



Northamptonshire Clinical Commissioning Groups

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QUALITY STRATEGY 2019-2021

Approved and ratified by the Joint Quality Committee

On behalf of the Northamptonshire
Clinical Commissioning Groups on 11 June 2019

For Review: April 2021

Version Control

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				NHS Corby and NHS Nene Clinical
				Commissioning Groups

Foreword

While building upon the progress the CCGs' 2017-2021 Quality Strategy this strategy represents a step change in a collective commitment to a county wide approach to quality across both health and social care. In order to mark this change, rather than an update to the previous strategy, the 2019-2021 Quality Strategy is presented as a separate and discrete document in which the CCGs' key role in leading and enabling the embedding of the Northamptonshire Health and Care Partnership (NHCP) to drive and support change.

We see this strategy as both supporting what we do well and also in helping us to continually strive to improve and drive forward opportunities for transformational commissioning through a collaborative approach with our providers while still maintaining quality assurance of commissioned services. We recognise that the success of the NHCP in ensuring the continual improvements to safe and effective care is predicated on the strength and maturity of relationships and the ability of partners to work across traditional boundaries. As such the quality of the care the people of Northamptonshire receive will be defined by the shared success of the NHCP. This is also in keeping with local progress on the NHS Long-Term Plan that every area will be served by an integrated care system by 2021.

The updated quality strategy also maintains the Northamptonshire CCGs' ability as to assure the quality of the services commissioned for our patients, through focus on the effectiveness, safety and the experience of that care.

As Clinical Chairs of the CCGs we commend and support this strategy.



Dr Darin Seiger
GP Chair
NHS Nene Clinical
Commissioning Group



Dr Joanne Watt
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1. National Policy Drivers for Quality

Our local framework for quality is informed by national policy and is set against four main drivers:

- Planning for high quality services
- Working in keeping with the development of integrated care systems
- Developing and commissioning high quality services
- Assuring the services we have commissioned deliver a high quality service

Our strategy, processes and procedures are based on not only delivering national standards but where possible innovating to exceed them.

2. Equality and diversity

The strategy is written with the aim of providing equity of treatment for all service users. It takes into account current UK legislative requirements, including the Equality Act 2010, Human Rights Act 1998 and promotes equality of opportunity for all. No particular group or individual will be disadvantaged over others on the grounds of; race, ethnic origin or nationality, disability, gender, gender reassignment, marital status, age, sexual orientation, trade union activity, religion or belief, pregnancy or maternity status; during the application of this policy/procedure/strategy/document

Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the NHS Constitution. The CCG commits to informed, due regard to the Public Sector Equality Duty (PSED) in the development, review and implementation of this strategy.

3. Vision for Quality

This strategy outlines the framework for ensuring that quality is at the heart of everything we do and is reflective of the national stance that "quality must be the organising principle of our heath and care service" and the NHCP commitment "to deliver a population-based and person centred health and social care model within our available collective resources".

3.1 Strategic countywide priorities for quality transformation:

Locally the Northamptonshire Health and Care Partnership (NHCP) has agreed an overarching principle to deliver a population-based and person-centred health and care model within our available collective resources and has developed a quality improvement framework is to support this through the:

 Delivery of the clinical priorities identified in our clinical strategy (urology, frailty and musculoskeletal priorities)

¹ https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf

- Identification, development, commissioning and provision of best practice and innovation
- Achievement and maintenance of excellent performance against minimum national and local standards
- Support improved patient experience and outcomes through the delivery of high quality, responsive and sustainable services

This means working collaboratively with health and social care partners to strengthen systems, processes and relationships to ensure that these priorities are effective and impactful across care within the county. This is supported by the growing maturity within the NHCP quality improvement framework to enable the transformation of services.

Within the NHCP we will develop a vision and programme for system wide quality and focus on developing a culture of quality improvement to drive successful delivery of our clinical priorities and improve outcomes for our patients.

Our strategic approach across the county is set out in our NHCP quality improvement (QI) strategy that includes (appendix 1):

- Implementation of our countywide Quality impact assessment tool to ensure that all projects are assessed for their impact on quality consistently
- Implementation of our agreed collaborative local quality schedule to ensure there is partnership working across organisational boundaries
- Development of a quality dashboard to measure progress with the quality outcome measures for each of the clinical priorities
- Oversight by a countywide strategic quality improvement group (currently the strategic clinical quality review group)
- Review of quality resource to make best use of our local talent and reduce duplication of effort ensuring that we support the clinical priority work streams to deliver improvements in quality for population
- Development of quality improvement training across the county to develop QI champions within each clinical priority
- Development of an engagement plan to ensure that quality improvement is undertaken in partnership with service users and carers

3.2 Strategic priorities for CCG quality assurance:

 Patient safety is monitored across the county to ensure the risk of adverse outcomes for patients are minimised and when they occur lessons are learnt, shared and embedded

- Patient experience of NHS care across the county is monitored to ensure lessons are learnt, shared and embedded
- We secure continuous improvement in the quality of services provided and in the outcomes that are achieved and, in particular, outcomes which show the effectiveness of their services, the safety of the services provided, and the quality of the experience of the patient

In conclusion this strategy will support the delivery of our overarching plan to improve the quality of care. Our vision is to:

- Reduce variation in the quality and safety of care through a systematic and integrated approach to ensure high quality care and outcomes for local residents; and
- Promote a culture of quality improvement.

4. Our Responsibilities

We take responsibility for Quality Assurance by holding providers to account for delivery of contractual obligations and quality standards. We also take responsibility to working collaboratively as part of the NHCP to support providers to ensure services continually improve and they have in place processes to drive this continual improvement including the adoption and sharing of innovation. Each provider and member practice remains accountable for the quality of services within their own organisation. Individual CCG members/staff have a responsibility to report incidents and respond to patient feedback in an open and transparent way in order to support improvement in our services.

We are also fully committed to the Public Sector Equality Duty as set out in the Equality Act (2010). This ensures that the services we commission are equitable and comply with the principles of 'Due regard'. This applies to all the activities for which the CCG is responsible, including policy development, review and implementation. We also will also ensure that providers are aware of our and their responsibility to patients and service users under the FREDA principles (Fairness, Respect, Equality, Dignity & Autonomy) of the Human Rights Act 1998.

5. Quality Assurance and Early Intervention

We have a system of quality assurance and early warning processes in place which provides information about the safety, effectiveness and patient experience of services we commission and escalation within the CCGs and to relevant stakeholders such as NHS England, NHS Improvement and the Care Quality Commission. This

system enables us to be proactive in identifying early signs of concerns and take action where standards fall short.

An overview of our CCG systems for quality assurance is provided at appendix 3.

6. Quality Transformation

We have a process in place to support transformation across the system and for gaining quality assurance. The process describes how visits will be used as a tool to gain assurance around the quality and safety of services and will be utilised for current services as well as newly procured pathways where services have been redesigned.

A copy of this process is provided at appendix 4.

7. Evaluation

This strategy, and delivery of our priorities, will be reviewed on an annual basis by the Joint Quality Committee to ensure the future direction of travel remains relevant and refreshed accordingly.

National Context

The National Quality Board
Shared Commitment to
Quality (NHSE Publications
Gateway Ref 05691) sets or a
nationally agreed definition of
quality to enable the system
to work to a common aim
stating that:
"Quality must be the

organising principle of our

health and care service"

QUALITY IMPROVEMENT FRAMEWORK

Purpose

The purpose of the framework is to support the:

Northamptonshire

Health and Care Partnership

- Delivery of the clinical priorities identified in our clinical strategy, ie MSK, Urology, frailty & MSK.
- Identification, development, commissioning and provision of best practice and innovation.
- Achievement and maintenance of excellent performance against minimum national and local standards.
- Support improved patient experience and outcomes through the delivery of high quality, responsive and sustainable services.

Local Context

The Northamptonshire
Health & Care Partnership
(NHCP) has agreed that our
overarching principle is to
deliver a population-based
and person-centred health
and care model within our
available collective
resources.

(See: Key the System Development Principles over the page)

Achieved through

Quality Improvement Group (QIG)

Implementation of the framework will be led by a Quality Improvement Group who will be established to assess service delivery in terms of patient safety, clinical effectiveness and patient experience. Members will ensure an open and transparent learning environment is created for the betterment of service delivery and improved patient experience and outcomes across the system. The group will be mindful of commercial sensitivities and data protection whilst enabling anonymised review of common issues and safety matters to promote safe and effective care.

Memorandum of Understanding (MOU)

A quality MOU will be developed to embed the principles of how we will work together to share information about quality and safety across the system to ensure continuous quality improvement (QI). It will provide an overarching framework for closer countywide Quality Improvement, collaborative working and/or formal QI collaborations across Northamptonshire

Quality Impact Assessment Tool (QIA)

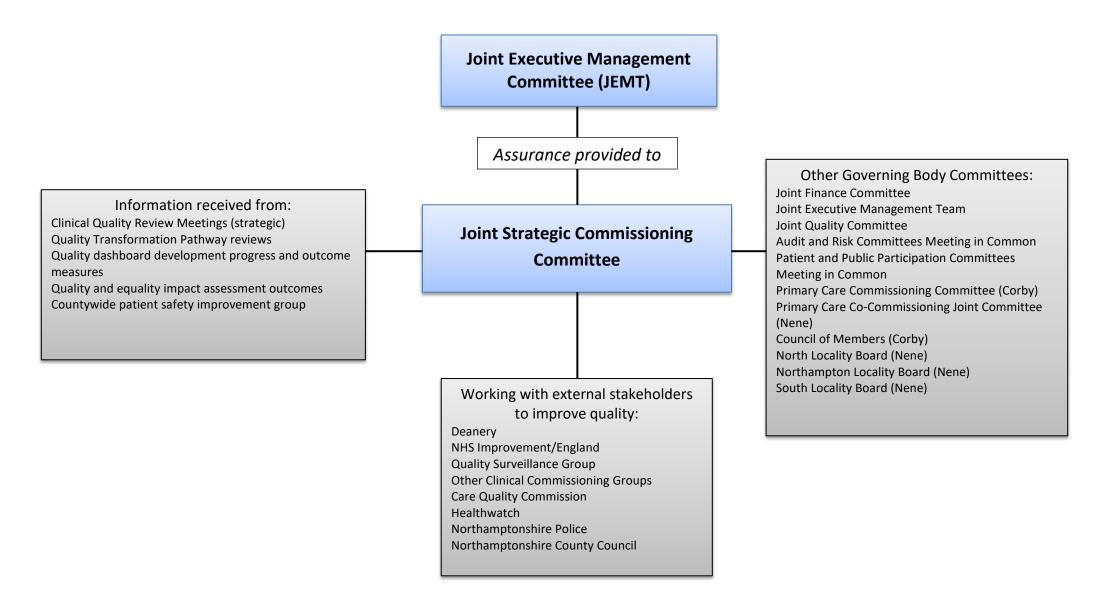
A QIA Tool has been designed for use across the Northamptonshire system to ensure there is a consistent tool in use. This includes an escalation process to be completed when the initial impact assessment indicates a high risk (8 or above) and a more detailed assessment is required. Implementation will be supported by the quality link person for each work stream.

Quality Dashboard

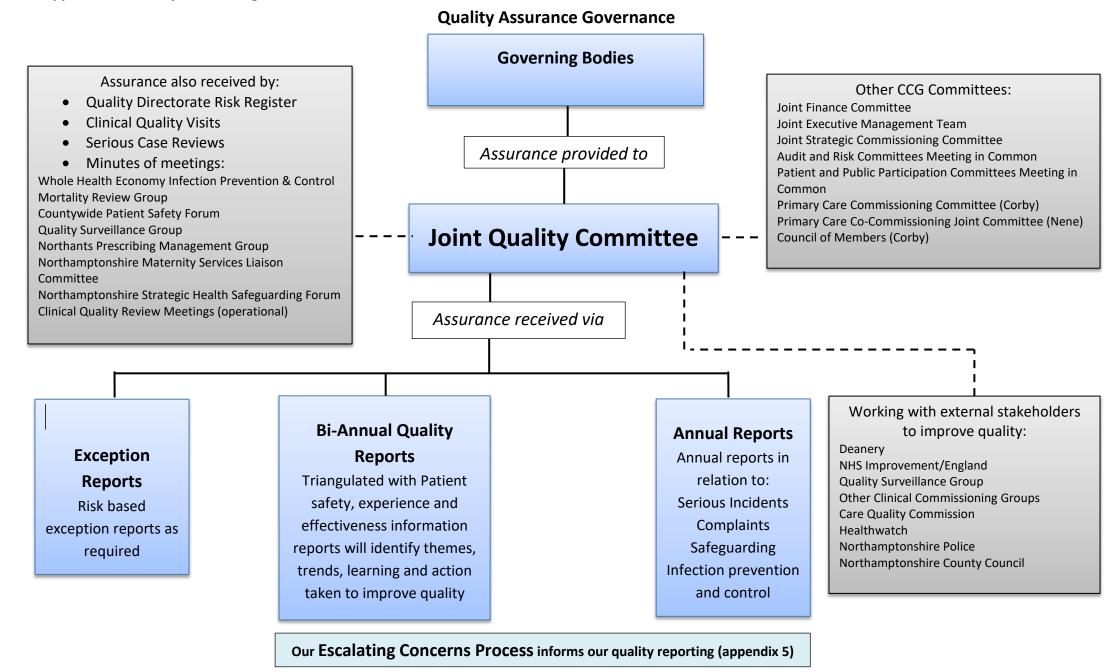
A system quality dashboard will be developed to ensure the agreed measures are monitored highlighting risks, areas of clinical concern and good practice to share through the programme boards and CAG. This will identify areas for deep dives for the work streams.

The dashboard will be reviewed by the quality link for each work stream and highlight exceptions to the required quality standards/outcomes set by each work stream to support providers in system approaches to quality and best practice. The quality work stream link person will also coordinate quality deep dives and prospective pathway focused quality audits/visits.

Each organisation will still have its own individual quality framework with appropriate governance arrangements and priorities; this document is not intended to replace these but to ensure that as a system we collectively set out how we intend to support the delivery our key local system clinical priorities.



Appendix 3 Quality assurance governance



Quality Transformation/Pathway Review

