North Cumbria
Clinical Commissioning Group

North Cumbria CCG Quality Strategy

February 2018

V2

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1. EXECUTIVE SUMMARY:

This Quality Strategy sets out how the CCG intends to achieve continuous improvement in all commissioned services, reflecting national and local priorities and reinforcing the CCG's commitment to the development of validated quality improvement within and between care settings.

It provides a direction of travel and key performance measures in relation to each quality domain, (described further in the document) also areas of improvement to sustain and continuously improve the provision of safe, effective quality services for the population of North Cumbria.

The quality strategy will cover all commissioned health care services. Each year we shall review progress made in respect to reducing avoidable harm and explore how we have made a difference in quality, safety and patient experience. We will re-examine and promote a learning culture across the health economy.

NHS North Cumbria Clinical Commissioning Group is committed to working with the people of North Cumbria; providers of services; and other health and social care partners to continually improve the quality of services available to the people.

Year 1 2018/2019	During 2018/2019 we will establish our baselines and targets for quality, patient safety and patient experience improvements ensuring that all our providers including General Practice are fully aware of the 'ask'. We will robustly monitor these through the assurance meetings and visits. We will support the development of the new Integrated Health & Care Partnership ensuring that quality is central to new innovations of patient care.
Year 2 2019/2020	During 2019/2020 we will raise the quality 'bar' further within all our providers. The CCG has a specific responsibility for General Practice and nursing homes and will proactively support improvement as well as working with our large NHS providers. The CCG will actively support the sharing best practice with key partners and the wider public.
Year 3 2020/2021	We will continue to develop our understanding of the patient journey by improving outcome measures, gathering evidence of change that demonstrates improvement and taking, even more time to listen and connect this change to the experiences of patients.

2. INTRODUCTION:

NHS North Cumbria Clinical Commissioning Group (NCCCG) is responsible for commissioning a wide range of services for local people in partnership with Cumbria County Council. We are accountable for improving both health outcomes and quality of primary care for our population. We recognise that people use health care in times of need and when they may be at their most vulnerable; therefore it is essential that all care is delivered in a safe environment, by skilled competent clinicians who put the patient at the centre of everything they do.

This document reflects the CCG’s strategy to ensure that the people of North Cumbria have ease of access to high quality, cost and clinically effective services that have been shaped by accepted best practice and the feedback that we have received from the local population.
It emphasises our commitment to work in a way that enables the voice of service users to be heard and ensure that they are at the centre of decisions made about them. We are committed to work with service providers to ensure that there is transparency and honesty in all dealings with service users, and to utilise the intelligence we receive about the experiences of patients to help us commission patient centred services.

Evidence demonstrates that healthcare is not always safe and can lead to poor patient experience and outcomes[1]. In the worst case, patients may be harmed and may die. The publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry[2] and the subsequent reports by Sir Bruce Keogh[3] and Don Berwick[4] have reinforced the importance of quality and the standards of care provision. Reinforced by the Health and Social Care Act (2012) and the NHS Constitution, quality is recognised as a key priority for the NHS. Improving quality and safety can also make a significant contribution to the cost-efficiency of healthcare[5]. For example, longer stays in hospital caused by hospital-acquired problems such as infections or pressure ulcers add to hospital costs.

As care becomes increasingly complex the delivery of high quality service provision is of paramount importance. As commissioners we understand and recognise that care is rarely the responsibility of any one organisation, but of health and social care systems as a whole. In accepting system-wide responsibility we recognise that the patient care journey cuts across primary and secondary care; health and social care; links with public health services and involves multiple professional groups.

This strategy sets out the approach of NCCCG to quality in the commissioning and monitoring of services. Building on the recommendations of the Berwick (2013), Francis (2013) and Keogh (2013) reports, the strategy outlines the CCG responsibilities, describing what is meant by the term ’quality’ and how the CCG will assure itself that people within the population the CCG serve, receive high

care. It also sets out the governance arrangements that ensure the CCG's governing body is sighted on the quality of services commissioned.

At a strategic level, our commitment to quality permeates our work as a CCG and our key partnership with Cumbria Health and Wellbeing Board. We are committed to working within our member general practices and the 'Integrated Health and Care Partnership' (IHCP) to create the conditions and the environment which allows quality to prevail and ensure that interests of our users come first.

3. LOCAL CONTEXT:

Clinical Commissioning Groups (CCG's) became statutory bodies on 1st April 2013. CCG's are clinically led organisations that are responsible for planning and funding (commissioning) a range of high quality services for their local communities.

The population of North Cumbria CCG is 323,000 and it has 40 member practices. The CCG commissions activity from providers that are registered with the Care Quality Commission (CQC) and, as part of the contracting arrangements, works closely with them to deliver continuously improving quality. The services commissioned by the CCG include the majority of NHS funded healthcare services such as:

- Most hospital services accessed by patients registered with GP's in North Cumbria
- Community based physical health services, such as District Nursing
- Mental Health services, other than services in low-high secure inpatient units, located outside Cumbria
- Prescribing, the CCG holds the budget for GP prescribed medications
- Continuing Health care and most individual packages.
- Ambulance and patient transport services

Within North Cumbria, most of these services are provided by the two large NHS Trusts:

- NHS Cumbria Partnership Foundation Trust (mental health, learning disabilities community services for adults & children)
- NHS North Cumbria University Hospital Trust (acute & maternity services)

Urgent and emergency care services are also provided by the North West Ambulance Service NHS Trust, including the provision of the NHS 111 service in this region.

NCCCG has additional delegated co-commissioning responsibilities with NHS England for primary care, although does not have responsibility for dental, pharmacy or optical care. The CCG has a responsibility to support the improvement of qualit[illegible] primary care in member GP practices.

The *NHS North Cumbria Clinical Commissioning Group Constitution* details how the organisation will discharge its statutory duties set out in the Health and Social Care Act 2012 and the NHS Constitution. In particular, the *NHS North Cumbria CCG Constitution* details how the CCG will:
- Promote a comprehensive health service;
- Meet the public sector equality duty;
- Work in partnership with Cumbria County Council to develop joint strategic needs assessments and joint health and wellbeing strategies
- Work with the local population and partners to collect local intelligence to inform commissioning decisions;
- Secure continuous improvement in the quality of services commissioned;
- Support the improvement of quality in general practice.

This Quality Strategy and the annual Quality Strategy Implementation Plan will form part of the CCG internal governance framework that supports the delivery of the *NHS North Cumbria CCG Constitution* and assists the organisation to meet its statutory requirements for commissioning safe, effective and responsive healthcare services

4. NATIONAL CONTEXT:

CCGs have a responsibility to provide high quality healthcare that's free at the point of need and can be accessed by all; as outlined in the NHS Constitution (2013). Under the Constitution, patients have rights listed below:-

- Be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality;
- Be treated with dignity and respect, in accordance with their human rights;
- Expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services;
- Be able to have access to drugs and treatments that have been recommended by NICE for use in the NHS - if their doctor says they are clinically appropriate for them.

The Core Operating Principles for Quality set out in the NHS Constitution (2013) sets out the following behaviours the CCG seeks to apply:

- The patient and the public come first – not the needs of any organisation;
- Quality is everybody's business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers;
- If we (health and care professionals, staff as well as patients ar wider public) have concerns we speak out and raise questions w hesitation;

- We listen in a systematic way to what our patients and staff tell us about the quality of care; and
- If concerns are raised, we listen and 'go and look'.

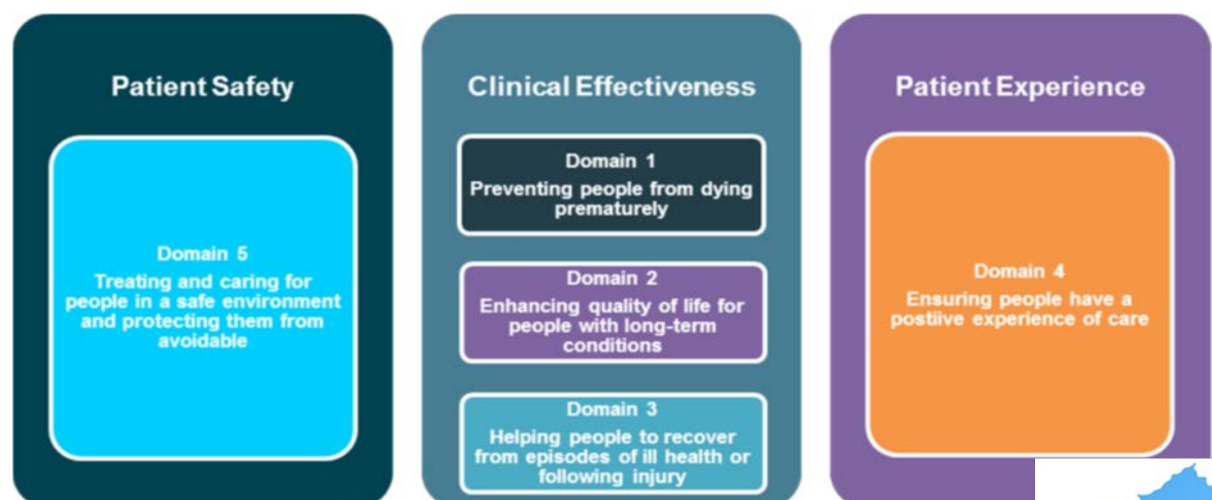
The *Five Year Forward View* and the *S*ustainability and Transformation Partnerships and the developing Integrated Care Systems are all being driven by the "triple aim" of (1) improving the health and wellbeing of the whole population; (2) better quality for all patients, through care and redesign; and (3) better value for taxpayers in a financially sustainable system. In response to this, NHS England has introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) which aligns in one place, NHS Constitution and other core performance and financial indicators, outcome goals and transformational challenges and will enable there to be oversight and additional insight into performance and quality.

The General Practice Forward View sets out an ambitious five year programme of reform and transformation within general practice. It recognises the important contribution primary care has in securing high quality care, it equally recognises that practical steps need to be taken to improve investment, workforce, workload and care redesign.

5. WHAT IS QUALITY?

Lord Darzi defined a framework for quality (High Quality Care for All DH, 2008) which sets out key quality domains. These were **effectiveness** of treatment and care provided to patients, **experience** patients have of the treatment and the care they receive, and **safety** of treatment and care. Building upon Lord Darzi's work the NHS Outcomes Framework recognised the link between good quality services and attaining high levels of performance and expanded it further and developed the quality framework. This describes five domains and was published in the Outcomes Framework by the Department of Health in 2011 See Figure 1 below:

Figure 1;



The Care Quality Commissions (CQC) new inspection approach for providers of care goes further to build on the three dimensions of quality with two additional dimensions:

- **Organisational culture & leadership** – commissioning high quality care which is well led
- **Responsiveness** – commissioning high quality care which is responsive to the needs of patients.

QUALITY PRIORITIES

6. PATIENT SAFTEY

What is the aim?

NCCCG will ensure that all services commissioned are safe, because patients have the right to expect harm free care when they are using NHS funded services. The CCG will work proactively and where required reactively to reduce and avoid risk. This will be dependent on working with others to identify, monitor, challenge, manage and report on safety issues and concerns in a transparent and timely manner.

What needs to be done to succeed?

The recommendations from the Berwick (2013), Francis (2013) and Keogh (2013) reports are designed to ensure that providers and commissioners are clear on their responsibilities and that systems are in place to ensure that those accountable are sighted on standards of quality. This is embedded in the CCG's practices, through the Contracting Schedule and the governance frameworks.

The CCG will act quickly and decisively to protect patients if an immediate risk to patient safety is identified or where concerns are raised regarding an organisation or an individual's ability to provide safe care. Depending upon the level of risk, actions may vary from the requirement for the provider to provide immediate assurance and evidence that any breaches or threats to safety have been rectified, or, in extreme circumstances, NCCCG will reserve the right to ask for a complete suspension of a service.

As part of the CCG's commissioning and ongoing performance management arrangements we will ensure providers inform us of the occurrence of any serious incident within 48 hours of it taking place. The CCG also requires providers to inform us of the immediate actions taken to protect the safety of patients (and if applicable, staff) and to undertake a comprehensive investigation and root cause analysis; following the investigation, the CCG will then receive Serious Incident Reports.

The CCG will monitor action plans produced by each provider's serious incidents and associated action plans to ascertain any trends and themes. The CCG will ensu any emerging issues are taken forward as an action plan with the provid

monitored through the CCG Serious Incident / Soft Concerns Operational Group (SISCOG).

We expect providers to be able to demonstrate that any recommendations or lessons learned from incidents are fully implemented to prevent recurrence. To facilitate this NCCCG has established a Serious Incident Steering Group (SISGOG).

We are commited to on-going vigilance in respect to themes and patterns emerging from serious incidents involving suicide and severe self-harms, ensuring on-going challenge to the providers in respect to promoting learning and service improvement. NCCCG will monitor Trusts for the degree of care that they provide that is 'harm free', using all five of the national safety thermometers, (Classic, Maternity, Medication, Mental Health and Children & Young People). The safety thermometers require hospitals and care organisations to audit themselves and publish results on a monthly basis. The classic safety thermometer specifically looks at the four most common types of harm; falls, pressure ulcers, venous thrombo-embolisms and catheter acquired urinary tract infections. Safe organisations are those that have very high levels of 'new harm free' care. Appendix 1 details where the data should be collated by safety thermometer.

The National Quality Board (2013) launched guidance relating to nursing, midwifery and care staffing capacity and capability, which was then built into the NHS Contract. To support staffing requirements NCCCG will include a number of local quality indicators in the provider quality contracts. These will include the requirement for provider organisations to submit a workforce dashboard with exceptions to the Quality Safety Assurance Group, risk assessments of cost improvement plans (CIPs) that require the provider to report on the impact of their CIPs at the monthly contract review meetings.

All organisations within the NHS have a legal duty (a Duty of Candour) to be open and honest with patients where mistakes are made. A proactive safety culture is one that is open and fair, and one that encourages people to speak up about mistakes and record them through appropriate incident reporting mechanisms. Incident reports are expected to include assurances that patients have been told that an incident has occurred or a mistake made. As part of this strategy NCCCG is committed to monitoring all Serious Incident Reports to ensure that patients have been informed when a mistake has happened that could have, or has, resulted in harm. Saying sorry when things do go wrong is vital for the patient, their family and carers, as well as to support learning and improve safety.

Healthcare acquired infections (HCAI) are infections resulting from healthcare interventions, and include Methicillin-resistant staphylococcus aureus (MRSA) and Clostridium difficile (C. Diff) and more recently E-Coli. The impact on the individual in contracting a HCAI can be serious, especially within the frail and elderly population. We support the national drive to reduce infections and accept the zero tolerance of MRSA. Whilst acknowledging the challenge to all providers for achievement reduction, we are committed to working in partnership with them and with ou

authority's public health team and general practices, to identify, promote and share best practice.

How will we know that the Patient Saftey aim has been achieved?

- The degree of 'harm free' care provided is significantly higher than equivalent providers / national average i.e. no harm caused by the use of urinary catheters, from falls, pressure ulcers or the development of a venous thromboembolism
- Numbers of serious incidents reported is significantly below the average for the type of provider, yet with the reporting of all incidents being high
- There are no serious and wholly preventable incidents, known as 'Never Events'
- There are no breaches of an organisation's 'Duty of Candour'
- Providers are able to demonstrate that learning from errors and embedded within organisations, that systems and practice to prevent recurrence
- A culture of open and honest cooperation to identify potential incidents or actual serious quality failures and take corrective action exists across North Cumbria
- A high trust environment exists where members feel able to share worries
- Act as positive role models making quality and patient safety our top priority
- HCAI targets for MRSA, C-diff, GNBSI and E-Coli are on or under trajectory for NCCCG

7. CLINICAL EFFECTIVENESS

What is the aim?

NCCCG aims to ensure that services they commission are effective and provide the best outcomes possible for the patients that use them. Effective commissioning is much more than the specification of services and outcomes. It requires a mature dialogue with providers and other organisations in the health and care system about issues such as best practice, evidence based practice and cost effectiveness to ensure patients receive the highest levels of care.

What needs to be done to succeed?

NCCCG expects that all providers are able to demonstrate that they comply with best practice standards including National Institute for Health and Care Excellence (NICE) technology appraisals and guidance. Providers will be expected to demonstrate that they have systems in place to receive, assess and implement NICE guidance and submit quarterly reports on compliance with relevant standards. Where they are not compliant, the CCGs will require that time specific action plans are developed and agreed. Plans will be monitored through the Quality Safety Assurance Committee.

NICE guidance does not only apply to providers; the Institute has also published a series of quality standards that set out best practice and effective pathways for defined conditions. NCCCG will commission services in line with these standards where relevant, using them as the benchmark.

Following the Francis Report (2013) there has been an increased focus and coverage on mortality ratios as an outcome measure. Whilst they should not be used in isolation as a measure of effectiveness, they are considered an important contributory indicator when assessing quality of care and outcomes. NCCCG will monitor mortality ratios and will act where these are higher than expected by investigating providers, analysing any associated analysis reports and the active monitoring of associated action plans.

Medicines optimisation forms part of the quality approach and aims to ensure that the principles of medicines optimisation underpin the commissioning of services, where the use of medicines forms an integral part of the patient pathway. Medicines optimisation will constitutes an important part of the CCG's Quality Improvement Plan.

Promotion and uptake of innovative new treatments and NICE approved medicines is a priority for the CCG. This along with reducing variation in prescribing performance and proactively disinvesting in medicines where these do not demonstrate best value in improving patient outcomes.

How will we know that the aim has been achieved?

- The CCG can demonstrate that they have considered the NICE Quality Standards applicable to the services they commission, prioritised them and used them where appropriate in service specifications and commissioning activities.
- Performance outcomes relating to medicines optimisation will demonstrate improvement and achievement
- Providers are able to demonstrate compliance with all appropriate NICE technology appraisals and guidance
- Mortality ratios are within national standards
- Providers contribute to a range of national audits, utilising the results to improve quality, by being effective
- When benchmarked, the resultant provider outcomes from national audits demonstrate local providers are ranked amongst the best

8. PATIENT EXPERIENCE

What is the aim?

NCCCG is committed to working with the people and communities of North Cumbria in an open and transparent way utilising the principals of Co-production. We will establish multi-stakeholder Patient Participation Group (as required) to provide a forum and task group for this work to develop and flourish.

NCCCG will ensure that patient opinion and experience informs assessme provider standards and flags up any potential failings in quality and good pr

NCCCG wants to ensure that patients experience compassionate care that is personalised and sensitive to their needs. A key challenge for the CCG is how to obtain reliable patient experience data and how to use it effectively to deliver real improvements in patient experiences. The CCG will then ensure that the collation of this information is aligned to their strategic priorities and analysed in a meaningful way.

What needs to be done to succeed?

NCCCG working with providers in our IHCS, will continue to review and implement systems that enable the capture and monitoring of patient opinion and experience of care across all commissioned services. NCCCG will use patient experience information to cross reference against information from the wider quality initiatives in place, enabling themes and trends to be identified. This will help to identify where a service may be failing, not delivering the expected standards of quality or indeed **exceeding** those standards. NCCCG will investigate and require providers to provide remedial actions where lapses in quality of care or service are identified.

This will lead to the provision of feedback to patients to demonstrate that they have been listened to and actions taken accordingly. Although a patient may receive safe and effective care and treatment, if these have not been delivered in an appropriate way, for example; late or cancelled appointments, poor environments or unhelpful staff, the patient may legitimately perceive this to be a poor experience.

There is a wide range of feedback tools available to measure people's experience, none of which alone offer a complete picture of the experience. Each one tends to be applicable in different situations, depending on the audience and information you are trying to obtain. Measures can be divided into two groups, both of which are necessary for quality improvement:

- Quantitative, statistically validated, general measures which tend to be less descriptive, but useful for comparative performance management, such as surveys. These measures usually tell us how big the problem is and where performance is better or worse
- Qualitative, less generalisable, but more descriptive measures useful for gaining an in depth understanding of care, such as patient stories. These measures usually tell us more about why the problem exists and what to do about it

NCCCG will review acute providers and primary care implementation and monitoring of the national Friends and Family Test. This simple test asks patients whether they would recommend the hospital where they received their treatment and care, to a family member or friend. The test gives the providers and the CCG 'real-time' feedback on patient experience. The CCG expects providers to monitor feedback and implement appropriate actions to increase the number of patients who rate their care as excellent or good.

Approaches to the collection of patient feedback may differ across NCCCG commissioned services; however they will be analysed using an agreed process, we will listen to this; formally receiving patient stories at our governing body.

The CCG will monitor national surveys including the national acute provider inpatients / maternity / children and young people survey, GP survey and a range of service user surveys such as those conducted within mental health, and cancer services. Providers will be asked for their responses and if any action plans are in place they will be monitored through the appropriate quality review meetings.

Complaints will be monitored, including those made directly to the CCG and those made to acute providers. Acute providers are expected to submit quarterly complaints reports which identify numbers, themes and trends, and the actions taken in response. They will also be required to provide assurance on the governance and management of complaints, ensuring that Quality & Safety Assurance Committee is regularly sighted on key issues and where appropriate, individual patient concerns.
Complaints in relation to Primary Care a dealt via NHS England (Cumbria &the North East), NCCCG is sighted on the final responses and will monitor these for trends and themes to discuss with the GP membership.

Comments on providers will also be monitored; these may be from other bodies such as regulators including published reports following Care Quality Commission (CQC) inspections and Healthwatch reviews. Furthermore, the CCG will work with the CQC, and Healthwatch, Patient Participation Groups and the local community and voluntary sector in addressing any highlighted concerns, alongside supporting the providers in making the necessary changes.

How will we know that the aim has been achieved?

- Positive comments published on public sites significantly outweigh negative or neutral ones (NHS Choices)
- Providers Friends and Family Test scores and response numbers / rates are on or above the national average
- Providers are able to demonstrate a significant reduction in the number of complaints including a reduction of re-opened cases where the original response failed to provide a satisfactory response to the complainant
- Provider scores in national surveys are consistently rated ‘among the best’
- The CCG receives fewer complaints or requests to investigate patient concerns
- A range of visits to providers will show continued improvements over time. To include:-
    - CQC inspections
    - NCCCG’s contractual quality assurance visits
    - Patient Environment Action Team (Peat) reviews

Patient experience and insight data is received and reviewed by Quality and Outcomes Committee (QuOC) and subsequently acted upon to drive improvements in the quality of services.

9. RESPONSIVENESS

What is the aim?
NCCCG aims to respond to the needs of the diverse local population and develop strategies that ensure healthcare responsiveness is fully assessed and that services are commissioned appropriately. Health care responsiveness is the responsibility of all health care commissioner and provider staff.

What needs to be done to succeed?
NCCCG will undertake a considered 'co-design' approach to commissioning, by focusing on the commissioning cycle outlined below across the Health economy as part of the IHCP. At each part of the cycle patient and public involvement or feedback with be a key part of commissioning services that meet local needs and that those services are improved, where needed, based on experiences.

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

NCCCG is embedding co-design in all planned service changes, bringing together patients and other stakeholders as equal partners as part of the wider ICS development. The aim of this approach is to pool a wide range of expertise to deliver more effective and sustainable outcomes, alongside improved experiences for all involved. A range of methods will be used including surveys, patient stories, groups and co-design events to ensure full patient and public involvem

improvement activities and monitoring the impact they have on patient experience. The Interim Cumbria Local Health Economy Strategic Plan 2014-2019 outlines how the CCG will broaden the work already undertaken in this area recognising how we need our partners to no longer be passive receivers of our messages and to become active participants in all discussions.
The CCG will also expect providers to demonstrate how they have involved patients and carers in service design and delivery.

How will we know that the aim has been achieved?

- Evidence of engagement with general and specific client groups including those defined as ‘protected groups’
- Evidence of engagement with patients when developing or changing services
- Evidence of assessment of patients’ needs and opinions, for example through patient surveys and complaints

10. ORGANISATIONAL CULTURE AND LEADERSHIP

What is the aim?
NCCCG wants to develop a culture of openness, learning and continuous improvement for all staff. This should not only be within this commissioning organisation, but within provider organisations too. In addition to this, NCCCG’s overarching priority and aim is to be a part of a health system that delivers financial balance and delivery of better care through strong leadership.

What needs to be done to succeed?
NCCCG needs to build on the values already developed and encourage matched behaviours across the health economy. The organisation is clinically led and is committed to engaging wider with clinicians and member practices to ensure that those who deliver care directly to patients are able to inform and influence service provision and commissioning decisions based on their clinical knowledge and experience.

There will be a focus on the need to work across the health economy to encourage cultural changes and leadership to remove barriers to change and act as facilitators for quality improvement. Creating the right environment for staff to be empowered and make patient centred decisions is essential.

The CCG will encourage providers to work together to ensure that the provision of health and social care is seamless and provided in a way which minimises duplication, is cost effective and delivers patient centred outcomes.

The CCG will ensure that all staff receive an annual appraisal and that their objectives contribute towards the CCG’s priorities and demonstrates continued commitment to improving services. CCG staff will agree personal developmen
that will enable them to develop their skills and knowledge further.

Service specifications and contracts will detail what the CCG expectations of providers are in ensuring that their staff are appropriately trained, qualified and where appropriate for the profession, receive appropriate support and development.

In addition, the CCG expects providers to submit regular reports on how many staff have received a personal development review and the proportion of the workforce that has received appropriate statutory and mandatory training.

How will we know that the aim has been achieved?

- All staff will have had an appraisal and agreed a set of objectives that supports the CCG's aims in commissioning high quality care
- Providers will be able to demonstrate consistently high levels of staff training, supervision and appraisal
- Board to Ward processes, which demonstrate engagement with patients, carers and staff, to understand their experiences will be evident throughout all commissioned services
- NCCCG will ensure all staff are kept informed, engaged and consulted with throughout the development of the IHCP
- NCCCG staff will be supported and developed through planned OD sessions to maximise talent and develop skills
- NCCCG will evidence robust effective leadership that meets external assurance and scrutiny.

11. QUALITY ASSURANCE

Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements. The mechanisms through which the CCG will assure them of quality are identified in this section of the strategy and are as follows:

- Clear expectations of quality
- Provider monitoring
- Provider visits
- Outcomes & Quality accounts
- NCCCG Quality Outcomes Committee

Clear Expectations of Quality

All contracts will specify the outcomes and quality standards, planned monitoring arrangements and penalties where these apply. Where a threat to quality is identified, the CCG will escalate the issue and use appropriate commissioning and contractual levers to bring about improvements.

Securing and improving quality cannot be achieved by the CCG in isolation. We recognise that our patients' journey cut across primary, secondary and specialist care, health and social care, with services commissioned and delivered by multiple organisations and professions both within and outside the NHS.

We appreciate the commitment of our partners to work with us in improving quality. We will continue to support and collaborate with provider organisations to improve the quality of services provided, whilst holding them to account for standards of service delivery.

To ensure value for money in commissioning of care, we need to improve quality and outcomes through innovation in service design, efficiency, and a continued focus on prevention of ill-health alongside treatment and care.

Provider Quality, Safety Assurance and Contract meetings will be held with providers as required by the national NHS Contract. The frequency of meetings will vary according to the size of contract and level of risk. Meetings with large organisations will take place monthly and with smaller low-risk providers less frequently. NCCCG's monitoring systems through the contract books allows them to identify any risks and then additional meetings will be scheduled if required. Providers will be required to submit quality and safety performance reports that provide evidence of performance against national and locally agreed quality standards.

Provider Visits
NCCCG will ensure that they see at first hand the quality of care being provided to patients and service users. There will be visits to provider organisations (Hospitals and General Practices) to observe the care delivered, the environment that it is being provided in and to speak to patients, relatives and staff regarding their experiences of receiving or providing care. The CCG will provide feedback to the provider on their observations and also reflect the findings and outcomes of the visits in NCCCG Outcomes and Quality Assurance Committee through the quality report.

Quality Assurance of general practice contracts
NHSE and NCCG have a shared responsibility for quality assurance of general practice contracts.

From 1st April 2017 North Cumbria CCG took on delegated authority for contracting primary care medical services, as well as the statutory duty to assist and support NHS England for quality assurance of primary care medical provision, including contract management.

The CCG also has a responsibility for improving the quality of primary care general practice, reducing variation and supporting their member practices.

The CCG's approach to managing the quality improvement and assurance fur
is outlined in the CCG Primary Care Quality Improvement and Assurance Fram

The Quality Assurance and Improvement Framework has been designed in such way to address quality assurance, support quality improvement in general practice and provide a systematic process for managing unwarranted variation.

A Primary Care Quality Group has been established to provide oversight to the process, reporting to the CCG Outcomes & Quality Assurance Committee and, if necessary, the CCG Primary Care Commissioning Committee.

A NCCCG primary care quality dashboard has been developed; the dashboard includes a wide range of indicators reflecting the three domains of quality; patient safety, experience and clinical effectiveness. The data provides sufficient intelligence to identify outlying practices and areas where North Cumbria practices overall do not achieve national averages.

The CCG will continue to work alongside General Practice to tackle unwarranted variation and will promote the Quality Improvement Scheme (QIS) in achieving this goal. The CCG will continue to operate a GP Quality Improvement Scheme for 2018/20. Changes and additions to the list of metrics are required to reflect the Primary care indicators in the CCG Improvement & Assurance Framework e.g. dementia diagnosis rate and antimicrobial prescribing rates and opportunities highlighted in the updated Right Care packs e.g. improving care for patients with CHD.

Promoting Quality and Safety within Nursing and Care Homes
NCCCG is working closely with our Continuing Health Care (CHC) team and Cumbria Local Authority to develop and strengthen incident reporting and quality assurance frameworks within Care and Nursing Homes.

- NCCCG will establish jointly with Cumbria County Council (CCC) a programme of quality assurance developing a joint quality framework. We will utilise our ICC's as the eyes and ears, establishing programmes of support for those struggling.
- NCCCG will work further develop the framework to include quarterly performance data reporting from both nursing homes
- NCCCG will provide a nurse to support the assurance of care and nursing homes
- NCCCG will work closely with key partners and regulatory services to monitor local care, nursing and domiciliary care providers.
- NCCCG will work closely with NHSE and key partners to deliver the key improvements outlined in the Enhanced Care Home Framework.

Safeguarding
According to the CQC: '*Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and negle fundamental to high-quality health and social care.*'

Safeguarding is a core principle that is threaded through every element of what we do as a commissioning organisation. There are well developed plans in place in relation to safeguarding and robust frameworks for monitoring these. The CCG will ensure that principals of safeguarding, in line with the CQC definition is embedded across the new Integrated Care System.

NCCCG regards its statutory responsibilities to safeguard children, young people and adult at risk of harm as a major priority for the organisation and for the work with local partners. The Constitution sets out safeguarding responsibilities, requiring the Governing Body of NCCCG to oversee a clear strategy and regular reporting to ensure that the CCG meets their duties. During 2018 the NCCCG will work with our partners to ensure robust arrangements are agreed to reflect the 'New Working Together' requirements following the 2017 National Consultation.

NCCCG have a statutory duty to ensure that all health providers, from whom they commission services (both public and independent sector), have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults at risk from actual abuse or possible abuse; that healthcare providers are linked into their Local Safeguarding Children and Safeguarding Adults Boards; and that healthcare workers contribute to multi-agency working.

Safeguarding and the NHS

The Health and Social Care Act 2014 and the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (July 2015) revised the responsibilities for commissioners and how they safeguard their populations. The responsibilities put patients and the quality of their care at the heart of the NHS. The Government's commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations.

Commissioners have responsibilities for commissioning high quality healthcare for all patients in their area. However, they have particular safeguarding duties for those patients who are less able to protect themselves from harm, neglect or abuse. **(Role of NHS Commissioners: DH 2011)**.

NCCCG ensures that its providers have arrangements in place to safeguard and promote the welfare of adults and children in line with national policy, guidance and locally identified areas of concern. Providers identify safeguarding issues relevant to their area and we challenge providers to demonstrate that policies and procedures are in place and implemented. We review staff training to ensure staff are appropriately trained, supervised and supported and know how to report safeguarding concerns.

The CCG requires providers to inform them of all serious incidents involving children and adults including death or harm whilst in the care of a provider. The CCG closely with our partners to participate in Serious Case Reviews, Safeguarding

Reviews, and Domestic Homicide Reviews and ensures findings are included in our triangulation of data.

Through partnership working with other agencies, the CCG, as a member of the Cumbria Safeguarding Children Board (or the new arrangemnt when determined) and the Cumbria Safeguarding Adult Board will be engaged in debate and discussion in order to improve the quality of practice and subsequent outcomes for children, young people and adults at risk.

Prevent

The Prevent duty arises from the Counter-Terrorism and Security Act 2015 which is part of the Government's Counter Terrorism Strategy (CONTEST), revised in June 2011. This is a new statutory duty on public bodies to prevent radicalisation in the healthcare sector and for the NHS to support initiatives to reduce the risk of terrorism.

The Counter-Terrorism and Security Act 2015 puts the existing Prevent programme on a statutory footing. PREVENT is central to the Safeguarding agenda and therefore needs to be a priority within Safeguarding policies, procedures and training.

The Health economy is a key partner in delivering the HM Governments PREVENT strategy. The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting individuals who may be at a greater risk of radicalisation and making safety a shared endeavour.

The CCG seeks assurance from commissioned health provider organisations on the implementation of this government strategy. The CCG is supported by NHS England and the regional Prevent lead to ensure each local health economy is delivering on the statutory Prevent duty.

Quality Accounts

Large providers of NHS care are required to publish a Quality Account each year. The account must contain a retrospective review of performance of key quality initiatives and priorities and set out the quality priorities for the forthcoming year. Providers are also required to outline the clinical audits that they have taken part in or have undertaken independently. The account will be available publicly however before it is published CCGs must be given the opportunity to comment on providers' quality accounts.

Providers must include the comments from the CCG in their entirety, in the final publication of the account. Accounts will be monitored through the relevant quality groups to ensure that they are an accurate account of quality and that progress against the identified priorities is being made. NCCCG will provide comments on the Quality Account for the providers where they act as lead commissioner.

Comments will be signed off by the Director of Nursing, the Accountable Officer and the Medical Director. Providers will be monitored for performance and progress against the clinical priorities through the quality contract meetings.

North East & Cumbria Quality Surveillance Group

NCCCG will manage the relevant quality monitoring mechanism appropriate to the provider for which it is designated as the commissioning lead. In addition, informal and formal conversations within the CCG, between commissioners, providers and stakeholders on a day to day basis may illicit 'soft intelligence' to be triangulated against other measures. To support the sharing and triangulation of information, a North East & Cumbria Quality Surveillance Group is convened which meets on a bi-monthly basis. Membership includes quality leads of each CCG and representatives from Healthwatch, CQC, NHSI and the NHSE. The purpose of the group is to jointly review quality performance and share information in order to identify potential or actual risks to quality and agree a response.

12. ASSURANCE AND GOVERNANCE STRUCTURE

The leadership and accountability for delivery of quality is the responsibility of the **CCG Governing Body**. The responsibility for delivery of the quality strategy is delegated to the **Outcomes and Quality Committee** (QUoC).

The remit of the committee is to assure the Governing Body that quality and patient safety activity is co-ordinated and transparent, ensuring a coherent and systematic review of the system. To support the work of the Outcomes and Quality Committee, the following subgroups / reporting arrangements have been established:

- Quality Safety Assurance Group; held monthly
- Serious Incidents Review Group (SISCOG)
- Primary Care Quality Committee
- Medicines Optimisation Group
- Infection Prevention Strategy Group
- Safeguarding
- Continuing Health Care Steering Group

External review and assurance for the commissioning of high quality care provision is undertaken by NHS England and NHS Improvement, through the System Quality Improvement Board (Quarterly).

Assurance and Governance Structure

The QUoC reports to the CCG Governing body. The minutes from QUoC meetings will be submitted to the Governing body at which time the Chair of the committee by means of a quality report, shall draw to its attention any issues that require disclosure to the Governing Body, or require executive action.

National Drivers

The CCG Quality strategy is underpinned by six fundamental values: care, compassion, competence, communication, courage and commitment (6C's) - these six areas of action will help to support the CCG to commission excellent care and promote enduring values and behaviours.

NHSE strategy Leading Change Adding Value has developed further upon the 6 C's and is based upon 10 commitments (Appendix 2).

NCCCG is committed to embedding these into the implementation of the quality strategy, decision making and behaviour for the CCG and these will be developed into measurable actions in conjunction with participation with stakeholders and our partners.

Next Steps

To work with our service providers to develop the required information flows to support the assurance of high quality care and achieve delivery of the Leading Change, Adding Value framework detailed below.

13. REFERENCES

[1,2.]See, for example, the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013

[3] *Review Into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England*, Overview Report, NHS England 2013

[4] *A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England*, NHS England, 2013

[5]Ovreteit, J. *Does improving quality save money? A review of the evidence of which improvements to quality reduce costs to health service providers.* London: Health Foundation, March 2009.

Appendix 1.

Safety Thermometer	Who	What is the Focus
Classic	Data to be collected across the health economy in acute hospitals, community hospitals, intermediate care, care homes and district nursing services.	The Classic Safety Thermometer focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.
Medication	Data to be collected across the health economy in acute hospitals, community hospitals, intermediate care, care homes and district nursing services (only where nurses administer medicines).	The Medication Safety Thermometer follows a three step process in order to identify harm occurring from medication error. It specifically focuses on: medication reconciliation, allergy status, medication omission
Maternity	Data to be collected from maternity service providers.	The Maternity Safety Thermometer is a measurement tool for improvement that focuses on: perineal and abdominal trauma, post-partum haemorrhage, infection, separation from baby and psychological safety.
Mental Health	Data to be collected from inpatient mental health services.	The Mental Health Safety thermometer looks to measure harm and collates the proportion of patients that are 'harm free' from: self-harm, psychological safety, violence and aggression, omissions of medication and restraint (inpatients only).
Children & Young People (CYP)	Data to be collected from Children's inpatient services.	The CYP Safety Thermometer looks to measure commonly occurring harms in people that engage with children and young people's services. The tool focusses on: Deterioration, Extravasation, Pain and Skin Integrity.

Appendix 2.

Leading Change, Adding value: A framework for nursing, midwifery and care staff – NHSE 2016

Commitment	Health and wellbeing	Care and quality	Funding and efficiency
1. We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff	✓	✓	✓
2. We will increase the visibility of nursing and midwifery leadership and input in prevention	✓	✓	✓
3. We will work with individuals, families and communities to equip them to make informed choices and manage their own health	✓	✓	✓
4. We will be centred on individuals experiencing high value care	✓	✓	✓
5. We will work in partnership with individuals, their families, carers and others important to them	✓	✓	✓
6. We will actively respond to what matters most to our staff and colleagues	✓	✓	✓
7. We will lead and drive research to evidence the impact of what we do	✓	✓	✓
8. We will have the right education, training and development to enhance our skills, knowledge and understanding	✓	✓	✓
9. We will have the right staff in the right places and at the right time	✓	✓	✓
10. We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes	✓	✓	✓

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