

**North East Lincolnshire CCG**

**On behalf of North East Lincolnshire CTP**

Attachment 6

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| **Report to:** | NEL CCG Governing Body |
| **Presented by:** | Zena Robertson – Assistant Chief Executive/ Executive Nurse |
| **Date of Meeting:** | 8th November 2012 |
| **Subject:** | Quality Framework |
| **Status:** | [x]  OPEN [ ]  CLOSED |
| **Agenda Section:** | [ ]  STRATEGY [x]  COMMISSIONING [ ] OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| The Clinical Commissioning Group (CCG) aspires to become a world class commissioner by assessing needs and making decisions to secure services to meet those needs within available resources thereby ensuring that health and social care benefits and high quality positive clinical outcomes are achieved.The CCG is committed to continually improve and drive up quality, and to ensure that the service user’s experience of care and treatment is sought and heard to improve services. The approach of the CCG is to work in partnership with providers whilst ensuring that evidence based, safe, high quality services are delivered.This draft CCG Quality Framework is a dynamic document which over the coming months, in line with CCG development and authorisation, will be demonstrably shaped and owned by the Governing Body and Partnership Board with regular strategic discourse being an underpinning feature of this process.The Framework will establish a shared understanding of quality and a commitment by the CCG to place it at the heart of everything it does. Successful implementation will not only be the means by which the CCG ensure delivery of the best quality health care to the people of North East Lincolnshire, but it will also be the mechanism by which the CCG earns a credible reputation as a commissioner of quality health care.  |

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| **STRATEGY** |  |
| This Framework supports the delivery of the CCG commissioning Strategy |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  |
| The Governing Body are asked to approve the Quality Framework |  | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
| --- | --- | --- | --- |
|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | yes |  |
| ii) | CCG Equality Impact Assessment | yes | Currently being completed |
| iii) | Human Rights Act 1998 | yes |  |
| iv) | Health and Safety at Work Act 1974 | N/A |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Ye3es |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution? | yes |  |

**NORTH EAST LINCOLNSHIRE**

**CLINICAL COMMISSIONING GROUP**

**COMMISSIONING FOR QUALITY**

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**EFFECTIVENESS**

**SAFETY**

**EXPERIENCE**

**QUALITY FRAMEWORK**

**2012 - 2015**

**Introduction**

The Clinical Commissioning Group (CCG) aspires to become a world class commissioner by assessing needs and making decisions to secure services to meet those needs within available resources thereby ensuring that health and social care benefits and high quality positive clinical outcomes are achieved.

The CCG is committed to continually improve and drive up quality, and to ensure that the service user’s experience of care and treatment is sought and heard to improve services. The approach of the CCG is to work in partnership with providers whilst ensuring that evidence based, safe, high quality services are delivered.

This draft CCG Quality Framework is a dynamic document which over the coming months, in line with CCG development and authorisation, will be demonstrably shaped and owned by the Governing Body and Partnership Board with regular strategic discourse being an underpinning feature of this process.

The Framework will establish a shared understanding of quality and a commitment by the CCG to place it at the heart of everything it does. Successful implementation will not only be the means by which the CCG ensure delivery of the best quality health care to the people of North East Lincolnshire, but it will also be the mechanism by which the CCG earns a credible reputation as a commissioner of quality health care.

1. **Vision**

From April 2013 North East Lincolnshire Clinical Commissioning Group (CCG) will be responsible for deciding how health and social care services are provided to the population of North East Lincolnshire. The CCG vision is to ensure the people of North East Lincolnshire attain their best possible health by commissioning the highest quality health and social care services.

The aim is to become an authorised accountable care organisation which is an alliance of primary care practices and social care that involves the whole multi-disciplinary practice team. All members will share risk and assume accountability for the resources used in enabling high quality care for the people of North East Lincolnshire.

The quality framework sets out how we intend to achieve this continuous improvement in all our commissioned services, reflecting the national priorities within *High Quality Care for All*

1. **Principles**

***Integration:***

Commissioning for quality is everyone’s business and will be delivered through the integrated and clinically led working of an informed workforce and will be fundamental to the work of the Governing body and Council of Members.

***Partnership***

Quality will be embedded within the commissioning of patient care pathways across the health economy.

***Engagement***

Public/service user/carer and clinical engagement are all fundamental to the pursuit of commissioning a high quality care for all.

1. **Aims**

The key aim of this Quality Framework is to support the delivery of the Triple aim objective for the CCG:

* We aim to empower people to manage their own health and wellbeing
* We aim to support communities to help one another
* We aim to deliver sustainable services for when people need them

The key domains we will use to evaluate quality are:

* Safe Care
* Effective Care
* Good Experience
1. **Values**
* We will ensure people receive consistent outcomes wherever and whenever they need help
* We will ensure people have access to only highest quality services
* We will innovate when best practice isn’t good enough
1. **Embedding Quality**

The Clinical/Executive Leads and the Governing Body member with a responsibility for quality are responsible for quality and will lead in the embedding of quality into the commissioning cycle on behalf of the Clinical Commissioning Group:

* The development and assurance of outcome measures that complement existing national and regional measures.
* Supporting benchmarking for quality, by using existing tools (e.g. the clinical audit programme) and applying standardised data definitions as they are developed and endorsed by professional and subject specialist networks
* Engaging in partnership working with colleagues across North East Lincolnshire and wider (e.g. Safeguarding Boards, Quality Meetings and emergent clinical/quality improvement networks
* Working with commissioning colleagues to utilise local intelligence, collaborative clinical working and the metrics described above to deliver Commissioning for Quality to improve the quality of services from which the Clinical Commissioning Group commissions.

**5.1 The Commissioning 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. The first set of indicators will be published in the autumn of 2012 and will cover five domains:

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

Named Members of the Governing Body will have responsibility for each outcome.

1. **Safe Care**

As we continue to move to commissioning services from a plurality of providers (NHS and non NHS), the main priority will be to make sure that patient safety is both maintained and maximised. Information will be required from providers in terms of the systems and processes they have in place to manage risk. We will look to providers to demonstrate a robust patient safety reporting and learning culture in line with The National Patient Safety Agency risk management and patient safety programmes. Information from providers will be scrutinized and quality assured using the proposed framework in this strategy to make certain that patient safety remains the key driver. As we work with key stakeholders and providers to develop and reconfigure services, maintaining patient safety will be our main priority. We will engage with clinicians and service managers to identify emerging clinical risks that may arise from proposed changes to services. Utilising the CCG Risk Management systems and processes we will ensure these risks are assessed, reported and appropriately mitigated.

**6.1 Serious Incidents**

The CCG wishes to provide the best possible quality and safety in the services it commissions. Promoting patient safety by reducing error is a key priority for the NHS, supported by the establishment of the National Patient Safety Agency (NPSA). As a commissioner, the CC|G will be informed of SIs that has occurred within any of its commissioned services.

**6.1.1 Duties within the organisation**

**All Staff**

All staff share a responsibility for reporting incidents and near misses, including seeking advice from their Line Manager whether an incident should be classed as a SI. Staff are responsible for raising concerns with their line manager. When Staff raise issues with them relating to Serious Incidents, Senior managers should clarify at an early stage the nature of the issue and the intent of the member of staff so the appropriate policy and procedure can be applied (e.g. grievance;complaint;speaking out). When senior managers meet staff formally in such situations, written confirmation of the outcome of the meeting and actions agreed should be provided to the member of staff in a timely manner.

Chief Clinical Officer

The Chief Clinical Officer is ultimately responsible in conjunction with other Directors for ensuring that all investigations are dealt with effectively and appropriately.

**CCG Governing Body**

The CCG Governing Body is responsible for ensuring systems are in place to investigate incidents and to receive assurance that the CCG is undertaking its performance management role of SIs from directly commissioned services, and to scrutinise the arrangements in place in the CCG. The Governing Body has delegated this responsibility to the Integrated Governance and Audit Committee. This includes receipt of information on trends and patterns in SIs and to receive recommendations on how to address these. The CCG Governing Body is also responsible for promoting a transparent and supportive staff culture so that when adverse events occur these can be highlighted and investigated in a learning and non-threatening manner.

**Serious Incident Group**

The SI Group is responsible for scrutinising reports on SIs to ensure that the root causes of adverse events are identified, that themes and trends collated, lessons are learnt and robust action plans are implemented. This will be done following the SHA standard pro forma and will be completed at the next available SI Group following submission of the report. The group will be responsible for ensuring that a plan is proposed within the report in order that lessons are disseminated within the appropriate teams. The CCG will take a role to promote these lessons within the CCG and provider organisations as appropriate. The SI Group also follows-up action plans to ensure these are implemented adequately and that assurance can be provided to the CCG Governing Body before closure of the SI on STEIS. This may include identifying issues for consideration for inclusion on a Directorate/organisational risk register

**Assistant CEO/Executive Nurse**

The Assistant CEO is the delegated Executive with responsibility for SI reporting and systems. The Assistant CEO will keep an overview that appropriate systems are in place for declaring, recording, investigating, monitoring and sharing lessons from SIs and act as a source of advice for the organisation as well as ensuring the CCG Governing Body is briefed appropriately on new SIs and through formal reporting of completed investigations.

**Safeguarding Children’s Incidents**

Incidents relating to safeguarding children should be reported if they fall within the criteria set below:

* Any case where there is prima facie evidence (i.e. initial indications) that a child has sustained a potentially life-threatening injury, which may be through abuse or neglect or serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect.
* A prima facie case where a child dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in the child’s death and there will be a SCR. (‘Working Together’, 2006).

#### In either of these situations, there will be a Serious Case Review (SCR).

As the accountable commissioner, NELCCG has the responsibility to

1. Advise the Local Area Team, via Designated Nurse, of any case that may meet the criteria for a Serious Case Review.
2. Contribute, through Designated Professionals, to the decision about whether a Serious Case Review should be completed.
3. Agree with other LSCB partners on how the Serious Case Review will be resourced
* The SCR process requires a Chair, and a separate Report Author, who are independent of local services to be commissioned.
1. Fully contribute to local arrangements to complete the Serious Case Review through senior officer membership on the Overview Panel.
* The Designated Professionals provide strategic professional advice to the Overview Panel.
1. Monitor action plans on recommendations made for health organisations arising from the Serious Case Review, and provide assurance on progress, via Designated Professionals, to the Local Area Teams

The Designated Nurse, on behalf of NELCCG, and working with the Designated Doctor will:

* Receive reports from all providers of health services in the locality, including Named GP in respect of GP services,
* Review and evaluate the practice of all involved health professionals/services.
* Complete a health overview report focusing on how health organisations have interacted together., and
* Make recommendations for providers of health services, and for commissioning arrangements by/ or on behalf of NELCCG

The health overview report, along with reports from all health providers, will be submitted to the multi-agency Overview Panel to contribute to discussions, and inform the Serious Case Review Overview Report.

Where commissioning is transferred to North East Lincolnshire Council under the section 75 partnership agreement, the Designated Professionals for NELCCG retain responsibility for review of all involved health professionals, as NELCCG remains accountable for the North East Lincolnshire health economy safeguarding children arrangements

If health services in the case have been commissioned from more than one CCG, then the NELCCG will need to agree with the other organisations how they will work together.

**Safeguarding Adults Incidents**

Any SI relating to the Safeguarding of Adults should be reported in accordance with the CCG Serious Incident Reporting Policy. Safeguarding adult issues should be reported as an incident as per the CCG Incident and Accident Reporting Policy in the first instance. Those confirmed by the Safeguarding Adults team as safeguarding investigation will be escalated as a Serious Incident in line with this policy.

Serious Case reviews for adults will be reported to the Safeguarding Adults Partnership Board

**Fraud**

Where the Counter Fraud Services are involved and there is suspicion of large scale theft or any incident that might give rise to criminal charges, notification of a SI onto the STEIS system should take place once firm evidence has been provided and there is a risk of public disclosure.

 **Process for monitoring Compliance and Effectiveness**

The Integrated Governance and Audit Committee on behalf of the Governing Board will receive regular summaries of SI notifications from both the CCG and commissioned services and performance monitoring reports on SI investigations. Details of SIs from the CCG main providers will go through the appropriate commissioning processes to ensure that the contract is adhered to.

Where there are trends in provider Sis these will be reported to the Delivery Assurance Committee to give the umbrella view of performance and quality of commissioned services.

**6.2 NRLS**

The CCG currently use Datix Web as an incident reporting system. Primary Care and the CCG HQ staff report onto the system. The CCG upload monthly (every month) to the NRLS. The NRLS publish reports that are scrutinised by the CCG to identify areas where we are outliers and actions taken to address.

An area where we have previously been an outlier is medication incidents and we have worked closely with our prescribing adviser to address.

We will shortly be buying this service from the CSU. We have agreed the process map and service spec for this service and are in the handover process currently.

We also ensure through our contract monitoring that our providers report regularly to the NRLS and learning from the reports.

1. **Safeguarding Arrangements**
	1. **Children’s Safeguarding**

The CCG is fully compliant with children’s safeguarding requirements. The Chief Clinical Officer is ultimately accountable with the Governing Body Executive Lead being the Assistant CEO/Nurse. The Governing Body Executive lead reports directly to the Chief Clinical Officer in regard to children’s safeguarding. The Assistant CEO sits on the LSCB Board. There is a Designated Nurse shared with North Lincolnshire CCG and there is a service level agreement with Northern Lincolnshire & Goole Hospitals FT for the Designated Doctor and SUDI paediatrician. The CCG has a Named Doctor to work with primary care. All providers that the CCG Commissions children’s services from have Named Nurse and Named Doctors in place.

* 1. **Adult Safeguarding Arrangements**

The Assistant CEO is the CCG Governing Body accountable executive for audlt safeguarding and sits on the Adult Safeguarding Partnership Board. The Adult Safeguarding Operational Group is chaired by a CCG officer. The CCG has a responsible officer for MCA and DOLS.

1. **Good Experience**

We recognise that people want more control and influence over their health and health care and in response we will look to develop services that empower patients by commissioning services that are respectful of and responsive to individual patient preferences, needs, and values whilst ensuring that patient values guide all clinical decisions. Services will be commissioned which offer choice and give patients control over the services they use. Patient feedback mechanisms will be built into all services so that user information informs service development with the ultimate aim of improving the patient experience.

The CCG has effective engagement frameworks in place with the development of ACCORD. ACCORD is the public panel with over 2500 members. The membership database can be interigated in different ways to engage relevant members on demographic issues such as socio-economic group, age etc, or medical issues such as diabetes care etc. The community engagement team also support Practice participation groups to ensure effective feedback from primary care practices on issues such as access and choice. All relevant feedback is formally feed into the commissioning cycle for future planning arrangements.

1. **Effective Care**

We recognize that clinical ownership and engagement is the key to the development and implementation of efficient and effective models of care. Utilising national indicators of quality we will utilise the Commissioning for Quality and Innovation (CQUIN) incentive payment scheme to target specific areas where the assessment framework indicates the need to improve quality and efficiency. Working with providers and service users we will define quality outcome metrics, utilising quality benchmarks to drive the quality agenda across the wider health economy.

1. **QIPP**

Delivery of QIPP is a collective commitment to quality, using innovation to drive improvement and increase productivity. Prevention is of equal importance to treatment as components of a total healthcare system. This is core business and the overriding priority of all NHS organisations. Services which are commissioned and provided must be delivered to a high quality, be equitable; demonstrate innovation and sound economic sense.

Through the implementation of the QIPP Strategy and associated work

programme services will be commissioned and delivered which deliver high quality services for patients and carers, ensuring equitably; better health and educed inequalities; and better value for money

1. **Risk**

The Risk Management Framework is in place to define and document NELCCG’s commitment to, and process for, handling risks that are inherent in the commissioning of an optimised high quality system for the care and treatment of patients. The framework creates a programme of risk management that embraces innovation, reduces inefficiencies, increases effectiveness and informs a programme of continuous improvement. The framework describes NELCCG’s aims and objectives, risk appetite, and culture in relation to risk management. It also provides an overview of the processes involved in proactively managing risk within the organisation.

The NELCCG Board Assurance Framework (BAF) acts as a high-level risk identification system in regard to compliance with the CCG’s corporate objectives. The BAF highlights gaps in control, gaps in assurance processes and details of necessary action to be taken. In order to maximise this information, the principal residual risks identified via the risk framework are incorporated in to the corporate risk register to ensure that all forms of risks are reflected in one document.

As the risk management process gathers details from many assessment sources, it is important that the risk identification process determines the relevance and significance of such risks to the organisations corporate objectives. Without a strong link between the risk register and the assurance framework there is a danger that material risks, and their relevance to the delivery of objectives, may be overlooked.

The NELCCG Board Assurance Framework demonstrates positive assurance received to date in relation to risks in meeting the organisations corporate objectives and any outstanding gaps in control or assurance.

The NELCCG Governing Body monitors the achievement of its strategic and business objectives; the Board Assurance Framework captures how assurance has been received by the Governing Board and how it mitigates against the risk that the organisations objectives might not be achieved. The Board Assurance Framework is a key source of evidence to support the Annual Governance Statement.

1. **Commissioning support**

The Commissioning Support Infrastructure will support the assurance of quality by providing detailed information including benchmarking data linked to the quality agenda to inform the commissioning cycle. The CSU will support shared learning with regard to methodologies for capturing real time patient experience and also assessment methodologies for quality indicators.

1. **Governance**

The CCG Governing Body and Partnership Board are accountable for the quality of services they commission. The Governing Body have delegated responsibility for management as follows:

**13.1 Delivery Assurance Committee**

The Committee will challenge and support Senior Officers and Senior Leads to ensure delivery of performance and quality outcomes and targets for the parts of the annual plan for which they are responsible

It ensures continuous development and improvement through the setting of challenging but achievable targets and outcomes, ensuring work programmes are developed and managed to support delivery and attendant risks are identified and managed.

It oversees the CCG’s performance and outcomes against the prevailing NHS and Adult Social Care performance management regimes. This will include discussing and agreeing recommendations to the Governing Body for corrective action. Overview the CCG benchmark position against peers group(s) and national comparators

It provides the CCG Governing Board with assurance in relation to provider performance and quality delivery including community, mental health, children’s services, health promotion, acute services, Commissioning Support Services and adult social care.

It monitors and performance manages the CCG delivery of the QIPP agenda.

Its oversee the CCG compliance with equality and diversity requirements in line with national requirements.

It ensures that patient feedback particularly in relation to quality and safety issues is embedded in performance assurance provided to the governing body.

The committee ensures that patient feedback and experience is an integrated part of performance measurement and management.

It considers the future delivery and performance implications of new legislation, assessments, targets and guidance that will impact the CCG and ensure that pre-emptive action is taken to meet all such requirements.

It oversees, manages and develops the CCGs performance management and delivery assurance framework and supporting systems/processes/policies to ensure it is fit for purpose (for current and future requirements) and it is adhered to by all areas within the organisation.

It ensures that performance reports to the cluster and within the internal reporting (including the Scorecard) are correct, appropriate and valid.

**13.2 Integrated Governance and Audit**

The Integrated Governance Committee (IGC) is a committee of the Governing Body and Partnership Board that exists to provide assurance to the CCG that there are robust structures, processes and accountabilities for risk management and clinical quality within the organisation and its commissioned services.

It receives regular reports on complaints, incidents, claims, PALS issues and patient experience data, share good practice across the CCG and recommend appropriate action in the organisation to manage risks and trends in these data.

It ensure continuous quality improvement through specific work programmes developed in line with national drivers;

It ensures accountability arrangements for certain statutory responsibilities including child protection, infection control and health and safety;

**13.3 Escalation Policy**

Escalation is through the relevant committee however any member of the executive team can escalate to the Governing Body by exception at any time either at a meeting or through the Chair.

Community Forum

Integrated Governance and Audit

Delivery Assurance

Executive Members

Governing Body/Partnership Board