



Cannock Chase Clinical Commissioning Group

# Quality Strategy

**Agreed at Governing Body**

Signature: 

Designation: Chair of the Governing Body

Date: 8<sup>th</sup> November 2012

Review Date: March 2014

## TABLE OF CONTENTS

Section	Detail	Page
	<b>Contents</b>	
<b>1.0.</b>	<b>Executive Summary</b>	<b>3</b>
<b>2.0.</b>	<b>Introduction</b>	<b>3</b>
<b>3.0.</b>	<b>Local Context and Challenges</b>	<b>4</b>
<b>3.1.</b>	Population Characteristics	<b>4</b>
<b>3.2.</b>	Local Health Infrastructure & Development	<b>5</b>
<b>3.3.</b>	Strengthening Organisational Capacity & Capability for Quality	<b>5</b>
<b>3.4.</b>	Mission, Vision, Values and Goals	<b>7</b>
<b>3.5.</b>	Organisational Fit – The Quality Strategy with Integrated Governance and other key strategies	<b>8</b>
<b>4.0.</b>	<b>National &amp; Regional Requirements for Quality</b>	<b>8</b>
<b>4.1.</b>	NHS Constitution	<b>8</b>
<b>4.2.</b>	The Commissioning Outcomes Framework	<b>8</b>
<b>4.3.</b>	NHS Outcomes Framework	<b>9</b>
<b>4.4.</b>	National Quality Board Review and Guidance (NQB)	<b>9</b>
<b>4.5.</b>	NQB “Early Warning Systems” and “Managing Quality in the new health system”.	<b>10</b>
<b>4.6.</b>	National Reporting and Learning System (NRLS)	<b>10</b>
<b>4.7.</b>	NHS Midlands and East Strategic Health Authority (SHA) Cluster ‘Ambitions’	<b>10</b>
<b>4.8.</b>	National Institute for Clinical Excellence (NICE)	<b>11</b>
<b>4.9.</b>	Commission for Quality Care (CQC)	<b>11</b>
<b>5.0.</b>	<b>Contractual Levers for Quality</b>	<b>11</b>
<b>5.1.</b>	QIPP, CQUIN, Quality Premium, PbR Tariffs	<b>11</b>
<b>5.2.</b>	The CCG QIPP Programme Board	<b>12</b>
<b>5.3.</b>	Commissioning for Quality Improvement and Innovation Framework (CQUIN)	<b>12</b>
<b>5.4.</b>	Quality Premium	<b>12</b>
<b>5.5.</b>	Quality & Outcomes Framework (QoF) and Primary Care Quality	<b>12</b>
<b>6.0.</b>	<b>CCG Quality Management System</b>	<b>13</b>
<b>6.1.</b>	The Model for Quality Improvement adopted by the CCG	<b>13</b>
<b>6.2.</b>	Governance & Accountability	<b>14</b>
<b>6.3.</b>	Quality Committee	<b>15</b>
<b>6.4.</b>	Clinical Quality Review Meetings	<b>15</b>
<b>6.5.</b>	Quality Governance Structure	<b>15</b>
<b>6.6.</b>	Quality Framework	<b>15</b>
<b>6.7.</b>	Measure & Monitor Quality	<b>17</b>
<b>6.8.</b>	Safeguard Quality-Keeping Patients Safe	<b>18</b>
<b>6.9.</b>	Innovation	<b>19</b>
<b>7.0.</b>	<b>Quality Monitoring, Assurance and Escalation</b>	<b>19</b>
<b>7.1.</b>	Assurances	<b>20</b>
<b>7.2.</b>	Risk Summits	<b>21</b>
<b>7.3.</b>	Performance Management	<b>21</b>
<b>8.0.</b>	<b>Strategy Monitoring</b>	<b>21</b>
<b>8.1.</b>	Quality Improvement Plan	<b>22</b>
<b>9.0.</b>	<b>Appendices</b>	

<b>9.1.</b>	<b>CCG Quality Improvement Plan</b>	<b>23</b>
<b>9.2.</b>	<b>CCG Base Line Assessment</b>	<b>27</b>
<b>9.3.</b>	<b>Flow Chart – Data Flows Pathway</b>	<b>29</b>
<b>9.4.</b>	<b>Quality Committee Terms of Reference</b>	<b>30</b>

## Executive Summary

**1.0** Quality is the organising principle underpinning an unprecedented programme of NHS reforms <sup>(1)</sup> which are now enshrined in the Health and Social Care Act 2012 to enable the NHS to:

- *Put patients at the heart of all NHS care*
- *Deliver improved health outcomes and*
- *Empower local organisations and professionals to improve quality*

The Clinical Commissioning Group (CCG) as a local organisation led by local GPs who work with and for the people of our local community are we know well placed to deliver the highest possible quality healthcare.

Delivering compassionate, high quality care focused on outcomes is at the very heart of our clinical values and by establishing a shared understanding of quality and a commitment to place it at the centre of everything we do the CCG has a unique and important opportunity to continually improve and safeguard the quality of local NHS services for everyone, now and for the future.

The Clinical Commissioning Group will commission healthcare services in partnership with clinicians and our local population that reflect their healthcare needs and expectations. Our partnerships with key statutory and voluntary agencies will continue to be crucial in safeguarding our population.

The services we commission will ensure that our local population will receive high quality, safe health care, close to home or at home, delivered by staff with appropriate skills. Feedback from patients and carers will be actively sought and used to continually improve these services. People's views and experiences, whether providers or receivers of healthcare, will be listened to, collated and analysed. This information will then be used to make measurable improvements in the areas of quality care that patients, carers and staff have identified as being the most important.

## Introduction

**2.0** The aim of our Quality Strategy is to deliver the highest quality healthcare services to people in Cannock Chase and to support the CCG as a newly established commissioning organisation in working towards achieving excellence in commissioning. This will mean ensuring that the CQC Essential Standards of Quality are met and that there is a drive to continuously improve quality and outcomes. To achieve this, the CCGs will need to address the challenges of an ageing population with its burden of chronic disease and the quality and safety legacy issues of Mid Staffordshire Hospital.

This strategy sets out the national, regional and local quality agenda issues in which the CCG operates, its approach to quality management based on the three dimensions (*clinical effectiveness, patient experience and patient safety*) which define quality and are now enshrined in the Health and Social Care Act ; the structure and processes for embedding quality at each stage of the commissioning cycle to gain assurance from provider organisations during the transition period to April 2013, whilst CCGs move towards authorisation as a Statutory Body. The

Strategy will be then be reviewed to reflect the outputs from the second Francis report <sup>(2)</sup> expected in early 2013.

The Quality Strategy will focus the work of the CCG to achieve local, regional and nationally mandated quality outcomes and those specified within the QIPP agenda to drive quality improvement. The strategy has four objectives that will be addressed at each stage of the commissioning cycle. These objectives are:

1. To ensure that services being commissioned are **safe, personal and effective**.
2. To ensure the right **quality mechanisms** are in place so that **standards** of patient safety and quality are understood, met, and effectively demonstrated.
3. To provide **assurance** that **patient safety and quality** outcomes and benefits are being realised, and recommend action if the safety and quality of commissioned services is compromised.
4. To promote the **continuous improvement and innovation** in the safety and quality of commissioned services.

## Local Context and Challenges

**3.0** This section describes the local context and challenges for the CCG in respect of the health needs of its local population, the local health infrastructure and how it is developing commissioning capacity and capability of GPs as the new commissioners whilst managing the transition issues of moving from Cluster systems for large area commissioning to those more flexible and responsive to local populations. The quality and safety challenges of the local context in which the CCG operates are highlighted.

### 3.1 Population Characteristics

Geographically, the CCG covers 21 wards across the Staffordshire County Council area. The CCG covers two lower tier local authorities of which there are 15 wards within Cannock Chase District Council and six wards within South Staffordshire District Council. Over a third of the population fall within the most deprived quintile for England for education, skills and training.

#### 3.1.1. Health Outcomes

- **Life expectancy** for the area is **lower** than the national average with men living 15 months and women living 10 months less than the England average. In addition there is marked variation with the life expectancy across the CCG area the gaps for men is 7.3 years and women 6.1 years.
- **20%** of residents report having a **long term illness** compared to the Staffordshire average of 18.3%.
- **Smoking prevalence is high** ranging between 15-34% of the population and hospital admissions attributed to smoking are also higher than the national average.
- Adult **obesity is higher** than the England average and reception year childhood obesity is higher than Staffordshire and England averages.
- The four top causes of death are **Coronary Heart Disease and Stroke, Cancer, Respiratory and Digestive diseases**.

Like other parts of Staffordshire the expected prevalence of disease registers indicates that there are a **significant number** of people who are **undiagnosed** or recorded. These conditions include Hypertension, Chronic Obstructive Pulmonary Disease and Dementia.

### 3.2 Local Health Infrastructure and Development

The twenty seven member practices in the Cannock Chase CCG represent a population of approximately 132,000 patients. Twenty of the Practices are within the Cannock Chase District (one of these practices has a branch surgery in South Staffordshire District Council) and seven practices are within South Staffordshire District Council (one of these practices has a branch surgery in Cannock Chase District Council. There are therefore 105,386 population in Cannock Chase and 26386 population in South Staffordshire District Councils.

There are 15 practices which are classed as small practices i.e. 2 partner practices. There remainder of the practices populations range from 4,000-13,000.

#### 3.2.1 Provider Landscape

The area covered by the CCG has three major providers, the main Acute Provider being Mid Staffordshire NHS Foundation Trust. The problems at this Trust are well documented and in developing the CCG the history cannot be ignored and there is no doubt that decision making on commissioning and provision for the future will continue to have a backdrop of what occurred in Mid Staffordshire. The second Francis report, due to be released in in early 2013, will set the tone for commissioners plans in the future and therefore the Organisational Development (OD) programme will need to take account of this.

In anticipation of the report the CCG has already agreed a number of programmes of work with partners which involve significant plans for service reconfiguration. There are already a number of OD interventions in place to support this work.

The CCG has already acknowledged that its approach to **quality and safety will need to be exemplary** and to this end structures to meet this requirement are being developed. The OD underpinning this comes within the developing partner relationships programme.

Further member development is going to be required across a range of subject areas, work to date with members has concentrated on building underpinning knowledge and helping them understand the power and impact of undertaking structured development. This has resulted in work being undertaken on organisational culture, organisational design, communications and engagement, pathway redesign, equality delivery system.

### 3.3 Strengthening Organisational Capacity & Capability for Quality

The CCG is a small organisation in comparison to previous NHS commissioning bodies. Its core role of commissioning involves a management team of only 24 directly employed staff with support from the Staffordshire Commissioning Support Unit. Many of the staff (up to 75%) are joint appointments with NHS Cannock Chase CCG. This staff group work with and on behalf of the member practices and the clinical leaders who have been nominated from the practices to lead clinical

commissioning. The team are already undertaking team development but further specific programmes of development (both individual and team) will be required up to April 2013 to maximise the benefits of managers working alongside clinicians. Alongside this the current **clinical leaders have been given specific roles** and objectives alongside initial personal development plans.

### 3.3.1 Clinical Leadership development

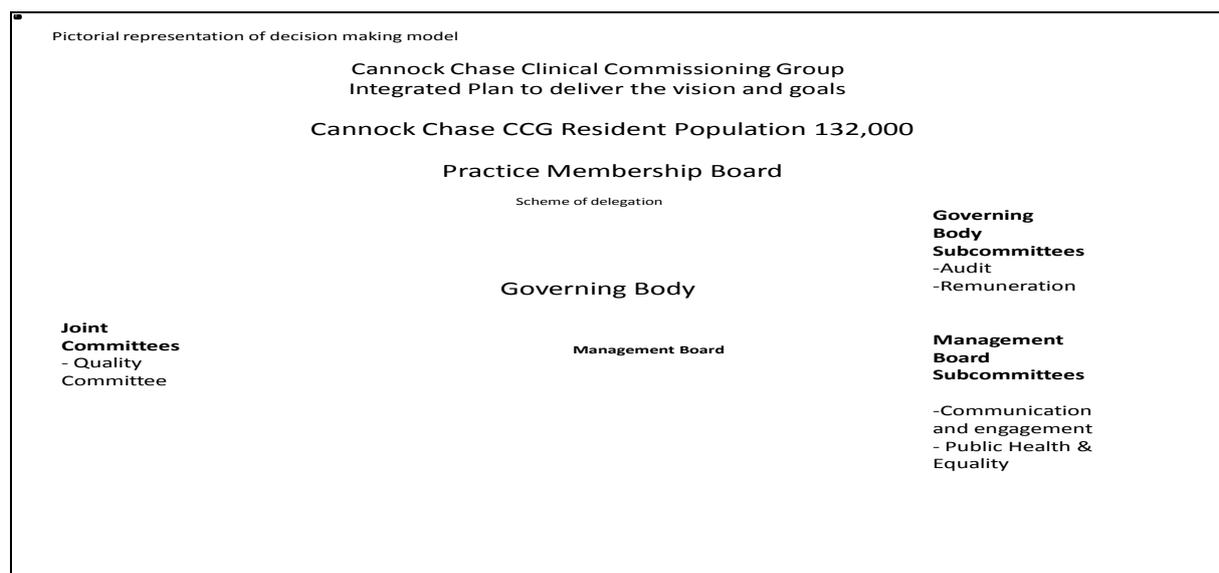
Each clinical leader has a **management buddy** to work alongside. There have been a number of joint development sessions hosted by the Staffordshire Cluster of PCT's which have included sessions on learning from the first Francis report, legal matters, integration development (a session run by Chris Ham Chief Executive of the Kings Fund on integration), equality delivery system, collaborative commissioning, joint working arrangements with NHS Cannock Chase CCG.

### 3.3.2 Integrated Commissioning

The CCG will commission services for its population and will have a total allocation of circa £170 million it will also act as lead commissioner for the Mid Staffordshire Hospitals Foundation Trust, Continuing Care across all Staffordshire and Urgent Care for South Staffordshire CCG's. The CCG will work with other CCG's and Partners to deliver its ambition of increasing the amount of **integrated commissioning**.

### 3.3.3 GP Engagement

The high level structure of the CCG has been designed bottom up from its Practices who all attend the monthly membership board. The CCG has a Governing Body in line with the statute with the prescribed roles including a senior clinical leader as Chair. The CCG has a Governing Body in line with the statute with the prescribed roles including a senior clinical leader as Chair. The CCG has a number of **defined clinical leadership roles** in the areas of quality, primary care development leadership, partnerships and engagement.



All the above is underpinned by the CCG Constitution and the inter practice agreement between practices.

There are agreements already in place about how practices agree and implement developments together and this is underpinned by monthly development sessions involving all member practices. This is supplemented by a vibrant protected learning time approach to clinical practice.

### 3.4 Vision, Values and Goals – commitment to Quality and Excellence

From the inception as a Practice based Commissioning Consortium clinicians have only been willing to participate in commissioning if they saw their involvement as a continuation of the care they provide to their own patients. From the earliest days the opportunity to drive up the quality of clinical services has led to clinical engagement.

One of the areas of greatest improvement over the last two years has been the development of longer term strategies. Historically, our plans were highly opportunistic and only spanned a year at a time. However, as the organisation has grown in maturity there has been a greater emphasis on the development of programmes which require several years to be fully implemented.

To enable the CCG to maintain a focus we have developed further our vision, values and goals. The goals have been developed to be enduring i.e. they will stand the test of time and will support the delivery of our Strategic **Vision** “*Working towards excellence*” and our **Vision** that “*NHS Cannock Chase Clinical Commissioning Group will commission high quality and safe services to ensure people live healthier longer lives.*”

#### 3.4.1 Four Key Measurable Goals

1. To reduce health inequalities across Cannock Chase through targeted interventions
2. To identify and support patients with long terms conditions to ensure care delivery is closer to home
3. To improve and increase overall life expectancy
4. To develop integrated services with simple easy access

These four goals were challenging however all partners recognised the need to be more daring about what needs to be achieved for and with the population. The goals were also seen as increasingly cross-cutting meaning they could only be achieved through working with patients, public and partners.

As part of the “developing” systems and processes the Organisational Development workstream further detailed work on the plans for delivery will be outlined.

#### 3.4.2 Values

The values that underpin the achievement of the goals were also considered by partners and stakeholders and it was agreed at the development event that these are:

- Quality
- Prevention
- Education
- Innovation

The above are the key values that the CCG wished to aspire to maintain, each one of these values sits at the heart of the four programmes we have defined within the CCG Organisational Development Plan.

### **3.5 Organisational Fit – The Quality Strategy and Integrated Governance other Key Related Strategies**

The CCG is responsible for ensuring its Governing Body that it is meeting all its obligations through Integrated Governance which includes mechanisms for commissioning high quality safe health services. The values, commitment and processes for managing Quality are integrated into the way the CCG does business through the following strategic documents.

- Integrated Plan 2012
- Equality and Diversity Strategy 2012
- Integrated governance strategy 2012
- Staffordshire Safeguarding Strategy 2010
- Communication and Engagement Strategy 2012

## **National & Regional Requirements for Quality**

**4.0** This section sets out the core elements of the national quality assurance system based on common values of what constitutes quality and how this can be safe guarded and continually improved. Whilst other high profile failures have led to reviews and guidance much of the development of the current national approach to managing quality and safety at each stage of the commissioning and delivery processes has arisen from the catastrophic and systematic failure in Mid staffs Hospital to protect patients from poor quality and from harm. The CCG as the newly responsible commissioner for Mid Staffs will need to demonstrate that our local systems for monitoring and assuring quality exceed the national and regional requirements set out below.

### **4.1 NHS Constitution**

This Strategy is underpinned by the pledges made to patients by the NHS Constitution, which sets out rights to which patients, public, and staff are entitled based on the principles and values of the NHS in England. The commitment to quality care strongly resonates with the legacy challenges the CCG faces.

*“We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.”*

Patient rights in relation to the quality of care and environment are articulated including the right to expect NHS organisations to monitor and make efforts to improve the quality of healthcare they commission

### **4.2 The Commissioning Outcomes Framework**

An introduction to the Commissioning Outcomes Framework has been published. It translates the NHS Operating Framework and the NICE evidence based quality standards into specific indicators that can be measured. When it becomes operational in April 2013 it will provide a framework for assessing the contribution of CCGs to improving care in the 5 domains of the NHS Outcomes Framework. This

will include the use of a “Quality Premium” to reward CCGs on their commissioning performance see Contractual Levers for Quality in Section Five.

### 4.3 The NHS Outcomes Framework

The Commissioning Outcomes Framework will be used nationally to drive local improvements in quality and outcomes for patients, to hold clinical commissioning groups to account and to have clear, publicly available information on the quality of healthcare services commissioned by commissioning groups and publish progress in reducing health inequalities. This Quality Strategy asserts to attain the below domains:

<b>Domain 1:</b>	<b>Preventing people from dying prematurely</b>
<b>Over arching Indicators</b>	Potential years of life lost from causes considered amenable to healthcare Life expectancy at 75 years (i) males and (ii) female
<b>Domain 2:</b>	<b>Enhancing quality of life for people with long term conditions</b>
<b>Domain 1:</b>	Health-related quality of life for people with long-term conditions (including carers)
	<b>Helping people to recover from episodes of ill health or following injury</b>
<b>Over arching Indicators</b>	Emergency admissions for acute conditions that should not usually require hospital admissions Emergency readmissions within 30 days of discharge from hospital
<b>Domain 4:</b>	<b>Ensuring that people have a positive experience of care</b>
<b>Overarching Indicators</b>	Patient experience of primary care Patient experience of hospital care
<b>Domain 5</b>	<b>Treating and caring for people in a safe environment; and protecting them from avoidable harm</b>
<b>Over arching Indicators</b>	Patient safety incidents reported Reduction in the number of safety incidents involving severe harm or death.

### 4.4 National Quality Board (NQB) Reviews and Guidance

The role of the National Quality Board is to provide leadership and system alignment for quality and to provide cross system advice to Ministers on quality. The NQB was asked by Ministers following Mid Staffs to review the systems and processes in place to safeguard the quality in the NHS and resulted in recommendations for improving earlier detection and faster responses (“*Early Warning Systems*”) to poor performance and potential risks to quality and safety.

- High Quality Care is inherently **complex** and **fragile** operation
- Robust systems and processes to **monitor**, **manage** performance and **regulate** the quality of care are essential
- The NHS needs to embrace a culture of **honest co-operation** where individuals and organisations are transparent about the quality of care being provided.
- The quality of care should **never be compromised** by the ambitions or management pressures of organisations’ commissioning or providing services.
- **Listening to patient** and service users experiences of care and concerns is a key part of the early warning system.

- There must be absolute **clarity** about the different **roles** and **responsibilities** for quality of the individuals and organisations across the system.
- NHS staff and **clinical teams** are the **first line of defence** in preventing serious failure in the NHS. However **ultimate** responsibility rests with **Board** of the organisation providing care.
- No system can be 100% failsafe and where a failure does occur there needs to be a **system wide response** to safeguard patients, ensure continued provision and secure rapid improvements to the quality of care.
- A single organisation should **hold the ring** to ensure action across the system is swift and co-ordinated.

#### 4.5 NQB “Managing Quality in the New Health System” – Consultation

The NQB is currently out to consultation (“*Quality in the new health system*”) on further guidance on how the lessons learnt from the Early Warning Systems review can be applied in the new NHS architecture. As MSFT represent a significant proportion of our budgetary spend, there are valuable lessons to be learned that are applicable to all Providers and Commissioners alike, with regard to governance and how we do business.

- The nature and place of quality in the new health system;
- The distinct roles and responsibilities for quality of the different parts of the system;
- How the different parts of the system should work together to share information and intelligence on quality and to ensure an aligned and coordinated system wide response in the event of a quality failure; and
- The values and behaviours that all parts of the system will need to display in order to put the interests of patients and the public first and ahead of organisational interests

The report recommends the use of the “*High Quality For All*” seven step framework for systematically planning for improving quality. The CCG will use this framework to provide a baseline assessment for its Quality Improvement Plan which is presented in section six of this strategy.

#### 4.6 National Reporting and Learning System (NRLS)

Patient safety incident reporting is a vital mechanism for identifying downward trends in the quality of care, identifying failure and facilitating learning. Since April 2010, it has been mandatory for NHS trusts in England to report all serious patient safety incidents to the CQC as part of its registration process. All incidents resulting in death or severe harm are reported to the National Reporting and Learning System (NRLS) and the NPSA then report them to the CQC.

#### 4.7 NHS Midlands and East Strategic Health Authority (SHA) Cluster ‘Ambitions’

The SHA have identified 5 ambitions to radically transform local care:

1. Eliminating avoidable grade 2, 3 and 4 pressure ulcers;
2. Significantly improving Quality and Safety in Primary Care;
3. Create a revolution in patient and customer experience;
4. Making Every Contact Count through systematic healthy lifestyle advice delivered through front line staff;
5. Ensure radically strengthened partnerships between the NHS and local government.

Ambitions 1 and 3 have been targeted through the CQUIN framework and it is intended that the remaining ambitions are being woven into the core business processes of NHS Stafford and Surrounds Clinical Commission Group

#### **4.8 The National Institute for Clinical Excellence (NICE)**

The care pathways launched by NICE in May 2011 addressed over 20 clinical conditions including chronic obstructive pulmonary disease, stroke and dementia. These pathways are designed to bring together all guidance, written and visual, that relates to a specific topic, in an interactive tool. GPs in Cannock Chase are now able to access and use NICE guidance more productively than before to the benefit of their patients. These care pathways will inform our commissioning intentions.

#### **4.9 Care Quality Commission Registration**

As part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 it is a statutory requirement for healthcare providers to be Registration with the Care Quality Commission (CQC) .In relation to primary medical services, including GP surgeries, out-of-hours services and NHS walk-in centres this is a requirement before April 2013.

### **Contractual Levers for Quality**

**5.0** This section covers the incentives and sanctions available to commissioners to use as contractual levers for managing provider performance on quality and safety and the way in which the NHS National Commissioning Board (NHSNCB) and Monitor in its new role for Tariff setting can regulate for quality. The levers need to be used intelligently and in a systematic manner so that there are no unintended consequences elsewhere in the local health system as a result; used judiciously and focused on priority areas for quality improvement with outcomes agreed with providers that embed and reinforce the behaviours and culture that will sustain the improvements. The NHS standard contract with its performance and quality schedules provides a vehicle for transparency on commissioner expectations for outcomes and how these will be monitored and evidenced.

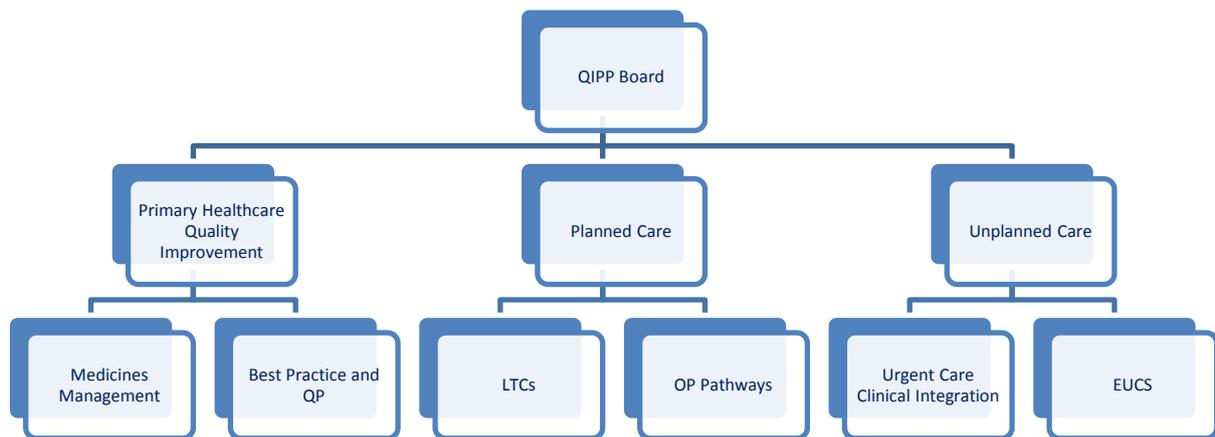
#### **5.1 Quality, Innovation, Productivity and Prevention programme (QIPP)**

QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014-15, which will be reinvested in frontline care. QIPP is engaging large numbers of NHS staff to lead and support change. At a regional and local level SHAs have been developing integrated QIPP plans that address the quality and productivity challenge, and these are supported by the national QIPP work streams which are producing tools and programmes to help local change leaders in successful implementation.

There is a number of national work streams designed to support the NHS to achieve the quality and productivity challenge. Some deal broadly with how we commission care, for example covering long-term conditions, or ensuring patients get the right care at the right time Others deal with how we run, staff and supply our organisations, for example supporting NHS organisations to improve staff productivity, non-clinical procurement, the use and procurement of medicines and workforce. However there is growing concern that due to financial pressures many

QIPP programmes are based on financial savings and that there needs to be a change of emphasis on quality improvement. In addition it is becoming clear that many programmes were overly ambitious and will not realise the projected savings. In the light of this the CCG has established a CCG programme Board to manage the QIPP programmes.

## 5.2 The CCG QIPP Programme Board



## 5.3 Commissioning for Quality Improvement and Innovation Framework (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. CQUIN payment schemes has risen from 1.5% to 2.5% of the contract value for 2012/13. Some CQUINs are nationally set, some regionally set and the rest have been negotiated locally.

NHS Stafford and Surrounds CCG have worked collaboratively with the PCT Cluster quality team and the CSS to agree 2012/13 CQUINs with providers that are meaningful, challenging and that have a positive impact on safety, clinical effectiveness and the patient experience. The CQUINs for 2012/13 have been integrated in the quality improvement plan (Page 23)

## 5.4 Quality Premium

The quality premium is an incentive payment to be used to reward CCGs for their performance in achieving specific outcomes related to a number of clinical conditions. The performance criteria will be developed by the NHSCB, and come from within the overall administration costs limit set in directions for the NHS commissioning system. It is a controversial initiative with concern that it will not take account of the difference in effort required between affluent and deprived populations and that it could be seen as a penalty.

## 5.5 Quality & Outcomes Framework (QoF) and Primary Care Quality

The QoF is a system for driving quality improvement in general practice. It is a voluntary system although it forms a significant proportion of the payment to GPs. The payment system is based on a number of clinical domains with new indicators developed by the National Institute for Clinical Excellence (NICE). Whilst the NHSCB

will be the responsible commissioning for Primary Care Services the CCGs will be expected to address any quality or development gaps identified as a result of performance matters and through the CCG's own quality management processes. Primary care services and in particular general practice have a crucial role in determining the quality of care experienced by patients both through access to and exit from appropriate clinical pathways and as an integral part of those pathways. Information on the quality of primary care whether from hard or "soft" intelligence should be triangulated with information from other sources such as acute services and used to identify and target quality improvement initiatives.

### **5.5.1 Annual Quality Review**

The Annual Quality Review process was introduced in 2009/10. It enables quality improvements in all GP Practices through the use of the Balanced Scorecard, a tool that provided comparative information on all aspects of patient care. The Balanced Scorecard covers five key domain areas: patient safety, clinical effectiveness, patient experience, organisational governance, and practice culture and engagement.

## **CCG System for Managing and Assuring Quality**

**6.0** This section maps the CCG's system for managing and assuring the quality of services it commissions on behalf of the people of Stafford and Surrounds. Previous sections have described the challenges the CCG faces, the national, regional and local contexts in which quality assurance operates; how the CCG is building the capacity of the organisation and its clinical leaders whilst working to secure and retain meaningful engagement from the GP membership. This final section focuses on:

- The Darzi model of quality adopted by the CCG for safe guarding quality (See diagram below ) and the basis for CCG Quality Improvement Plan (See Page 23 )
- The NQB framework used to conduct a baseline assessment of CCG quality assurance processes (See Page 27)
- How commitment and accountability for safe guarding and quality improvement will be developed and sustained
- The infrastructure, process and tools supporting quality functions

### **6.1 The Model for Quality Improvement adopted by the CCG**

In 2008, Lord Darzi, a London cardiologist was commissioned to produce a report; "High Quality Care for All" in which he developed a definition of quality (now enshrined in the Health and Social Care Act) as comprising patient safety, patient experience and clinical effectiveness. Illustrated below



This is the model the CCG has adopted to demonstrate a commitment to improving quality. He also created 7 key steps listed below to developing and sustaining a culture of quality assurance and improvement which the NQB have developed further in their recent consultation document.

1. Bringing clarity to quality
2. Measuring Quality
3. Publishing quality performance
4. Recognizing and rewarding quality
5. Raising standards
6. Safeguarding quality
7. Staying ahead

The CCG have used the 7 key stepframework to conduct a baseline assessment of its processes which will be overseen by the CCG Quality Committee.

## 6.2 Governance and Accountability

Accountability at all levels for quality healthcare services is essential and will be an important component of service contracts with commissioned organisations. Within the Clinical Commissioning Group, lines of accountability will be clearly defined and transparent.

All staff at all levels have responsibility for commissioning high quality services, however key personnel who are responsible for assurance of providers are detailed below:

- *Governing Board Chair*
- *Membership Board Chair*
- *Chief Officer*
- *Chief Finance Officer*
- *Director of Quality and Safety*
- *CCG Director*
- *Clinical Lead*
- *Head of Quality*
- *Director of Quality*
- *Partners / Clinicians*
- *Lay members*

The chair of the CCGs Membership Board will have responsibility for driving forward quality issues within the localities.

Each constituent GP practice has, and will continue to have, an individual responsibility for improving the quality of the clinical care it provides to its patients. Annual visits to each GP practice will continue to review the use of self-assessment tools such as balanced scorecards and to monitor progress.

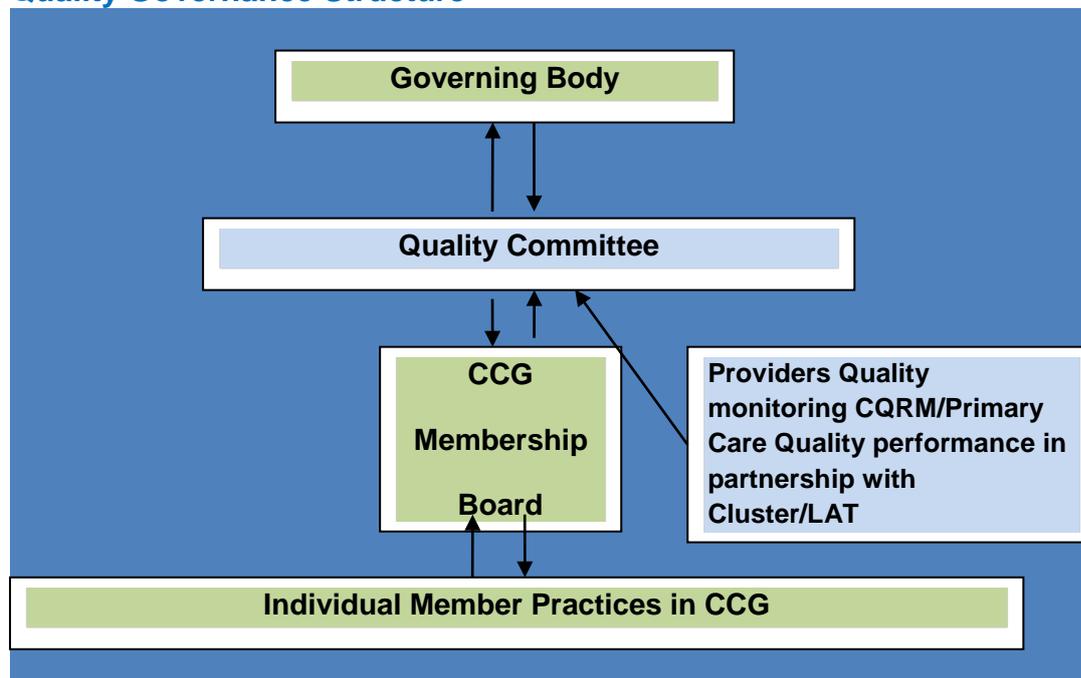
### 6.3 Quality Committee

The Quality Committee is a subcommittee of the Governing Body. The Committee has an overview and scrutiny role providing a forum for constructive challenge around quality issues and will enable the CCGs to be proactive in monitoring and promoting quality outcomes and safeguarding quality. It will receive quality performance reports from provider Clinical Quality Review Meetings (CQRMs) enabling an interface between the NHS Stafford and Surrounds CCG Board and the CSS Contract Management Teams, including the quality improvement leads. The committee will provide an additional level of governance around quality and its membership will include the Governing Bodies appointed lay member and General Practitioners. It will provide assurance to the Governing Body. See Page 30 for more details regarding membership and terms of reference for the Quality committee.

### 6.4 Clinical Quality Review Meetings

All providers must submit a Clinical Quality Performance Report against agreed indicators of the quality schedule as part of the NHS national contract. The Clinical Quality Review Meetings (CQRMs) are main vehicle through which commissioners hold providers to account for the quality of their services. Clinical Directors and/or Heads of Commissioning represent our CCG at all the 3 main provider meetings. CQRMs for smaller provider organisations are attended by CSS quality improvement leads on behalf of CCGs. CCG will work co-operatively with the other CCGs to ensure clinical leadership of the CQRMs.

### 6.5 Quality Governance Structure



### 6.6 Quality Framework

The framework underpinning this Strategy illustrates how the CCG will achieve these objectives across each stage of the commissioning cycle, so that the quality and safety of the services we arrange for the local population is central to decision making. Commissioners will have a particular role to play in identifying and utilising knowledge of good practice in the development of pathway driven commissioning.

Effective quality management processes, clinical engagement including Clinical Networks and the development of metrics and benchmarking will enable the continuous improvement in quality that we seek. We will also actively seek the views of patients and the public via our engagement strategy and through further development of our Patient and Public Involvement committee with close working with Health Watch Board.

### **6.6.1 Patient Safety**

The first dimension of quality is that we provide safe services to our patients. There are 6 key building blocks to this:

- Learning from clinical incidents to reduce future risk and improve services
- Safeguarding vulnerable children and adults
- Prevention of healthcare associated infection
- Monitoring of Mortality Rates
- Safety alerts
- Medicines management including controlled drugs

### **6.6.2 Clinical Effectiveness**

The importance of improving the quality of clinical treatment and care is well understood. It is equally important to improve the effectiveness of interventions designed to prevent disease. This helps the public to stay healthy for longer, to improve their current health and Well-being and to prevent ill health. We will demonstrate clinical effectiveness by measuring performance in relation to:

- To promote the continuous improvement and innovation in the safety and quality of commissioned services.
- Implementation of NICE guidance and standards
- Reduction of variation in practice (commissioning for quality)
- Equity of access
- National Outcome Framework and Clinical outcomes
- Value for money
- Research/ audit
- Staff competencies & training uptake rates
- Workforce metrics
- Public Health information

### **6.6.3 Patient Experience**

Core to understanding the quality of services provided, is to understand the patients/service users/carers have had of that service.

The impact that a service has on patients is probably the most important thing a provider or commissioner, needs to know. Patient interests will be a priority for the CCG. We will assess this by setting standards and measuring performance in relation to:-

- Patients being treated professionally, by qualified and experienced staff in safe, high quality organisations
- Patients having the right to make choices about the healthcare they receive
- Patients being treated with dignity and compassion
- Improving the standards of care provided to individuals
- Improving the quality of services available and sharing best practice in quality of care and treatment

- Access
- Complaints/compliments
- Cleanliness
- Patients stories
- Patient/service user feedback
- Patient Reported Outcome Measures (PROMS)

## **6.7 Measure and Monitor Quality**

NHS Cannock Chase CCG is committed to ensuring that high standards of safe, effective and person centred care are delivered to their population and to demonstrating this through measurement of clinical outcomes. This commitment applies whether the local population accesses health services at home, at school, at their GPs surgery, from Dentists/ Pharmacists/Optometrists or in hospital. This commitment extends to patients having their care delivered within a care home or via NHS funded domiciliary care. It is the intention of our CCG to embed the principles and approaches outlined in this document within care homes and domiciliary care providers. We will know we have achieved our vision when:-

- Quality parameters and metrics are built into all clinical pathways and service improvements
- Quality outcome metrics in all contracts are set using national and locally defined indicators
- Soft intelligence on quality is triangulated with hard data to build a picture of quality achievement
- Demonstrable action is taken to address poor quality providers
- Unsafe acts are rare

### **6.7.1 Clinical Audit**

We consider clinical audit to be a key mechanism to monitor clinical performance, quality of services and demonstrate continuous quality improvement. We have agreed an annual work programme of audits with our providers based on national and local priorities, which is tightly performance managed.

### **6.7.2 Quality Dashboards**

The quality and performance Committee will develop these to both measure performance of providers and facilitate benchmarking. The performance indicators will be grouped into the Darzi quality framework; patient safety, clinical effectiveness and patient / staff experience and regulation. This enables comprehensive coverage under a systematic process. This data is monitored via the Committee and in collaboration with our providers; we are establishing a transparent performance rating system for quality, via the development of more detailed quality metrics. These have been introduced in quality schedules for 2012/13 contracting round. In addition, we will be using the primary care dashboard to monitor quality standards for GP's and in the future all independent contractors.

Patient experience feedback has been a priority this year and we now have quarterly board assurance reports from providers, to triangulate patient feedback with other performance measures. Our main providers now have the facility for 'real time' reporting and we are able to receive timely patient feedback information.

### **6.7.3 NHS Choices**

NHS Choices provides national and local performance data on services to enable the public to make informed choices of provider.

#### **6.7.4 Dr Foster**

Our main acute provider uses DrFoster to publish and benchmark aspects of performance, for example Hospital Standardised Mortality Rates. We now receive timely information from the hospital on any alerts identified by Dr Foster.

#### **6.7.5 Clinical Engagement**

Strong clinical leadership is recognised as paramount in the process of quality improvement. Nationally there is a drive to strengthen leadership at all levels

#### **6.7.6 Leadership Capacity**

Our Organisational Development programme will help us to review our capacity and capability to address the quality and productivity challenge. We will utilise national improvement agencies and encourage a health system approach to increase leadership capacity to drive quality improvement and system change.

### **6.8 Safeguard Quality- Keeping Patients Safe**

Notification of and learning from patient safety and serious incidents is a contractual requirement from providers. It is important that organisations learn from patient safety errors and make changes in practice to minimise risk of recurrence. Each provider will adhere to the National framework for reporting and learning from serious incidents requiring investigation (2010) and the Never Events Framework which are part of the quality element of the contract. Each of the main providers has a Serious Incidents (SI) sub group that ensures robust management of SIs including a Root Cause Analysis for each incident. CCGs are represented on these sub groups by the CSS quality leads.

#### **6.8.1 NHS Safety Thermometer**

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and harm free care. The Thermometer is currently being used by Clinical Commissioning Groups developed as a CQUIN to drive forward and monitor the SHA ambition to eliminate avoidable grade 2, 3 and 4 pressure ulcers.

#### **6.8.2 Cleanliness and Healthcare Associated Infections (HCAI)**

Each of our providers will need to demonstrate a reduction in MRSA and C. Difficile cases in accordance with a local / regionally agreed trajectory. In partnership with CSS the CCGs will ensure there are robust infection prevention and control plans, policies and capacity to reduce Healthcare Acquired Infections and demonstrate full compliance with the Health Act 2006 – Hygiene Code. The CCGs will require infection control reports, root cause analysis investigations of infection occurrences and will look at the patient / service user experiences – for example the Patient Environmental Assessment reports (PEAT).

#### **6.8.3 Safeguarding both vulnerable adults and children**

Arrangements will be in place to safeguard and promote the welfare of adults and children. Providers will need to identify safeguarding issues relevant to their areas of provision, ensure that policies and procedures are implemented, safe recruitment procedures are in place and staff are trained to identify and report safeguarding concerns. NHS Cannock Chase CCG will adhere to the Staffordshire Safeguarding Strategy 2010 and have arrangements in place to co-operate with the local authority

in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board.

The CCG will be informed of all incidents involving children and adults, including death or harm whilst in the care of the provider. This service will be provided by South East Staffordshire and Sesidon Peninsula CCGs on a collaborative commissioning basis. This CCG will have a designated safeguarding lead for Children which is the Director of Quality and Safety who is a qualified senior nurse. The adult safeguarding lead will be the CCG Director who is a clinician, but there will also be overview in this area from the Director of Quality and Safety / Nurse Advisor to the Governing Body who will report to the Governing Body and the Quality Committee and all safeguarding matters.

On behalf of NHS Cannock Chase CCG the governing body has secured the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood. Our CCG has a safeguarding lead at board level which is supported by the above collaborative commissioning arrangements and relevant policies and training.

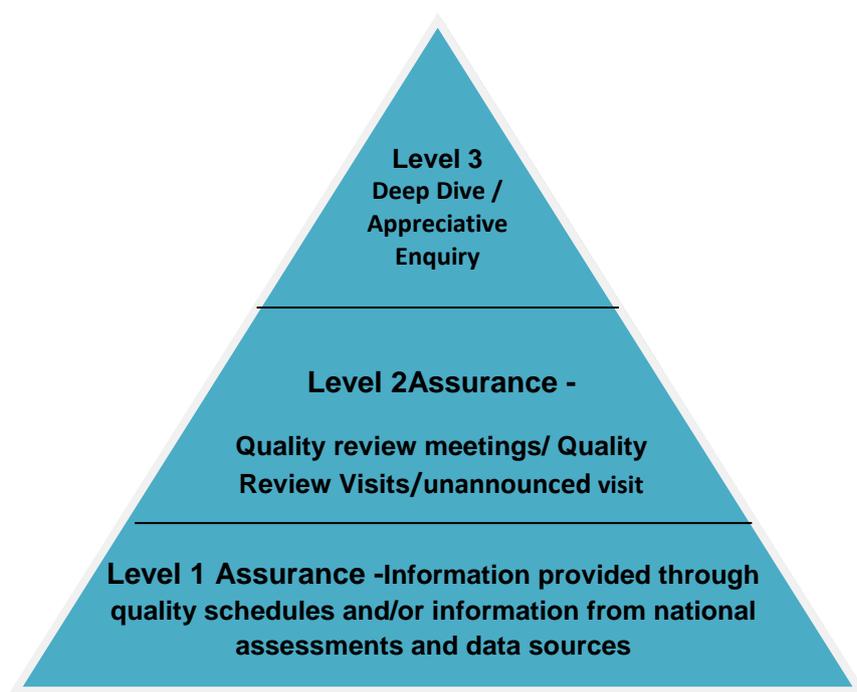
## **6.9 Innovation**

NHS Cannock Chase CCG encourages innovation from Practices through its locally agreed incentive scheme to drive improvements in the quality of care. The CCG will involve patients in the review of services and in service redesign and will give due regard patient experience information. The CCG will engage not only with GP practices but also with the wider Clinical community to ensure that we make best use of the clinical expertise and experience within our health economy to drive improvement in quality.

## **7.0 Quality Monitoring, Assurance and Escalation**

Monitoring will be maintained through the agreed contract and performance arrangements with individual providers. The Quality Monitoring and Assurance Framework will be used by the CCG to structure the quality management processes required for the three Levels of assurance and at what point escalation will be implemented.

## Quality Monitoring and Assurance Framework



**7.1 Level 1 Assurance** - information held should be subject to thorough review as a matter of regular process within the commissioners.

**Level 2 Assurance** –CQRMs and Quality review visits –planned visit should not duplicate any of the information known/held – but enhance it – for example if a policy is known to be in place, then the visit can explore its application-the visit should be developmental in its approach – whilst acknowledging its role in performance management. This is supported by unannounced visits -where information /intelligence hard or soft identifies a patient safety risk/concern for example- the reporting of a ‘never event’, concerns raised by health professionals, service users. A flow diagram for integrating reporting concerns and soft intelligence for GPs and Patients can be seen at Appendix 4.

**Level 3 Assurance** – a “deep dive” / appreciative enquiry would be carried out following formal assessment of risk and only authorised at Director level. It usually includes the SHA /NHSCB Local Area Team.

Examples of triggers for this level of assessment would be:

- Alarms or concerns arising from the examination of qualitative and quantitative data. For example, raised mortality rates, deteriorating infection profiles or concerning patient harm reports;
- Alternatively a worrying set of workforce metrics or credible soft intelligence which is not readily accounted for by the provider;
- When a concern about quality has been identified and acknowledged by provider and commissioner yet the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk;
- Repeated failure to deliver agreed improvement plans;

## 7.2 Risk Summits

Concerns may escalate to the establishment of the risk Summit process involving the CQC examples of situations where the CQC may need to do this are listed below. It is suggested in the NQB recent consultation that this could be undertaken by the local “Quality Surveillance Groups” although one organisation e.g. SHA / NHSCB Local Area Team would still need to “hold the ring.”

- Credible and material whistle blower feedback;
- Complaints about services provided for patients which suggest problems are not isolated and perhaps are more systemic;
- Heroic cost improvement plans (CIPs) which are focused on cost reduction through major workforce or service reductions. This might include a poor outcome to the quality impact assessment;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Dramatic media exposure / covert reporting. For example of a type used to report on events at Winterbourne;
- Escalation of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by CQC, Monitor or professional bodies.

## 7.3 Performance Management

Where, through the monitoring arrangements requested information is not forthcoming and/or the quality of care is deemed to be below the acceptable standard commissioners will, take the initiative in setting out what is required and demonstrating how it can be achieved by issuing a performance notice requesting a remedial action plan.

Continued failure to meet the contractual requirements may result in contractual payments being withheld. An exception report will be issued to the provider’s board of directors, the SHA/NHSCB, and the regulator.

In extreme cases where there is a serious threat to patient safety the commissioners will work with the providers and suspend the affected service ensuring that an alternative provision is put in place to allow continuity of services. . This may result in services being decommissioned.

The establishment of a programme of quality review visits will provide the commissioners will an assurance mechanism and enhance the work already being undertaken, thereby providing further assurance on the quality of services delivered by our providers.

## 8.0 Strategy Monitoring

This Strategy will be monitored by the Quality Committee on behalf of the NHS Cannock Chase Clinical Commissioning Group through the Baseline Assessment and the Quality Improvement Plan which will be reviewed in 2013 and updated as appropriate in line with quality developments and CCG authorisation.

## **8.1 Quality Improvement Plan**

Our quality improvement plan (Page 23) encapsulates the strategic aims for quality improvement outlined in this strategy for 2012/13. Arrangements are in place for developing a longer term plan which will be integral to our strategic and commissioning intentions as we transform into a statutory body.

The CCG's Quality committee will monitor and report on quality performance outcome in relation to the quality improvement strategies and related strategic plans.

The CCG's Quality committee will monitor and report on quality performance outcome in relation to the quality improvement strategies and related strategic plans

Quality Improvement Domain	Operationally Delivered Through	Measurement	Quarterly Monitoring Schedule 2012/13			
<b>QUALITY INFRASTRUCTURE AND GOVERNANCE ARRANGEMENTS</b>			<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
To ensure robust systems and assurances are in place to ensure high quality ,safe and effective services are being delivered and commissioned	<ul style="list-style-type: none"> <li>• Development of Quality Infrastructure &amp; Governance arrangements</li> <li>• Publishing of annual Quality Assurance Framework and Quality Accounts</li> <li>• Clinical leadership for quality plans</li> <li>• Development of a culture of transparency and consistency to ensure safety and drive quality</li> </ul>	<ul style="list-style-type: none"> <li>• Staff with the right leadership skills, talent &amp; competencies are appointed</li> <li>• Approved Terms of Reference for Quality Committee</li> <li>• Quality Committee monitoring of actions and quoracy</li> <li>• Approved Quality Strategy</li> <li>• Develop quality performance dashboard and robust reporting to the governing body</li> <li>• Quality Accounts published with the timescale</li> <li>• Culture assessment</li> </ul>				
<b>DOMAIN OVERALL RAG RATING</b>						
<b>PATIENT SAFETY</b>						
Monitor and act on variations in Mortality Rates including Deaths in Custody	<ul style="list-style-type: none"> <li>• CCG member of Acute Trust Mortality review group that reviews mortality data</li> <li>• Clinical Quality Review / contract Meetings</li> <li>• Quality committee</li> <li>• Death in Custody investigation process</li> </ul>	<ul style="list-style-type: none"> <li>• HSMR/SHMI rates for providers remains within expected limits</li> <li>• Any variance is escalated as appropriate for further investigation</li> <li>• Where appropriate action plans developed and performance managed</li> </ul>				
<b>AREA RAG RATING</b>						
Reduce avoidable death, disability and chronic ill health from Venous-thrombo-embolism (VTE)	<ul style="list-style-type: none"> <li>• Improvement plan to improve the number of patients who have received appropriate VTE prophylaxis</li> <li>• CQUIN framework / NHS Contract Clause 33</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced number of avoidable deaths from VTEs with same contributory factors</li> </ul>				
Reduce the rate of hospital acquired Grade 2, 3 and 4 pressure ulcers per 10,000 bed days	<ul style="list-style-type: none"> <li>• Improvement plan and increase the proportion of pressure ulcer risk assessments completed along with the implementation of care plans</li> <li>• CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>• Zero tolerance to avoidable pressure ulcers grade 2, 3 and 4</li> </ul>				
<b>AREA RAG RATING</b>						
Reduce the rate of patient falls per 1,000 bed days	<ul style="list-style-type: none"> <li>• Improvement plan and increase the proportion of falls risk assessments completed along with the implementation of care plans</li> <li>• CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the number of Serious harm from falls with same contributory factors</li> </ul>				
<b>AREA RAG RATING</b>						

Quality Improvement Domain	Operationally Delivered Through	Measurement	Q1	Q2	Q3	Q4
Reduced medication errors within our acute provider	<ul style="list-style-type: none"> <li>Provider to improve aspects of Medicines Management regarding completion of prescription charts, medicines reconciliations, missed doses and medication errors</li> <li>CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the number of Serious medication incidents with same contributory factors</li> </ul>				
		<b>AREA RAG RATING</b>				
Prevent healthcare associated Infection	<ul style="list-style-type: none"> <li>Health Economy Infection Control and Prevention Strategy 2010 (ICPS) with associated local delivery work plan along</li> <li>Safety Thermometer -urinary catheter care improvement plan</li> <li>CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>Providers to achieve/reduce their trajectories SSOTP – MRSA = 0 CDiff =11 MSFT – MRSA = 2 CDiff =24</li> <li>Full achievement of actions identified with provider's local delivery plan</li> <li>Monthly CQUIN performance monitoring for Urinary Catheter care improvement plan</li> </ul>				
		<b>AREA RAG RATING</b>				
To ensure safeguarding of adults and children	<ul style="list-style-type: none"> <li>Staffordshire Safeguarding Strategy with associated work plan</li> <li>Safeguarding training</li> <li>Self-Assessment of safe guarding arrangements</li> </ul> South Staffordshire CCGs- Safeguarding governance arrangements	<ul style="list-style-type: none"> <li>All commissioning intentions and contracts will stipulate arrangements and policies to safeguard children and adults</li> <li>Robust systems for reporting and investigations</li> <li>CCGs aware of Safeguarding arrangements and responsibilities</li> </ul>				
Reduce avoidable harm by learning from Serious Incidents	<ul style="list-style-type: none"> <li>Providers will adhere to the National framework for reporting and learning from serious incidents requiring investigation (2010) and the Never Events Framework and local avoidable events which are part of the quality element of the contract.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the number of Serious Incidents with same contributory factor</li> <li>Zero Never Events and local avoidable events</li> </ul>				
		<b>AREA RAG RATING</b>				
To ensure CQC registration and inspections of providers including primary care medical services	<ul style="list-style-type: none"> <li>CQC registration process</li> </ul>	<ul style="list-style-type: none"> <li>All GP practices will be registered with the CQC before April 2013</li> <li>Monthly monitoring in partnership with Cluster</li> </ul>				
		<b>AREA RAG RATING</b>				
		<b>DOMAIN OVERALL RAG RATING</b>				

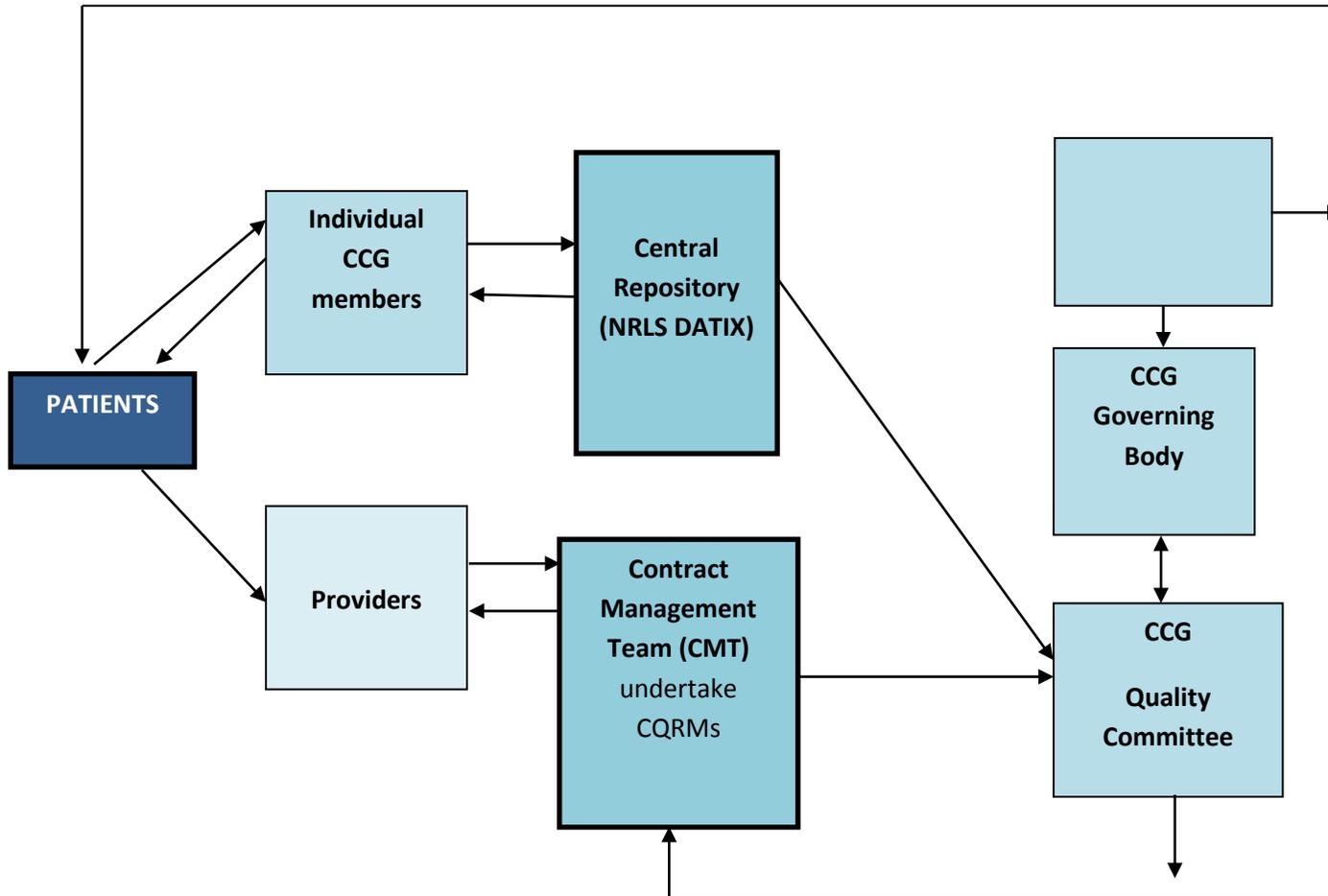
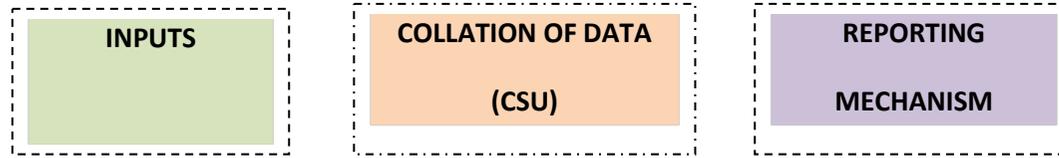
Quality Improvement Domain	Operationally Delivered Through	Measurement	Q1	Q2	Q3	Q4
<b>PATIENT EXPERIENCE</b>						
Improve responsiveness to personal needs of patients	<ul style="list-style-type: none"> <li>CQUIN framework</li> <li>Eliminating Mixed Sex Accommodation Plan/ /Quality Schedule of Contract</li> </ul>	<ul style="list-style-type: none"> <li>A year on year improvement in patient experience within provider organisations</li> <li>No breaches of same sex accommodation requirements</li> </ul>				
		<b>AREA RAG RATING</b>				
To improve patient empowerment/self management in community provider	<ul style="list-style-type: none"> <li>CQUIN framework</li> <li>Communication and engagement strategy</li> </ul>	<ul style="list-style-type: none"> <li>% of patients able to manage their care in order to reduce future reliance on health services and reduce the necessity of admission to secondary care</li> </ul>				
		<b>AREA RAG RATING</b>				
To seek and listen to feedback from patients, carers and their communities and use it to inform service developments	<ul style="list-style-type: none"> <li>Communication and engagement strategy</li> </ul>	<ul style="list-style-type: none"> <li>Clearly demonstrate that feedback from surveys and engagement inform service developments</li> </ul>				
Improve responsiveness to complaints and concerns	<ul style="list-style-type: none"> <li>Complaints and PALs policy and procedure</li> <li>Quality Schedule of Contract</li> </ul>	<ul style="list-style-type: none"> <li>Providers adhere to national framework and patients receive a timely response</li> </ul>				
		<b>AREA RAG RATING</b>				
Improve aspects of End of Life care through improved training and the implementation of actions plans within our acute provider	<ul style="list-style-type: none"> <li>CQUIN framework</li> <li>Implementation of the Amber care bundle</li> </ul>	<ul style="list-style-type: none"> <li>Patients receive care at the end of life which is compassionate, appropriate and allowing them choices in where they die and how they are cared for.</li> <li>Successful implementation of the Amber care bundle</li> </ul>				
		<b>AREA RAG RATING</b>				
		<b>DOMAIN OVERALL RAG RATING</b>				
<b>CLINICAL EFFECTIVENESS</b>						
Improve awareness and diagnosis of dementia, using risk assessment	<ul style="list-style-type: none"> <li>CQUIN framework</li> <li>Dementia Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Increase number of staff awareness and diagnosis of dementia, using risk assessment</li> </ul>				
		<b>AREA RAG RATING</b>				
To improve timely and safe discharge within our community provider	<ul style="list-style-type: none"> <li>CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>Patients have an estimated date of discharge on admission</li> <li>Improved aspects of discharge relating to discharge summaries</li> </ul>				
		<b>AREA RAG RATING</b>				

<b>Quality Improvement Domain</b>	<b>Operationally Delivered Through</b>	<b>Measurement</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
To improve transfer of patients between Trusts in the Staffordshire Cluster	<ul style="list-style-type: none"> <li>• CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>• Improve aspects of transfers within Staffordshire</li> </ul>				
To improve the care provided to patients with venous leg ulceration our community provider	<ul style="list-style-type: none"> <li>• CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>• Competency framework developed and staff are trained in the management of keg ulcers</li> </ul>				
		<b>AREA RAG RATING</b>				
To improve Therapy Outcome Measure in Therapies and Children Services within our community provider	<ul style="list-style-type: none"> <li>• CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Outcome Measures developed and improvements monitored</li> </ul>				
		<b>AREA RAG RATING</b>				
To identify patients with long term conditions who are 'at risk' and provide appropriate level of interventions to avoid admission within our community provider	<ul style="list-style-type: none"> <li>• CQUIN framework</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidable admissions to acute care for patients with a long term condition</li> </ul>				
		<b>AREA RAG RATING</b>				
To improve the management of patients with diabetes as a secondary diagnosis in our Community services	<ul style="list-style-type: none"> <li>• CQUIN Framework</li> </ul>	<ul style="list-style-type: none"> <li>• The provision of consistent, effective and proactive for patients with diabetes</li> </ul>				
		<b>AREA RAG RATING</b>				
To ensure the CCG's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with the Health and Social Care Act 2012, Equality Act 2010 and NHS Constitution	<ul style="list-style-type: none"> <li>• Strategy - QIPP , Clear Credible Plan, commissioning intentions</li> <li>• Risk Stratification CSIP</li> <li>• NHS Outcome framework and National Contract</li> <li>• CQRM and Quality Schedule and assurance framework</li> <li>• Quality Impact Assessments</li> <li>• Equality Impact Assessments</li> <li>• Health and Wellbeing board</li> <li>• Commissioning Boards</li> <li>• R &amp; D</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of improvement plan and QIPP challenge within financial resources</li> <li>• Quality Impact Assessments completed on each business case/ service review</li> <li>• Equality Impact Assessments completed on each business case/ service review</li> <li>• Clear measurable quality outcome indicators in all provider contracts evidence improved performance year on year against equality monitoring standard</li> <li>• Patient Reported Outcome Measures</li> <li>• Patient pathways developed based on agreed best practise of clinical care treatment, referral and prescribing</li> <li>• To meet the quality standards of regulation along with CQC and NICE</li> </ul>				
		<b>AREA RAG RATING</b>				
		<b>DOMAIN OVERALL RAG RATING</b>				

CCG Baseline Assessment – NCB Framework for Systematic Quality Improvement					
	Domains	Actions	Measurement/Evidence	Lead	Completion
1.	<b>Bring Clarity to Quality</b>	<ul style="list-style-type: none"> <li>Deliver Commissioning for Quality Strategy</li> </ul>	Quality Strategy approved by CCG Board	Director of Quality & Safety	October 2012
		<ul style="list-style-type: none"> <li>Define quality &amp; develop quality elements in provider contracts</li> </ul>	Quality Schedules developed	Director for Quality CSS Contract Lead	On-going
2.	<b>Measure and Publish Quality</b>	<ul style="list-style-type: none"> <li>The Clinical Commissioning Groups will monitor the progress of CQC registration and diagnostic self-assessment tool kit at Quality and Performance sub Board Committee</li> </ul>	CQC registration schedule in Place for Primary Care Contractors	Director of Quality CCG Director NCB LAT	
		<ul style="list-style-type: none"> <li>Targets and timescales will be agreed within quality plan</li> </ul>	Quarterly reports to Quality & Performance (Q&P) Committee	Director of Quality and Safety	On-going
		<ul style="list-style-type: none"> <li>Our future work includes plans to encourage each provider to undertake more outcomes focused audit, using national and local indicators and will utilise Patient Reported Outcome Measures</li> </ul>	Clinical audit schedules agreed Monitored via Q&P Committee	CCG Clinical Lead for Quality	December 2013
		<ul style="list-style-type: none"> <li>The Quality Committee will developed quality dashboards to measure performance of providers</li> </ul>	Quality dashboards in place for Each provider	Director of Quality and Safety and CSU	Completed but under review changes by December 2012
		<ul style="list-style-type: none"> <li>A quality impact assessment tool will be developed in time for commissioning 2013/14</li> </ul>	Quality Impact Assessment Tool Agreed by Q&P Committee	Head of Quality and Safety / Head of Strategic Change	October 2012
		<ul style="list-style-type: none"> <li>All providers will publish quality accounts</li> </ul>	Provider Quality accounts signed by CCG & published on websites	Director of Quality and Safety	On-going
		<ul style="list-style-type: none"> <li>Results from balanced scorecards will be shared at all organisational levels</li> </ul>	Use of benchmarking tools to Compare practice performance e.g. Quality observatory practice profiles	CCG Directors / Clinical Leads	October 2012
3.	<b>Reward Quality</b>	<ul style="list-style-type: none"> <li>CQUIN payments will be made for improved performance on targeted areas</li> </ul>	Contractual performance	Director of Quality and Safety / CSU	On-going
4.	<b>Leadership for Quality (raise standards and Improve quality)</b>	<ul style="list-style-type: none"> <li>Appraisal and revalidation will be undertaken in line with local policy and processes</li> </ul>	Targets met for revalidation in line with Appraisal requirements	NHSCB	March 2013
		<ul style="list-style-type: none"> <li>Leadership capacity and capability for quality improvement will be increased</li> </ul>	Increased participation in CQRMs / Visits Clinical Leaders	Quality Committee Chair	March 2013
5.	<b>Innovate for Quality (Stay Ahead)</b>	<ul style="list-style-type: none"> <li>Audit and research will be key components of the agenda to support the quality improvement agenda</li> </ul>	Numbers of Practices participating in research projects	Clinical Lead-Research	March 2013

		<ul style="list-style-type: none"> <li>• Patient feedback and experiences will be actively sought and used to inform future service developments</li> </ul>	Information from Datix System, Patient Participation Groups and Complaints	Director of Quality and Safety / CSU	On-going
		<ul style="list-style-type: none"> <li>• Feedback and experiences from the local communities will be actively sought and used to inform future service developments</li> </ul>	Complaints, feedback through local Health Watch, consultations on service changes	Lay Member for PPI	On-going
		<ul style="list-style-type: none"> <li>• R &amp; D strategy will be developed</li> </ul>	Signed off Strategy	Clinical Lead-Research	October 2012
6.	<b>Safe Guard Quality (manage risks)</b>	<ul style="list-style-type: none"> <li>• All providers commissioned by the CCG will be clear about compliance requirements</li> </ul>	Quality Schedules in contracts	Director of Quality and Safety	March 2013
		<ul style="list-style-type: none"> <li>• Information sharing with all Regulators as required, will be agreed</li> </ul>	Compliance with Risk Summit Policy For escalating concerns	Chief Officer	March 2013
		<ul style="list-style-type: none"> <li>• A Quality Committee will be established to monitor quality and to take action as required</li> </ul>	Committee in place and reviewing Quality reports of providers	Director of Quality and Safety	Completed
		<ul style="list-style-type: none"> <li>• Strategies and policies relating to safeguarding, serious untoward incidents, control of infection and causes for concern will be complied with</li> </ul>	<p>Quality Committee reports to CCG Governing Board on Patient Safety Issues</p> <p>Baseline report to CCG Governing Board on Safe Guarding Children and Adult arrangements. Compliance with statutory functions for commissioning services and provider management.</p> <p>CCG Accountability Framework for Safe guarding in place Local Safe Guarding Board Assurance reports CQC Section 11 reports for safe guarding children</p>	<p>Chair of Quality Committee Director of Quality &amp; Safety</p> <p>Director of Quality &amp; Safety Designated Children &amp; Adult SafeGuarding Leads</p>	<p>Ongoing</p> <p>December 2012</p>

# Datix Information Flows Pathway



## Joint Quality Committee Terms of Reference

### 1.0 Purpose and duties of the Joint Quality Committee

The Joint Quality Committee (the “Committee”) will be responsible for overview, scrutiny and response to issues relating to the quality and safety performance of services commissioned by NHS Cannock Chase Clinical Commissioning Group (“CCCCG”) and NHS Stafford and Surrounds Commissioning Group (“SASCCG”). In particular, the Committee will advise SAS CCG and CC CCG in relation to:

- a. **Assurance** - The provision of assurances regarding the quality (safety, effectiveness and patient experience), of all commissioned/contracted services in relation to the role and function of SAS CCG and CC CCG;
- b. **Improved Outcomes** Ensuring that commissioning and finance strategies deliver improved outcomes for patients of SAS CCG and CC CCG, and that any implications for quality and safety are identified and addressed;
- c. **Quality Regulation** - Ensuring all commissioned services meet the external regulation for quality and safety, and locally agreed standards for patient quality and safety.
- d. **Integrated Systems** - The Committee shall ensure that there are mechanisms and reporting systems in place to assure SAS CCG’s and CC CCG’s internal quality and integrated governance arrangements and that remedial action plans are developed and implemented when positive assurances are not received.
- e. **Quality Improvement** - The continuing development and monitoring of metrics for quality improvement and safety that can be triangulated to provide early warning of emerging risks and poor quality.

The Committee will make recommendations and report to both SAS CCG’s and CC CCG’s Governing Bodies.

Relevant quality performance reports and minutes from the Primary Care Quality & Performance meeting, CQRM and contract meetings and Medicines Management meeting will be presented to SAS CCG and CC CCG by the key leads from the CSS.

### 2.0 Membership

The Committee comprises of the member below, appointed by both SAS CCG’s and CC CCG’s Governing Bodies

- CCG Appointed Lay Member (Chair)
- 2 Clinical Leads (1 from each CCG)
- SAS CCG & CC CCG Directors
- Director of Quality & Safety (Board Nurse advisor) (Vice Chair)
- Head of Performance
- Head of Medicines Management
- 4 GP (2 from each CCG, including the Clinical Leads)
- Lay Member for PPI CC CCG
- Other clinicians

### **In attendance**

- CSS Contract Management Team Finance Leads (Acute, Community / Mental Health)
- CSS Contract Management Team Quality Leads
- CSS Infection control lead
- CSS Safeguarding Children and Safeguarding Adults
- LMC Representative
- CSS PPE Manager
- Public Health Lead
- Other members of SAS CCG and CC CCG may be invited / co-opted as required to attend in an advisory capacity or to provide assurances to the respective clinical commissioning group.
- Minute taker – administration support

### **3.0 Quoracy**

The Committee meeting may take place with the following members

- CCG Appointed Lay Member (Chair) or Vice Chair
- Clinical Lead
- CCG Director of Quality & Safety (Board Nurse advisor) (Vice Chair)
- 1 CSS Quality Lead
- A minimum of 1 GP from SAS CCG and 1 GP from CC CCG

If the meeting is not quorate then this will be declared by the Chair. The meeting will continue and notes will be taken as a record of the meeting

### **4.0 Frequency of Meetings**

Meetings will be held monthly.

### **5.0 Accountability**

The Committee is directly accountable to SAS CCG's and CC CCG's Governing Bodies.

### **6.0 Reporting**

Minutes of the meeting will be distributed to the Chair / Vice Chair for approval and distributed to the Committee members within 5 working days. Approved minutes of the Committee will be reported to the respective Governing Bodies of SAS CCG and CC CCG.

### **7.0 Schedule of regular reports/minutes/agenda**

Standing agenda items for the meeting:

- Quality – to provide updates on key quality issues
- Finance / Contractual Performance relating to quality and safety

- Prescribing and medicines management
- CSS
- Primary Care Performance
- PPE
- National Directives relating to Quality and Performance
- AOB

Agendas and papers will be distributed 3 working days in advance of the meeting. Draft minutes of the meeting will be distributed 2 working days following the meeting to the Chair / Vice Chair and for approval and distributed to the Committee members within 7 working days.

### **8.0 Declaration of interests**

Declarations of interest should be sought by the Chair and recorded by the secretary before the meeting commences.

### **9.0 Review Date**

These terms of references shall be reviewed annually. The first review shall be in January.