NHS
South Tyneside
Clinical Commissioning Group

QUALITY STRATEGY

2018 - 2022

Contents

Foreword

Healthcare is changing rapidly, with new challenges from technology, demography and social attitudes influencing our commissioning. The development of our Sustainability Transformation Plan (STP) was specifically focused on the health and wellbeing, care and quality, finance and efficiency care gaps. This, along with the development of new models of care, challenges our way of assuring and continually improving the quality of services that our patients experience.

The updated quality strategy maintains South Tyneside Clinical Commissioning Groups' (CCGs') ability to assure the quality of the services that we commission and that are provided to our patients, through focus on the effectiveness, safety and the experience of that care. We need to continue to develop the culture and skills to ensure that continual quality improvement is central to all of our commissioning activity and that of the services of our providers. The framework within the strategy supports this process enabling staff across the CCG to make this role central to their work and incorporates the principles of the National Quality Board's 'Shared Commitment to Quality' and the Five Year Forward View.

Jeanette Scott
Director of Nursing, Quality and Safety

Dr Mathew Walmsley
GP Chair

1.0 Introduction - our vision

The people of South Tyneside deserve to enjoy the best possible health and wellbeing, and receive quality care when they need it. We, the CCG, believe in everyone getting the right care, in the right place, at the right time.

This strategy outlines the framework for ensuring that quality is at the heart of everything we do. It is built around a number of goals identified by NHS South Tyneside Clinical Commissioning Group (CCG) which support the commissioning of high quality healthcare services for our residents.

Our goals are to ensure that -

- **People are able to be able to take greater responsibility for their own health**
- **People are able to say well in their own homes and communities**
- **People receive timely and appropriate complex care**

In 2015 the Five Year Forward View was published which clearly identified gaps in care quality. Our vision is to improve health and commission excellent health care, reducing variation through an integrated approach aimed at ensuring high quality care and outcomes for local residents. The CCG has developed closer working relationships with colleagues in other CCGs and have been maximising opportunities to work at scale. In response a series of system wide clinical engagement events have been held to discuss transformation of current systems to deliver better outcomes for our population.

The outputs from these engagement events are helping to shape and develop new ways of working and builds on existing work streams across our local health system targeted at transforming services at both an individual and collective CCG level. This includes work on the Path to Excellence programme for South Tyneside and City Hospital Sunderland NHS Foundation Trusts, the Multi-Specialty Community Provider (MCP) Model led by Sunderland CCG and the Alliancing approach led by ourselves.

The Path to Excellence programme has been key to identifying new and innovative ways of delivering high quality, joined up, sustainable care that will benefit our population and which supports the delivery of high quality, safe and effective services. Phase 1 in 2016/2017 focused on the transformation and sustainability of services across paediatrics, maternity and stroke services. Phase 2 of the project aims to look at three areas of hospital care, acute medicine and emergency care, emergency surgery and planned care (including surgery and outpatient care).

In addition to the Path to Excellence work the CCG are an Integration Pioneer for Canterbury and have been working closely with the New Zealand Canterbury Health Board, who are front-runners in the delivery of integrated care to learn from their experiences and implement international best practice here in South Tyneside.

The Canterbury model supports a collaborative approach to joint decision making and governance structures across both provider and commissioner organisations to maximise the outcome of the local ‘pound’. The aim being to create a ‘one system’ approach whereby decisions are made on the basis of ‘what is best for the patient, what is best for the system’ not what’s best for individual organisations.

Significant progress has been made to date and an Alliance Leadership Team established which oversees some of our key work programmes such as end of life care, frailty, respiratory disease and cancer. The Canterbury approach has also led to the introduction of Health Pathways (HP), an online resource for GPs. The site contains hundreds of condition specific pathways of care which have been agreed by a local GP and a subject matter expert for the particular condition. This encourages a consistent approach to the management of conditions with all GPs working to the

same protocols and guidelines, ensuring reduced variation and a reduction in referrals to specialist services.

The CCG continue to work closely with partners across the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) footprint and are committed to delivering a collective vision to

- **Build upon Health and Well Being Strategies in each of our Local Authority areas**
- **Ensure safe and sustainable health and care services that are joined up, closer to home and economically viable**
- **Empower and support people to play a role in improving their own health and well being**

2.0 What do we mean by quality?

There is no single definition for what is meant by quality in healthcare. However the most commonly referenced is that of Lord Darzi[1] in which he defined quality in terms of three essential criteria:

- patient safety
- patient experience
- effectiveness of care

As a commissioner we recognise that people use health care in times of need, likely when they are at their most vulnerable therefore it is crucial that we commission excellent services that meet the needs and expectations of the population of South Tyneside. We need to be assured that services we commission provide safe, effective, compassionate and high-quality care in an environment that encourages innovation and improvement.

This quality strategy provides our direction for the next three years and articulates how the CCG will monitor and assure ourselves that our Providers are delivering high quality, safe and effective services.

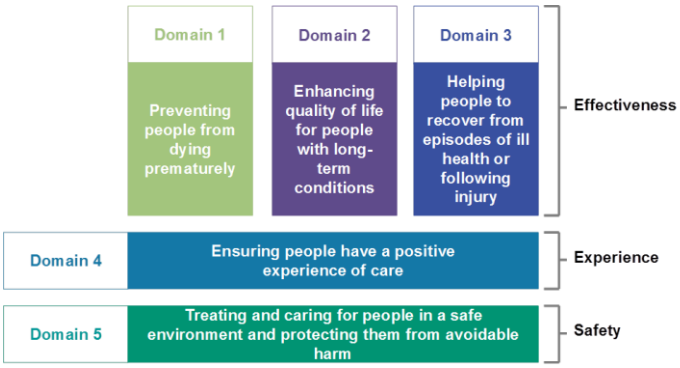
3.0 The National context for quality

The publication of reports such as Mid Staffordshire NHS Foundation Trust Public Inquiry,[2] the Winterbourne Inquiry[3] and the subsequent reports by Bruce Keogh[4] and Don Berwick[5] 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.

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

The NHS Outcomes Framework[6] provides national level accountability for the outcomes the NHS delivers; it drives transparency, quality improvement and outcome measurement through the NHS. The framework was derived from the three part definition of quality set out by Lord Darzi as part of the NHS Next Stage review in 2008 and sets out aims, objectives and monitoring arrangements with our Providers.

NHS Outcomes Framework 2017[6]



In 2017 the National Quality Board published a 'Shared Commitment to Quality' with the ambition of ensuring that all providers and commissioners of NHS, public health and social care services nationally are working to a shared view of quality.

The document outlines that for users of services we need to ensure:

Effectiveness: that people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
Safety: that people are protected from avoidable harm and abuse and when mistakes occur that lessons will be learned.

Positive experience: that staff are caring and involve and treat patients with compassion, dignity and respect. That care is responsive and person-centred; that services respond to people's needs and choices and enable them to be equal partners in their care.

For those providing services the CCG needs to be assured that services are:

Well led: open and transparent and committed to learning and improvement.
Use resources sustainability: using resources responsibly and efficiently, providing fair access to all in accordance with needs and to promote an open and fair culture.

And are **equitable for all**: ensuring inequalities in health outcomes are a focus for quality improvement.

Aside from the aforementioned publications and the NHS Five Year Forward View that guide our quality agenda there are also a number of national initiatives in place to help improve quality. These are as follows:

3.1 Quality Premium

The Quality Premium (QP) scheme is about rewarding Clinical Commissioning Groups (CCGs) for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.

For 2017 to 2019 the national indicators are:

- Early Cancer diagnosis
- GP access and Experience
- Continuing Health Care
- Mental Health
- Bloodstream infections

Local measures for the CCG have also been drawn from the Right Care data, for 2018/19 these will focus on mental health and stroke.

3.2 Commissioning for Quality and Innovation (CQUIN)

A second national requirement is the Commissioning for Quality and Innovation scheme. This scheme offers Providers the opportunity to attract additional income if they achieve the national agreed outcomes for quality measures. The CQUIN for 2017-19 includes a set of national indicators such as personalised care and support planning, reducing the impact of serious infections and NHS 111 referrals.

3.3 Quality Innovation Prevention and Productivity (QIPP)

The scale of the QIPP challenge across the NHS is unprecedented. It is essential that the CCG does not sacrifice the quality of services to deliver cost reductions. The quality team are therefore integral to the development of the QIPP plans for the CCG and for the provider organisations. The CCG will follow national guidance on assessment of the impact on quality of cost reduction schemes in the CCG and in commissioned services. Where a service is to be decommissioned a robust impact assessment will be completed prior to any decommissioning decision being made.

3.4 Quality Accounts

A Quality account is a report about the quality of services by a healthcare provider which is published annually. They are an important way for Providers to report on quality and highlight improvements in their services and outline their quality priorities for the year ahead.

CCGs are required to review the quality account from each provider and to comment on its accuracy and level of ambition. The CCG discusses each Providers quality account at their quality review meetings and also receive in year reports on progress of the Trust's quality priorities.

3.5 Primary Care Commissioning

The CCG is a level 3 commissioner of primary care medical services and works collaboratively with NHSE to develop systems for monitoring quality of primary care. The primary method of measuring quality in primary care is via the CCGs primary care quality dashboard.

At the time of writing this strategy the responsibility for a number of quality indicators such as complaints, safety alerts and management of performer issues still remain with NHS England. The CCG continue to work with NHSE to ensure that all quality concerns are addressed and lessons are shared.

Additionally the quality team support the ongoing implementation of Health Pathways. This is an innovative on-line toolkit used by GPs and other professionals, enabling the development and documentation of locally-agreed pathways, ensuring standardised ways of working between local GPs, other professionals and the hospital, streamlining patient pathways, ensuring signposting into other local services such as the third sector, and ensuring best practice care.

The Co-ordination and delivery of local and national initiatives in primary care services remain a significant areas of focus for the CCG. A general practice strategy aimed at delivering primary care at scale, reducing variation, changing the focus of primary care and improving access as well as workforce planning is in place. The strategy outlines how the CCG will ensure delivery of quality services in primary care; supports delivery of the GP Forward view and outlines our local plans to transform out of hospital care. There are well established integrated community teams in place covering populations of between 30,000 and 50,000 (clustered around 'localities' of practices) which combine community nursing, social care, GP practices and third sector partners to concentrate on safe and effective multi-disciplinary management of at risk patients.

The CCG has developed its local arrangements to ensure that there is adequate information pertaining to primary care and primary care quality and that there is a robust system of assurance that feeds into the primary care committee and primary care quality and business meetings.

4.0 Commissioning Cycle

Our role as a CCG is to commission services that are safe, effective, fit for purpose and that provide a good patient and carer experience. Clinical quality is a fundamental component of the commissioning process and the CCG quality and safeguarding team provide input into the various stages of the process as outlined in the pathway below.

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

4.1 Strategic planning

The assessment of needs, review of current service provision and deciding and agreeing priorities are all essential parts of the commissioning process. The CCG Executive receives and considers ideas and potential developments before they get to the stage of being developed into a commissioning intention or work project.

The views of professional groups are taken into account in the strategic planning stage and compliance with national guidance such as NICE and national audits (e.g. Right Care) is considered. Where deficiencies are identified, potential options for addressing the issues will be considered and where necessary actions are fed to the quality review/ contract groups or into commissioning intentions if a new service is required.

Where a new service is required a clinical lead will be allocated to contribute to and inform the development of the service specification.

4.2 Procuring services

After the decision that a new service is required, a service specification is developed in advance of the procurement process. The quality and safeguarding team will provide input into the this process to ensure that statutory issues such as safeguarding compliance and training and infection prevention and control and safe practice are addressed. CCG clinical leads also review relevant specifications to ensure that they meet all necessary clinical guidelines and recommendations, including, but not limited to NICE.

The provision of robust service specifications makes delivery against the contract clearer for providers, makes monitoring easier and is likely to lead to improved outcomes for patients.

The procurement process for the CCG is managed by the North East of England Commissioning Support Unit (NECS) and is overseen by commissioning teams within the CCG. Procurements are

undertaken in line with national guidelines. The identified clinical lead and quality and safeguarding team will be involved throughout the process to ensure that the clinical and quality issues identified within the specification development phase are included in the procurement processes. Where appropriate a member of the quality team along with a clinical lead or clinical representative will sit on the tender panels to listen to the potential providers and scoring systems will include an element of quality within them.

4.3 Monitoring and evaluation

Every contract will have a section within it which will articulate the contract monitoring arrangements. Depending on each contract, monitoring arrangements will vary but all will include essential aspects of quality monitoring through an agreed number of local quality requirements. For example this may be evidence of the % staff that have had the required level of safeguarding training or may be something more complex, such as clinical audit activity. The arrangements for monitoring will be specified in the contract, but may include a dedicated meeting such as a quality review group or provision of a report to the CCG. Where a provider fails to meet the quality requirements within the contract remedial measures will be put in place in line with the contract terms and conditions.

5.0 The local context for Quality

The delivery of the quality agenda in South Tyneside CCG is overseen locally by a robust governance structure. The quality and safeguarding team provides assurance to the respective CCG committees such as the Quality and Patient Safety Committee, CCG Executive Committee, Governing Body, Primary Care Committee and Primary Care Quality and Business meeting. A range of CCG policies support the implementation of this quality strategy, including, our Serious Incident (SI) Policy, and our Safeguarding Policies.

Details of provider assurance is considered and discussed at the CCG Quality and Patient Safety Committee (QPSC). This committee includes CCG, lay members and practice representatives. The purpose of the committee is to ensure appropriate governance systems and processes are in place to

- Commission, monitor and ensure the delivery of high quality, safe patient care in commissioned services,
- facilitate, monitor and ensure quality improvement in general medical practice working with NHS England

Our interface with the provider organisations occurs at the clinical quality review groups. A quality review group is a formally constituted meeting lead by a CCG Director and attended by a Trust Director and colleagues. The aim of quality review groups is to provide assurance to commissioners that services meet all the required standards and are of high quality. This forum brings together the information from commissioner assurance visits, reported quality metrics and soft intelligence to give a coherent picture of the services being delivered. The CCG aims to work with providers in the knowledge that we all work together in the health economy for the benefit of patients and the quality review group is the place where ideas and developments are shared.

The regional influence and monitoring of quality occurs at the quality surveillance group. The CCG participates actively in the quality surveillance programme and works with providers and other commissioners to share information and good practice.

The CCG works closely with other clinical commissioners, NHS England, NHS Improvement and our Local Authority to ensure a joint approach to quality assurance across South Tyneside. The team provides clinical quality expertise to any joint commissioning arrangements, for example, care homes, learning disabilities and domiciliary care sector.

The CCG is also a member of the South Tyneside Alliance. A group of key professionals, clinical leaders and managers from provider, commissioning and third sector organisations who have developed a shared vision to improve health outcomes in South Tyneside. Their success is

underpinned by a set of principles which include a commitment to promote an environment of high quality, performance and accountability and to ensure a person-centred, whole system approach and evidence-based decisions.

6.0 Our ambition

Our ambition is to work together with our partners to deliver better quality health outcomes for our population. We will do this by supporting delivery of the NHS five year forward view in commissioning high quality person centred care and supporting the National Quality Boards shared commitment to quality.

The National Quality Board's Shared commitment to quality[7] outlines 7 steps that the CCG needs to undertake to maintain and improve the quality of care that people experience. These 7 steps are integral to the success of our strategy.

1. **Setting clear direction and priorities** based on evidence.
2. **Bringing clarity to quality,** setting standards for what high-quality care looks like across all health and care settings.
3. **Measuring and publishing quality,** harnessing information to improve care quality through performance and quality reporting systems.
4. **Recognising and rewarding quality.**
5. **Maintaining and safeguarding quality.**
6. **Building capability,** by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement.
7. **Staying ahead,** by developing research, innovation and planning to provide progressive, high-quality care.

In response the CCG is committed to:

- communicating clear, collective and consistent priorities for quality across the health care economy and will ensure that decisions on quality improvements are evidence based
- supporting the implementation of NICE guidance and quality standards
- reducing unnecessary duplication of our measurement and monitoring activities working in collaboration with other CCGs and NHSE and NHSI.
- ensuring quality incentives are aligned around the national shared view of quality
- safeguarding quality through attendance at QSG and working collaboratively with partners
- supporting delivery of Health Education England's Quality framework
- supporting innovation across South Tyneside in respect of new models of care.

7.0 Our local delivery

Our CCG has a system of quality assurance and early warning processes in place which provides information about the safety, effectiveness and patient experience of the services we commission. Enabling the CCG to be proactive in identifying the early signs of a failing service and assisting us to take action where standards fall short. These processes also help to inform our commissioning decisions at all stages of the commissioning cycle ensuring that quality is at the heart of everything we do.

With the support of our commissioning support colleagues the Quality team regularly monitor quality information and data on our commissioned services for trends and themes and to ensure compliance with local and national requirements. Quality intelligence on the safety, effectiveness and experience of those services comes from a number of sources, some of which are outlined below:

7.1 Patient Safety

Patient safety is a key area for provider organisations and commissioners. South Tyneside CCG will ensure that all services commissioned are safe and will work proactively to reduce and avoid patient safety risks.

Our Providers have their own quality strategies in place and many key indicators such as falls and pressure sores are monitored via the contracting or quality review groups. As a CCG we also monitor providers for 'harm free' care using the national patient safety thermometer tool. This tool requires Providers to audit themselves and publish results on a monthly basis for falls, pressure ulcers, venous thrombo-embolisms and catheter acquired urinary tract infections.

Other key areas of patient safety that we monitor are as follows:

Serious Incidents and Never Events: Serious Incidents (SIs) are reported by providers on the Strategic Executive Information System (STEIS). The NECS quality team administrates the serious incident process on behalf of the CCG. However accountability and responsibility for sign off and overall management of the serious incidents reported in commissioned services remains with the CCG.

A joint Serious Incident Panel (SIP) with Sunderland CCG, chaired by a CCG Clinical Executive, is held monthly to assure the quality of the RCA investigation process. The panel ensures that a thorough investigation has been carried out and that lessons learned have been identified and shared.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Never Events are discussed at the Quality Review Group and learning from these and other serious incidents is shared via NHS England. Work led by NHSI is ongoing across the region to ensure that learning is shared across the health economy.

Mortality and Learning from Deaths: Where appropriate, mortality within organisations is considered as part of the contract/ quality reporting arrangements. Provider led mortality review groups meet on a regular basis to analyse and identify trends/areas of concerns within our acute and community and mental health providers. The CCG GP Chair is an active member of the STFT Mortality group.

In line with the CQC's recommendations in its review of how the NHS investigates patient deaths, the National Quality Board published a new national framework for NHS Trusts - 'National Guidance on Learning from Deaths'[8]. This framework introduced a more standardised approach to the way NHS Trusts report, investigate and learn from patient deaths, leading to better quality investigations and improved learning. From April 2017, Trusts have been required to collect and publish specified information on deaths quarterly. The CCG receives assurance around these processes at the QRG as well as assurance regarding any Learning Disabilities Mortality Review (LeDeR). The latter programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

Safe Staffing: Since June 2014 all Trusts with in-patient beds have been required to publish their staffing fill rates (actual versus planned) in hours for qualified nurses and care staff, daytime and night time. This data is then converted into a percentage fill rate for the month.

Workforce reports which include community services and detail staff sickness, vacancy rates and attrition rates are presented to the Quality Review Groups.

Staffing levels at ward/service level are triangulated with other data to assess the potential impact on the quality of service provision and patient experience. Where required the quality team will seek assurance from providers or undertake a commissioner assurance visit to wards/ community teams to address any areas of concern.

Infection control: There continues to be a sustained emphasis on infection control within South Tyneside. The CCG Director of Nursing, Quality and Safety and Head of Quality and Patient Safety already work closely with partners to investigate and manage local increases in the incidence of health care acquired infections (HCAI) in the community. The Provider organisations have infection control teams to manage HCAI in their respective clinical settings.

A partnership group brings together commissioners and healthcare providers within South Tyneside and Sunderland to coordinate efforts to control and improve the incidence of HCAI in both hospital and community settings and this collaborative working will continue.

The CCG is a member of the newly established Regional Gram-negative Bloodstream Infection (GNBSI) Improvement Collaborative Programme Board and is working alongside members to ensure a consistent approach to the reduction of GNBSIs across the North East and to contribute to shared learning and initiatives.

We also work closely with the medicines optimisation team to ensure messages about antibiotic stewardship and other medications are appropriately implemented in practice.

How will we know that patient safety is being maintained?

- 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 Venous Thromboembolism.
- An increase in incident reporting accompanied by a reduction in serious incidents and 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 openness and transparency to identify potential or actual serious quality failures and take corrective action exists in South Tyneside
- A high trust environment exists where members feel able to share concerns
- HCAI targets for MRSA, C-diff and E-Coli are on or under trajectory for South Tyneside
- The Trusts are with accepted range for Mortality

7.2 Patient Experience

South Tyneside CCG wants to ensure that patients experience compassionate care that is personalised and sensitive to their needs. This experience is measured by a series of metrics including patient complaints, access to services, friends and family test, surveys, audits and soft intelligence from patients. It is a core component of quality. In essence 'patient experience' is what the process of care feels like for the patient, their carer and their family.

Patient stories are a regular feature at the Quality and Patient Safety committee and provide a valuable insight into service user experience. Comments on providers are also monitored; these may be from other bodies such as regulators including published reports following Care Quality Commission (CQC) and Healthwatch inspections.

Our patient experience information helps us to understand what may need to change and what improvements if any are required. This information informs future commissioning decisions and service redesign.

How will we know we are effectively monitoring / positively impacting on patient experience?

- Providers Friends and Family Test scores and response numbers / rates are within national rates
- Positive feedback received on public sites e.g My NHS
- Providers are able to demonstrate a significant reduction in the number of complaints
- 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 demonstrate continued improvements

7.3 Clinical Effectiveness

South Tyneside CCG aims to ensure that services we commission are effective and provide the best outcomes possible for the patients that use them. We support evidence based practice to ensure patients receive the highest levels of care.

In order to provide clinically effective care and treatment we require our providers to comply with national and local standards/ guidance such as NICE. Clinical audit is also one of our key mechanism for monitoring the performance and quality of our services and provides us with evidence of improvement at service level. The CCG ensures that all commissioned services have a clinical audit programme in place and are able to demonstrate active participation in audit.

The national institute also published a series of quality standards that set out best practice and effective pathways for defined conditions. Where relevant the CCG commissions our services in line with these standards.

As part of our assurance programme the CCG and our commissioning support organisation undertake a series of commissioner assurance visits. These visits cover acute, community, mental health as well as small providers such as hospices and care homes. The assessment teams are made up of clinical and lay representatives and they use a series of questionnaires to talk to patients, staff, and relatives to seek assurance on the quality of care being received. More recently the visits have centred on key themes such as falls, were the CCG felt they required more detailed assurance of processes and delivery of policy. The 2018/19 programme will focus on the end to end process for a number of clinical pathways.

Clinical effectiveness is a standing agenda item at the QRGs.

How will we be assured that there are effective clinical effectiveness processes in place?

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.

- Providers are able to demonstrate compliance with all appropriate NICE Technology Appraisals and Guidance
- Providers contribute to a range of national audits, utilising the results to improve quality, by being effective and are able to demonstrate learning and service improvements from local audits

7.4 Safeguarding Children and Adults at Risk

Safeguarding is a statutory function of the CCG. The Director of Nursing, Quality and Safety is the Executive lead for Safeguarding.

The CCGs ensure that its providers have arrangements in place to safeguard and promote the welfare of children and adults at risk in line with national policy, guidance and locally identified areas of concern. Providers identify safeguarding issues relevant to their area and the CCG 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 safeguarding concerns involving children and adults at risk including death or harm whilst in the care of a provider. Full information can be found in our Safeguarding Policies.

The CCGs designated team for safeguarding work closely with partners to participate in Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews and ensure findings are included in our triangulation of data.

8.0 Openness and transparency

All CCG members of staff and those of our providers have a duty of care to the patients, the people we serve and to colleagues. This strategy and accompanying framework is intended to promote sharing of information and intelligence in an open, honest and transparent way, in order to improve the quality of care and patient safety and to share learning when something goes wrong; to prevent future patient harm.

9.0 Equality impact assessment

The CCG is committed to promoting human rights and providing equality of opportunity; not only in employment practices, but also in the way which services are commissioned. The CCG also values and respects the diversity of its employees and its local community. In applying this strategy, the CCG will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

This strategy aims to be accessible to everyone regardless of any protected characteristic, as outlined in the equality legislation.

There is no evidence to suggest that this strategy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights.

10.0 Implementation

The implementation of this strategy will be led by the Director of nursing, quality and safety.

11.0 References

1. Darzi A. (2008) *High Quality Care For All: NHS Next Stage Review final report*. London: Department of Health. The Stationery Office.

2. Francis R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: London: Stationery Office.

3. Transforming care: A national response to Winterbourne View Hospital (2012): Department of Health Review Final Report. Department of Health.

4. Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England.

5. Berwick D (2013) A promise to learn - a commitment to act: improving the safety of patients in England. London: Department of Health.

6. NHS Outcomes Framework (2017). NHS digital - http://digital.nhs.uk/pubs/nhsofimay17

7. National Quality Board - Shared commitment to quality - Five year forward view (2016). NHS England publications.

8. National Guidance on Learning from Deaths (2017):1st edition. A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care.

12.0 Appendices

Appendix 1 - Quality Framework

Appendix 2 - Quality and Patient Safety Committee - Terms of Reference

Item	Area for action	How
1	**Setting direction and priorities** The CCG needs to work effectively with partners to establish and communicate clear, collective and consistent priorities for quality and provide evidence based advice on priorities for quality improvement.	• Clear direction captured in operational plans and quality will inform CCG planning conversations. • Quality and safeguarding team will offer quality advice to pathway to excellence programme. • The organisation will be aware of the quality strategy and the role of the quality & safeguarding team • Quality and Safeguarding team will actively participate in all elements of the commissioning cycle • Quality Impact Assessments (QIAs) will inform all commissioning decisions and a new tool will be developed to support this process. • Work with providers to ensure that policies are reflective of national direction and priorities
2	**Bringing clarity to quality** The CCG will continue to support the implementation of NICE guideline implementation and will adhere to evidence based recommendations. The CCG will ensure that our measures are reflective of the CQCs 5 key line of enquiry in ensuring services are safe, effective, caring, responsive and well led. The CCG will monitor and support the application of the NQBs supporting providers to deliver the right staff, with the right skills, in the right place at the right time.	• CAV reports reflective of CQC domains • New models of care will be reflective of right staff, right skill, right place • CCG will ensure they have a skilled, dynamic, visible quality team capable of delivering our quality and safety objectives • Ensure quality review groups run effectively with appropriate clinical support and leadership and concerns are escalated • Develop a robust clinical audit plan • Ensure that reporting arrangements are clear when there is an overlap between quality and performance
3	**Measuring and publishing quality** There are many ways to measure and publish quality from CQC ratings to the use of MyNHS and the publication of annual Quality accounts. The CCG will align our measurement and monitoring activities to reduce duplication and measure what really matters.	• CCG will ensure consistent priorities are reflected in our frameworks. • CCG working collaboratively with Sunderland CCG and our Providers to do things once and to ensure no duplication of reports or requests for information • The CCG will work collaboratively with CQC, NHSE and NHSI to

Item	Area for action	How
		ensure once single assurance process • CCG will have effective input into the development of the provider organisations annual quality accounts and will ensure there is an effective sign off process within the CCG • Quality & safety will be considered everyone's business • CCG website will be up to date and reflective of the quality and safeguarding team • All reports will be scrutinised to ensure they provide the required assurance and information to various committees • The annual commissioner assurance visit programme will be designed around CCG priorities and key risks and will be delivered collaboratively with SCCG for 2018/19 • We will continue to use patient stories to illustrate patient experience and to identify areas for improvement • The CCG will further develop proactive systems for monitoring quality in Primary Care • The quality team will ensure that all providers are reporting against the national and local quality requirements as per schedule 4 of the NHS contract • We will develop clear accountability arrangements with NHSE and NHSI
4	**Recognising and rewarding quality** The CCG will ensure that incentive schemes are aligned to the NHS single view of quality and are aligned with national priorities. The way we pay for services and incentives will reward high quality care.	• Residential and nursing homes across South Tyneside are financed depending on assessment banding. They are also subject to an annual commissioner assurance inspection programme. • The CCG has a BOS incentive scheme in place aimed at supporting practices to deliver high quality services in primary care. • The CCG monitor providers delivery against the national commissioning for quality and innovation schemes (CQUIN) • Systems are in place to support the implementation and monitoring of our quality premiums and incentive shcemes.

Item	Area for action	How
5	**Safeguarding Quality** The CCG will enhance systems to safeguard the quality of services from ensuring early warning systems are in place to identify concerns and identify vulnerable services. The CCG will support the role of Quality surveillance groups and will highlight any serious concerns about the quality of care by providers to the group by exception.	• The Quality and Safeguarding team will continue to actively participate in the CNE QSG and Safeguarding Adult and Children's Safeguarding Boards and associative forums. • We will complete quality impact assessments and quality risk profiles as required • We will be reporting on assurance and identifying any risks to quality to the QPSC and Executive and Governing Body. • We will have a sound understanding of any quality issues within our provider organisations and will ensure remedial action plans are in place where significant issues have been identified • The CCG with the support of our NECS quality colleagues will re-promote the use of the Safegaurd Incident Reporting and Management system (SIRMS) • Further develop soft intelligence processes • We will ensure that findings from inter agency reports and inspections are fed back to Executive teams • That systems are further developed to support mortality review process for patients with a Learning Disability • The CCG will ensure we have effective input into the development of provider cost improvement plans (CIP) and will assess the quality impact QIPP
6	**Building capability** Using NHS Right care the CCG will identify priority programmes to offer patients the best opportunities to improve health care for our population in South Tyneside. We will also support the Leading change adding value framework to support nursing, midwifery and care staff locally to reduce unwarranted variation and improve care quality.	• A new training and education strategy for primary care workforce will be developed • The CCG will ensure high quality education and training is delivered to our healthcare workforce • We will support and participate in the development of learning platforms so that good practice and learning can be shared • Staff will be supported to attend leadership programmes • The quality of training and support to primary care and the care home sector will be considered. • CCG attendance at Health Education England Groups, Out of Hospital Care and Nursing Associate Implementation groups. • Ensure job descriptions clearly articulate roles and

Item	Area for action	How
		responsibilities and that staff have annual appraisal and personal development plans • Support CCG clinical staff through revalidation processes
7	**Staying ahead** The CCG will champion innovation, support innovative new models of care and share best practice.	• Continue to work with NECS to develop systems for horizon scanning and to measure the impact of new evidence and guidelines • Further develop relationships with the Alliance • Reflect on progress from vanguards and apply learning • Further develop and maintain links with the Academic Health Science network, Health Education England and the Patient Safety Collaborative. • Support the work of STPs, Alliancing and Integrated Care systems

Appendix 2

NHS
South Tyneside
Clinical Commissioning Group

Quality and Patient Safety Committee

Terms of Reference

1. Introduction

1.1 The Quality and Patient Safety Committee (the Committee) is established as a committee of the Governing Body of the Clinical Commissioning Group, in accordance with constitution, standing orders and scheme of delegation.

1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG Constitution and Standing Orders.

2. Principal Function

2.1 The Quality and Patient Safety Committee is responsible for ensuring the appropriate governance systems and processes are in place to:

- Commission, monitor and ensure the delivery of high quality, safe patient care in commissioned services,
- facilitate, monitor and ensure quality improvement in general medical practice working with NHS England and NHS Improvement.

2.2 In achieving this, the Committee will seek to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience, to secure public involvement, to promote research and the use of research and to provide assurance to the Governing Body about the quality, safety and patient safety-related risks of the services being commissioned and the impact of those risks on the organisation's strategic and operational plans.

2.3 The Committee will, as delegated by the Governing Body, provide oversight and scrutiny of arrangements for supporting NHS England in relation to securing continuous improvement in the quality of primary medical services.

2.4 The Committee will, as delegated by the Governing Body, approve arrangements for handling complaints.

3. Accountability

3.1 The Quality and Patient Safety Committee is a Committee of the CCG's Governing Body.

4. Membership

4.1 Membership of the Committee will include:

Executive members:

CCG Chairman
Vice Chair (Lay member or Secondary Care Consultant)
Lay Member – Committee Chair
Lay Member (for patient and public involvement)
Governing Body GP member
Director of Nursing, Quality & Safety
Secondary Care Specialist Doctor
Chief Officer

Associate members:

Head of Safeguarding
Head of Quality
Director of Operations
North of England Commissioning Support
Clinical Directors – as appropriate
CCG GP Medicines Management Lead
Prescribing Adviser
Locality Cancer Network Chair

4.2 The Chair has the responsibility to ensure that the Committee obtains appropriate advice in the exercise of its functions. Officers, employees, and practice representatives of the CCGs and other appropriate individuals may be invited to attend all or part of meetings of the Committee to provide advice or support particular discussion from time to time.

5. Authority

5.1 The Governing Body authorises the Committee to pursue any activity within these Terms of Reference including to:

(i) Seek any information it requires from CCG employees, in line with its responsibility under these terms of reference and the Scheme of Reservation and Delegation;

(ii) Require all CCG employees to co-operate with any reasonable request made by the Committee, in line with its responsibility under these terms of reference and the Scheme of Reservation and Delegation;

(iii) Review and investigate any matter within its remit and grant freedom of access to the organisation's records, documentation and employees. The Committee must have due regard to the policies of the CCG, regarding personal health information and the CCG's duty of care to its employees when exercising its authority.

5.2 In discharging its responsibilities the Committee will comply with the CCG's Standing Orders and Prime Financial Policies and Standards of Business Conduct and Declarations of Interest Policy.

5.3 The Committee is authorised to establish sub-committees to assist it in discharging its responsibilities.

6. Roles and Responsibilities

6.1 Quality in Commissioned Services

6.1.1 To develop, monitor and review the CCG's vision and framework for commissioning services which are high quality, safe, clinically effective and which provide positive patient/carer experience.

6.1.2 To receive reports on the quality of commissioned services, to review patient safety-related risks arising and monitor progress in implementing recommendations and action plans.

6.1.3 Where the CCG is the coordinating commissioner ensure provision of appropriate, quality assurance and improvement information to collaborating CCGs; in particular escalating any areas of concern in a timely way.

6.1.4 To receive reports on the quality of commissioned services from other CCGs where they act as the coordinating commissioner and the CCG has contracts.

6.1.5 To receive annual reports from any established sub-committees of the Committee.

6.1.6 To seek assurance on the performance of NHS provider organisations in terms of the Care Quality Commission, Monitor and any other regulatory bodies. (Note that the Monitor's compliance framework relies on assurance from third parties, including local commissioners of services).

6.1.7 To receive and review the draft Quality Accounts of NHS providers where the CCG acts as coordinating commissioner and approve the corroborative statement to the provider within the timescales outlined in the Quality Account Regulations.

6.1.8 To receive and review the published Quality Accounts of NHS Foundation Trusts which, as a minimum, will include those relating to the Foundation Trusts which provide local acute services, community health care services and mental health and learning disabilities services to the South Tyneside population.

6.1.9 To oversee the development of quality incentive schemes e.g. CQUIN ensuring alignment to CCG strategic priorities and national requirements.

6.1.10 To ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies in relation to areas of concern, with a view to an external review being carried out.

6.1.11 To ensure appropriate collaboration with the Local Area Team of NHS England.

6.1.12 To review the Committee's effectiveness on an annual basis and produce a report on the findings for the Governing Body.

6.2 Improving Quality in General Medical Practice

6.2.1 To ensure that agreements and processes in place with the group's members to secure improvements in the quality of primary medical services in terms of clinical effectiveness, patient safety and patient experience in GP practices.

6.2.2 To ensure an appropriate interface and collaborative working with NHS England is maintained in relation to quality in general medical practice.

6.3 Patient Safety – overarching systems

6.3.1 To receive reports on clinical risks, incident reporting, serious incidents, 'Never Events', complaints, claims and safety alerts; and monitor progress in implementing recommendations and action plans.

6.3.2 To ensure the development or adaptation of a Patient Safety Assurance Framework with systems for monitoring quality and safety of care, with reference to a range of indicators which might include Care Quality Commission ratings and reviews, Monitor ratings and any other relevant sources of external assurance.

6.3.3 To receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.

6.3.4 To receive reports on the management of infection control performance, especially health care acquired infections.

6.3.5 To receive assurance in relation to Medicines Management, including information about safety alerts not less than annually.

6.3.6 To assist NHS England in work relating to controlled drugs and receive reports as appropriate.

6.3.7 To receive minutes from the Medicines Management Committee

6.3.8 To ensure that appropriate strategies and training plans are in place for safeguarding of children and vulnerable adults, receiving appropriate reports pertaining to the CCG's safeguarding duties.

6.4 Patient Experience

6.4.1 To ensure that the views of patients and the public are properly reflected in the development and implementation of CCG Policies and Plans and to receive and act upon reports regarding patient experience.

6.4.2 To oversee the development and implementation of a structured and planned approach to the collection and use of patient reported

experience in both provider management processes and commissioning decisions. To ensure that this approach includes use of feedback from individual consultations in practice. To ensure that the CCG can demonstrate that patient feedback has been used in commissioning decisions.

6.5 Clinical Effectiveness

6.5.1 To promote and encourage an evidence based culture within the CCG and wider health economy ensuring that CCG commissioning takes account of national guidance such as NICE guidance including technology appraisal guidance, NICE quality standards and other relevant standards e.g. from Royal Colleges and professional bodies.

6.5.2 To ensure that the CCG promotes research and the use of research.

6.6 Risk

6.6.1 To ensure that all systems are in place and operating effectively for the identification, assessment and prioritisation of potential clinical quality and patient safety-related risk and to report on any major strategic issues.

6.7 General

6.7.1 To consider and approve relevant policies and procedures as appropriate on behalf of the governing body. This duty may be delegated to sub-committees or executive arrangements.

7. Administration

7.1 The administrator will ensure that a minute of the meeting is taken and provide appropriate support to the Chair and Committee members.

8. Quorum

8.1 The quorum shall be one third of the membership of the Committee, including at least one Lay member and one clinical executive member (doctor or nurse).

9. Decision Making

9.1 Generally it is expected that decisions will be reached by consensus. Should this not be possible then a view of members will be required. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

10. Frequency and Notice of Meetings

10.1 Meetings will be held as frequently as the Chair shall judge necessary to discharge the responsibilities of the Committee, but shall be at least six times per year.

11. Attendance at Meetings

11.1 The members of the Committee are required to provide information to progress and inform the agreed agenda items.

11.2 The Committee members are required to attend each meeting or if apologies are made any information they are expected to contribute must be supported either through a deputy or in writing to the Chair.

11.3 In addition to the core membership the Committee may co-opt additional members as appropriate to enable it to undertake its role.

12. Reporting Arrangements

12.1 The minutes of the meetings shall be formally recorded and submitted to the Governing Body.

12.2 The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the Governing Body, or require executive action. The Committee will report to the Governing Body at least annually on its work.

13. Policy and best practice

13.1 The Committee will apply best practice in its decision making, and in particular it will:

- ensure that decisions are based on clear and transparent criteria
- comply with CCG policy and procedures for the declaration of interests

13.2 The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations and to invite individuals to attend as appropriate to provide advice on its functions.

14. Conduct of the Committee

14.1 All members of the Committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

15. Date of Review

15.1 The committee will review its performance, membership and these Terms of Reference at least once per financial year. It will make recommendations for any resulting changes to these Terms of Reference to the Governing Body for approval.

15.2 No changes to these Terms of Reference will be effective unless and until they are agreed by the Governing Body.

Reviewed March 2018