framework (SAF) is also undertaken with all providers with which the CCG contract services.

These support the delivery and assurance of that the CCG and its providers are discharging its legislative safeguarding duties as per the Care Act 2014 and Working Together to Safeguarding Children 2017.

Health Watch enter and view visits and engagement projects form part of these independent insights.

8. CCG & Providers working arrangement

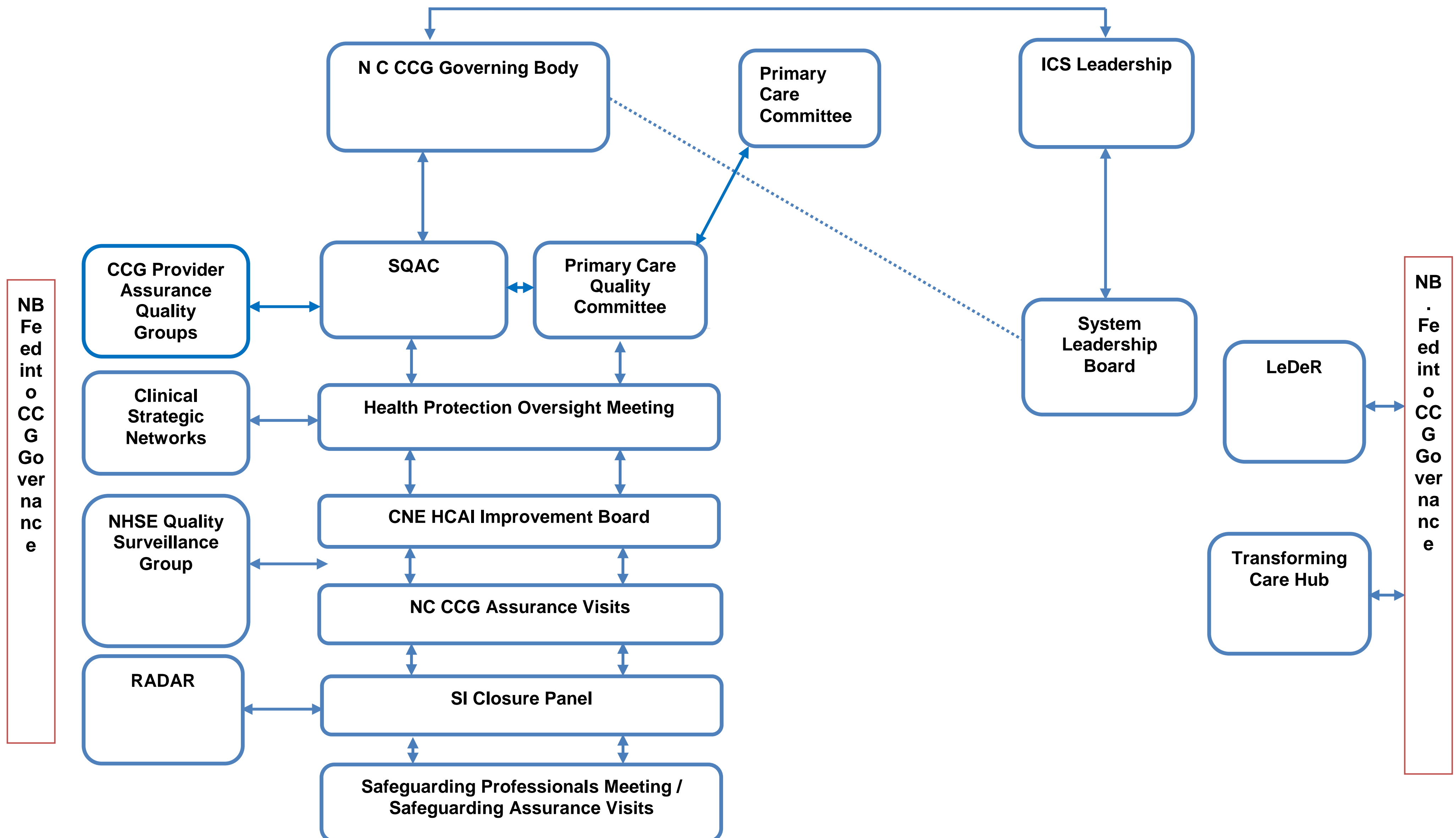
The CCG are active members on a number of provider's internal governance meetings including the System Executive, Serious Incident Panel, Trust Safeguarding Board. The ICS delivery model also contains additional mechanisms for engagement across North Cumbria.
General Practice as providers are also engaged via ICC group and through the Director for Primary Care, Clinical Executive and Primary Care Committee.

9. Reporting, Raising & Managing Incidents

(Ref -Appendix C)

The table in appendix C outlines the process and timescales for the receipt, escalation and management of incidents. The table takes into consideration a number of policy and operational documents including NHSE Serious Incident Framework, NHSE Safeguarding Policy, CCG Management of Serious Incident Procedures and the Provider internal escalation processes.

Appendix A: NC CCG Assurance System



Appendix B: North Cumbria CCG Commissioner Assurance Guidance

Introduction

Monitoring the quality and safety of care patients receive, and listening to their experience are key elements of North Cumbria Clinical Commissioning Group's (NCCCG) assurance process. As part of this assurance process Commissioning Assurance Visits (CAV) are undertaken by NCCCG Nursing and Quality Team. These visits actively support collaborative working between the commissioners and providers to improve quality outcomes for patients across the local health and care system.

This guidance outlines NCCCGs' process for undertaking CAV to providers of NHS funded care in the following services:

- Secondary Care
- Mental Health
- Community Care
- Nursing homes
- General Practice

1. The Commissioning Assurance Visits (CAV)

A senior nurse from NCCCG Nursing and Quality Team will lead and co-ordinate the CAV process with assistance from the Clinical Quality Team, North East Commissioning Support Unit (NECSU).

The membership of the CAV team will be informed by the service and the rationale for the visit and may include:

- A Senior nurse from the ' Nursing and Quality Team'
- Lead Commissioner
- Contracts Manager
- Internal/ external expert
- Expert by experience – when available
- Lay member - when available
- Safeguarding lead – if required

2. The Quality Visit Process

2.1: Stage One: Identify areas to be visited

2.1.1: Scheduled Visits

- NCCCG will join the Acute and Mental Health Trust 15 steps programme to seek assurance on those commissioned services as identified through intelligence.
- Decisions as to which other service areas receive a scheduled visit are made following risk focused analysis and/or thematic review of intelligence – this may include incident reports, service provider feedback, contract information or patient/public experience feedback.
- Visits may have a broad focus, for example, in undertaking visits regarding patient pathways.
- Visits may have a specific focus, such as, embedding learning following a serious incident.
- The visits may be conducted in order to support programmes of quality/continual improvement.

2.1.2: Unannounced Visits

An unannounced visit may be undertaken to a service where serious patient safety/quality or safeguarding issues have been highlighted that merit immediate assurance. All decisions to undertake unannounced quality visits are approved by NCCCG Director of Nursing & Quality and the rationale for undertaking it will be recorded appropriately.

2.2: Stage Two: Preparation for the Visit

2.2.1: Planned Visits

The service will be contacted in advance to provide information to inform the visit. This data is requested in advance to help NCCCGs' understanding of the provider and to reduce the amount of information that is requested during the visit. NCCCG Nursing and Quality team will review this along with other relevant intelligence (as highlighted above) prior to the visit.

Two weeks prior to the visit the provider will be sent the following details:

- Date/time and meeting place of the CAV.
- Names and professionals of the visiting team.
- Details of areas to be reviewed and how the team plan to do this.

The provider should ensure that all staff are aware of the visit and that the team may request to speak with patient and relatives. The team will speak with staff to ensure that patients are happy to provide consent to speak with the team and that it is appropriate to do so.

2.2.2: Unannounced Visits

On arrival at a service the CAV Lead will meet with the Director of Nursing/Lead Nurse/ Senior Manager and explain the rationale for the visit. It is expected that the provider will grant access and give all reasonable assistance and provide all reasonable facilities for such visits.

2.3: Stage Three: Conduct the Quality Visit

The CAV Team Lead is responsible for co-ordination of the visit on the day. The team may need to speak with staff and/or patients/carers and review information held in patient records. The CAV team will ensure that patient confidentiality is maintained and adhered to in accordance with CPFT information governance policies and procedures. The team may also need to review other information such as training records and staff rotas.

2.4: Stage Four: Providing Feedback from the Quality Visit

At the end of the visit, the CAV Team will meet with the relevant Provider representatives to:

- Provide initial feedback on the visit and highlight any immediate concerns that require action. This may require the provision of immediate escalation to provider senior staff/director level to ensure any immediate risks to patient safety are addressed
- Clarify any issues about which team members may still have questions
- Outline the next steps

Should appropriate senior staff from the provider not be available for feedback the CAV Lead will provide a resume of the visit detailing any concerns on the day of the visit.

The CAV Lead will feed back immediate patient safety concerns to the Director of Nursing & Quality for NCCCG. If there are any urgent or very serious safeguarding or patient safety concerns identified which are of sufficient concern to merit a revisit for further assurance then this will be undertaken as soon as possible and ideally within five working days.

The CAV Lead is responsible for collating all feedback and comments from the team and drafting the CAV Report. The report will be written under the framework of the CQC five outcome areas (see Appendix 1). This report will be sent to the provider’s Director of Nursing or equivalent for comment on accuracy within ten working days of the visit.

2.5: Stage Five: Post-Visit Actions

Within ten working days of receiving the CAV report the Provider will advise the CAV Lead if they are satisfied with the accuracy of the report. Where there are any discrepancies the Lead and provider representative will discuss these to agree on content.

Within 20 working days of receiving the assurance report the Provider will produce an action plan (if required). This may form part of an overarching plan should the recommendations arising from the assurance report coincide with actions already in place. The assurance report and any resulting recommendations will be monitored with the provider through the North Cumbria System Quality Assurance Committee (NC SQAC).

2.6: Stage Six: Follow up

If any safeguarding concerns are identified, NCCCG's Designated Safeguarding Nurse will be alerted to ensure that appropriate safeguarding processes are implemented; with any follow up actions fed back to the CAV Lead.

Where safeguarding or patient safety concerns have been identified, these will be discussed with the appropriate Safeguarding Lead, and a follow-up visit including the Director of Nursing & Quality (or nominated deputy) may be undertaken. A follow up visit would focus upon:

- Assess progress against any actions.
- Compile any evidence of this progress.
- Agree any further actions necessary.

The North Cumbria System Quality Assurance Committee will receive the assurance report that details the outcomes of Commissioning Quality Visits.

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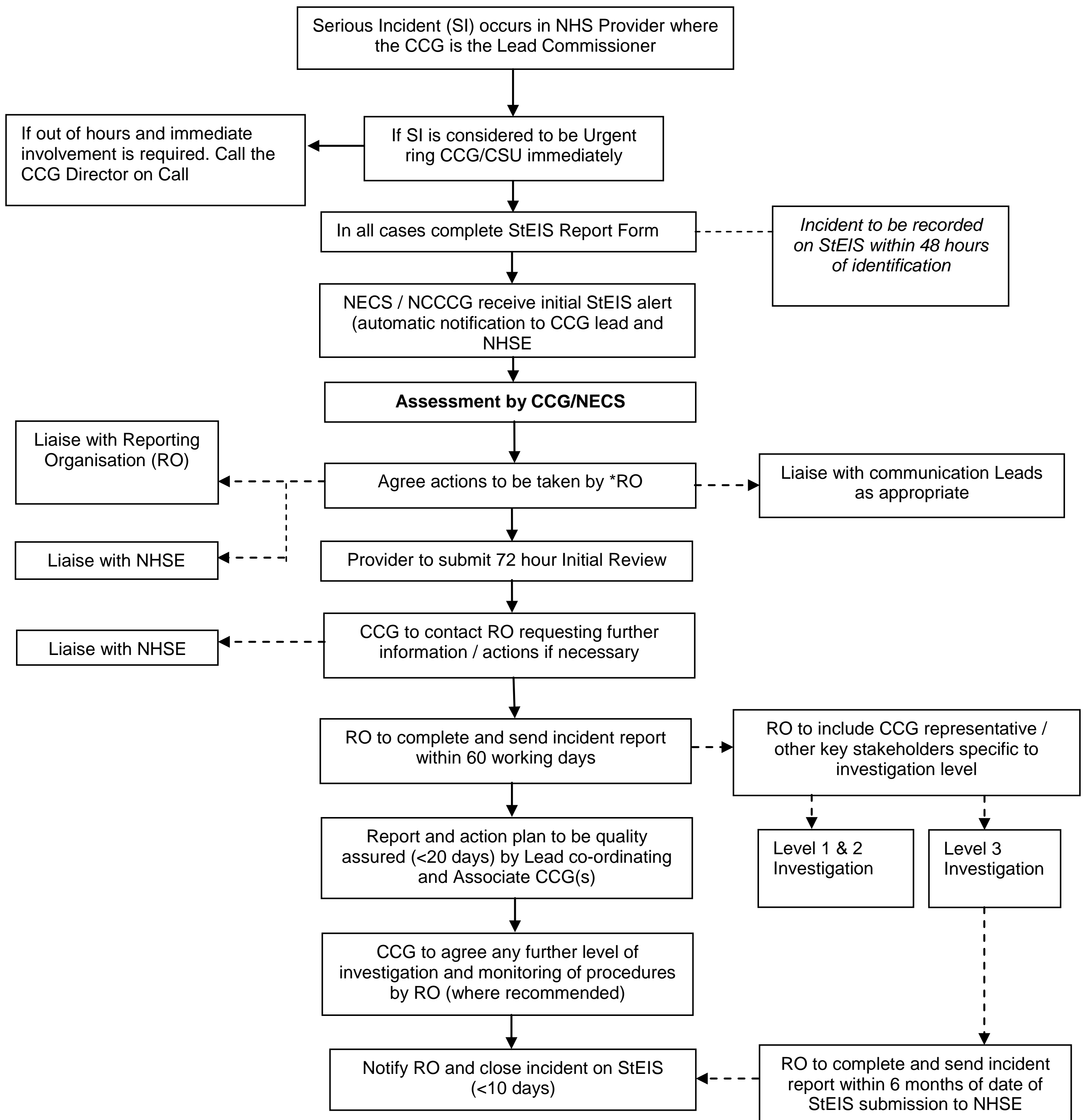
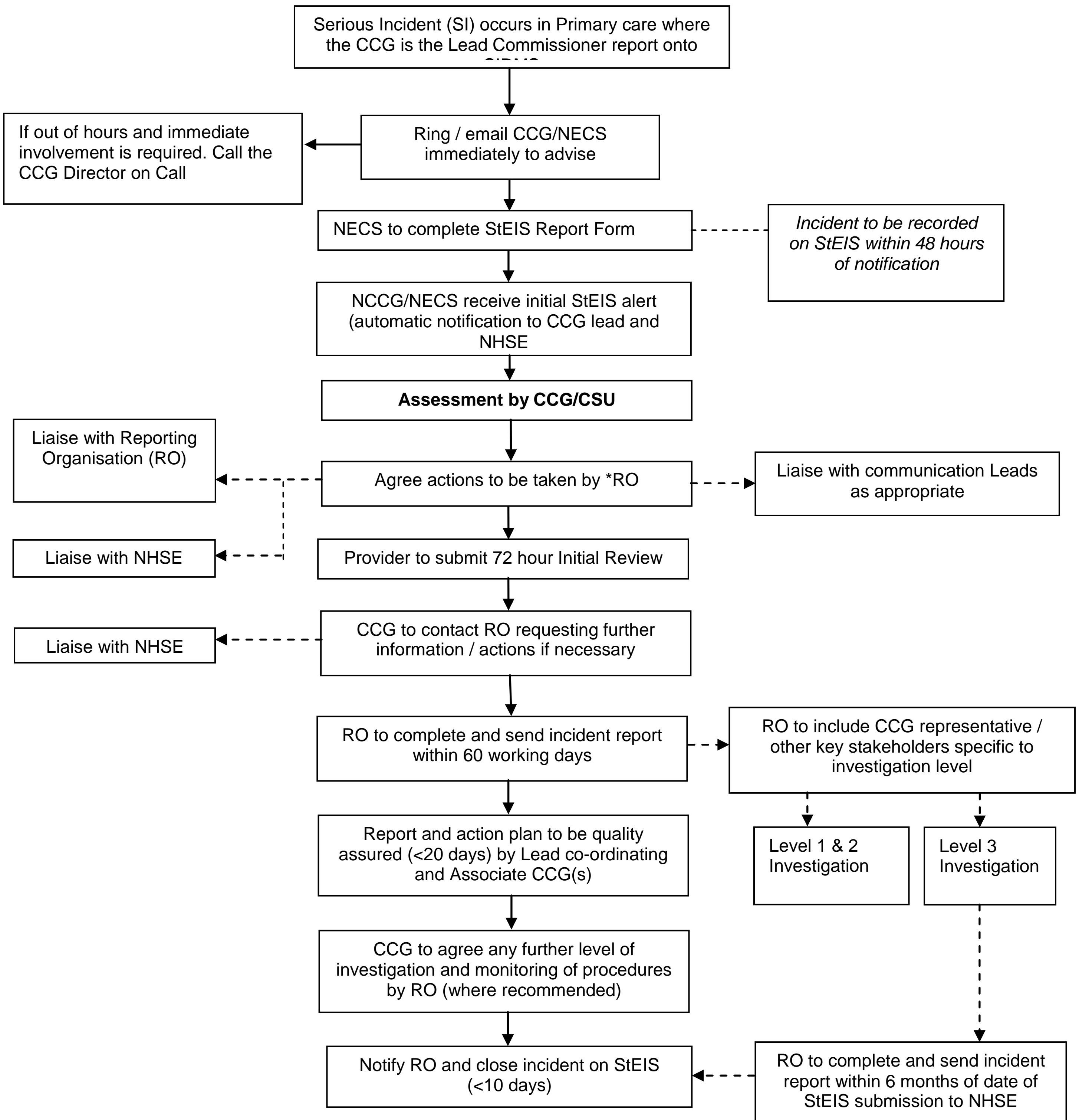
Appendix C: Reporting, Raising & Managing Incidents

REPORTING StEIS REPORTABLE SERIOUS INCIDENTS (SI's) ACUTE / MENTAL HEALTH



REPORTING StEIS REPORTABLE SERIOUS INCIDENTS (SI's) IN PRIMARY CARE



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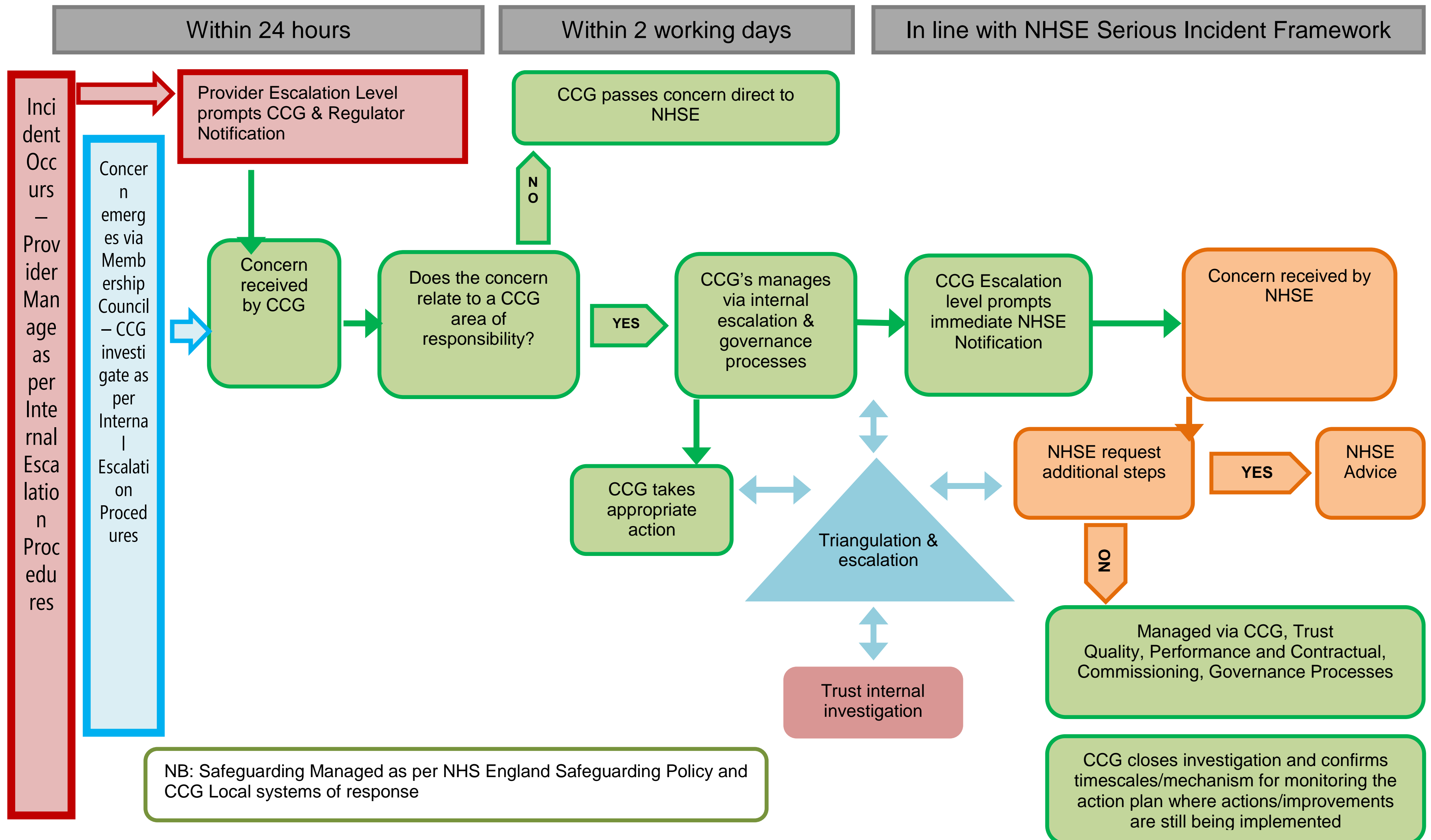
North Cumbria CCG Process for Reporting, Raising & Managing Concerns



North Cumbria
Clinical Commissioning Group

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