South Norfolk and North Norfolk NHS Clinical Commissioning Groups

Quality Strategy

2018 - 2022

Approved: By the Joint Quality Patient Safety assurance Committee April 2018
Ratified: NHS North Norfolk Clinical Commissioning Group Governing Body and NHS South Norfolk Clinical Commissioning Group Governing Body
For Review: April 2022
### Version Control

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<td>28.02.18</td>
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Foreword

Healthcare is changing rapidly, with new challenges from technology, demography and social attitudes all of which are influencing the way we commission services. The development of Norfolk and Waveney’s Sustainability Transformation Partnership (STP), is focused on health and wellbeing, care and quality, finance and efficiency care gaps. This, along with the development of new models of care, challenges how we assure ourselves and others that the quality of care our patients receive is what we would expect. At the same time it provides us with an opportunity to continue to improve the quality of services that our patients experience.

We recognise that quality improvement cannot be delivered in isolation; large sections of our population rely on services from across both health and social care. This includes primary, secondary and specialist services. We will continue to work closely with our partner organisations to improve the quality of care provided, whilst holding them to account for standards of quality and safety. In addition we will work with our members to improve the quality in primary care.

The quality strategy outlines how the North Norfolk and South Norfolk NHS Clinical Commissioning Groups’ (CCGs’) continue to commission high quality services that meet the needs of our local population. It provides a framework that assures us that the services we commission are focussed on being effective, safe and that patients have a positive experience of the care they receive.

To continue to do this we need to develop a culture and the skills that promote continual quality improvement and to ensure that this is central to commissioning and the services of delivered by our providers.

Listening to the voice of our patients is key. We are committed to incorporating patient experience in to the work we do and see this as a fundamental responsibility of the CCG to assure and improve the quality of healthcare locally.

The quality of the care that our patients receive defines the success of North Norfolk and South Norfolk CCGs.
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1. Vision for Quality

North Norfolk and South Norfolk CCGs have an ambition to commission high quality health services and deliver excellent primary care that will enable our population to live longer, healthier lives. We strive to secure positive health outcomes for local people and seek to continuously improve the services we commission. In order to fulfil this ambition we need to ensure that quality and patient safety is at the heart of everything we do.

As a commissioning organisation we are responsible for ensuring that all of our providers deliver health services that are of the highest possible standard within the resources we have available to us. We do however recognise that these resources are not infinite and sometimes we will have to make difficult choices.

We are also a membership organisation that consists of GPs who provide primary care services to the population of north and south Norfolk. This means that we have a responsibility to support our members in ensuring that they deliver excellent primary care.

To inform us about what is important for our CCG staff and members we asked what mattered most and what we could do to help you. This is some of what people told us:

What matters most:

<table>
<thead>
<tr>
<th>Themes</th>
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<tr>
<td>Patient Care</td>
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What people felt would be helpful:

- Giving feedback and sharing any lessons learnt
- Providing assurance and evidence that action will be taken and outcomes shared when Quality Issue Reports (QIRs) are raised.
- Regular Quality updates.
- More support to ensure that ‘Quality’ is actively involved in developing service specifications, and service re-design.
- To have a designated relationship manager to support practices with quality
- More training to help understand how to report a Serious Incident and how to manage it in the CCG and/or practice.
- To standardise policies across ‘the patch’ and provide benchmarks of what good looks like
- Individual staff visiting practices to offer practical support for example to offer a voluntary CQC-style audit to help us prepare for the real thing
With all this in mind the CCG’s vision for Quality is:

**To ensure, through innovative, responsive and effective clinical commissioning, that our population has access to the highest quality health care providing the best patient experience possible within available resources.**

To assist us in achieving this aim we have developed the following objectives:

1. To engage with all sections of our population to encourage their involvement in improving the quality of care provided. Actively seeking feedback on their experiences of healthcare and using this information to improve services.

   **This means we will**: develop a patient and care engagement strategy that describes how we actively seek opinions and how we will feedback to demonstrate where this has made a difference.

2. To support our member practices to deliver primary care that is safe, effective and accessible; minimising variation and secure continuous improvement.

   **This means we will**: establish a new Practice Nurse Forum and a new Patient Safety Forum across the STP footprint. We will hold an annual Practice Nurse Conference, the first of which is being planned for autumn this year. We will publish a Quarterly ‘Quality Matters’ information sheet to provide feedback from QIRs and to share lessons learnt. We will also work across the STP to support delivery of the newly published ten point plan that includes key actions to transform general practice nursing by 2020.

3. To work with our providers to ensure that they deliver safe, effective, accessible services and secure continuous improvement.

   **This means we will**: continue to work collaboratively with providers to monitor and improve quality through established Clinical Quality Review meetings and an annual Quality Assurance visit schedule. We will ensure that people know who to contact if you have a problem. In Primary Care we will implement a standardised process to report and manage Serious Incidents including providing training to each practice in the CCG. Across the STP we are also working to develop a new Quality Framework so we can benchmark good quality.

2. **What is Quality?**

2.1 **Quality in the NHS**

Quality is an overarching principle that we believe is a fundamental component of the work we do. It was defined by Lord Darzi in 2008 as:
Safety – this means that patients need to be assured that they will not come to harm and that services have systems in place to protect and safeguard them.

Clinical Effectiveness – this means that patients need to have confidence that all healthcare provided will be based on the best available evidence that clinically addresses their needs and delivers the best outcomes.

Patient Experience – this means that we will ensure that people are treated with compassion, dignity and respect at all times and receive care that is personal and inclusive to them.

The NHS Outcomes Framework builds on this definition of quality by outlining the following five domains:

- Domain 1: Preventing people from dying prematurely;
- Domain 2: Enhancing quality of life for people with long-term conditions;
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 4: Ensuring people have a positive experience of care;
- Domain 5: Treating and caring for people in a safe environment, protecting them from avoidable harm.

The relationship between the definition of quality and the NHS Outcomes Framework is outlined below:

The Care Quality Commission’s (CQC) new inspection approach for providers of care also includes two additional dimensions - organisational culture and leadership and responsiveness.

3. Quality Assurance, Quality Improvement

Quality Assurance is the systematic monitoring and evaluation of various aspects of a service in an effort to ensure that acceptable standards are being delivered. Quality Improvement involves ensuring that services continually achieve better outcomes for patients. Both roles are fundamental to improving health outcomes and require a consistent
and sustained approach. To do this we monitor quality assurance data as well as reviewing other sources of intelligence around patient experience, safety and clinical effectiveness.

3.1 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 and includes:

a. 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 analyses, and 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.

b. Serious Incidents and Never Events

Serious Incidents (SIs) are reported by providers including Primary Care to the quality team within 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.

A monthly Serious Incident Assurance & Review Group (SIARG), chaired by the Director of Quality is held monthly 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 CCG then ensures all actions resulting from SI investigations have been implemented and learning shared through a quarterly Serious Incident Assurance Meeting (SIAM) 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 newly established countywide Patient Safety Forum. Key issues and themes are reported to the Quality Committee and escalated to the Governing Bodies through our Quality reports.

c. Review of Mortality Data

Each of our providers has an established mortality review group that meets on a monthly or 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. In addition to this SNCCG also leads on a quarterly mortality review
group for people with a learning disability on behalf of the STP. The group reviews any areas of concern and ensures that learning from local and national mortality reviews is shared across all of our providers.

d. Safeguarding: Adults and Children

The CCGs ensure that all or our 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.

In partnership with Corporate Affairs 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.

e. 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 assurance visit process.

f. 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 integrated quality and performance reports 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, CQC and NHSI and 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.
- Compiling an Integrated dynamic clinical quality and patient safety risk register to monitor and review mitigation processes and mini
- Minimise where possible any potential harm.
g. Patient 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:

- Complaints.
- National Surveys.
- Local Surveys and questionnaires.
- Patient Stories.
- Quality Visits.
- Friends and Family Test (FFT).
- Safeguarding Concerns/Referrals.
- Patient Engagement forums.

h. Feedback through other sources:

- Social Media/Websites/Facebook/twitter.
- Quality Schedules.
- Primary Care Concerns Process Partner feedback.
- Eliminating Mixed Sex Accommodation data.
- Patient Congress/Patient and Public Engagement Assurance Committee.
- Care Quality Commission.

3.2 Quality Improvement

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.

a. Quality Impact Assessments (QIA)

The quality team supports commissioning programme leads by overseeing the CCGs’ approach to QIAs, ensuring that these are completed to a high standard and in line with the NHS England guidance and best practice. This ensures that quality remains at the heart of everything we do and that all services are commissioned are of the highest possible standard within the resources available to us.

b. Quality Issue Reports (QIR)

Locally providers are encouraged to use Quality Issue Reports to raise any early warning signs where there things are not working as they should.

c. 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.
d. 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).

e. Quality Accounts

All large providers of NHS care are required to publish a Quality Account each year. The account must contain a retrospective review of performance of key quality initiatives and priorities and set out the quality priorities for the forthcoming year. Providers are also required to outline the clinical audits that they have taken part in or have undertaken independently. The account will be available publicly; however before it is published CCGs must be given the opportunity to comment on providers’ quality accounts. Providers must include the comments from the CCG in their entirety, in the final publication of the account. Accounts will be monitored through the relevant quality groups to ensure that they are an accurate account of quality and that progress against the identified priorities is being made.

NNCCG and SNCCG will provide comments on the Quality Account for the providers where they act as lead commissioner on behalf of Norfolk and Waveney. Comments will be signed off by the Director of Quality and Chief Nurse on behalf of the Accountable Officer of the CCG. Providers will be monitored for performance and progress against the clinical priorities through quality contract meetings.

4 National Policy Drivers for Quality

CCGs have a responsibility to provide high quality healthcare that’s free at the point of need and can be accessed by all, as outlined in the NHS Constitution (2013). The Constitution is enshrined in law and the CCG’s are committed to upholding its rights and pledges and delivering against its standards.

Under the Constitution, patients have rights listed below.

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

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

- The patient and the public comes first – not the needs of any organisation;
- Quality is everybody’s business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers;
- If we (health and care professionals, staff as well as patients and the wider public) have concerns we speak out and raise questions without hesitation;
We listen in a systematic way to what our patients and staff tell us about the quality of care; and
If concerns are raised, we listen and ‘go and look’.

The **NHS Outcomes Framework** (2014) sets out the national outcomes that all providers of NHS funded care should be working towards. Indicators in the NHS Outcomes Framework (2014) are grouped around five domains, which set out the high level national outcomes that the NHS should be aiming to improve:

- Domain 1 Preventing people from dying prematurely
- Domain 2 Enhancing quality of life for people with long-term conditions
- Domain 3 Helping people to recover from episodes of ill health or following injury
- Domain 4 Ensuring that people have a positive experience of care
- Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

The **National Quality Board** was established in 2015 to provide a forum to provide key NHS oversight regionally and nationally to share intelligence, agree action and monitor overall assurance on quality. In 2016 the National Quality Board (NQB) published a new framework that will promote improved quality criteria across all national health organisations. It provides a nationally agreed definition of quality and guide for clinical and managerial leaders wanting to improve quality. The approach has been agreed across NHS and social care organisations to provide more consistency and to enable the system to work together more effectively. This shared commitment to quality supports us all in our dual responsibilities of maintaining quality of care, and continuously improving care, so we are always striving for the best.

It seeks to ensure that for people who use services we build on our existing definition of quality through the following:

- Safety: people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- Effectiveness: people’s care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
- Positive experience:
  - Caring: staff involve and treat you with compassion, dignity and respect.
  - Responsive and person-centred: services respond to people’s needs and choices and enable them to be equal partners in their care.

And for those providing and commissioning services it ensures we have high performing providers and commissioners working together and in partnership with, and for, local people and communities, that:

- Are well-led: they are open and collaborate internally and externally and are committed to learning and improvement.
- Use resources sustainably: they use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.
- Are equitable for all: they ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Furthermore a series of national reviews and reports have made a series of recommendations following lessons learned which drive a shift of change towards how
services are commissioned. While these are now a number of years old they remain relevant today and include but are not limited to:

- Patients First and Foremost - the 1st Government response to the recommendations of Robert Francis 2013
- Hard Truths: The Journey to Putting Patients First - the 2nd Government Response to the recommendations of Robert Francis 2013
- Review into the quality of care and treatment provided by 14 Acute Hospitals, Sir Bruce Keogh 2013
- Winterbourne View Hospital 2013
- Lenehan review into care of children with learning disabilities 2017
- Learning, candour and accountability 2016
- Don Berwick's Review into Patient Safety 2013

5. Our Priorities

Please refer to the SNCCG and NNCCG Operational Plan 2017-18 and 2018-19 Refresh for further detail.

The CCG Assurance Framework informs the CCG Assurance process and associated dashboard that will applies to all lead commissioned and contracted services. All contracts and Service Level Agreements include quality schedules based on the framework, including service specific quality performance indicators.

All newly commissioned pathways are evidence based and outcome measures will be agreed as part of the development work. All services commissioned by North and South Norfolk CCG will have a contract containing quality schedules related to this strategy. These will include quality standards, indicators, and mandatory requirements and in relevant contracts Commissioning for Quality and Innovation incentives (CQUIN).

The five quality domains set out in the NHS Outcomes Framework are focused on the effectiveness of care, the quality of the patient experience and on patient safety. We have used this framework to develop the CCG quality priorities.

**Domain 1: Preventing people from dying prematurely** – prevention, early intervention and health promotion; reducing mortality and access to urgent and emergency health care this will include establishing a new multi-agency mortality review process across the STP.

We will also focus on understanding the causes of premature and unexpected deaths and disseminating the learning from multi-agency mortality reviews and the LeDeR process for people with a Learning Disability. As lead Commissioner for Mental Health we will work collaboratively with our partners to improve outcomes for people with mental ill health including reducing suicides.

**Domain 2: Enhancing quality of life for people with long-term conditions** – the CCG will comply with national and local standards/guidance such as NICE Quality Standards and technology appraisals and clinical guidance in order to reduce deaths, lengths of stay and readmissions to hospital through the delivery of care closer to home and emerging Integrated Care Systems. All our providers will be required to have in place, or continue to have, jointly agreed prioritised clinical and practice audit programmes and demonstrate
active participation in audit, including national audits. Providers will be required to share outcomes of clinical and practice audits.

Domain 3: Helping people to recover from episodes of ill health or following injury -
The focus for the CCG is on ensuring that people do not attend hospital unnecessarily as emergency admissions and that they do not need to be re-admitted. We will retain a focus on improving recovery from stroke working with our colleagues in primary and acute care to improve care pathways and patient outcomes.

As lead Commissioner for Learning Disabilities we will continue to drive improvement through Transforming Care for Adults and Children and Young People. As lead Commissioner for Mental Health we will work collaboratively with our partners to improve outcomes for people with mental ill health including children and young people through the redesign of care pathways.

Domain 4: Ensuring people have a positive experience of care - we will strive to promote compassion, caring, dignity and respect and demonstrating positive patient experiences. Quality will be measured by public perception such as outcomes of the patient experience of hospital care, mental health services, and patient experience of GP out of hour’s services and the National Friends and Family Test. We will inform people of how their involvement in these surveys has improved services. We will facilitate this locally developed engagement mechanism as identified in our Engagement Strategy. We will promote dignity and respect and aim to achieve this by monitoring dignity and single sex accommodation requirements in our providers. As part of the STP we will support the delivery of the maternity transformation programme and the national mental health plan.

Domain 5: Treating and caring for people in a safe environment, protecting them from avoidable harm - We will ensure systems are in place to track and manage patient safety concerns including taking action when required standards are not met across all our providers including Primary Care. To ensure patient safety, we will encourage learning from mistakes and make changes in practice to ensure that incidents do not repeatedly occur. Where serious incidents occur, we will be informed within an agreed timeframe and will monitor the investigation and learning from the incident. We will develop risk management incident reporting policy to support this.

We will ensure that systems and processes are in place to fulfil specific duties of co-operation and best practice in relation to safeguarding. We will fully participate as active member of the established Local Safeguarding Boards and ensure our duties are fully discharged. We will be informed of all incidents involving children and adults, including death or harm, whilst in the care of the provider. A separate safeguarding policy outlining the safeguarding standards and requirements will support this.

We will ensure that we fully implement the Care Act 2014 regulations relating to safeguarding. We will continue to have a Governing Body executive lead and GP lead to maintain oversight of safeguarding arrangements at Board level for both Adults and Children. This is through the Chief Nurse on the Governing Body. Providers will also be required to ensure the safeguarding standards and indicators are in place.
### 6. Quality Improvement Framework – trajectories to be agreed annually line with Planning Guidance

<table>
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<tr>
<th>Quality Domain</th>
<th>Outcome</th>
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| Preventing people from dying prematurely                                       | Reduce potential years of life lost from causes considered amenable to healthcare: adults, children and young people  
|                                                                                |  -  % improvement from baseline over 4 years  
|                                                                                |  -  Reduce premature hospital mortality HSMR, RAMI & SHMI reduction monitor compliance with mortality pathways  
|                                                                                |  -  Breast feeding prevalence at 6-8 weeks  
|                                                                                |  -  Smoking in pregnancy  
|                                                                                |  -  Reduction in the number of unexpected deaths including suicide                                                                                                                                 |
| Enhancing quality of life for people with long-term conditions                | Improve Health-related quality of life for people with long-term conditions  
|                                                                                |  -  Improve the Quality of Life scores; to be consistent with similar demographic areas  
|                                                                                |  -  Quality premium  
|                                                                                |  -  People with diabetes diagnosed less than one year referred to structured education  
|                                                                                |  -  NICE standards followed  
|                                                                                |  -  Diagnosis rate for dementia & Dementia CQUIN improved                                                                                                                                 |
| Helping people to recover from episodes of ill health or following injury     | Reduce emergency admissions for acute conditions that should not usually require hospital admission  
|                                                                                |  -  CQUIN innovation indicator  
|                                                                                |  -  Increased health gain as assessed by PROMS  
|                                                                                |  -  Improving recovery from stroke  
|                                                                                |  -  Advancing Quality indicators  
|                                                                                |  -  Reduction in readmissions within 30 days of discharge                                                                                                                                 |
| Ensuring that people have a positive experience of care                       | Patient experience improvement in:  
|                                                                                |  -  Primary, maternity and hospital care  
|                                                                                |  -  GP out of hours services  
|                                                                                |  -  Friends and Family Test  
|                                                                                |  -  Children and young people’s care  
|                                                                                |  -  Elimination of Mixed Sex accommodation  
|                                                                                |  -  Open and honest care  
|                                                                                |  -  Enhancing the quality of life for people with dementia  
|                                                                                |  -  Complaints/ feedback                                                                                                                                                                               |
| Treating and caring for people in a safe environment and protecting them from | From patient safety incidents reported:  
| avoidable harm                                                                 |  -  No methicillin resistant staphylococcus aureus (MRSA) bacteraemia in hospital  
|                                                                                |  -  Reduction in CLOSTRIDIUM DIFFICILE in hospital due to lapse in care  
|                                                                                |  -  An increase in medication error near miss reporting by 5%  
|                                                                                |  -  To demonstrate learning from complaints, incidents, Serious Untoward Incidents  
|                                                                                |  -  To demonstrate learning from safeguarding incidents and compliance with national standards  
|                                                                                |  -  Harm free care results  
|                                                                                |  -  Improved discharge planning and management                                                                                                                                                         |
7. Quality Governance

NNCCG and SNCCG will monitor compliance and exception reporting in relation to quality standards through an internal committee structure that reports to the Board. The Quality and Patient Safety Assurance Committee (Meeting in Common) is responsible for the development and implementation of the CCG’s Quality Strategy, which sets out its plan for quality improvement and quality assurance of commissioned services. The Committee will promote and assure quality so that patients have effective and safe care with a positive experience of services commissioned by the CCG. The Committee will raise and escalate exceptions to the Governing Body as appropriate. (QPSAC Terms of Reference and Work Plan: Appendix 2 & 3)

The Committee will report our progress on implementation of this strategy to the Governing body through regular review of the implementation plan. The Committee will raise and escalate exceptions to the Governing Body as appropriate and the Committee minutes and dashboard will be reported to the Governing Body.

The Serious Incident and Assurance Review Group will report to QPSAC to assure the quality of the RCA investigation process and to ensure that we have a thorough oversight of all SI’s and investigations that have been carried out and to identify themes and trends.

The framework in Figure 1 outlines the internal governance and reporting arrangements.
The quality components of the contracts will be monitored through ongoing Quality Review meetings with providers and by a range of announced and unannounced visits to provider settings as defined in our respective providers Quality Assurance Schedules (Appendix 4: Quality Assurance Visit Schedules NNUH & NSFT).

The quality framework will be embedded into the lead commissioning arrangements for existing and potential future providers using a consistent and robust approach to the commissioning cycle. Where the CCG is not the lead commissioner, quality assurance and evidence will be sought via the Commissioning Support Unit and lead CCG for other providers.

7 Summary

The strategy will be accompanied by a clear timetable of action and outcome measures to demonstrate the drive and improvement in high quality care over the next 4 years. Metrics will be developed to complement work already being undertaken through the contract schedules and the CQUIN framework. These measures will focus on all aspects of NHS care in year one and we will begin to expand and develop the processes across the independent and third sector in year 2 and 3. This will be based on the NHS assurance framework outcome domains.

The Strategy has set out the context of how North Norfolk and South Norfolk CCG will commission and monitor the quality of services. It has also set out The CCG Assurance Framework and accompanying Quality Assurance process and a range of quality monitoring approaches and tools. The strategy highlights that there needs to be robust performance management regimes in place to measure quality and to tackle areas of concerns. The quality ambitions and associated work plans will be regularly monitored.

The achievement of this strategy cannot be assessed by a single measure – qualitative as well as quantitative data will be reviewed and assessed. In order to achieve continuous quality improvement in the services commissioned by the CCG the strategy will need to be reviewed annually in order to be responsive to the needs of our population, new quality standards, emerging external regulators and updates to the existing NHS Quality Outcomes Framework.

Appendix 1: Quality Performance data as set out in the NHS Operating Framework
Appendix 2: QPSAC Terms of Reference
Appendix 3: Quality Improvement Plan/work plans
Appendix 4: Quality Assurance Visit Schedules: NSFT & NNUH
**Appendix 1: NHS Operating Framework**

<table>
<thead>
<tr>
<th>Quality Performance data as set out in the NHS Operating Framework</th>
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<tbody>
<tr>
<td>Never Events and serious incident data including near misses</td>
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<tr>
<td>Hospital Mortality Rates</td>
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<tr>
<td>Patient survey results, PROMS and other patient data such as FFT scores if available and website material such as NHS Choices)</td>
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<tr>
<td>Staff survey results</td>
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<tr>
<td>Complaints, comments and litigation data</td>
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<td>Monitor ratings</td>
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<tr>
<td>CQC inspections – registration details, warning notices and related CQC notifications</td>
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<td>Quality Risk Profile data</td>
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<td>Quality Accounts</td>
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<td>Adult and Child safeguarding</td>
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<tr>
<td>Homicides/unlawful killings – historic and ongoing including action plans</td>
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<td>Serious case reviews</td>
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<tr>
<td>Maternity Services, Local Supervisory Midwifery Authority reports and audits</td>
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<tr>
<td>Data from Public Health England</td>
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<tr>
<td>National patient experience and Safety Thermometer</td>
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<tr>
<td>Quality impact assessment of Provider Cost Improvement Programmes</td>
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<tr>
<td>Peer reviews, recommendations and action plans</td>
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<tr>
<td>Clinical Audits/ Confidential enquiries</td>
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<tr>
<td>FT Quality assessments</td>
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<td>Incidence of HCAI</td>
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<td>CQUIN performance</td>
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<tr>
<td>Breaches in Duty of Candour</td>
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Appendix 2: QPSAC Terms of Reference
Appendix 3: Quality Improvement Plan/work plans

QPS Team Work Programme July 2018
Appendix 4: Quality Assurance Visit Schedules: NSFT & NNUH

Appendix 4b NNUH
CQRG Work Plan.xlsx

Appendix 4a Mental Health and LD Quality