

Quality  
Strategic Framework

November 2015

## Contents

1. Introduction .....	2
2. Scope of the Framework .....	2
3. Context.....	3
4. What do we mean by Quality? .....	3
5. The CCG’s Approach to Quality & Safety .....	4
6. Aims and Objectives of the Quality Strategic Framework.....	5
7. Quality Assurance Processes .....	5
8. CCG Governance .....	7
9. Related CCG Strategies and Documentation .....	8

## 1. Introduction

- 1.1 The purpose of this framework is to:
- a. Outline NHS Portsmouth CCG's approach to quality and safety
  - b. Ensure that quality and safety are placed at the heart of the health care Portsmouth CCG commissions
  - c. Ensure there is a robust link between commissioning and quality and safety so that the health needs of the local population (outlined in the Joint Strategic Needs Assessment) are met.
  - d. Ensure there are internal systems and processes to provide assurance that the CCG is able to discharge its responsibilities.
  - e. Set out the accountability arrangements for NHS PCCG, Fareham & Gosport and South Eastern Hampshire CCGs and Portsmouth City Council associated with this agenda.
  - f. Provide a framework for the development and monitoring of contractual quality requirements with providers.

## 2. Scope of the Framework

- 2.1 NHS Portsmouth CCG is responsible for commissioning health services for a population of 215,000 people across the city and has 23 member practices. The geographical area covered by NHS Portsmouth CCG is Portsmouth City as defined by the Portsmouth City Council Local Authority boundaries.
- 2.2 However, we are not the only commissioner of health services. Local Authority Public Health has responsibility for commissioning screening programmes, alcohol, substance misuse, sexual health services and school nursing. Local Authority Social Care commissions residential, nursing and domiciliary care and NHS England commissions primary care and specialised services.
- 2.3 In April 2015, PCCG was granted delegated commissioning responsibilities from NHS England for GP Primary Care services. This includes responsibilities for most aspects of quality and safety, excluding complaints and individual GP performance issues.
- 2.3 Through its Compact arrangements, the CCG has delegated responsibility to South Eastern Hants CCG to manage the quality of services provided by Portsmouth Hospitals Trust and South Central Ambulance Service 999 and Patient Transport.
- 2.4 The CCG has Section 75 (NHS Act 2006) arrangements in place which delegates lead commissioning responsibility to Portsmouth City Council for Continuing Healthcare and Integrated Commissioning.
- 2.5 The CCG has an interest in the quality and safety of all healthcare services for its registered population irrespective of which organisation holds commissioning responsibility.

### 3. Context

- 3.1 There have been grave failings in NHS care in the last decade. The implementation of this local Strategic Quality Framework must provide evidence that Portsmouth CCG and the providers it commissions have embedded the learning from Winterborne View, Mid Staffordshire NHS Trust and other failures in care.
- 3.2 The CCG exists within a complex structure of organisations and partnerships which can confuse accountability. The CCG must ensure that it has clear governance processes in place to mitigate this risk.
- South Eastern Hampshire CCG and Fareham and Gosport CCG
  - Portsmouth City Council
  - Other Clinical Commissioning Groups
  - Commissioning Support South, Central & West
  - NHS England and Regional Teams
  - Service Providers
  - Portsmouth Health and Wellbeing Board
  - Healthwatch
  - Safeguarding Adults Board
  - Safeguarding Children Board
  - Children's Trust Board
  - Safer Portsmouth Partnership
  - Regulators: the Care Quality Commission, Trust Development Authority and Monitor
  - National Quality Board
  - Audit Commission and internal audit

### 4. What do we mean by Quality?

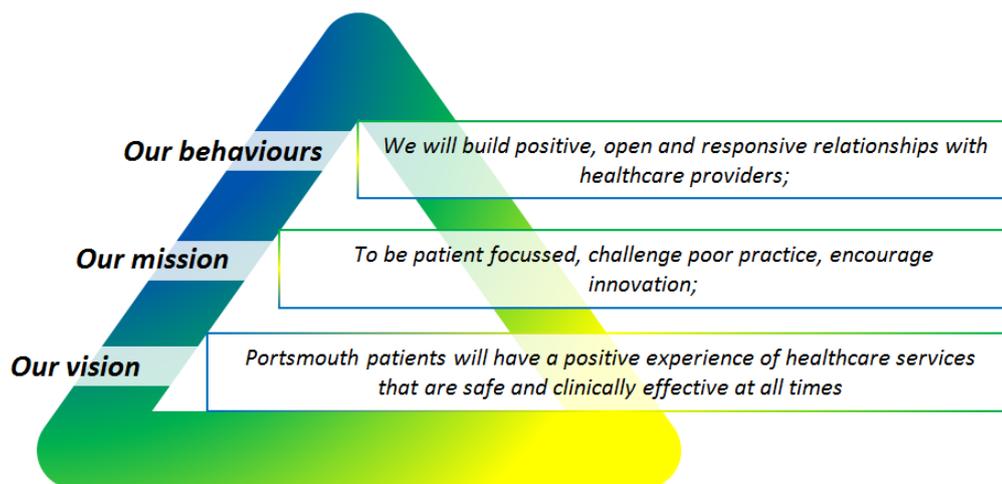
- 4.1 The NHS Outcomes Framework is structured around five improvement domains, which set out the high level national outcomes that the Clinical Commissioning Groups should aim to improve. They are:
1. Preventing people from dying prematurely
  2. Enhancing quality of life for people living with long term conditions
  3. Helping people to recover from episodes of ill health following injury
  4. Ensuring that people have a positive experience of care
  5. Treating and caring for people in a safe environment and protecting them from avoidable harm
- 4.2 The NHS Outcomes Framework is intrinsically linked to the national and local quality agenda which consists of 3 main areas:
- Patient Safety, including:
    - Safeguarding
    - Infection prevention and control

- Serious Incidents & Never Events management
- Establishing and monitoring Early Warning Systems
- Complaints
- Clinical Effectiveness, including:
  - Positive patient outcomes
  - Evidence based practice
  - Research based practice
  - Experience and competency based practice
- Patient Experience, including:
  - Real time patient and carer experience, inclusive of the diversity of the population
  - National and local primary, community and secondary care patient and staff survey data
  - Complaints and compliments

## 5. The CCG's Approach to Quality & Safety

5.1 The CCG has adopted the following guiding principles in its approach to quality:

- We will **listen** to our patients, their families and friends and **hear** what they are telling us
- We will **act** quickly when we know that something is not right
- We will be **honest** if things go wrong
- We will strive for **continuous improvement & learning**
- We will not rely on **tick boxes** to assure ourselves of quality



## 6. Aims and Objectives of the Quality Strategic Framework

- 6.1 The aim of the Framework is to ensure that all patients have access to high quality, safe care delivered in a timely and effective way.
- 6.2 The objectives are:
- a. To ensure that leadership and accountability for quality & safety are clearly understood across the CCG
  - b. To ensure that robust mechanisms are in place to provide assurance to the CCG on the quality and safety of local commissioned services
  - c. To promote an open and transparent culture between the CCG and its providers in which untoward incidents and near misses are reported and investigated, and lessons learnt and shared across organisations.
  - d. To ensure robust safeguarding arrangements are in place including an executive lead, designated nurses for adult and children, designated doctor and named GP to provide professional leadership and expertise across the health economy
  - e. To ensure that learning from complaints, litigation and claims is systematically analysed and disseminated to improve commissioning processes
  - f. To ensure that national guidance from NHS England, National Institute of Clinical Excellence (NICE) including Quality Standards, the National Quality Board, Care Quality Commission (CQC) and other national bodies is implemented across the CCG
  - g. To ensure that national initiatives are implemented across the CCG
  - h. To ensure that all CCG professional development programmes reflect principles of quality and safety
  - i. To ensure that good practice, ideas, innovations are systematically disseminated across the CCG
  - j. To ensure active patient and public engagement, in order to influence CCG decision making
  - k. To ensure that patient experience is captured across care pathways and utilised to improve commissioning for quality
  - l. Ensure sufficient time and resource is dedicated to Quality Improvement initiatives
  - m. To work with Wessex Academic Health Science Network to support research and innovation

## 7. Quality Assurance Processes

- 7.1 The CCG recognises the importance of utilising multiple information sources and assurance processes to understand what is happening in services and the experience of patients using those services. There is an obvious tension between evidence versus anecdotal and historical versus real time information. Figure 1 illustrates the range of information the CCG will draw on to build a picture of quality.

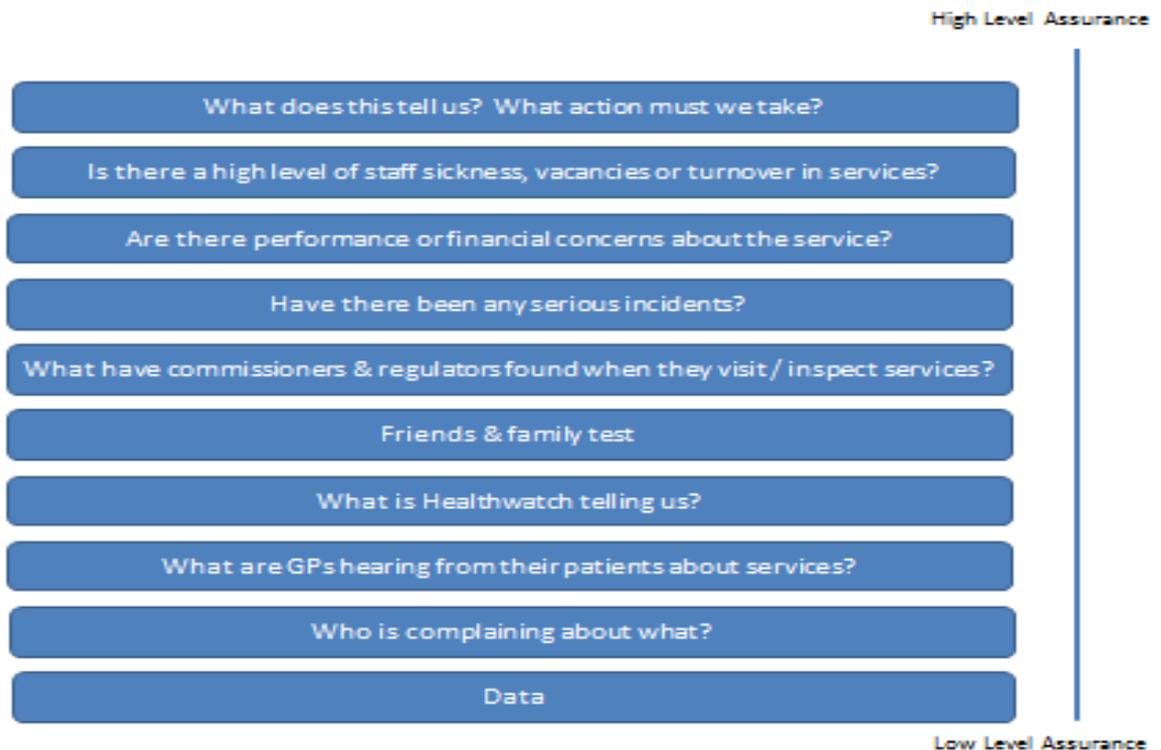


Figure 1

- 7.2 **Clinical Quality Review Meetings (CQRM)** are established with the main providers. These meetings monitor the quality elements of the providers' contracts, including patient safety, patient and carer experience and clinical effectiveness and facilitate open and constructive dialogue between providers and the CCG on all aspects of quality. Unresolved issues and concerns are escalated through the contractual route and the internal CCG governance processes.
- 7.3 The CCG will develop a culture of **grown up conversations** with providers, clinician to clinician, adopting a challenging but fair approach drawing on evidence but not ignoring the anecdotal
- 7.4 The CCG will undertake an annual programme of **quality assurance visits**. These visits will:
- support the validation and assurance of key performance indicators included in the quality schedule of provider contracts
  - build strong working relationships allowing for active dialogue about quality which develops a culture where concerns can be raised without fear of reprisals
  - ensure that standards of care and services meet the required standards and expectations, as laid out in local and national requirements e.g. CQC essential standards and contractual requirements
  - identify good practice and achievement of standards, ensuring staff receive praise and recognition for the provision of high quality care
  - respond to concerns raised by patients, carers or other stakeholders
  - allow for the identification of potential issues and problems at an early warning stage

- 7.5 The CCG has an agreed process to provide supporting statements for providers annual **Quality Accounts**
- 7.6 The role of **GP Member Practices** is paramount to providing real time feedback from both themselves and patients on their experiences of commissioned services and pathways.
- 7.7 The CCG will use all **feedback** sources: patient experience, complaints and the Friends & Family test to build a picture of quality and the Listening to Our Patients annual report will provide evidence to the Governing Board on how the CCG has acted on this feedback to improve commissioned services and patient experience.
- 7.8 The CCG will undertake an annual programme of deep dive **quality reviews** across services and pathways
- 7.9 The CCG will promote a culture of **organisational learning** from serious incidents and ensure that all providers meet their **duty of candour**
- 7.10 The CCG will proactively identify and **manage all quality and safety risks** ensuring they are reported and through the governance structure shown in section 8.
- 7.11 Alongside Fareham & Gosport and South Eastern Hampshire CCGs, Portsmouth CCG will utilise **Quasar** to capture a comprehensive range of data and feedback to build a picture of the quality & safety of services and early identification of themes.

## 8. CCG Governance

- 8.1 The Accountable Officer has overall responsibility for quality and safety in the CCG. This responsibility is delegated to the executive quality and safeguarding portfolio holder (Quality Lead). The Executive Quality Lead role:
- Provides leadership of the clinical quality agenda across the CCG
  - Ensures the CCG is able to meet its statutory responsibilities
  - Approves the performance management and assurance systems and process that will be put in place with providers to monitor quality
- 8.2 The CCG Committee Structure which supports the governance of the quality agenda is shown in Figure 2.



Figure 2

- 8.3 The escalation of concerns or risks relating to primary care will be from the Quality & Safeguarding Executive Group to the Governing Board in line with the CCG’s Business Standards of Conduct Policy.
- 8.4 Information sharing between the CCG and NHS England relating to primary care will follow the algorithm in Appendix 1
- 8.5 The CCG will ensure that there is a clear audit trail of the internal escalation of issues and risks and the resulting actions taken.

## 9. Related CCG Strategies and Documentation

- Commissioning Assurance Visits Procedure & Guidance
- Provider Quality Accounts Sign Off Process
- Procedure for the Management & Closure of Serious Incidents
- Communications and Engagement Strategy
- Listening to Our Patients Annual Report
- HR Policies and Whistleblowing Policy
- Business Standards of Conflict Policy
- Risk Management Framework
- Medicines Management Strategy and Policy
- Safeguarding Adults & Children Policy
- Compact Agreement
- CCG 5 year Strategy and 2 year Operating Plan
- Clinical Audit Strategy
- Infection Control and Prevention Strategy and Policy
- Public Health & Social Care Outcomes Frameworks

### Raising Concerns

With the transfer of delegated commissioning responsibilities for GP Primary Care services from NHS England to CCGs it is essential that NHS E and the CCGs have a robust process in place which enables either organisation to raise concerns with each other, share intelligence and triangulate all sources of information with minimal duplication and in a timely way.

