

# **NHS Nene and NHS Corby Clinical Commissioning Groups**

## **QUALITY STRATEGY 2017-2021**

**Approved: By the Joint Quality Committee on 11 April 2017**

**Ratified: By the NHS Corby Clinical Commissioning Group on  
25 April 2017; and NHS Nene Clinical Commissioning  
Group on 16 May 2017**

**For Review : April 2018**

## Version Control

Version No.	Date	Who	Status	Comment
0.1	16/2/2017	Alison Jamson	Draft	Initial Draft Strategy created and circulated to Quality Team members for comment.
0.2	27/2/2017	Alison Jamson	Draft	Strategy updated following comments received and circulated to Joint Quality Committee members and Executives for initial comment.
0.3	11/4/2017	Alison Jamson	For approval	Approved by the Joint Quality Committee for approval.
0.4	25/4/2017	Alison Jamson	For ratification	Ratified by the Governing Body of NHS Corby Clinical Commissioning Group prior to publication on their website.
0.5	16/5/2017	Alison Jamson	For ratification	Submitted to the Governing Body of NHS Nene Clinical Commissioning Group for ratification prior to publication on their website.
1.0	25/5/2017	Quality Team Administrator	Published	Published on the websites of NHS Nene and NHS Corby Clinical Commissioning Groups.

## Foreword

Healthcare is changing rapidly, with new challenges from technology, demography and social attitudes influencing our commissioning. The development of our Sustainability Transformation Plan (STP), is specifically focused on the health and wellbeing, care and quality, finance and efficiency care gaps. This, along with the development of new models of care challenges our way of assuring and continually improving the quality of services that our patients experience.

The updated quality strategy maintains NHS Nene and Corby Clinical Commissioning Groups' (CCGs') ability to assure the quality of the services that we commission and that are provided to our patients, through focus on the effectiveness, safety and the experience of that care. Therefore we need to develop the culture and skills to ensure that continual quality improvement is central to all of our commissioning and the services of our providers. The framework within the strategy starts this process enabling staff across the CCGs to make this role central to their work.

The quality of the care that our patients receive defines the success of NHS Nene and Corby CCGs.



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## 1. Vision for Quality

This strategy outlines the framework for ensuring that quality is at the heart of everything we do. It is built around the priorities identified by NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) for commissioning high quality healthcare services for their residents.

The people of Northamptonshire deserve to enjoy the best possible health and wellbeing, and receive quality care when they need it. We believe in everyone getting the right care, in the right place, at the right time.

In 2015 the NHS published the Five Year Forward View which identified three clear challenges that the NHS needs to close:

- The Health and Wellbeing gap;
- The Care and Quality gap;
- The Funding and Efficiency gap.

The challenges identified nationally are common, but the nature of those challenges locally can be specified as:

- Lifestyle and wellbeing issues, which drive people into the health system particularly due to respiratory conditions, circulation issues, cancer and mental health as identified through Right Care;
- The need to ensure that people are enabled to access the right health services in the most appropriate way;
- Pressure and lack of investment in out of hospital services that mean that people end up in hospital based services by default;
- The need to ensure sustainability of General Practice and primary care services;
- The need to ensure that acute hospitals services are supported, transformed and optimised to best serve the needs of our population;
- Workforce shortages across the sectors which drive cost and hamper the ability to provide high quality services;
- The need to improve integration of services across the system to improve efficiency and reduce duplication;
- The need to ensure the system meets national quality standard including Cancer, and NICE guidelines and addresses CQC issues raised locally.

Our local sustainability and transformation plan (STP) – a five year plan from October 2016 to March 2021 for the local health and care system outlines our plan to address these issues. Our vision is to improve the health and wellbeing of all people in Northamptonshire and reduce health inequalities by enabling people to help themselves (Supporting Northamptonshire to Flourish: Health & Wellbeing Strategy 2016-2020).

In Summary: Improving quality is central to our STP and this strategy will support the delivery of our overarching plan. 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.

## **2. National Policy Drivers for Quality**

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

- Planning for high quality services.
- 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. There are a number of CCG policies that support this strategy such as Serious Incident Policy, Safeguarding Policy and Strategy and Equality Strategy.

## **3. 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 for working closely with and supporting providers to ensure service delivery continually improves 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 service.

We are 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.

## **4. Quality at the Heart of Commissioning**

Whilst the primary focus of quality is the services patients use, in order to commission such services and support our members effectively we also need to

become a high quality commissioning organisation. The impact on quality is central to the whole commissioning cycle including our commissioning and contracting decisions for prospective services (see Figure 1 below).

- Assessing Health Needs.
- Identify Gaps in Service Provision.
- Deciding Priorities and Service Redesign.
- Procurement.
- Monitor and Manage Performance.



Figure 1

## 5. Quality Governance Structure

The Governing Bodies have agreed a quality governance framework for identifying, monitoring and challenging quality in the organisations we commission services from (see Appendix 1). Good quality information is a pre-requisite to understanding current services, for gaining improvement and planning future services. It supports our role to commission the right services and best possible care for our resident population. Assurance about the quality of local providers is monitored through the joint Quality Committee (a sub-committee of both Governing Bodies).

The remit of this committee is to:

- a) Commission any reports or surveys it deems necessary to help it fulfil its obligations.
- b) Receive and scrutinise independent investigation reports relating to patient safety issues and agree any further actions.

- c) Provide oversight of decision making processes for the various groups that monitor safety and quality.
- d) Provide assurance to the governing bodies that the quality and safety of services is being robustly monitored and action is taken when required to make improvements.
- e) Ensure considerations relating to safeguarding children and adults are integral to commissioning services and robust processes are in place to deliver safeguarding duties.
- f) Provide assurance that commissioned services are delivered to the required standards of performance under the terms of the NHS Constitution, NHS Standard Contract and any other national / local performance metrics as may be stated within individual contracts and via regulators.
- g) Provide assurance in relation to patient equality and inclusion.
- h) Oversight and learning from litigation, complaints and serious incidents.

We ensure the Governing Bodies are sighted on how commissioned services and CCG member practices are delivering safe and effective services via a number of early warning systems. These ensure we are aware of quality and safety concerns within the organisations we contract services from. Significant risks are presented to the Governing Body through our risk register and bi-monthly quality reports.

The workforce that leads the Quality agenda brings together professionals and clinicians with specific expertise. They hold clear roles and responsibilities across the CCGs and are linked to each of our federations and providers. Collectively, this workforce enables NHS Nene and NHS Corby CCGs to scrutinise and challenge providers as well as identify and provide leadership for improvements.

## **6. 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. It also helps to inform our commissioning decisions at all stages of the commissioning cycle ensuring that quality is at the heart of everything we do (see section 4) and includes:

### **6.1 Using Data to Assess, Measure and Improve Quality**

We regularly monitor provider quality information and data for trends and themes, compliance with local and national requirements for all providers of NHS care.



We undertake detailed analysis, interpretation of hard and soft intelligence to support a continuous improvement approach with services. The team triangulates the information from both the data, and from regular announced and unannounced visits to providers, to inform Key Lines of Enquiry (KLOE) for follow up with providers at quality review meetings and where necessary to escalate any immediate or emergent issues and concerns.

## **6.2 Quality Reporting**

There are a number of quality reports used to provide assurance:

- Bi-monthly risk based exception reports that highlight key areas of concern and the actions being taken to address these. This report is presented to the joint quality committee and both CCG governing bodies.
- Bi-monthly deep dive reports that are either based on risks highlighted in the exception report or on specialist themes/services that are also presented to the joint quality committee. The topics of these deep dives are selected by the committee.
- Bi-annual quality reports triangulated with patient experience, safety and effectiveness information that identify themes, trends, learning and action taken to improve quality. These reports are presented to the joint quality committee and also provide an update on progress meeting the quality team work plan.
  
- Annual assurance reports in relation to:
  - Serious incidents
  - Complaints
  - Safeguarding

## **6.3 Serious Incidents and Never Events**

Serious Incidents (SIs) are reported by providers to the quality team in an agreed timeframe. For services where the CCGs are not the lead commissioner we work with the lead commissioner to ensure we are informed of incidents that affect our population. In primary care, independent contractors are supported to use Significant Event Audits (SEAs) to identify what went wrong, how it went wrong and why.

A Serious Incident Assurance & Review Group (SIARG), chaired by a CCG Clinical Executive, is held fortnightly to assure the quality of the RCA investigation process ensuring that a thorough investigation has been carried out and to identify themes and trends. The CCGs ensure all actions resulting from SI investigations have been implemented and learning shared through a quarterly Serious Incident Assurance Meeting (SIAM) held with each of our main providers.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Whenever a

never event occurs we undertake a quality visit to providers to gain assurance that the actions identified have been implemented and the risks of recurrence minimised.

We share lessons from local SIs, thematic reviews and national reports through our countywide Patient Safety Forum. Key issues and themes are reported to the Quality Committee and escalated to the Governing Bodies through our Quality reports.

#### **6.4 Quality and Equality Integrated Impact Assessments (EQIA)**

The quality team supports commissioning programme leads by overseeing the CCGs approach to EQIAs ensuring that these are completed to a high standard and in line with the NHS England guidance and share best practice.

#### **6.5 Review of Mortality Data**

An established mortality review group meets on a quarterly basis to analyse and identify trends/areas of concerns with both our acute and community and mental health providers. Any areas of concern are followed up through our quality review meetings.

#### **6.6 Safeguarding Adults at Risk and Children**

The CCGs ensure that its providers have arrangements in place to safeguard and promote the welfare of adults at risk 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 CCGs require providers to inform them of all safeguarding concerns involving children and adults at risk including death or harm whilst in the care of a provider. We monitor our own staff training. Full information can be found in our Safeguarding Policy. We work closely with our partners to participate in Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews and ensure findings are included in our triangulation of data. We lead institutional safeguarding investigations for health funded clients within nursing care homes and those receiving domiciliary packages of care.

#### **6.7 Staff, capabilities and culture**

Various national inquiries such as Mid-Staffordshire NHS Foundation Trust and Winterbourne View highlighted the importance of listening to staff, ensuring the right capabilities are present at the right times and that the organisational culture supports staff. As part of our assurance framework we carry out site visits to services in order to test the culture that exists within the service using our agreed quality visit process.

## **Safe Staffing**

Since June 2014 all trusts with inpatient beds have been required to publish their staffing fill rates (actual versus planned) in hours for qualified nurses and care staff, daytime and night time. This data is then converted into a percentage fill rate for the month. NHS England RAG rate staffing fill rates as follows:

- Less than 90% or greater than 150% = red.
- Less than 95% = amber.

The Quality team review the staffing levels at ward/service level triangulate with other data to assess the potential impact on the quality of service provision and patient experience. Where required the quality team will seek assurance from providers or undertake a quality visit.

Other key sources of information that we will draw together are:

- Staff satisfaction surveys.
- Staff vacancy data and attrition rates.
- Staff training information.
- Workforce/patient dependency – skills and capabilities.
- Whistleblowing information.
- Soft and hard intelligence from training surveys.
- Responses and implementation of workforce related policy.

## **6.8 Early identification of challenged providers**

We collate and analyse all of the information as outlined above in order to make informed judgments relating to quality and outcomes for patients to identify emerging areas of concern by:

- Generating risk profile data packs relating to organisations and service areas.
- Using provider risk profiles at ward/service level each quarter to inform a targeted and measured approach to assurance that identifies areas of potential concern and any required action.
- Using a risk escalation framework to inform risk assessments and support decisions relating to improvement plans and/or decommissioning care (see appendix 1).
- Working closely with NHS England to commission Primary Care.
- Working with our NHS England colleagues; other commissioners and partners as part of a wider geographic response to manage risks through the Quality Surveillance Group, rapid responsive reviews and risk summits.

## **6.9 Patient Experience**

Although a patient may receive appropriate clinically effective interventions along a care pathway, if these have not been delivered on time, in poor clinical environments, and not communicated in a clear manner, the patient may view this as a disappointing experience. Patient experience is a core component of clinical

quality. In essence 'patient experience' is what the process of care feels like for the patient, their carer and the family.

The patient experience information we gather helps understand how patients feel about the services we commission, what may need to change and any improvements proposed by patients and service users. This information is used as an evidence base to support and inform future commissioning decisions and service redesign.

The current information we use is as follows:

**6.9.1 Direct patient feedback through:**

- a) Complaints.
- b) National Surveys.
- c) Local Surveys and questionnaires.
- d) Patient Stories.
- e) Quality Visits
- f) Friends and Family Test (FFT).
- g) Safeguarding Concerns/Referrals.

**6.9.2 Feedback through other sources:**

- a) Websites/Facebook/twitter.
- b) Quality Schedules.
- c) Primary Care Concerns Process Partner feedback.
- d) Eliminating Mixed Sex Accommodation data.
- e) Patient Congress/Patient and Public Engagement Assurance Committee.
- f) Care Quality Commission.

## **7. Quality Improvement Framework**

We are committed to improving quality and sharing learning and best practice and to using this information to inform commissioning decisions at each stage of the commissioning cycle.

### **7.1 Quality Improvement**

The CCGs have developed a quality improvement framework with the aim of signposting those working within, leading, commissioning and using healthcare services to a model of quality improvement and methodologies that should be applied to commissioning projects across the CCGs. The framework for improvement accelerates improvements in the quality of healthcare processes and outcomes using 2 phases:

*Phase 1:*

Three fundamental questions asked and addressed in any order to define required changes and measures of improvement:

- What are we trying to accomplish?
- How will we know that the change is an improvement?
- What changes can we make that will result in improvement?

Phase 2:

Using the plan, do, study, act (PDSA) cycle to test changes in live settings and determine improvements.

With an understanding of the current issues, where problems lie in a process, and what needs to change, quality improvements are designed, tested, measured and refined.

We currently share learning through a number of forums including:

## **7.2 Commissioning for Quality and Innovation (CQUIN)**

We set quality improvement goals in discussion with our providers through the use of CQUIN incentives and measures to help address local priorities and support the objectives of agreed QIPP schemes.

## **7.3 Countywide Patient Safety Forum**

The patient safety forum works in partnership with key health and social care professionals, to:

- Review actions and learning in relation to incidents reportable on safety thermometer
- Identify and review serious incident and never event trends across the county and share learning/best practice.
- Collaborate on investigations and jointly monitor action plans and offer shared learning.
- Ensure effective communication and closer working with all partner organisations
- Share outcomes of completed investigations through this forum to ensure learning across the county.
- Promote areas of good practice identified by the forum within each member organisation.

## **7.4 Whole Health Economy Infection, Prevention and Control (IPC) Committee**

This meeting provides strategic direction, leadership and support for infection prevention and control (IPC) delivered by healthcare providers and commissioners. It discusses, identifies and evaluates IPC activity to ensure patient and service user safety by protecting health and reducing transmission of communicable disease and healthcare associated infections (HCAI).

## 7.5 Quality Surveillance Group (QSG)

We are active participants in our local QSG. These have been established across the country to systematically bring together the different parts of the system to share information. They are a forum for collaboration, providing the health economy with:

- A shared view of risks to quality through sharing intelligence;
- An early warning mechanism of risk about poor quality; and
- Opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of, and on-going operational liaison between, organisations.

Our plan is to further develop these collaborative improvement opportunities as the issue of the increasingly complex and diverse commissioning landscape evolves in the coming years.

## 8. Quality Priorities

Our priorities build on national policy, the county's Health and Wellbeing Strategy, our commissioning strategy, priorities identified within our STP and areas of higher risk and identified concerns.

Our overarching strategic quality priorities are:

- **Patient safety will be 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 will be monitored to ensure lessons are learnt, shared and embedded.**
- **The quality team will work to 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 the services, the safety of the services provided and the quality of the experience of the patient.**

A quality team operational work plan is in place to ensure delivery of our priorities. It will be refreshed annually and outcomes monitored by the quality committee.

## 9. Evaluation

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

# Quality Reporting Governance

## Appendix 1

Assurance also received by:

- Quality Directorate Risk Register
- Clinical Quality Visits
- Serious Case Reviews
- Minutes of meetings:
  - Whole Health Economy Infection Prevention & Control
  - Mortality Review Group
  - Countywide Patient Safety Forum
  - Quality Surveillance Group
  - Northants Prescribing Management Group
  - Northamptonshire Maternity Services Liaison Committee
  - Northamptonshire Strategic Health Safeguarding Forum
  - Clinical Quality Review Meetings

**NHS Corby  
Governing Body**      **NHS Nene  
Governing Body**

*Assurance provided to*

**Joint Quality Committee**

*Assurance received via*

**Other Governing Body Committees:**

- Transformation & Innovation Committee (Nene)
- Finance, QIPP & Contracting Committee (Nene)
- Patient Congress (Nene)
- Board of Directors (Nene)
- Primary Care Co-Commissioning Joint Committee (Nene)
- Audit & Risk Committee (Nene / Corby respectively)
- Executive Team Meeting (Corby)
- Finance Committee (Corby)
- Council of Members (Corby)
- Primary Care Commissioning (Corby)
- Patient and Public Engagement Assurance Committee (Corby)

**Exception Reports**  
Bi-monthly risk based exception reports

**Deep Dive Reports**  
Bi-monthly quality reports based on risks highlighted in exception reports or specialist services or themes (agreed by Joint Quality Committee)

**Bi-Annual Quality Reports**  
Triangulated with Patient safety, experience and effectiveness information reports will identify themes, trends, learning and action taken to improve quality

**Annual Reports**  
Annual reports in relation to:  
Serious Incidents  
Complaints  
Safeguarding

**Working with external stakeholders to improve quality:**

- Deanery
- NHS England
- NHS Improvement
- Quality Surveillance Group
- Other Clinical Commissioning Groups
- Care Quality Commission
- Healthwatch
- Northamptonshire Police
- Northamptonshire County Council

**our Escalating Concerns Process informs our quality reporting (see over)**

## Escalating Concerns Process

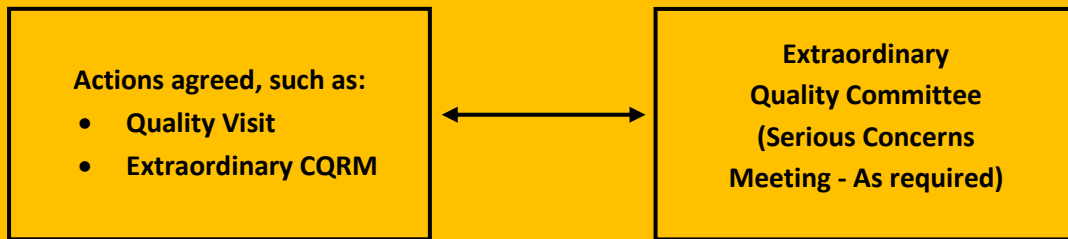
### Stage 1 :

#### Identified areas to be visited



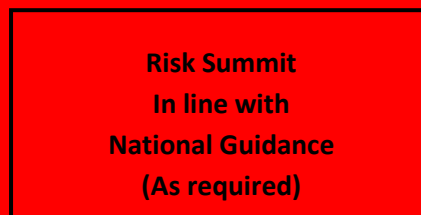
### Stage 2 :

#### Preparation for the visit



### Stage 3 :

#### Conduct the quality visit



Throughout the process risk sharing through Quality Surveillance Group to:

- NHS Improvement
- Care Quality Commission
- NHS England
- Healthwatch
- Northamptonshire County Council