



NHS
North Staffordshire
Clinical Commissioning Group



NHS
Stoke-on-Trent
Clinical Commissioning Group

Quality Strategy

2016 – 2021

Striving Together to Ensure Safety & Improve Care



Foreword

Quality and safety is rightly at the heart of all that North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups do. Our publically stated ambition is to commission high quality services that put patients first.

This Quality Strategy builds on the strong foundations of the CCGs' previous strategies and looks forward to how we will further build upon and sustain the robust quality assurance systems currently in place, whilst enhancing our quality improvement work. This strategy has also been influenced by the recently published Nursing, Midwifery and Care Strategy 'Leading Change, Adding Value' (2016) and its' ten commitments to care, and together will support the delivery of our ambitions as set out in the 'Five Year Forward View'.

As CCGs we believe quality care starts with prevention, we will encourage self-care through lifestyle advice, support and referral, along with self-monitoring. For example self -monitoring of blood pressure and glucose in patients with diabetes we know when done properly, where people are engaged and appropriately trained, we can monitor this and quickly recognise and act proactively on any signs of their conditions worsening.

We also recognise good quality care involves making early diagnosis, ensuring access to prompt treatment, and making sure that treatment or care is provided in the right place, which can be in a person's home, at their local GP practice, another community site, in the voluntary sector, hospice or care home and if needed in the acute hospital setting.

As commissioners it's important that we cover all these areas in our quality monitoring and improvement work plan. We need to have mature, open and honest relationships with health service providers and commissioning partners across the health system. We already have well established relationships with partner organisations as we all recognise the importance of working together to achieve the best health and wellbeing outcomes for the people of Northern Staffordshire, and we need to build on these and expand across any new health care providers.

Through our work as a quality team we believe patient stories are fundamental in monitoring and enhancing quality of care. We gather feedback from patients, the public, carers and staff through all our commissioning activities. Hearing the patient voice allows us to understand what works and what doesn't, and makes sure the people who use the services we commission can influence the decisions we make.

Finally I would like to thank both North Staffordshire and Stoke-on-Trent Patient Congresses for their thorough involvement in development this strategy with my team and look forward to delivering what we have set out in the following pages.

Tracey Shewan, Director of Nursing & Quality

We are pleased that the Patient Congress has taken a key role in the development of this strategy. Our role is to make sure that patients get involved with local health issues and put the patient voice at the heart of the CCG decision making.

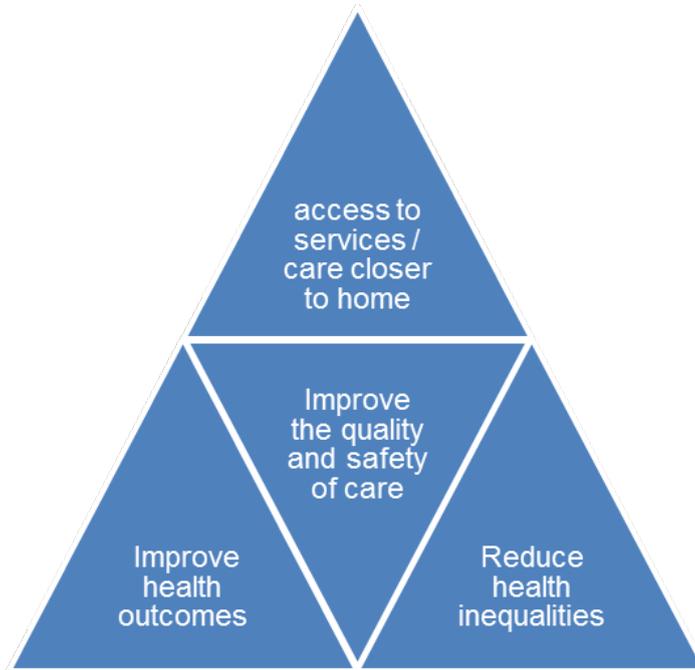
The Patient Congress is made up of people who have a real desire to see health services improve and by adding our experience about how services can be accessed, the way patients are treated and the information we are given we can bring a reality check to commissioners. When we are all reliant on doctors and nurses for clinical expertise, it is important that we can make informed choices about our health care. We represent patients' real experiences and bring the patients' voice to the decision making processes in the CCGs.

This Quality Strategy provides us with the reassurance that patients are at the centre of what the CCG does and that appropriate processes are in place for the CCGs to hold the service providers to account. We have influenced the way it has been written, the language that has been used and the information it contains. We hope you find it informative and useful.

North Staffordshire CCG Patient Congress & Stoke-on-Trent CCG Patient Congress

Vision & Strategic Aims

Our Quality Strategy sets out the approach and shared focus to deliver the Northern Staffordshire Five Year Strategic Plan. Our intention is to put patients first.



Our Definition of Quality

Quality is everyone’s business. The patient journey today often involves multiple providers and it is therefore, important that all organisations and individuals involved have strong relationships and work together in a systematic way to understand the patients’ needs and ensure that care is safe, effective and provides a positive experience. It is only when all strands come together that high quality care is achieved.

A single definition of quality for the NHS was first set out in ‘High Quality Care for All - NHS Next Stage Review’ (2008), led by Lord Darzi.





Aim 1: All patients feel safe

By safe, we mean that there will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

WHAT WE DO

We work collaboratively & supportively with providers to reduce avoidable harm.

We foster a culture of open and honest cooperation.

We work in partnership to prevent abuse and neglect.

We listen to what our patients and staff tell us about the quality of care.

HOW WE DO IT

- Build capacity & capability for patient safety improvements
- Focus on continuous learning & improvement.
- Focus on avoidance & prevention of:
 - Healthcare associated infections
 - Falls with harm
 - Avoidable pressure ulcers
 - Avoidable deaths.

- We work collaboratively and supportively with providers of care to jointly monitor patient safety.
- Sharing information about the quality of care so that we can spot potential problems early, preventing them having a harmful impact and managing risk.

- Assuring ourselves that safeguarding practice is continuously improving.
- Assuring ourselves that safeguarding practice is person-centred and outcome focused.

- Seek out and listen to patient and staff concerns, respecting their rights to raise concerns without fear of undue consequences.
- If concerns are raised, we listen and, when appropriate, 'go and look'.
- We act quickly and decisively to protect patients if an immediate risk to patient safety is identified.

All patients feel safe



Aim 2: All patients receive effective healthcare

Effectiveness is about doing the right thing, at the right time, for the right person so that care, treatment and support achieve good outcomes to maintain quality of life. Effective healthcare also contributes to ensuring the best use of resources.

All patients receive effective healthcare

WHAT WE DO

The Right Thing: evidence-based practice requires that decisions about care are based on the best available, current, valid and reliable evidence.

The Right Way: developing a workforce that is skilled and competent to deliver the care required.

The Right Time: accessible services providing treatment when the service user needs them.

HOW WE DO IT

- We expect that all providers are able to demonstrate that they comply with best practice standards. Where they are not compliant time specific action plans are developed and monitored.
- We commission services in line with these standards, where relevant, using them as the benchmark.

- We encourage providers to work together to ensure that the provision of health and social care is seamless and provided in a way which minimises duplication, is cost effective and delivers patient centred outcomes.
- We expect that all providers will be able to demonstrate consistently high levels of induction, training, supervision and appraisal.
- We will support all providers to promote health & wellbeing for staff and improve the support that is available, as evidence shows that this supports high quality care.

- We will use nationally recognised methodologies, where available, to benchmark ourselves to ensure that the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.



Aim 3: All patients have a positive experience of care

A person's experience is individual and can be understood in the following ways: *what* the person experiences when they receive care or treatment and *how* that made them feel.

WHAT WE DO

HOW WE DO IT

All patients have a positive experience of healthcare

Ensure we listen to our patients, public and other key stakeholders and clinicians to ensure learning is captured and used to improve the commissioning of patient services

- We will use patient experience information to cross reference against information from wider quality initiatives in place, enabling themes and trends to be identified.
- We will provide feedback to patients to demonstrate that they have been listened to and actions taken accordingly.
- We expect providers to monitor feedback and implement appropriate actions.
- We seek to work collaboratively to share and understand the available information and take action together to address any highlighted concerns.

Ensure meaningful patient & public engagement at every stage of the commissioning cycle and at all levels of the CCGs.

- We involve patients and the public all the way through the commissioning cycle from Lay Member involvement on the Boards, a fully active Patient's Congress and involvement with each GP practice through a Patient Participation Group.
- We host quarterly theme based Community Conversations with the public and have a group who act as critical friends with respect to diverse community groups.
- Gather the views from protected groups through bimonthly Local Equality Advisory Forum.

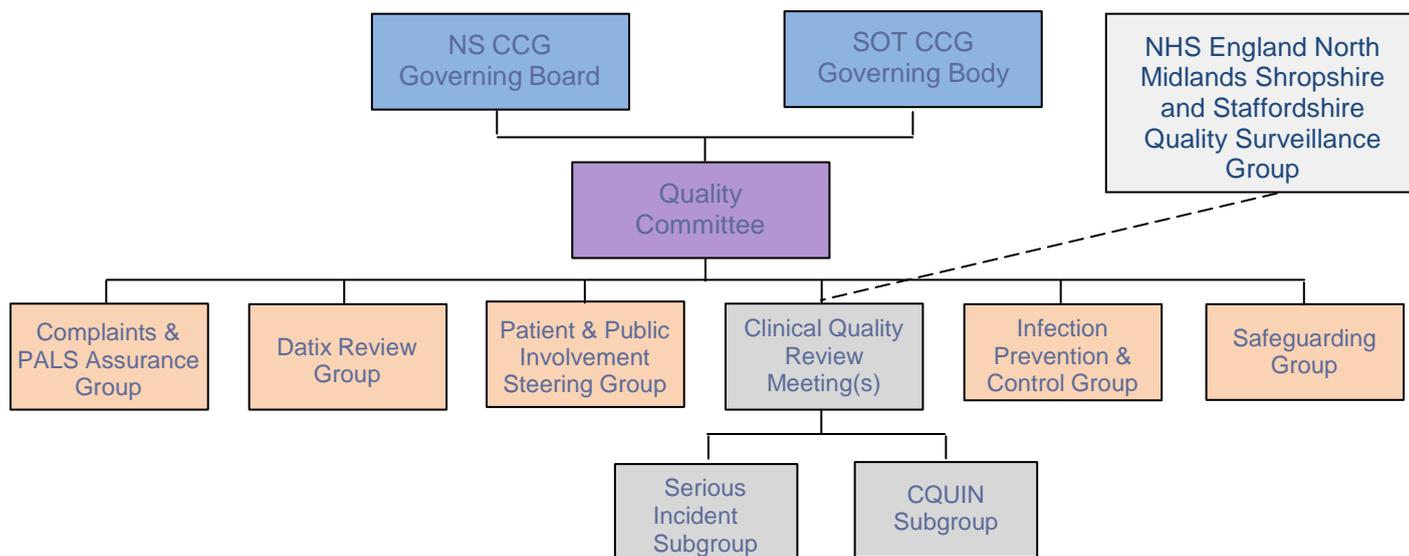
Leadership & Quality Assurance

Clinical Commissioning Groups have a statutory duty (Health and Social care Act 2012) to exercise their functions with a view to securing continuous improvement in the quality of services and the outcomes that are achieved from the provision of services. The Governing Body/Board has responsibility for ensuring that the CCG commissions the highest quality of services and the best possible outcomes for patients within our resource allocations.

One of the key factors highlighted in the recent national reviews into organisational failings in healthcare is the importance of strong leadership with a consistent focus on quality and safety. It is acknowledged that clinical leadership is vital in securing and maintaining this emphasis and will enable question and challenge to providers where issues are identified and improvements required. Clinical leadership is also fundamental to drive quality improvement.

North Staffordshire & Stoke-on-Trent CCGs want to develop a culture of openness, learning and continuous improvement. This should not only be within our commissioning organisations but within provider organisations too. The CCGs are clinically led and committed to engaging with clinicians and member practices to ensure that those who deliver care directly to patients are able to inform and influence service provision and commissioning decisions based on their clinical knowledge and experience.

To ensure that performance concerns and risks on quality and are escalated appropriately and openly, the CCG has a systematic quality assurance structure which incorporates the provider clinical quality review meetings and the North Midlands Quality Surveillance Group which includes representatives from the Care Quality Commission, Healthwatch, NHS England, NHS Improvement amongst other stakeholders.



The Quality Committee has been appointed, within our NHS Constitutions, as a subcommittee of the Governing Board/Body. The Quality Committee provides a forum for robust debate around quality assurance and enables the CCGs to be proactive in monitoring and promoting quality outcomes.

We will be clear about our expectations of quality and all contracts will specify the outcomes and quality standards, planned monitoring arrangements and penalties where these apply. Where a threat to quality is identified, the CCG will escalate as appropriate and will use appropriate commissioning and contractual levers to bring about improvement



Delivery Plan – From Strategy to Action (Year 1)



The following delivery plan outlines the key actions to be taken in year 1 of the strategy. The delivery plan will be refreshed each year throughout the duration of this strategy to drive year on year improvement.



To ensure accountability, implementation of the delivery plan will be monitored by the Quality Committee quarterly and progress reported to the Governing Board/Body via the quality report.

| High Level Action | Quality Aim | Responsibility |
|--|-------------|---|
| Evolve the CCG's quality assurance processes to the changing provider landscape e.g. new models of care reducing boundaries and increased community provision. | 1, 2, 3 | Head(s) of Quality |
| Implementation of 'Leading Change, Adding Value' across the CCGs and provide leadership across health economy providers. | 1, 2, 3 | Lead Nurse – Quality |
| Implement the recommendations from the CQC Review of Health Services for Looked After Children & Safeguarding. | 1 | Designated Nurse Safeguarding Children |
| Refocus work programme to recover community-acquired Clostridium difficile infection position. | 1 | Head of Infection Prevention and Control |
| Develop capacity and capability for quality assuring care provided within care homes commissioned directly by CCGs. | 1 | Nurse Clinical Associate |
| Refocus reporting with an emphasis on learning & improvement. | 1 | Lead Nurse(s) – Quality |
| Partnership working with Staffordshire & Stoke-on-Trent Safeguarding Boards to implement associated delivery plans. | 1 | Designated Nurse Safeguarding Children & Lead Nurse – Adult Safeguarding |
| Embed the NHS RightCare Approach improvement methodology into commissioning processes. | 2 | Head of Quality Head of Strategy, Planning & Performance |
| Deliver the Quality Premium reward for improvements in quality of services commissioned and associated improvements in health outcomes and reducing inequalities | 2 | Head(s) of Commissioning |
| Support the monitoring & evaluation of providers' workforce (including primary care) and embed a proactive approach to delivering outcomes & productivity. | 2 | Lead Nurse – Quality Primary Care Nurse Lead/Quality |
| Develop & implement the CCGs' Communication & Engagement Strategy | 3 | Head of Communications and Engagement |
| Strengthen the processes for triangulation of staff and patient feedback. | 1, 3 | GP Event Reporting Project Manager Quality Governance Manager |

Reference Documents

North Staffordshire & Stoke-on-Trent CCG Strategies

- Northern Staffordshire Five Year Strategic Plan

National Documents

Leading Change, Adding Value: A framework for nursing, midwifery and care staff, NHS England (May 2016). Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

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The Mid Staffordshire NHS Foundation Trust Public Inquiry, Francis QC (February 2013). Available here: <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/report>

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