

QUALITY STRATEGY

2017-2021

Version 2.0



Standard Operating Procedure	St Helens CCG Quality Strategy 2017-2021
-------------------------------------	---

Version	2.0
Implementation Date	May 2017
Review Date	May 2018
Approved By	Quality & Performance Committee
Approval Date	12.04.17
Author	Safety & Quality Lead Nurse, NHS St Helens CCG
Target Audience/ Distribution	All Staff: Via CCG Intranet Public: Via CCG Website

REVISIONS			
Date	Section	Reason for Change	Approved By
12/04/17	STRATEGY	Review Due - Stronger focus on patient experience given.	Q&P Committee

POLICY OBSOLETE		
Date	Reason	Approved By

Contents

Section		Page
1.0	Executive Summary	4
2.0	Introduction	5
3.0	Local Context	6
4.0	National Context	6
5.0	What is Quality?	7
6.0	Patient Safety	9
7.0	Clinical Effectiveness	12
8.0	Patient Experience	13
9.0	Responsiveness	16
10.0	Organisational Culture & Leadership	17
11.0	Quality Assurance	18
Appendices		
A	Patient Experience Survey	25
B	Patient Experience Flowchart	26

1.0 EXECUTIVE SUMMARY

Place the quality of care, especially patient safety, above all other aims (Berwick, 2013)

St Helens CCG have developed a 5 year quality strategy that builds upon the work to date to establish robust quality monitoring and provides a direction of travel and key performance measures relation to each quality domain which are described further in this document and also areas of improvement to sustain and continuously improve the provision of safe effective quality services for the population of St Helens.

Year 5 2021	We shall review progress made in respect to reducing avoidable harm and explore how we have made a difference in quality, safety and patient experience. We shall re-examine and promote the learning culture within our commissioned providers.
Year 4 2020	We shall continue to enrich our understanding of the patient journey by improving outcome measures, gathering evidence of change that demonstrates improvement and by taking time to listen to the voices of patients and carers.
Year 3 2019	We will actively promote sharing best practice with key partners and the wider public. We shall also enhance the quality assurance visits and ensure that lessons have been learnt from serious incidents.
Year 2 2018	During 2017/2018 we will continue to raise the quality "bar" further across all providers, with a particular focus onto quality in primary care and care homes.
Year 1 2017	During 2016/2017 we established our baselines and targets for quality, safety and patient experience improvements. We also confirmed our outcome measures and ensured that we robustly monitor these.

This strategy should be read in conjunction with:

- GP Forward View Strategy
- Engagement and Communication Strategy
- CCG Safeguarding Strategy
- The Operational Plan
- Organisational Development Strategy

The quality strategy will cover all commissioned health care services.

2.0 INTRODUCTION

St Helens Clinical Commissioning Group (St Helens CCG) is responsible for commissioning a wide range of services for local people in partnership with our local authority, St Helens Council. We are accountable to our population for improving both health outcomes and the quality of primary care. We recognise that people use health care in times of need, when they may be at their most vulnerable; as such it is crucial that all care is delivered in a safe environment, by skilled and competent clinicians who treat people with compassion and respect.

The evidence is clear that healthcare is not always safe and can lead to poor patient experience and outcomes.¹ In the worst cases, people are harmed and may die. The publication of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry,² the Winterbourne Inquiry³ and the subsequent reports by Bruce Keogh⁴ and Don Berwick⁵ have reinforced the fundamental importance of quality and the standard of care provision. Reinforced in both the Health and Social Care Act (2012) and the NHS Constitution, quality is now recognised as the key priority for the NHS. Improving quality and safety can make an important contribution to the cost-efficiency of healthcare.⁶ For example, longer stays for patients caused by healthcare-acquired problems such as infections or pressure ulcers, add to hospital costs. Improving care will reduce costs per case and can boost productivity such as throughput of patients per bed. However in February 2016, Ham, Berwick and Dixon⁷ reiterated the importance of building capability for improvement in each and every NHS organisation to ensure the realisation of quality goals and improvements.

The delivery of high quality service provision is of paramount importance as care becomes increasingly complex. As commissioners we understand and recognise that care is rarely the responsibility of the individual organisation, but of the health and social care system as a whole. In accepting system-wide responsibility we recognise that the patient care journey cuts across primary and secondary care, health and social care; that it links with public health services and involves multiple professional groups.

This quality strategy sets out the approach of St Helens CCG to quality in the commissioning and monitoring of services. Building on the recommendations of the Berwick (2013), Francis (2013) and Keogh (2013) reports, the strategy outlines the CCG's responsibilities, describing what is meant by the term 'quality' and how the CCG will assure themselves that people within the population the CCG serves receive high quality care. It also sets out the governance arrangements that ensure the CCG's Governing Body is sighted on the quality of services commissioned.

At a strategic level, our commitment to quality permeates our work as a CCG and our key partnership with St Helens Peoples Board. We are committed to working with our

¹ See, for example, the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013

³ *Transforming Care: A national response to the Winterbourne View Hospital*, Department of Health, 2012

⁴ *Review Into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England*, Overview Report, NHS England 2013

⁵ *A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England*, NHS England, 2013

⁶ Ovretiteit, J. *Does improving quality save money? A review of the evidence of which improvements to quality reduce costs to health service providers*. London: Health Foundation, March 2009.

member general practices and partnership organisations to create the conditions and the environment which allows quality to prevail and ensures that the interests of patients always come first.

3.0 LOCAL CONTEXT

Clinical Commissioning Groups (CCG's) became statutory bodies on 1st April 2013. CCG's are clinically led organisations that are responsible for planning and funding (commissioning) a range of high quality healthcare services for their local communities.

What is Commissioning?

NHS commissioning is the process of deciding what services or products are needed by the local population, acquiring them on behalf of the public and ensuring they are of high quality and value for money.

The population of St. Helens is served by St Helens CCG and has stayed fairly static over the past decade (177,188) however population projections indicate that there will be a 5% increase by 2025. Children aged 0-15 will see an increase of 7% however the number of 85 year olds will increase by 69%.

In addition, The CCG commissions activity from providers that are registered with the Care Quality Commission (CQC) and as part of the contracting arrangements works closely with them to deliver continuously improving quality. The services commissioned by the CCG include the majority of NHS funded healthcare services such as:

- Planned hospital care
- Rehabilitative and continuing health care
- Urgent and emergency care (including out of hours services)
- Community health services
- Maternity, mental health and learning disability services
- End of Life Care
- Primary care

4.0 NATIONAL CONTEXT

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 St Helens CCG is committed to upholding its rights and pledges and delivering against its standards. Under the Constitution, patients have rights as 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 staffs tell us about the quality of care; and if concerns are raised, we listen and ‘go and look’.

5.0 WHAT IS QUALITY?

A single definition of quality for the NHS was first set out in ‘High Quality Care for All – NHS Next Stage Review (Final Report)’ (2008), led by Lord Darzi, and has since been embraced by staff throughout the NHS and by successive governments. This definition sets out the three dimensions to quality that must be present to provide a high quality service:

- **Clinical effectiveness** – quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient’s health outcomes
- **Safety** – quality care is delivered in a way that reduces the risk of any avoidable harm and risks to a patient’s safety
- **Patient experience** – quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what the patient (or their representatives) wants or needs, and with compassion, dignity and respect.

The Care Quality Commission’s (CQC) new inspection approach for providers of care goes further to build on the three dimensions of quality with two additional dimensions:

- **Organisational culture and leadership** - commissioning high quality care which is well-led
- **Responsiveness** - commissioning high quality care which is responsive to the needs of patients



National Outcomes Framework

Performance can be described as the accomplishment of a given standard or ambition measure against a present threshold. The link between good quality services and attaining high levels of performance are at the heart of national legislation including the NHS Outcomes Framework (2014). The framework is a set of indicators which measure performances in the health and care systems at a national level. Those that can be measures at a CCG level are included in the CCG’s outcome set. Delivering improvements against these indicators will be a sign of improving quality.

The NHS Outcomes Framework sets out the national outcomes that all providers of NHS funded care should be working towards.

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 diagram below illustrates how the five National Outcomes Framework domains are overlaid on the three dimensions of quality.



6.0 PATIENT SAFETY

What is the aim?

St Helens CCG will ensure that all services commissioned are safe, because patients have the right to expect harm free care when they are using NHS funded services. The CCG will work proactively and where needed reactively to reduce and avoid, where possible, risks. This will be dependent on working with others to identify, monitor, challenge, manage and report on safety issues and concerns in a transparent and timely manner.

What needs to be done to succeed?

The recommendations from the Berwick (2013), Francis (2013) and Keogh (2013) reports are designed to ensure that providers and commissioners are clear on their responsibilities and that systems are in place to ensure that those accountable are sighted on standards of quality. This is embedded in the CCG's practices, through the Quality Contracting Schedule and the governance frameworks.

The CCG will act quickly and decisively to protect patients if an immediate risk to patient safety is identified or where concerns are raised regarding an organisation or an individual's ability to provide safe care. Depending upon the level of risk, actions may vary from the requirement for the provider to provide immediate assurance and evidence that any breaches or threats to safety have been rectified or in extreme circumstances St Helens CCG will reserve the right to ask for a complete suspension of a service.

As part of the CCG's commissioning and on-going performance management arrangements they will ensure providers inform them of the occurrence of any serious incident within 48 hours of it taking place. The CCG also requires providers to inform them of the immediate actions taken to protect the safety of patients (and if applicable, staff) and to undertake a comprehensive investigation and root cause analysis.

Root cause analysis (RCA) is a widely used investigative approach which helps staff to identify the underlying cause, or causes, that may have contributed towards an incident occurring.

The CCG will monitor action plans produced by each provider's serious incidents and associated action plans to ascertain any trends and themes. The CCG will ensure that any emerging issues are taken forward as an action plan with the provider and monitored through the appropriate quality monitoring group.

The CCG expects providers to be able to demonstrate that any recommendations or lessons learned from incidents are fully implemented to prevent recurrence. To facilitate this we have established a St Helens Serious Untoward Incident Review Group (SIRG). The multi-agency nature of the group supports the development of learning across health, social care and public health commissioned services. Learning from this group and an understanding of the wider health economy is achieved through our active engagement within the Mersey Safety Collaborative Programme Group. This group, with representation from all CCGs and NHS England shares learning related to patient safety and quality care provision.

We have continued our on-going vigilance in respect to themes and patterns emerging from serious incidents involving suicide and severe self-harms, ensuring on-going challenge to the Trust in respect to promoting learning and service improvement.

St Helens CCG will monitor providers for the degree of care that they provide that is 'harm free', using the national patient safety thermometer. The patient safety thermometer requires hospitals and care organisations to audit themselves and publish results on a monthly basis for the four most common types of harm; falls, pressure ulcers, venous thrombo-embolisms and catheter acquired urinary tract infections. Safe organisations are those that have very high levels of 'harm free' care.

The National Quality Board (2013) launched guidance relating to nursing, midwifery and care staffing capacity and capability, which was then built into the NHS Contract. To support staffing requirements the CCG have included a number of local quality indicators in the provider quality contracts. These include the requirement for provider organisations to submit a workforce dashboard with exceptions to the monthly Quality Contract Monitoring Meeting, risk assessments of Cost Improvement Plans (CIPs) that require the provider to report on the impact of their CIPs and the utilisation of discussions with both service users and staff to gain their perspective on staffing levels.

All organisations within the NHS have a legal duty (a Duty of Candour) to be open and honest with patients where mistakes are made. A proactive safety culture is one that is open and fair, and one that encourages people to speak up about mistakes and record them through appropriate incident reporting mechanisms. Incident reports are expected

to include assurances that patients have been told that an incident has occurred or a mistake made. As part of this strategy St Helens CCG are committed to monitoring all Serious Incident Reports to ensure that patients have been informed when a mistake has happened that could have, or has, resulted in harm. Saying sorry when things do go wrong is vital for the patient, their family and carers, as well as to support learning and improve safety.

Healthcare acquired infections (HCAI) are infections resulting from healthcare interventions, and include *Methicillin-resistant staphylococcus aureus (MRSA)* and *Clostridium difficile (C. Diff)* and more recently *E-Coli*. The impact on the individual in contracting a HCAI can be serious, especially within the frail and elderly population. We support the national drive to reduce infections and accept the zero tolerance of MRSA. Whilst acknowledging the challenge to all providers for achievement of this reduction, we are committed to working in partnership with them and with our local authority's public health team and general practices, to identify, promote and share best practice. Learning is shared through the local HCAI Forums and the wider Cheshire and Merseyside HCAI groups.

How will we know that the aim has been achieved?

- The degree of 'harm free' care provided is significantly higher than equivalent providers i.e. no harm caused by the use of urinary catheters, from falls, pressure ulcers or the development of a Venous Thromboembolism
- Numbers of serious incidents reported is significantly below the average for the type of provider, yet with the reporting of all incidents being high
- There are no serious and wholly preventable incidents, known as 'Never Events'
- There are no breaches of an organisation's 'Duty of Candour'
- Providers are able to demonstrate that learning from errors and incidents has been embedded within organisations, systems and practice to prevent recurrence
- A culture of open and honest cooperation to identify potential or actual serious quality failures and take corrective action exists in St Helens
- A high trust environment exists where members feel able to share worries
- Act as positive role models making quality and patient safety our top priority
- HCAI targets for MRSA, C-diff and E-Coli are on or under trajectory for St Helens CCG

7.0 CLINICAL EFFECTIVENESS

What is the aim?

St Helens CCG aims to ensure that services they commission are effective and provide the best outcomes possible for the patients that use them. Effective commissioning is much more than the specification of services and outcomes. It requires a mature dialogue with providers and other organisations in the health and care system about issues such as best practice, evidence based practice and cost effectiveness to ensure patients receive the highest levels of care.

What needs to be done to succeed?

St Helens CCG expects that all providers are able to demonstrate that they comply with best practice standards including National Institute for Health and Care Excellence (NICE) technology appraisals and guidance. Providers will be expected to demonstrate that they have systems in place to receive, assess and implement NICE guidance and submit quarterly reports on compliance with relevant standards. Where they are not compliant, the CCGs will require that time specific action plans are developed and agreed. Plans will be monitored through the relevant quality meetings.

NICE guidance does not only apply to providers. The Institute has also published a series of quality standards that set out best practice and effective pathways for defined conditions. The CCG will commission services in line with these standards where relevant, using them as the benchmark.

Following the Francis Report (2013) there has been an increased focus and coverage on mortality ratios as an outcome measure. Whilst they should not be used in isolation as a measure of effectiveness, they are considered an important contributory indicator when assessing quality of care and outcomes. The CCG will monitor mortality ratios and will act where these are higher than expected by investigating providers, analysing any associated analysis reports and the active monitoring of associated action plans.

St Helens CCG has in place a Medicines Optimisation Strategy that forms part of the quality approach and aims to ensure that the principles of medicines optimisation underpin the commissioning of services, where the use of medicines forms an integral part of the patient pathway. Medicines optimisation constitutes an important part of the CCG's Improvement Plan.

Promotion and uptake of innovative new treatments and NICE approved medicines is a priority for the CCG. This along with reducing variation in prescribing performance and proactively disinvesting in medicines where these do not demonstrate best value in improving patient outcomes.

How will we know that the aim has been achieved?

- The CCG can demonstrate that they have considered the NICE Quality Standards applicable to the services they commission, prioritised them and used them where appropriate in service specifications and commissioning activities

- Performance outcomes relating to medicines optimisation will demonstrate improvement and achievement
- Providers are able to demonstrate compliance with all appropriate NICE Technology Appraisals and Guidance
- Mortality ratios are an achievable
- Providers contribute to a range of national audits, utilising the results to improve quality, by being effective
- When benchmarked, the resultant provider outcomes from National Audits, including those from the North West Advancing Quality Programme, demonstrate local providers are ranked 'amongst the best'.

Equality & Diversity

St Helens CCG understands that in order to meet the needs of a diverse community and improve access and outcomes for patients who experience barriers and disadvantage, it must be cognisant of its Public Sector Equality Duty (Section 149 Equality Act 2010). E&D considerations will be incorporated into the quality strategy via:

- Equality Impact Assessments
- EDS2
- Triangulation of patient experience data to highlight any evidence of barriers and/or discrimination

8.0 PATIENT EXPERIENCE

What is the aim?

St Helens CCG is committed to working with the people and communities of St Helens in an open and transparent way. The establishment of the multi-stakeholder Patient and Experience Involvement Group (PEIG) provides a forum and task group for this work to develop and flourish. This structure acknowledges that there are many different ways that people can make their views heard. Please refer to our Communications and Engagement Strategy for further details.

St Helens CCG will ensure that patient opinion and experience informs assessments of provider standards and flags up any potential failings in quality. St Helens CCG wants to ensure that patients experience compassionate care that is personalised and sensitive to their needs. A key challenge for the CCG is how to obtain reliable patient experience data and how to use it intelligently to deliver real improvements in patient experiences. The CCG will then ensure that the collation of this information is aligned to their strategic priorities and analysed in a meaningful way.

What needs to be done to succeed?

St Helens CCG will continue to develop and implement systems that enable the capture and monitoring of patient opinion and experience of care across all commissioned services. The CCG will use patient experience information to cross reference against information from the wider quality initiatives in place, enabling themes and trends to be identified. This will help to identify where a service may be failing, not delivering the expected standards of quality or exceeding those standards. The CCG will investigate and require providers to provide remedial actions where lapses in quality of care or service are identified. This will lead to the provision of feedback to patients to demonstrate that they have been listened to and actions taken accordingly.

Although a patient may receive safe and effective care and treatment, if these have not been delivered in an appropriate way, for example; late or cancelled appointments, poor environments or by unhelpful staff, the patient may perceive this to be a poor experience.

There is a wide range of feedback tools available to measure people's experience, none of which alone offer a complete picture of the experience. Each one tends to be applicable in different situations, depending on the audience and information you are trying to obtain. Measures can be divided into two groups, both of which are necessary for quality improvement:

- Quantitative, statistically validated, generalizable measures which tend to be less descriptive, but useful for comparative performance management, such as surveys. These measures usually tell us how big the problem is and where performance is better or worse
- Qualitative, less generalizable, but more descriptive measures useful for gaining an in depth understanding of care, such as patient stories. These measures usually tell us more about why the problem exists and what to do about it

The CCG will support acute providers and primary care implementation and monitoring of the national Friends and Family Test. This simple test asks patients whether they would recommend the hospital where they received their treatment and care, to a family member or friend. The test gives the providers and the CCG 'real-time' feedback on patient experience. The CCG expects providers to monitor feedback and implement appropriate actions to increase the number of patients who rate their care as excellent or good.

The CCG has developed and implemented a system, which will support patient feedback and the gathering of information from a variety of sources through website forms and through paper surveys (Appendix A) utilising opportunities through patient and public engagement events. Approaches to the collection of patient feedback may differ across the CCG commissioned services; however they will be analysed using an agreed process, we will listen to this; formally receiving patient stories at our Governing Body, the process for this can be seen in Appendix B.

The CCG will monitor national surveys including the acute inpatients survey, GP survey and a range of service user surveys such as those conducted within mental health, cancer and maternity services. Providers will be asked for their responses and if any action plans are in place they will be monitored through the appropriate quality meetings.

Complaints will be monitored, including those made directly to the CCG and those made to acute providers. Acute providers are expected to submit quarterly complaints reports which identify numbers, themes and trends, and the actions taken in response. They will also be required to provide assurance on the governance and management of complaints, ensuring that Boards are regularly sighted on key issues and where appropriate, individual patient concerns. Complaints in relation to Primary Care are dealt via NHS England (Cheshire and Merseyside), the CCG are sighted on the final responses and will monitor these for trends and themes to discuss with the GP membership.

Comments on providers will also be monitored; these may be from other bodies such as regulators including published reports following Care Quality Commission (CQC) and Healthwatch inspections. Furthermore, the CCG will work with the CQC, and Healthwatch, Patient Participation Groups and the local community and voluntary sector in addressing any highlighted concerns, alongside supporting the providers in making the necessary changes.

How will we know that the aim has been achieved?

- Positive comments published on public sites significantly outweigh negative or neutral ones
- Providers Friends and Family Test scores and response numbers / rates are significantly higher than equivalent
- Providers are able to demonstrate a significant reduction in the number of complaints including a reduction of re-opened cases where the original response failed to provide a satisfactory response to the complainant
- Provider scores in national surveys are consistently rated 'among the best'
- The CCG receives fewer complaints or requests to investigate patient concerns
- A range of inspections and visits to providers will show continued improvements over time. To include:-
 - CQC inspections
 - Healthwatch 'enter and view' visits
 - St Helens CCG's contractual quality assurance visits

Patient experience and insight data is received and reviewed by PEIG and subsequently acted upon to drive improvements in the quality of services.

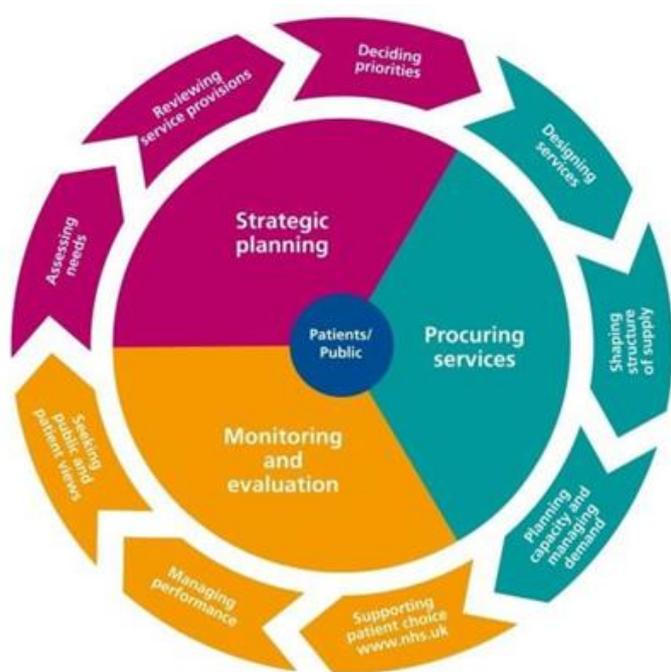
9.0 RESPONSIVENESS

What is the aim?

St Helens CCG aims to respond to the needs of the diverse local population and develop strategies that ensure healthcare responsiveness is fully assessed and that services are commissioned appropriately. Health care responsiveness is the responsibility of all health care commissioner and provider staff.

What needs to be done to succeed?

St Helens CCG will undertake a considered 'co-design' approach to commissioning, by focusing on the commissioning cycle outlined below. At each part of the cycle patient and public involvement or feedback will be a key part of commissioning services that meet local needs and that those services are improved, where needed, based on experiences.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

St Helens CCG are embedding co-design in all planned service changes, bringing together patients and other stakeholders as equal partners. This is supported by a clear governance structure via PEIG. The aim of this approach is to pool a wide range of expertise to deliver more effective and sustainable outcomes, alongside improved experiences for all involved. A range of methods will be used including surveys, patient stories, focus groups and co-design events to ensure full patient and public involvement in improvement activities and monitoring the impact they have on patient experience. The St Helens CCG Engagement Strategy outlines how the CCG will broaden the work already undertaken in this area recognising how we need our partners to no longer be passive receivers of our messages and to become active participants in all discussions.

The CCG will also expect providers to demonstrate how they have involved patients and carers in service design and delivery.

How will we know that the aim has been achieved?

- Evidence of engagement with general and specific client groups including those defined as 'protected groups'
- Evidence of engagement with patients when developing or changing services
- Evidence of assessment of patients' needs and opinions, for example through patient surveys and complaints

10.0 ORGANISATIONAL CULTURE AND LEADERSHIP

What is the aim?

St Helens CCG wants to develop a culture of openness, learning and continuous improvement for all staff. This should not only be within this commissioning organisation, but within provider organisations too. In addition to this, St Helens CCGs overarching priority and aim is to be an 'Outstanding' organisation by April 2020 by achieving financial balance and delivery of better care through strong leadership.

What needs to be done to succeed?

St Helens CCG needs to build on the values already developed and encourage matched behaviours across the health economy. The organisation is clinically led and is committed to engaging wider 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.

There will be a focus on the need to work across the health economy to encourage cultural changes and leadership to remove barriers to change and act as facilitators for quality improvement. Creating the right environment for staff to be empowered and make patient centred decisions is essential. The CCG will 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.

The CCG will ensure that their entire staff receives an annual appraisal and that their objectives contribute towards the CCG's priorities and demonstrates continued commitment to improving services. CCG staff will agree personal development plans that will enable them to develop their skills and knowledge further.

Service specifications and contracts will detail what the CCG expectations of providers are in ensuring that their staff are appropriately trained, qualified and where appropriate for the profession, receive supervision. In addition, the CCG expects providers to submit regular reports on how many staff has received an personal development review and the proportion of the workforce that has received appropriate statutory and mandatory training.

How will we know that the aim has been achieved?

- All staff will have had an appraisal and agreed a set of objectives that supports the CCG's aims in commissioning high quality care
- Providers will be able to demonstrate consistently high levels of staff training, supervision and appraisal
- Board to Ward processes, which demonstrate engagement with patients, carers and staff, to understand their experiences will be evident throughout all commissioned services
- St Helens CCG will ensure all staff are kept informed, engaged and consulted with through weekly News roundup sessions
- St Helens CCG staff will be supported and developed through planned OD sessions to maximise talent and develop skills
- St Helens CCG will evidence robust effective leadership that meets external assurance and scrutiny.

11.0 QUALITY ASSURANCE

Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements. The mechanisms through which the CCG will assure them of quality are identified in this section of the strategy and are as follows:

- Clear expectations of quality
- Provider monitoring
- Provider visits
- Quality accounts
- Cheshire and Merseyside Quality Surveillance Group

Clear Expectations of Quality

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 improvements.

Securing and improving quality cannot be achieved by the CCG in isolation. We recognise that our patients' journey cut across primary, secondary and specialist care, health and social care, with services commissioned and delivered by multiple organisations and professions both within and outside the NHS. We appreciate the commitment of our partners to work with us in improving quality. We will continue to support and collaborate with provider organisations to improve the quality of services provided, whilst holding them to account for standards of service delivery.

To ensure value for money in commissioning of care, we need to improve quality and outcomes through innovation in service design, efficiency, and a continued focus on prevention of ill-health alongside treatment and care.

Provider Monitoring

Quality and performance review meetings will be implemented with providers as required by the national NHS Contract. The frequency of meetings will vary according to the size of contract and level of risk. Meetings with large organisations will take place monthly and with smaller low-risk providers less frequently. St Helens CCG's monitoring systems allows them to identify any risks and then additional meetings will be scheduled if required. Providers will be required to submit quality and safety performance reports that provide evidence of performance against national and locally agreed quality standards.

Provider Visits

St Helens CCG will ensure that they see at first hand the quality of care being provided to patients and service users. There will be visits to provider organisations on a regular basis to observe care delivery, the environment that it is being provided in and to speak to patients, relatives and staff regarding their experiences of receiving or providing care. The CCG will provide feedback to the provider on their observations and also reflect the findings and outcomes of the visits in CCG Quality and Performance Committee reports.

Visits will take place with the prior agreement and notification of the provider, unless there are significant concerns relating to standards of quality and safety whereupon an unannounced visit may be appropriate. The decision to make an unannounced visit will be made by the CCG's Chief Nurse.

Promoting Quality and Safety within Nursing and Care Homes

St Helens CCG is working closely with our CHC team and St Helens Local Authority to develop and strengthen incident reporting and quality assurance frameworks within Care and Nursing Homes

- St Helens CCG has established a programme of quality assurance visits to all Nursing Homes and utilises a Quality Assurance Framework which measures care in line with the required contractual framework. St Helens CCG is working to further develop the framework to include quarterly performance data reporting from both nursing and care homes
- St Helens CCG supports the provision of a dedicated nurse post to support the assurance of care and nursing homes and has developed a suite of focused toolkits to audit and assure performance guided by clinical quality concerns data
- St Helens CCG works closely with key partners and regulatory services to monitor local care, nursing and domiciliary care providers.

Safeguarding

Safeguarding is a core principle that is threaded through every element of what we do as a commissioning organisation. There are well developed plans and a CCG strategy in place in relation to safeguarding and robust frameworks for monitoring these.

St Helens CCG regard their statutory responsibilities to safeguard children, young people and adult at risk of harm as a major priority for the organisation and for the work with local partners.

The Constitution sets out safeguarding responsibilities, requiring the Governing Body of St Helens CCG to oversee a clear strategy and regular reporting to ensure that the CCG meets their duties.

St Helens CCG have a statutory duty to ensure that all health providers, from whom they commission services (both public and independent sector), have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults at risk from actual abuse or possible abuse; that healthcare providers are linked into their Local Safeguarding Children and Safeguarding Adults Boards; and that healthcare workers contribute to multi-agency working.

Safeguarding and the NHS

The Health and Social Care Act 2014 and the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (July 2015) revised the responsibilities for commissioners and how they safeguard their populations. The responsibilities put patients and the quality of their care at the heart of the NHS. The Government's commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations.

Commissioners have responsibilities for commissioning high quality healthcare for all patients in their area. However, they have particular safeguarding duties for those patients who are less able to protect themselves from harm, neglect or abuse. (***Role of NHS Commissioners: DH 2011***).

St Helens CCG ensures that its providers have arrangements in place to safeguard and promote the welfare of adults 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 CCG requires providers to inform them of all serious incidents involving children and adults including death or harm whilst in the care of a provider.

The CCG works closely with our partners to participate in Serious Case Reviews, Safeguarding Adult Reviews, and Domestic Homicide Reviews and ensures findings are included in our triangulation of data.

Through partnership working with other agencies, the CCG, as a member of the ST Helens Local Safeguarding Children Board (ST Helens LSCB) and ST Helens Safeguarding Adult Board (ST Helens SAB) will be engaged in debate and discussion in order to improve the quality of practice and subsequent outcomes for children, young people and adults at risk.

Prevent

The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 which is part of the Governments Counter Terrorism Strategy (CONTEST), revised in June 2011. This is a new statutory duty on public bodies to prevent radicalisation in the healthcare sector and for the NHS to support initiatives to reduce the risk of terrorism.

The Counter-Terrorism and Security Act 2015 puts the existing Prevent programme on a statutory footing.

PREVENT is central to the Safeguarding agenda and therefore needs to be a priority within Safeguarding policies, procedures and training. The Health economy is a key partner in delivering the HM Governments PREVENT strategy.

The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting individuals who may be at a greater risk of radicalisation and making safety a shared endeavor.

The CCG seeks assurance from commissioned health provider organisations on the implementation of this government strategy.

The CCG is supported by NHS England and the regional Prevent Lead to ensure each local health economy is delivering on the statutory prevent duty.

Quality Accounts

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

St Helens CCG will provide comments on the Quality Account for the providers where they act as lead commissioner. Comments will be signed off by the Chief Nurse and Clinical Chief Executive. Providers will be monitored for performance and progress against the clinical priorities through the quality contract meetings.

Cheshire and Merseyside Quality Surveillance Group

St Helens CCG will manage the relevant quality monitoring mechanism appropriate to the provider for which it is designated as the commissioning lead. In addition, informal and formal conversations within the CCG, between commissioners, providers and stakeholders on a day to day basis may illicit 'soft intelligence' to be triangulated against other measures. To support the sharing and triangulation of information, a Cheshire and Merseyside Quality Surveillance Group is convened which meets on a bi-monthly basis. Membership includes quality leads of each CCG and representatives from Healthwatch, CQC, Monitor and the TDA. The purpose of the group is to jointly review quality performance and share information in order to identify potential or actual risks to quality and agree a response.

ASSURANCE AND GOVERNANCE STRUCTURE

The leadership and accountability for delivery of quality is the responsibility of the **CCG Governing Body**. The responsibility for delivery of the quality strategy is delegated to the **Quality and Performance Committee**.

The remit of the committee is to assure the Governing Body that quality and patient safety activity is co-ordinated and transparent, ensuring a coherent and systematic review of the system including the approval of new service specifications and governance for implementation of services.

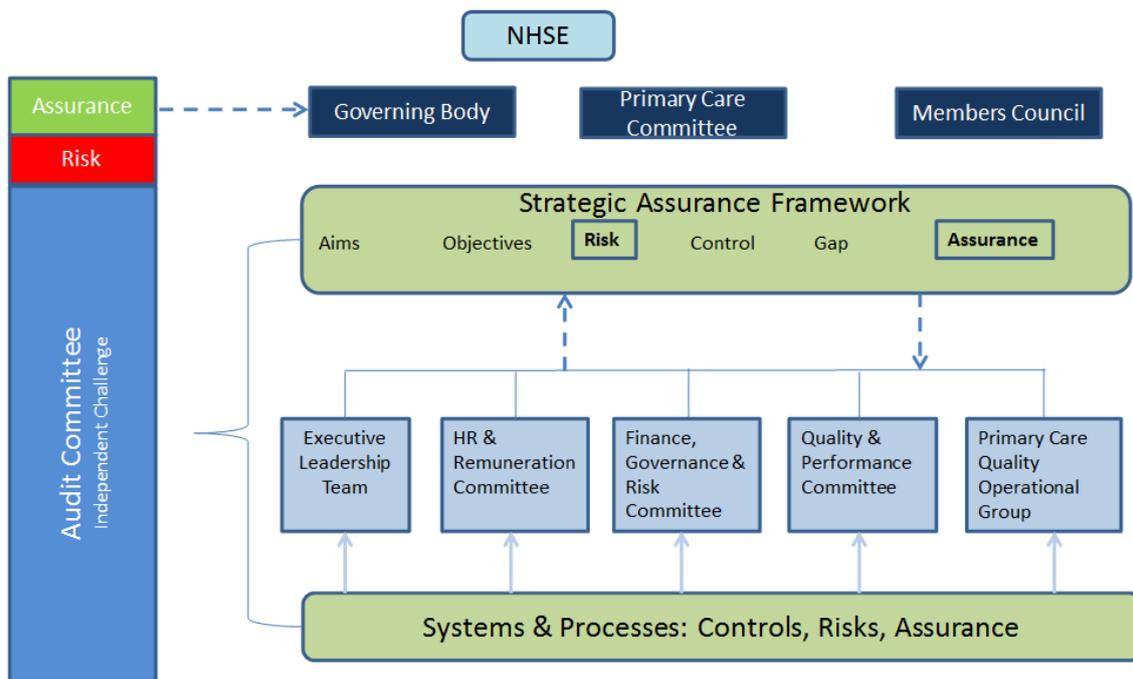
To support the work of the Quality and Performance Committee, the following sub-groups have been established:

- Clinical Quality and Performance meetings; held monthly which each provider organisation
- Serious Incidents Review Group (SIRG)
- Patient Engagement and Involvement Group (PEIG) – this sub group will examine and explore patient engagement, complaints, patient experience data and incident analysis to identify areas for improvement.
- Primary Care Quality and Operational Group (PCQOG) – this sub group will identify and support practices to deliver improved quality. Monitoring the general practice quality contract, this group will agree the data set, monitor achievement and establish future quality targets.

External review and assurance for the commissioning of high quality care provision is undertaken by NHS England, through the clinical commissioning checkpoint meetings and annual assessment process.

In addition to the formal assurance, we are members of, and represented at, the NHS England (Mersey) Quality Surveillance Group and Chief Nurse Assurance meetings. These provide the opportunity for whole system debate, benchmarking provider performance and development of system wider improvement trajectories

Assurance and Governance Structure



National Drivers

The CCG Quality strategy is underpinned by six fundamental values: care, compassion, competence, communication, courage and commitment (6C's) - these six areas of action will help to support the CCG to commission excellent care and promote enduring values and behaviours.

NHSE strategy Leading Change Adding Value has developed further upon the 6 C's and is based upon 10 commitments.

St Helens CCG is committed to embedding these into the implementation of the quality strategy, decision making and behaviour for the CCG and these will be developed into measurable actions in conjunction with participation with stakeholders and our partners.

Next Steps

To work with the Patient Experience and Involvement Group to develop the "how we will deliver our priorities" and the "and the how" we will achieve the Leading Change, Adding Value framework.

**Leading Change, Adding value: A framework for nursing, midwifery and care staff
- NHSE 2016**

Commitment	Health & Wellbeing	Care & Quality	Funding & Efficiency
1. We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.	✓	✓	✓
2. We will increase the visibility of nursing and midwifery leadership and input in prevention.	✓	✓	✓
3. We will work with individuals, families and communities to equip them to make informed choices and manage their own health.	✓	✓	✓
4. We will be centred on individuals experiencing high value care.	✓	✓	✓
5. We will work in partnership with individuals, their families, carers and others important to them.	✓	✓	✓
6. We will actively respond to what matters most to our staff and colleagues.	✓	✓	✓
7. We will lead and drive research to evidence the impact of what we do.	✓	✓	✓
8. We will have the right education, training and development to enhance our skills, knowledge and understanding.	✓	✓	✓
9. We will have the right staff in the right places and at the right time.	✓	✓	✓
10. We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.	✓	✓	✓

APPENDIX A

NHS
St Helens Clinical Commissioning Group

Patient Experience Survey

Your experience of the NHS in St Helens is important to us, it will help us shape the way we deliver services and also help to ensure that we are providing the best quality of service to you. NHS services include: Hospital services, Community services, GP, Pharmacy, Mental Health services

What is your experience relating to?

(Please choose from above)

Name of GP practice? (if appropriate).

Name of Pharmacy? (if appropriate)

Date of experience?

How would you rate your experience? Please note that 5 is rated as the highest score with 1 being the lowest score in the following four questions

	⊕1	2	⊕3	4	⊕5
How would you rate your overall experience?	<input type="checkbox"/>				
How would you rate the overall attitude of the staff towards you?	<input type="checkbox"/>				
How likely are you to recommend the above service to a family member or friend?	<input type="checkbox"/>				
How would you rate the information given you to you?	<input type="checkbox"/>				

Did you feel you were treated with dignity and respect?

	Yes	To some extent	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, please specify

.....

	Yes	To some extent	No
Did you feel the person providing your care listened to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel able to comment about the care you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, could you give us some more information on why this was?

If you would like to provide us with more information on your experience, or to give your views on the NHS please use the space below

NHS
St Helens Clinical Commissioning Group

Your details

This section is optional. We ask for your details to ensure our engagement work is as representative as possible.

Gender: Male Female

How would you describe your sexual orientation? Hetrosexual Lesbian/Gay

Bisexual Prefer not to say

Do you consider yourself to be transgender? Yes No

Do you consider yourself to have a disability? Yes No

Age Range: under 18 18-24 25-34 35-44 45-54 55-64

65-74 75-84 85+

Ethnicity: White British Black British White Irish Caribbean African Indian

Pakistani Chinese Polish Bangladeshi Other

Are you a: Patient Carer Third Sector Other

If you would like a response from NHS St Helens about your experience or would like more information about how to get involved please leave your contact details below. These will not be shared with anyone else.

Name

Address

Postcode

Email

Contact telephone number

Please tick the box if you would like to present your experience at our Governing Body meetings

Engagement & Involvement Team

NHS St Helens Clinical Commissioning Group

1st Floor, The Gamble Building, Victoria Square,
St Helens, WA10 1DY

Email: engagement@sthelensccg.nhs.uk

APPENDIX B

Patient Experience Flowchart

