

# Quality Improvement Strategy 2017- 2020



**your health and care matter**

Quality@the  & Safety@theMind

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## Statement from the Board

On behalf of Wolverhampton Clinical Commissioning Group we are pleased to introduce the second iteration of our Quality Improvement Strategy which identifies quality improvement priorities for 2017 - 2020. The strategy has been developed in consultation with staff and engagement from our lay members, patient representatives and HealthWatch at our Quality and Safety Committee. The work of the Quality team aims to further progress our ambitions identified within the Clinical Quality Strategy 2015 - 2017; continuing to ensure that our patients receive services that are safe, effective and positively experienced. This work builds on the foundations of our three strategic aims:

- 1. Improving the quality and safety of the services we commission*
- 2. Reducing health inequalities in Wolverhampton*
- 3. System effectiveness delivered within the CCG's financial envelope*

And our local objectives:

- Ensure on-going safety and performance in the system
- Improve and develop Primary Care in Wolverhampton
- Deliver new models of care that support care closer to home and improve management of Long Term Conditions.
- Proactively drive our contribution to the Black Country STP
- Greater integration of health and social care services across Wolverhampton
- Continue to meet our Statutory Duties and responsibilities
- Deliver improvements in the infrastructure for health and social care across Wolverhampton



Dr Helen Hibbs  
Accountable Officer



Manjeet Garcha  
Executive Director of Nursing & Quality



Jim Oatridge OBE  
Interim Chair of the Governing Body



Pat Roberts  
Lay Member for Quality

## Introduction

In our previous version of the Clinical Quality Strategy 2015-2017 we stated that “significant progress has been made in developing the commissioning function, since the Health and Social Care Act 2012, in respect of increasing access to services, value for money and reducing waiting times and greatly improving on infection control targets. As Healthcare commissioners our motto is “quality at the heart and mind of everything we do” this is referencing our patients, our community, families, carers and everyone who requires healthcare from the services we commission in our great City of Wolverhampton.” Our mission statement is

### ♥ *“Quality at the heart and Safety at the mind of the Organisation”*

Our focus has remained on assuring patient safety and the quality of services commissioned; engaging the public and improving the patient experience. This remains the same today as it did during its launch in 2015-2017, it is however time to raise our ambitions even higher with the launch of this new reenergised Quality Strategy to reduce unwarranted variation through the work of our Black Country Sustainability Transformation Plan and locally to prioritise the elimination of avoidable harm which includes eliminating avoidable deaths.

It is an exciting time in Quality and we are excited with the changes in Primary Care being more locally managed and the developments in our Promoting Safer Provision of Care for Elderly Residents (PROSPER) and now Safer Provision and Caring Excellence (SPACE) programme.

Our main areas in Quality include:

Safeguarding – Adults and Children including Looked After Children  
Medicines Optimisation (Strategy 2016 – 2018 Version 2.0)  
End of Life Care  
Equality and Inclusion  
Complaints

Quality (Safety, Experience and Effectiveness)  
Improving Quality in Primary Care  
Assuring Quality of Commissioned Services

Wolverhampton CCG is committed to continually improve, drive up quality and ensure that the patient's experience of care and treatment is sought and, heard and that this important information is utilised to improve services. The approach is to work in partnership with patients, public and all service providers whilst ensuring that evidence-based, safe, high quality services are delivered and sustained.

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#Q&S@Heart&Mind  
#QualityteaminWolvesCCG  
#yourhealthandcarematter



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## Quality & Safety Team: Plan on a Page 2017/2018



Wolverhampton

Clinical Commissioning Group

*Mission Statement : Quality at the heart and Safety at the mind of the Organisation*

**Quality Team Philosophy:** Our team is quality driven providing commissioning outcomes that include outstanding care, improving health and lowering service costs, whilst ensuring equality, dignity and respect for all. We will work collaboratively maintaining that patients/service users are at the core of everything we do, in partnership to co-create consistency and seamless care, improving the quality of life for the population of Wolverhampton.

### Wolverhampton Clinical Commissioning Group (WCCG) Strategic Objectives

1a. Ensure on-going safety and performance in the system

2a. Improve and develop Primary Care in Wolverhampton

2b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions.

3a. Proactively drive our contribution to the Black Country STP

3b. Greater integration of health and social care services across Wolverhampton

3c. Continue to meet our Statutory Duties and responsibilities

3d. Deliver improvements in the infrastructure for health and care across Wolverhampton

Safeguarding Vulnerable Adults & Children/Looked After Children	Primary Care	Residential/Nursing Homes & End of life Care	Quality & Risk Team	Equality & Inclusion	Medicine Optimisation Team
<ul style="list-style-type: none"> <li>WCCG to ensure that they secure the expertise of a named GP for safeguarding adults, this is an essential role due to the delegated primary care commissioning arrangements.</li> <li>Effective project management for NHSE allocated funding for Mental Capacity Act (MCA) and collaborative commissioning of continuation of the MCA project with other CCG's to include practitioners working with young people (16-18 year old).</li> <li>Deliver key messages across our community regarding the voice of the child, think family and making safeguarding personal, commissioning specialist drama group to provide bespoke training</li> <li>To progress commissioning outcomes, training, operational exposure and ensure all providers arrangements regarding prevent are robust.</li> <li>To work with partner services to develop processes that differentiates between safety, safeguarding and quality.</li> <li>To collaborate with multi agency colleagues to develop best practice adult safeguarding guidance for providers of healthcare in Wolverhampton, in order to eliminate confusion between safeguarding, safety and being safe.</li> <li>That LAC placed out of City receive the same quality of health care as those placed internally.</li> <li>Work with CCG Children's Commissioner to provide a reporting mechanism on the quality assurance measures relating to therapeutic placement providers for Looked After Children.</li> </ul>	<ul style="list-style-type: none"> <li>Supporting the Primary Care Team in the CCG to develop the quality outcomes framework GP contract to ensure it reflects the health needs of the people of Wolverhampton.</li> <li>Working with Public Health, GPs and the wider health economy to develop preventative health strategies</li> <li>Working with the CCG Primary Care Team to ensure that full delegation is effective and quality remains at the forefront.</li> <li>Developing the workforce to help increase numbers of staff and training opportunities for nurses, GPs and non-clinical staff to make primary care an attractive career progression.</li> <li>Developing a one stop shop for health and social care, working with the Better Care Fund team and the Community Hubs to promote social prescribing and signposting people to improve and maintain their health and well being.</li> </ul>	<ul style="list-style-type: none"> <li>Increased reporting of incidents, near misses and lessons learnt leading to a reduction in harms across the sector.</li> <li>Achieving and delivering on the milestone of Safer Provision and Care Excellence (SPACE)</li> <li>Driving up quality of care and safety culture through positive reporting and effective management of incidents leading to fewer serious incidents due to embedded learning.</li> <li>Influencing the delivery of commissioning strategies such as care closer to home and admission avoidance agendas by supporting the development of care managers to build resilience across the care home sector.</li> <li>Facilitate the use of advanced care plans with patients at the end of their Life.</li> </ul>	<ul style="list-style-type: none"> <li>Embed the new Serious Incident contract regulations to ensure timely submissions.</li> <li>NICE for all Providers.</li> <li>Take forward Quality visits-table top reviews.</li> <li>Sharing our learning on Serious Incidents &amp; Root Cause Analysis and to remain as outstanding CCG.</li> <li>Integrated Quality visits e.g. Healthwatch &amp; patient reviewers engagement.</li> <li>Develop new Serious Incident recording process (pilot &amp; test).</li> <li>Embed Serious Incident Scrutiny Group with providers attendance.</li> </ul>	<ul style="list-style-type: none"> <li>Supporting the CCG to gain assurance from providers on their Equality Diversity Inclusion and Human rights (EIH) compliance.</li> <li>Embed Equality Diversity System2 (EDS2) in CCG business practice.</li> <li>Update the Equality &amp; Diversity Strategy and Policy For 2017 – 2020.</li> <li>Refresh and embed equality objectives in CCG business practice.</li> <li>Support the CCG to be a system leader of Workforce Race Equality Standard (WRES)</li> <li>Provide expert advice and support to CCG decision makers through Equality Analysis (EA's)</li> </ul>	<ul style="list-style-type: none"> <li>Re-procurement of GP Prescribing Support.</li> <li>Right Care.</li> <li>Quality, Innovation, Productivity and Prevention (QIPP)</li> <li>Working with Regional Medicines Optimisation Committee.</li> <li>Safer Prescribing of drink thickeners.</li> <li>Cost effective respiratory prescribing.</li> <li>Support for health economy Anti-Microbial Resistance program.</li> <li>Increasing uptake of biosimilars.</li> </ul>

*Patient Reviewers and Representatives are involved and inclusive as an integral part of the Quality Team*

## Our Aim

## Our Quality Objectives

## Success Measures

Effectiveness	Safety	Patient experience
<p>A commissioning and procurement process that actively involves members of the quality team.</p> <p>A highly skilled patient safety, quality and risk team that is capable of delivering our quality objectives and which demonstrates co creation, cohesiveness and a strong team dynamic.</p> <p>Reduction in Remedial Action Plans due to organisations learning the lessons and promoting innovation as opposed to reactive services.</p> <p>Reducing unnecessary duplication and unwarranted clinical variation for our patients and service users.</p>	<p>A reduction in the number of Hospital Acquired Infections occurring within the community and provider organisations.</p> <p>A health economy wide reduction in Pressure Injuries.</p> <p>Building on our foundations that safeguarding is considered as everyone's business.</p> <p>Develop a stronger relationship with our GP practices that encourages a culture of reporting and openness of incidents from Quality Matters to Serious Incidents.</p> <p>A reduction in Serious Incidents and Never Events with common themes.</p>	<p>We will ensure the continued use of high quality healthcare providers.</p> <p>That enable high levels of patient satisfaction from patients' experience.</p> <p>Fewer complaints with common themes.</p> <p>Patient feedback through patient stories, working with our patient reviewers and patient representatives to influence and shape continuous improvement in the safety and quality of care of we commission.</p> <p>Continuous quality improvement measured through surveys and contract KPI's</p> <p>Local service users check local services as their preferred choice of care delivery</p>

## Our key achievements in 2016/17

Increased rigour and developing our internal framework to Serious Incident Management  
 Outstanding rating as a CCG  
 Patient Safety Award – Molly Henriques-Dillon (Quality Nurse Manager)  
 Shortlisted for HSJ Patient Safety of the Year Award 2017  
 Sign upto Safety – (Appendix 1)



## What we Commission

We commission services from a range of providers; both NHS and Independent Sector and we act as lead commissioners on behalf of CCGs for our main Acute Provider. The public has a right to choose treatment and care in the NHS and the choice of care and provider should be offered, depending on what is available locally.

An extensive list of contracts is held by the CCG and available from the Contracts Team. Our two main providers are:

Royal Wolverhampton Trust <http://www.royalwolverhampton.nhs.uk/>

Black Country Partnership Foundation Trust <http://www.bcpft.nhs.uk/>

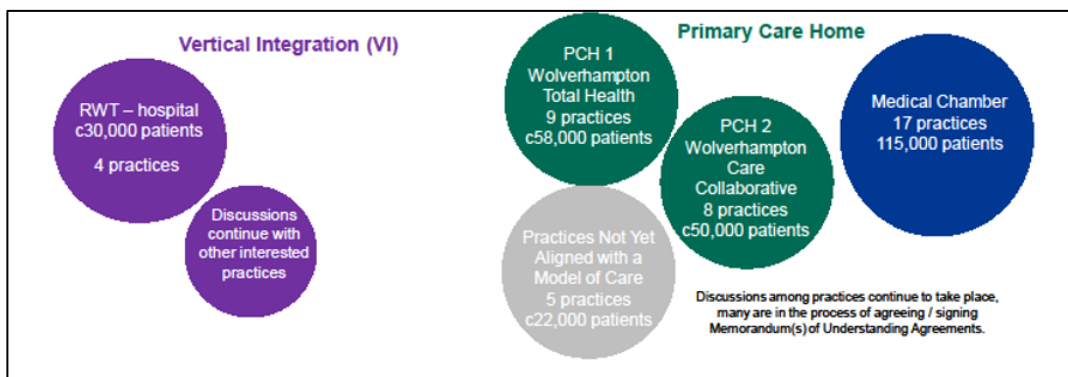
From the 1<sup>st</sup> April 2017 NHSE will handover Primary Care as part of 'full delegation.

The Quality & Risk Team actively support the development and review of service specifications and seek to ensure that once awarded, contracts are monitored routinely in line with the terms and conditions defined within the NHS contract.

## Primary Care

### New Models of Care

Wolverhampton practices are currently evolving into Primary Care Home Model and Vertical Integration with Royal Wolverhampton Hospitals Trust. The aim is to work collaboratively to address the challenges in primary care through improving access to services and optimising health. Governance will be provided via peer review, NICE Quality Standards, Information Management and Technology (IM&T) and Quality Assurance monitoring. The current model is shown below: *(this is subject to change)*



This model will continue to develop as the final groups align. More information about new models of care is available via [NHS England](https://www.nhs.uk/).



## Improving Quality Primary Medical Services

The CCG currently has a statutory duty to assist and support NHS England Area Team in securing continuous improvement in the quality of primary medical services and will therefore ensure that the core principles of NHS England Primary Medical Care are adopted locally through established lines of communication and joint working. This process will continue following full delegation with the CCG taking on more responsibilities within a Memorandum of Understanding with NHS England.

- To promote and prioritise equality including access and treatment for all patients across the full range of primary medical services and new models of care
- To focus on quality, outcomes and relevant patient experience as the main drivers for Improvement
- Primary care commissioning arrangements & plans
- To determine health outcomes
- To promote a clinically driven system in which GPs and other primary medical service clinicians are at the heart of the decision making process, driving quality improvement and commissioning decisions
- To facilitate strong and productive local contractor relationships based on proportionate and sensitive interaction
- Be responsive to and spread innovation
- To deliver a consistent national framework, which ensures fair and transparent interventions, implemented locally, with local discretion rooted in cultural and behavioural consistency
- Make commissioning decisions on the basis of firm data shared with CCGs, health and wellbeing boards and others and complimented by local intelligence
- To design systems that are fit for the future, allowing reform and operate within minimum bureaucracy. Such systems enable whole person patient care, with integrated physical, mental and behavioural services and facilitate shared best practice standards between primary care and specialists.
- To promote early engagement and collaboration with Local Medical Committees (LMC's) openly and transparently in the management of primary medical services

The CCG (with initial collaboration with the NHSE Area Team) will agree standards and quality indicators in service specifications in relation to Local Improvement Schemes and Directly Enhanced Services, where applicable. Review of clinical audits and quality assurance of performance data will determine the future delivery of services and provide continuous quality improvement.

Delivery of effective, safe and high quality primary medical services will require the CCG to play an active role in exercising its statutory responsibilities for member practices within its area once fully delegated. The CCG are already responsible and accountable for services commissioned locally through the standard NHS Contract i.e. Enhanced Services. A schedule of collaborative contracting visits with representation from the CCG Quality Team, Primary Care Team and Public Health is underway to provide assurance around contracting and quality requirements within general practice.

Additional support will be provided for practices via NHS England incentives such as Vulnerable Practices and Practice Resilience Programmes delivered by Primary Care Support England and the GP Development Programme as part of the [GP Forward View](#). Work is also being undertaken collaboratively with other CCGs in the Black Country to develop the estates and IT infrastructure as part of the Sustainable Transformation Plan.

### **Primary Care Operational Management Group (PCOMG)**

The current purpose of this group is to maintain an overview of and direct the work of Wolverhampton CCG with regards to Primary Care Commissioning following full delegation in April 17. This supports the work of Primary Care Commissioning Committee (PCCC),

The PCCC committee supports and acts upon information they are furnished with following these meetings and where necessary take on items requiring furtherance and in exceptional circumstances matters of concern will be raised with the CCG Executive Team. The PCOMG also supports the reporting to the Quality and Safety, Finance and Performance or Commissioning Committees on any issues that arise that fall within the purview of these committees. The Primary Care Quality Assurance Coordinator is responsible for providing routine quality reports on activity in primary care to the committee as part of the overall Quality and Safety Report.

Meetings are held on a monthly basis and receive appropriate administrative support to ensure that a schedule of meetings is shared in advance for the respective year, a suitable venue is arranged and meeting papers are distributed at least one week prior to each meeting using the standard agenda as a minimum. Formal minutes and a corresponding action log are produced following each meeting and distributed to group members within 3 weeks of the meeting date.

### **Primary Care Workforce Development**

In line with the national picture, a number of issues pertinent to primary care workforce in the City have been identified:

- Lack of General Practice Nurses and GPs
- Ageing workforce
- Retirements
- Lack of succession planning

A local Workforce Task and Finish Group are cited in the CCG governance structure and an attached workforce implementation plan with range of activities detailed within this programme of work, this comprises of four main areas:

- Attraction

Workforce Scoping & Planning  
Wolverhampton - A Place to Work

- Recruitment

Pilot mapping skills for new primary care service provision models

- Development

Develop a primary care workforce development strategy  
Career Development for clinical and non-clinical staff  
Piloting new roles/new ways of working  
Developing a leadership culture within primary care  
Improving and implementing standards of practice  
Increase training capacity in primary care

- Retention

Local work will continue around practice nurse development in line with Health Education England GP Nurse Development Plan. The plan identifies a number of key areas that are aligned with the workforce implementation plan:

- Increasing the profile of General Practice Nurses (GPN's) to pre-registration students
- Increasing recruitment of newly qualified nurses to general practice by providing robust support
- Promoting professional development
- Standardisation of job descriptions
- Promoting non-medical prescribing
- Optimising the use of Advanced Nurse Practitioners (ANP's)
- Return to practice for GPN's
- Leadership skills (clinical and non-clinical)
- Promoting the development of support staff e.g. health care assistants and nursing associates
- Development of nursing apprenticeships

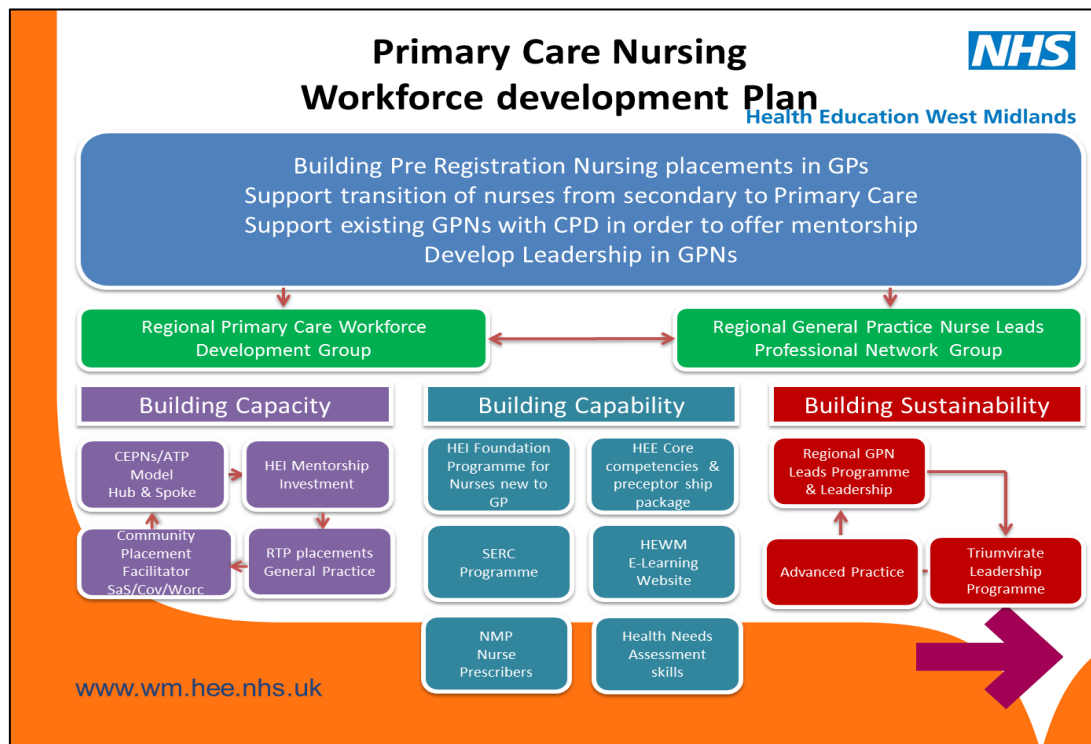
Funding support for the development of existing General Practice Nurses is released via HEE to local Community Education Provider Networks (CEPNs). CEPNs are independent bodies, currently funded by HEE who are responsible for local workforce planning and distribution of funding. Wolverhampton CCG is currently aligned to Walsall CEPN and works closely with the CEPN Project Manager to identify training needs and ensure appropriate and timely allocation of funds.

In addition to this alternative roles to support General Practices are:

- Physicians Associates
- Clinical Pharmacists
- Mental health therapists
- Paramedics

These will also be promoted in conjunction with Health Education England (HEE).

Representation from both the CCG and GPNs is in place at regional level, local arrangements were introduced during the summer of 2014 to manage the agenda and clinical skills development in Wolverhampton. The Primary Care Quality Assurance Coordinator continues to work with the Executive Nurse to monitor and develop this.



Wolverhampton CCG continues to work in collaboration with local Higher Education Institutes, Health Education West Midlands and NHS England to ensure that key priorities are met, as identified above.

In addition to this work, focus will also shift towards supporting recruitment and development of General Practitioners within Wolverhampton, this is supported by HEE and HEWM and the West Midlands Deanery. The concerns around GP workforce reflect those of GPNs, lack of numbers, aging workforce and difficulties in recruitment and retention of staff; coupled with high numbers of GPs opting to work as locums. Workforce implementation planning aims to increase numbers of partners and salaried GPs and support GP training.

The General Practice Forward View will also offer development opportunities for administrative staff via Care Navigator and Medical Assistant training. In addition to this practice manager development will also be offered as part of the overall GPFV. Leadership opportunities for all practice staff can be accessed through the [Triumvirate Leadership Programme](#) via HEE, and through the [NHS Leadership Academy](#). Support for recruitment, development and retention of both clinical and non-clinical staff will also be provided by the GPFV.

## Care Homes Sector

People living in residential and nursing homes should receive high quality compassionate care, expect to be treated with dignity and respect and protected from harm. Systems should be in place that identifies those people at risk and care will be tailored to individuals' needs and preferences. Care should be based on the best evidence and practice, centered on the person, supported by good governance and accurate record keeping. Staff working in the care home sector have a duty to ensure they have the appropriate level of knowledge and skills to deliver and promotes high standards of care and have the ability to respond to the complex and changing needs of the residents.

The Care Home improvement Plan implementation across the care home sector will be led by the Quality Nurse Advisor (QNA) team on behalf of the CCG. Through a programme of scheduled quality and sustained improvement visits the QNAs will be pivotal to monitoring, facilitating improvements and providing assurance to the Board of the quality of care delivered by commissioned services. Priority of quality visits will be determined on whether the Provider has health funded beds e.g. step down and/or whether quality concerns have been raised. Care homes with AQP and NHS contracts will be expected to participate in the quality framework by way of submitting monthly self-assessment quality indicator returns and subscribing to the Safety Thermometer data collection. Care homes not in the commissioning framework will also be encouraged to participate. Implementing best practice guidelines and promoting best practice in care homes will be the vehicle for navigating quality standards across the sector and standardising practice.

The SPACE (Safer Provision and Care Excellence) programme aims to drive up quality and safety culture through training and promoting the use of quality improvement tools and techniques. The QNAs in collaboration with the Local Authority will support the safeguarding agenda through involvement of section 42 enquires and quality concerns investigations in line with the Care Act 2014. The sharing of lessons learned and development of action plans will accelerate progress with care home managers achieving high quality harm free care for residents. The QNA team will promote positive reporting across the sector to achieve a culture learning from excellence and sharing of best practice.

Performance against the harm free care target of 95% will be monitored by the QNA team and under performance will trigger closer scrutiny and involvement by the team. Robust communication between the CCG, Wolverhampton City Council, MASH (Multi Agency Safeguarding Hub), health and the regulators will enable better partnership working and joint working towards achieving harm free care across the city.

### **End of Life Care and Cancer Agenda - Macmillan Primary Care Nurse Facilitator (MPCNF)**

This is an innovative new post, supported by Macmillan, full time contract for a fixed term of 3 years, due to be reviewed in May 2019. WCCG and MPCNF will support primary care teams with respect to the Primary Care Strategy, Workforce Development and implementation Plan, incorporating the cancer agenda, specifically focusing on End of Life Care (EoLC), Cancer Awareness /Prevention, Early Diagnosis and enabling patients to live with alignment as a long term condition (where possible), promoting optimal outcomes for patients thus promoting the Macmillan Survivorship Agenda within Wolverhampton.

The Commissioners and Providers of Health and Care services in Wolverhampton are dedicated to achieving integrated care predicated upon what really matters to their patients and local communities. They see an absolute requirement for all providers to work together in a co-ordinated and coherent manner to provide the best end of life care for every person, irrespective of where, or how, they access the system and supporting them in achieving their preferred place of care.

### **End of Life Care**

WCCG has developed new EoLC Strategy in collaboration with RWT, Compton, LA, Voluntary sector, this is a large body of work and the aim of this strategy is to detail Wolverhampton's integrated approach to the design and delivery of a person centred, integrated, end to end-End of Life care service.

To deliver a flexible, responsive, quality service to those approaching the end of their lives. The strategy will encompass the following elements:

- Early identification of the dying person to ensure patients receive appropriate care
- Advance care planning to facilitate the person's needs and wishes
- Coordinated care to ensure people don't fall through gaps
- Optimum symptom control based on clinical need
- Choice to support preferred place of care and death
- Workforce fit for purpose

There are large programmes of work currently underway in relation to different elements of the EOL strategy namely, ACP (Advance Care Plan), EPaCCS, (Electronic Palliative Care Coordination System) Early identification of end stage disease, Education & Training with regard to Communication in Palliative Care, and Patient and User engagement. This work is ongoing alongside the ratification and publication of the Strategy and timeline.

There is continuing CCG engagement with Service User and Stakeholder representatives to understand what local people want from local End of Life and Palliative care services. The CCG hold several patient and user focus groups, including market place stalls at local Carer information sharing events.

The CCG and the MPCNF have developed an education and training need assessments across secondary and primary / community care, with engagement with local specialist palliative care providers of education to deliver relevant, tailor-made training packages which will address the needs identified in secondary, primary / community care. Acknowledging the need for place based learning, peer review and peer support, and an option to explore external facilitation of training & support.

WCCG has developed links with HEE (Health Education England) and local Hospice Association to explore options for support in educational sessions, Education and Training – (with links to the SPACE project) and Nursing Home education and training. As well as successful attainment of a Macmillan Funding bid to assist with Education and Training package, for the End of Life Strategy programme.

Encompassing in the roll out an ACP (Advance Care Plan) PILOT with local Nursing and Residential homes. Due for completion in May 2017.

### **Survivorship Agenda - The Recovery Package**

National Cancer Survivorship Initiative(NCSI) were set up in 2008 to address these challenges, its aims to ensure that those patients living with and beyond cancer get the care and support they need to lead as healthy and active a life as possible, for as long as possible. Current Survivorship programme in Wolverhampton, involves the CCG working with the Cancer Leads within Royal Wolverhampton Hospital Trust (RWT), RWT currently have secured a CQUIN to provide H&WB (Health and Well Being) for breast care patients only. RWT are continuing to actively improve uptake of this service, by changing the model to engage with a larger cohort of patients.

H&WB Events / sessions should be offered to patients once they have completed initial treatment and include information on healthy lifestyle choices including physical health and healthy weight management, sign and symptoms of recurrence and potential consequences of treatment, and initially it was believed that to hold an annual Market Place Event, would be the preferred choice, and this model is currently due to be rolled out in June 2017.

WCCG hold regular consultation meetings with Cancer Leads at RWT and Cancer Peer Review team, reviewing service and progress on 31/62 day target and breaches, referral processes and appropriateness of GP Fast track referrals, and potential bottle necks in the systems that cause delay in the cancer pathway.

Also WCCG have completed review visits with Quality Team at RWT for the Oncology service.

### **Cancer Prevention, Early Diagnosis**

WCCG and MPCNF have engaged with RWT, (the Bowel Cancer Screening Health Promotion Team) and CRUK to facilitate improvements on how locally Wolverhampton can improve the uptake for screening programmes, specifically the bowel screening uptake, breast screening and Ovarian screening.

WCCG in collaboration with PH, are committed to raising cancer awareness, by facilitating



Cancer awareness /promotion events – unmanned stands/ stalls for Breast awareness month October, and Pancreatic and Lung Cancer awareness in November. Literature, information and flyers and resources available during those months to highlight “Symptoms and what to look out for”

## Working in Partnership

We currently commission Continuing Health Care(CHC) services within the CCG to arrange packages of CHC, funded nursing care and after-care from a range of providers. These include nursing homes, domiciliary care and supported living. Patients can have access to Personal Health Budgets and working with the Local Authority we monitor the quality of these providers and manage the market as both organisations (CCG and Local Authority) commission similar services.

The CCG also commissions services for people who have an Individual Funding Request approved, this is where people require a bespoke clinical service that is either rarely required, (or thus not regularly commissioned) or relates to exceptional circumstances. This is via Commissioning Support Unit for adults and directly by the CCG for children and young people under 18 and those adults with complex Mental Health needs leaving secure care settings.

Furthermore, the CCG recognises that it cannot achieve these objectives working in isolation and in order to secure the necessary improvements we will work closely with partner agencies both at local and national level.

**Our relationships include the following organisations** (this is not a complete list)

<https://improvement.nhs.uk/>

<https://www.england.nhs.uk/>

<http://www.healthwatch.co.uk/>

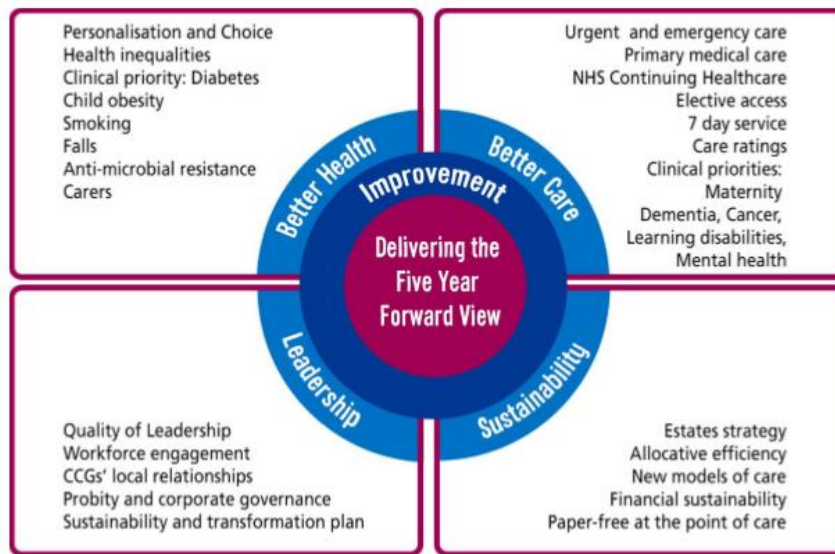
<https://www.gov.uk/government/organisations/public-health-england>

<http://www.wolverhampton.gov.uk/home>

<https://hee.nhs.uk/hee-your-area/west-midlands>

## Quality Improvement & Assurance

In order to improve quality in the NHS we have to be sighted on the needs and challenges presented both nationally and locally, the NHS Outcomes Framework enables us to achieve an overview that make up the outcomes framework and whilst they are designed to support commissioners in developing localised plans and establishing their levels of ambition ultimately quality improvement is the golden thread that should flow throughout the work of the CCG.

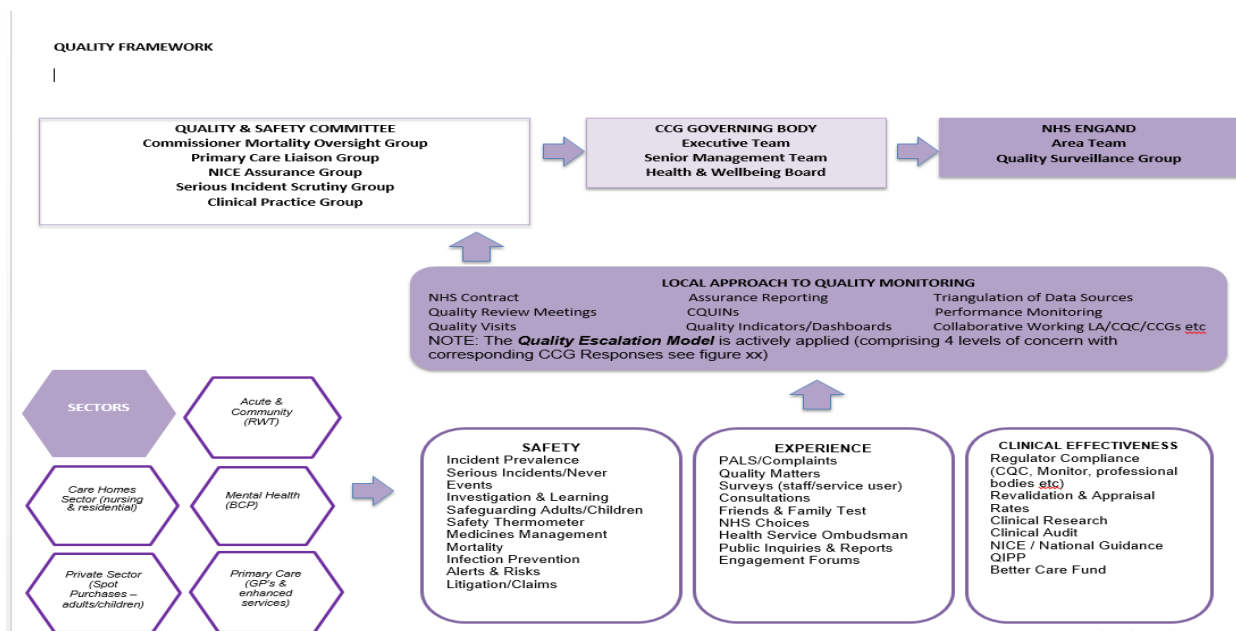


At national level there are many sources of guidance that have been developed and shared that help health care organisations to prioritise and align themselves with a vast array of priorities and areas of importance, some of those documents and initiatives are detailed below:-

## Quality Framework

Our framework for monitoring quality demonstrates how we monitor clinical quality across all sectors where we have a responsibility or duty in accordance with the Health and Social Care Act 2012 and the NHS Constitution that clearly advocates the rights and pledges of staff working in the NHS and those patients receiving care. Each of the sectors we are responsible for are clearly defined and reliant upon a consistent focus on the three domains of clinical quality i.e. safety, experience and effectiveness as first set out by *Lord Darzi\* in the NHS Next Stage Review (2008)* placing quality at the heart of everything the NHS does and emphasises the patients right to high quality care.

The framework is built upon the plethora of intelligence available to us about our providers and enables us to work closely with our providers through our local approach to quality monitoring that is underpinned by a contractual relationship that promotes mutual respect among peers and commitment to quality improvement.



We are responsible for the following:

- Monitoring delivery of standards and quality through the commissioning process
- A duty to require and monitor delivery of fundamental standards
- Ensuring there are resources to enable proper scrutiny of our providers' services, based on sound commissioning contracts
- Ensuring assessment and enforcement of fundamental standards through contracts and the development of alternative sources of provision if necessary.

\* High Quality Care For All: Next Stage Review Final Report (NSR), which was led by Lord Darzi and published on 30 June 2008.  
<https://www.gov.uk/government/publications/high-quality-care-for-all-nhs-next-stage-review-final-report>

## Quality in the Commissioning Cycle

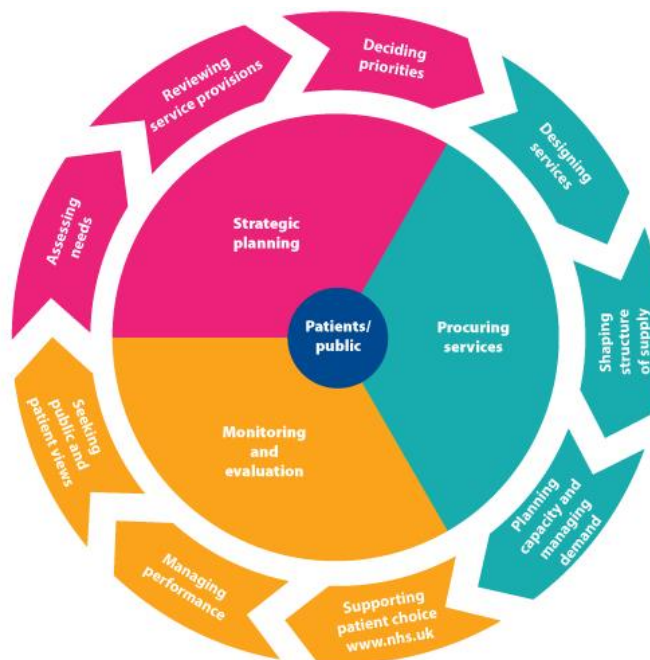
High Quality care is defined in three equally important parts



**The Three Dimensions of Quality**

1. Clinical effectiveness, where high quality care is evidence based care
2. Safety, where high quality care is care delivered in a safe environment
3. Patient experience, where high quality care gives someone as positive an experience of treatment and recovery as possible including acknowledging people's wants or needs, and treating them with compassion, dignity and respect

The process for considering quality in the commissioning cycle is pictured below and demonstrates how we embed quality throughout our organisation and is dependent upon the identification and development of quality metrics incorporated into our planning and commissioning processes.



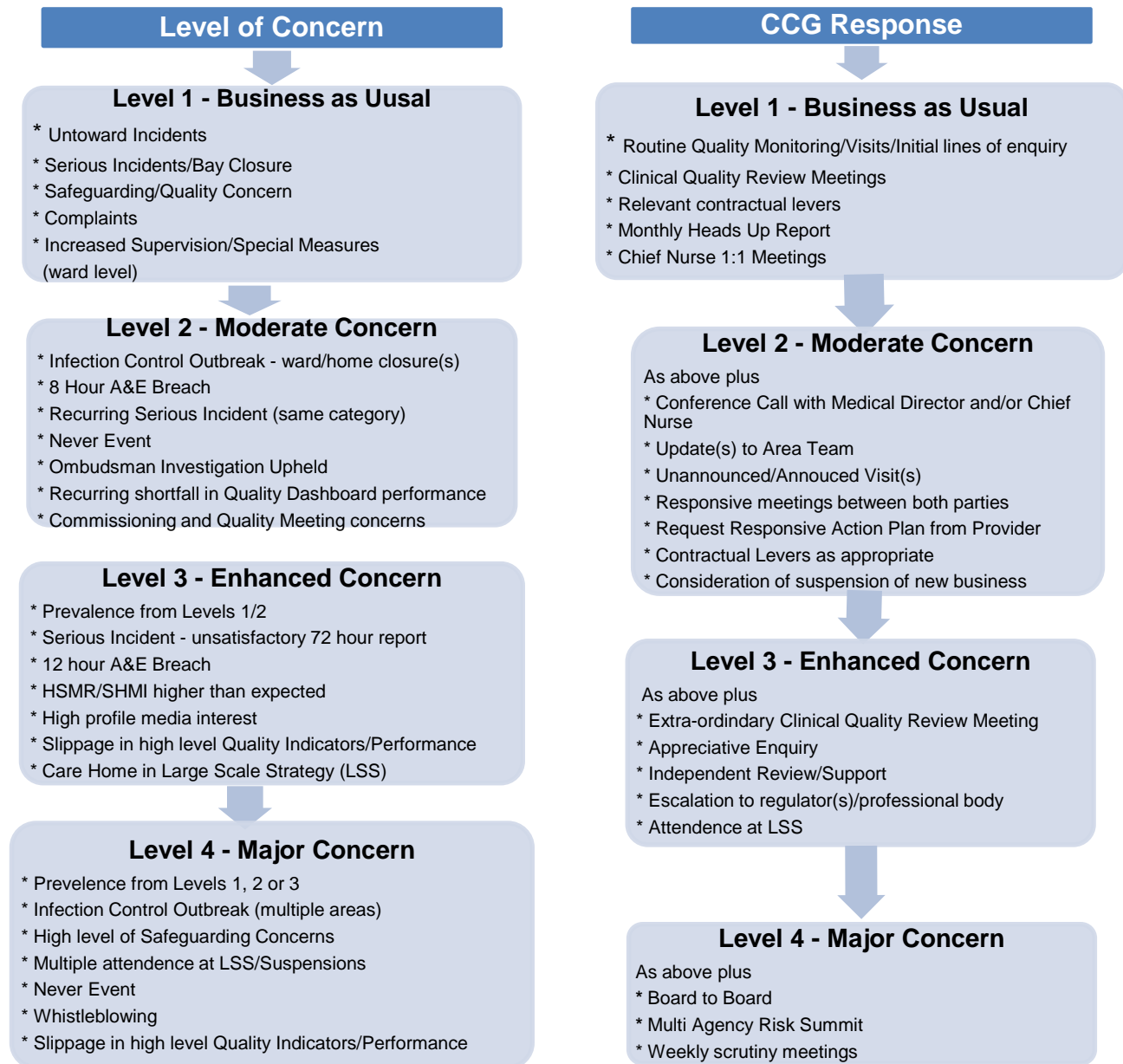
We work in partnership with providers whilst ensuring that evidence-based, safe, high quality services are delivered. Locally we continue to develop and improve the ways in which we are monitoring patient quality, safety, experience and the effectiveness of our service providers.

Assurance reporting based on our joint working with our providers through application of the NHS contract is reflected on a monthly basis via our Quality Assurance Report that is considered by the Quality & Safety Committee. The committee seeks to be assured that the framework is being applied with rigour, responsibilities are being fully realised and that the framework is being utilised to assist our providers to meet the demands of the high standard we want and need to achieve.

### Escalation Model

Measurement of quality is achieved through correlation with the Quality Framework that seeks to ensure high standards of quality are sustained. However, there are occasions when circumstances change and providers will be challenged so that the CCG is assured of the robustness of quality information being afforded and the effectiveness of compensatory actions and control measures that have been put in place to address the exposed concern(s).

The escalation model defines four levels of concern that may arise and the corresponding actions that will be applied to seek assurance that circumstantial change has been appropriately managed and appropriate control measures have been put in place in response to the level of concern.



At operational level the escalation model will be assigned to each of the CCGs commissioned providers reflecting the level of concern and corresponding level of response that has been applied and will be reflected in assurance reports provided to the Quality & Safety Committee. It is important to note that the application of the model is underpinned by a collaborative approach to managing concerns pertaining to clinical quality that may be driven by activity and performance that constitutes concern about the quality of care patients may be receiving. A co-ordinated approach among teams within the CCG will be deployed to prevent replication and inconsistency of understanding and communication with the provider.

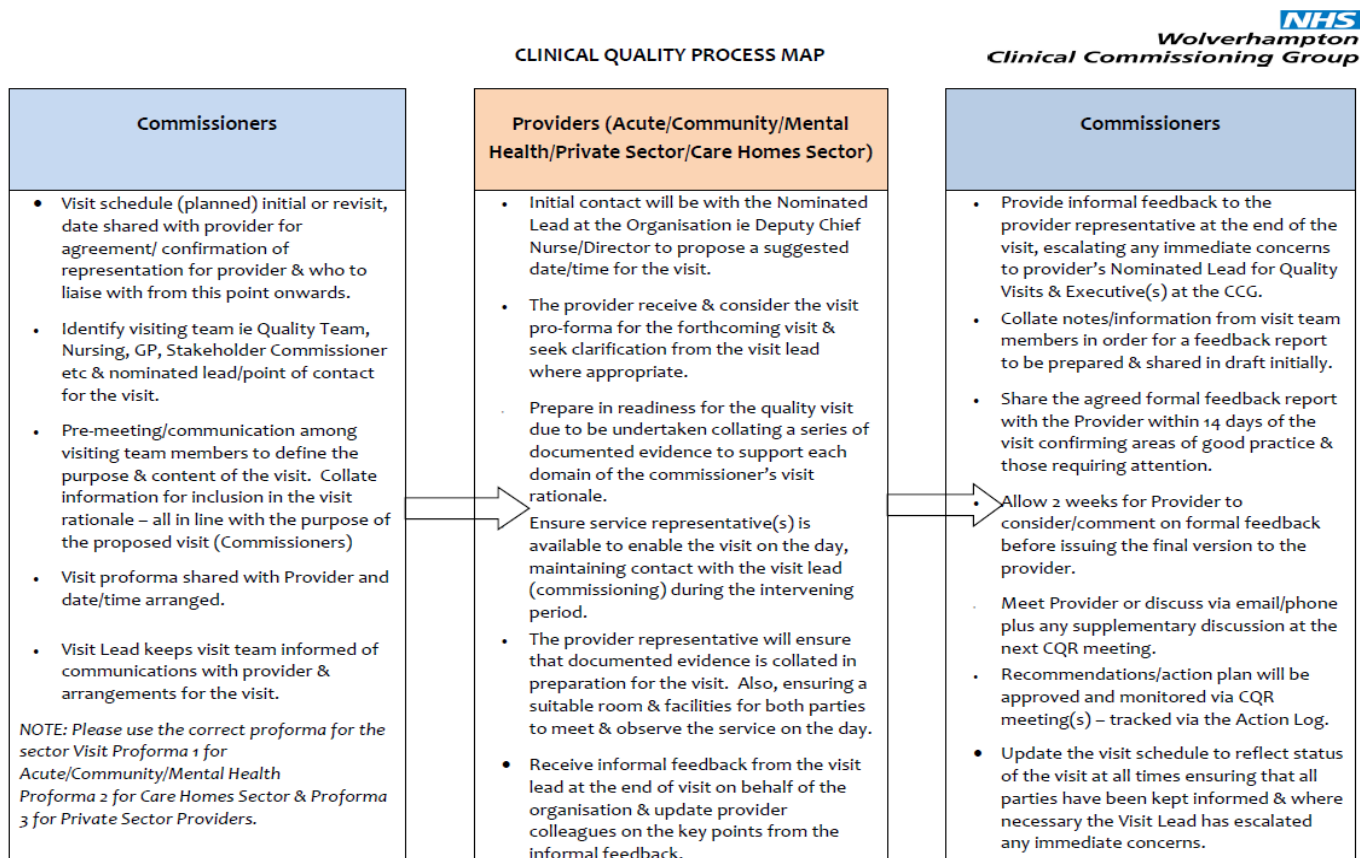


## Quality Visits

There are many benefits attached to commissioners strengthening relations with their providers through visiting services to gain a greater understanding and where necessary assurance about commissioned services.

A program of planned visits is agreed with each provider. However, if there are any areas of concern, or a wish to focus on a topical issue for assurance, an unannounced visit will be undertaken.

These visits will be undertaken across each sector throughout the contract year – the number/frequency of visits will be determined by the number of services commissioned/contract value/level of concern using the following communication process:-



Each visit will be complimented by a suitably populated visit rationale using the CCGs visit pro-forma and will be used to document the findings from the visit. Visiting teams will comprise of staff members from the quality team, trained patient reviewers and Healthwatch who will make observations, review documentation and where appropriate have discussions with staff and seek patient views.

Where deemed necessary an action plan will be developed if gaps, risks and areas where room for improvement have been identified. This will be routinely monitored until timely completion via the respective Quality Review Meeting or appropriate forum.



In the previous Clinical Quality Strategy we wanted to move forward, towards the recruitment and training of Patient Representatives to become reviewers and will accompany WCCG visiting teams in the future. We are pleased to confirm this recruitment has been achieved of patient reviewers and they will play a big part in our quality visits for this 2017 – 2020 Quality Improvement Strategy.

## Quality Systems & Processes

There are many areas detailed within our framework that highlight the many areas of clinical quality that are invested in within the CCG. In this area of the strategy those areas are broken down to provide an overview of what they are and their content. Each area will have its own corresponding policy or procedure that should be read in conjunction with the information provided in this section.

## Serious Incidents

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. Serious incidents therefore require investigation in order to identify the factors that contributed towards the incident occurring and the fundamental issues (or root causes) that underpinned these and trigger actions that will prevent them from happening again.

There is no definitive list of events/incidents that constitute a serious incident but Serious Incident Framework (2015) has identified 34 categories of serious incidents which include a "pending review" category. However, a category must be selected before incident is closed.

All providers are expected that they report all serious incidents to the commissioners without delay and no later than 2 working days and all serious incident investigation reports are submitted to the commissioners within the contractually agreed timeframe. However, if required depending on the seriousness of the incident, the provider must inform the serious incident to other regulatory, statutory and advisory bodies, such as CQC, NHSE if appropriate without delay.

Wolverhampton CCG requires all providers to notify anyone who has been subject (or someone lawfully acting on their behalf, such as families and carers) to a 'notifiable incident' i.e. incident involving moderate or severe harm or death. This notification must include an appropriate apology and information relating to the incident as per regulation 20: duty of candour guidelines.

The 2015/16 Never Events List (NHS England 2015/2016) details 14 categories of Never Event. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. WCCG takes these

extremely seriously and ensures that contractual sanctions are applied should they occur.

Wolverhampton CCG supports the need to take a whole system approach to quality improvement, and will build on the fundamental purpose of patient safety investigation, which is to learn from incidents and not to apportion blame. The CCG continues to endorse the application of the recognised system-based method for conducting investigations – Root Cause Analysis (RCA) and its mechanism for driving improvement.

Providers hold responsibility for the safety of their patients, visitors and any others using their services. They must ensure that robust systems are in place for recognising, reporting, investigating and responding to serious incidents and for arranging and resourcing investigations.

Wolverhampton CCG Quality Nurse Advisor team provides support to Care Homes with the RCA process for serious incidents that occur within Care Homes, however the CCG are providing training for care home managers in order to improve their skills to complete the RCA process independently and more effectively.

The serious incident status for providers, commissioned services and the CCG are reported on a monthly basis to the Quality and Safety Committee, and lessons learned from serious incidents are reported on a quarterly basis. This information is used to provide intelligence for triangulation with other key performance indicators and any other areas of concern.

For services where Wolverhampton CCG is not the lead commissioner, we work with the lead commissioner to ensure that we are informed of incidents that affect our population.

Once RCA investigations are complete and submitted to the CCG for closure, WCCG holds a bi weekly Serious Incident Scrutiny Group. Recently, the SISG panel has invited providers to attend the SISG (Serious Incidents Scrutiny Group) to ensure an effective and a collaborative approach to scrutinising these SI's and to ensure that they are closed within recommended timeframes. There may be different outcome to the serious incidents presented to the SISG panel and it will depend on the nature of the incident, level of scrutiny and level of assurance provided to the WCCG through the RCA/Action plan etc. Any serious incidents not meeting these thresholds or lacking assurance will be deferred back to the provider.

All investigation reports are reviewed within this group and scrutinised prior to closure, ensuring that robust action plans are in place and all appropriate measures have been implemented to ensure that lessons learned are embedded in practice. Closure of an incident marks the completion of the investigation process only. It is possible to close incidents before all preventative actions have been implemented and reviewed for efficacy, particularly if actions are continuous or long term. Wolverhampton CCG ensures that mechanisms are in place for monitoring implementation of long term/on-going actions.

All of the above operates within NHS England's Serious Incident Framework – supporting learning to prevent recurrence (2015). Investigations within this framework are conducted for the purposes of learning to prevent reoccurrence. They are not inquiries into how a person died as this is a matter for the Coroner to determine. Neither are they conducted to hold any

individual or organisation to account – other processes exist for that purpose including:

- Criminal or civil proceedings
- Disciplinary procedures
- Employment law
- Systems of service and professional regulation – the Care Quality Commission, Nursing and Midwifery Council, Health and Care Professions Council and the General Medical Council

In circumstances where the actions of other agencies are required, WCCG will inform the relevant agencies.

Wolverhampton CCG aims to facilitate learning by promoting a fair, open and just culture, with robust application of duty of candour. The obligations associated with the statutory duty of candour are contained in regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

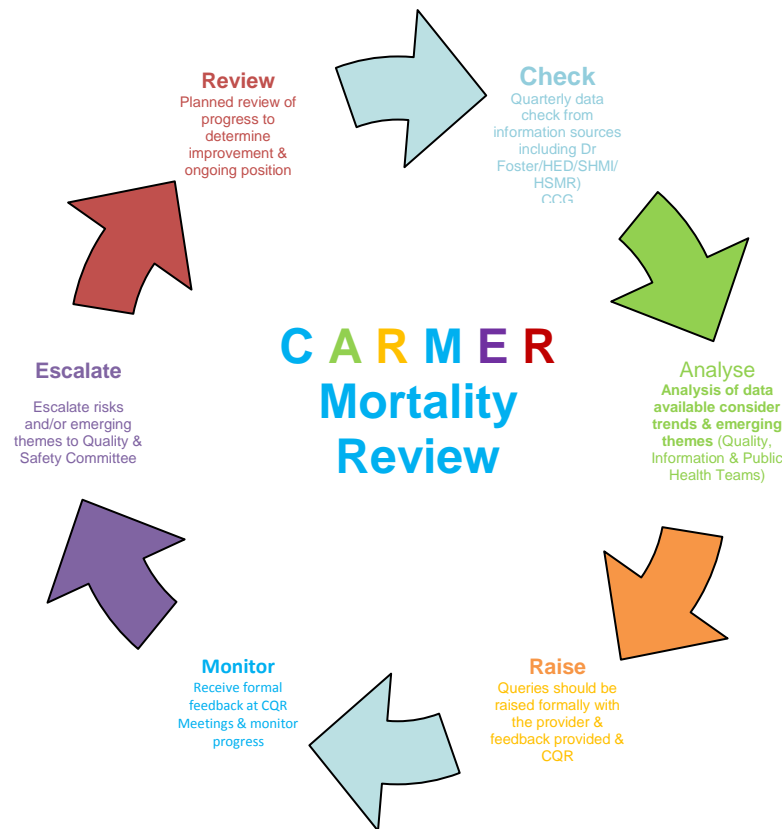
## Mortality

A multi-agency approach to monitoring and reviewing mortality has been a key area of quality monitoring undertaken through triangulation of a range of information sources available to Public Health, Providers and the CCG. Consideration is given to the causal factors where greater prevalence is observed and may be above tolerance when benchmarked with other data sources including CQC, NHS England etc.

A locally developed model has been used to facilitate this work, the CARMER Mortality Review Process below demonstrates how inter-agency consideration of mortality information will be undertaken:-

<b>CHECK</b>	At quarterly intervals check information available from a range of sources including Dr Foster, HED, SMHI, HSMR, Public Health & MORAG to enable triangulation of intelligence.
<b>ANALYSE</b>	Analyse information available to consider trends & emerging themes & possible alerts on influencing factors/cause of death across the health economy. Stakeholders involved in quarterly checks include CCG, Public Health & CSU.
<b>RAISE</b>	Queries/outcomes from analysis of mortality data should be raised with the provider(s) and fed back to CMOG members and be included in the next Clinical Quality Review Meeting (mortality theme).
<b>MONITOR</b>	Receive formal feedback at respective Clinical Quality Review Meeting(s) following queries raised with providers following quarterly CMOG Meetings and continue to monitor progress.
<b>ESCALATE</b>	Risks and/or emerging themes should be not only raised with the provider(s) but also escalated to Quality & Safety Committee in order for them to be a) aware and b) kept informed and c) recorded on the CCG Risk Register, when deemed appropriate.
<b>REVIEW</b>	Planned routine review of progress should take place at CMOG as part of the agenda setting process to determine whether sufficient assurance has been proven to determine improvement or further deterioration.

Correlation with information provided by the Royal Wolverhampton Trust should coincide with other data sources reported upon by Public Health and the CCG to enable queries and ambiguities to be raised with the trust either at MORAG and/or CQR.



The Clinical Quality Review meeting(s) (Black Country Partnership and Royal Wolverhampton Trust) receive regular reports on mortality (quarterly intervals) initiated by the trusts Mortality Oversight Review & Assurance Group (MORAG). Mortality rates are considered to determine whether they are improving or deteriorating and assurance of mitigating actions being taken by the trust. The CCG routinely receive documentation and hold formal membership of MORAG, this is achieved via attendance of a CCG Board Member (Accountable Officer, Quality Lead or similar). Cross fertilisation of information between MORAG, CQR and Commissioner Mortality Oversight Group is undertaken at quarterly intervals providing assurance and risk information to the CCG Quality and Safety Committee and Local Authority Health and Wellbeing Board.

## Infection Prevention

Reducing Health Care Associated Infections (HCAI's) remains high on the Governments safety and quality agenda and in the general public's expectations for quality of care. Antimicrobial resistance (AMR) concerns the entire world and requires action at local, national and global level. AMR cannot be eradicated, but a multi-disciplinary approach involving a wide range of partners will limit the risk of AMR and minimise its impact for health, now and in the future (DOH 2013).

To slow down the development of antibiotic resistance, it is important to use antibiotics in the right way – to use the right drug, at the right dose, at the right time, for the right duration. Therefore the CCG is working with our local partners where the aims are to:

- Reduced public expectation about receiving antibiotics
- Improved understanding of when antibiotics should and shouldn't be used
- Improved understanding of AMR
- Increase the local number of registered Antibiotic Guardians
- Targeting antibiotic therapy in the hospital
- Implementing a structured antimicrobial stewardship plans in the hospital
- Reviewing local surveillance and assessing microbiological data
- Implementing a quality prescribing scheme to enable antibiotic stewardship for prescribers working in primary care.

Quantifiable measurements are used to reflect the critical success of provider(s) with indicators and a target or plan. The quality requirements defined within our service specification serves as a benchmark improvement. The indicators facilitate Wolverhampton CCG to understand, compare, predict outcomes and improve care.

In achieving a reduction in the burden of Health Care Associated Infections, in particular Meticillin-Resistant Staphylococcus Aureus (MRSA) and C Difficile the CCG works collaboratively with their service provider and Public Health using training, audits and implementation of best practice from root cause analysis and also affords access to specialist advice and support. A key area of importance is to reduce the spread of infection and outbreaks not only in hospital but community care settings also.

Infection prevention and control is fundamental in improving the safety and quality of care provided to patients. Reducing Healthcare associated infections is high on the quality and safety agenda for the CCG. The aim is to prevent infections through provision of comprehensive, high quality and evidence based infection control support. Therefore the focus skill will be to reduce and sustain reductions in health care associated infections.

Through collaboration with the Royal Wolverhampton Trust there is a citywide improvement plan in place to combat the problems experienced across the city with infection prevention. Monitoring and review of the work plan is undertaken in conjunction with Public Health and reported to the responsible committee at quarterly intervals. A copy of the service specification will provide fuller detail on the provision of service.

WCCG supports local and national Infection Prevention Strategies, the overall aim being to deliver harm free care for those accessing health care in Wolverhampton. It is aimed at supporting 3 domains of the NHS outcomes framework:

- Preventing people from dying prematurely
- Ensuring that people have a positive experience of healthcare
- Treating and caring for people in a safe environment and protecting them from avoidable harm and should include reduction of Pressure Injuries, CDiff and MRSA.

The CCG has refreshed the Service Specification for Infection prevention, with particular

reference to specific gold standard IP indicators, adapted from the Infection Prevention and control commissioning toolkit (Infection Prevention Society and the Royal College of Nursing). This makes reference to UK's 5 year antimicrobial resistance strategy 2013 – 2018 (DOH 2013) and supports local and national Infection Prevention Strategies, the overall aim being to deliver harm free care for those accessing health care in Wolverhampton. It is aimed at supporting 3 domains of the NHS outcomes framework:

The Quality requirements within the Service Specification acknowledge the ambition to strive for 100 per cent compliance with the indicators. The aim of the infection prevention and control service is to prevent infections through provision of comprehensive high quality evidence-based infection control support. The focus of the service will be to reduce and sustain reductions in healthcare-associated infections. In particular, the service will aim to achieve a reduction in the rate of C Difficile infections, in line with national objectives and support the CCG to deliver on the requirement for zero tolerance of avoidable MRSA bacteremia.

## Safeguarding – Children

The Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework 2015 was commissioned in order to set out clearly the responsibilities of each of the key players for safeguarding in the future NHS. The framework is intended to support NHS organisations in order to fulfil their statutory safeguarding duties as set out in;

- Working Together to Safeguard Children (2015)
- Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (2015)

CCGs are statutorily responsible for ensuring that the organisation from which they commission services provide a safe system that safeguards children at risk of abuse or neglect. This includes specific responsibilities for Looked after Children and for supporting the Child Death Overview process, to include sudden unexpected deaths in childhood.

CCGs have a statutory duty to be members of the Local Safeguarding Children Board (LSCB) and the Corporate Parenting Board, working in partnership with local authorities to fulfil their safeguarding responsibilities.

CCGs should ensure that robust processes are in place to learn lessons from cases where children die or are seriously harmed and abuse or neglect is suspected. This will include contributing fully to Serious Case Reviews (SCRs) which are commissioned by the LSCB and also where appropriate, conducting individual management reviews.

Health providers are required to demonstrate that they have effective leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the LSCB and their commissioners.

All health providers are required to have safe and effective arrangements in place to safeguard

vulnerable children and to assure commissioners that these are working. These arrangements include, safe recruitments, effective training of all staff, effective supervision arrangements, working in partnership with other agencies, and identification of a Named Nurse, Named Doctor (and a Named Midwife if the organisation provides maternity services) for both safeguarding and LAC.

CCG works with and ensures that all GP practices have a lead for safeguarding, who should work closely with named and designated safeguarding professionals.

Wolverhampton CCG Safeguarding and Looked after Children Team will continue to monitor WCCG compliance regarding its responsibilities for safeguarding and Looked after Children through regular self – assessments and implementation of action plans to address areas for development.

Wolverhampton CCG Safeguarding Team and Looked after Children Team will monitor that health providers have effective arrangements in place to safeguard vulnerable children through the development of effective professional relationships with the safeguarding and LAC leads in provider organisations to foster an open and transparent reporting framework in order to provide commissioners assurance at the appropriate forums and effective professional challenge as appropriate.

Wolverhampton CCG Safeguarding Children and Looked after Children Team will further develop processes to disseminate lessons learnt from the full range of reviews carried out by Wolverhampton Safeguarding Children Board to services commissioned by Wolverhampton CCG, and to monitor the implementation of the recommendations and the embedding of these into practice.

Wolverhampton CCG will continue to ensure appropriate representation is made at Safeguarding forums – including WSCB, Corporate Parenting Board and provider forums.

The designated professionals will continue to offer support and supervision for the named professionals in provider organisations and to work with the Named GP Safeguarding Children to support GPs and their staff to fulfil their roles and responsibilities to safeguard children.

## **Safeguarding – Adults**

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. As commissioners, WCCG must demonstrate the aims of adult safeguarding:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect



There are fundamental requirements for effective safeguarding in the delivery of NHS care:

- NHS Wolverhampton Clinical Commissioning Group has responsibility to assure the quality and safety of the organisations with which contracts are held, and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect. The 2017/18 safeguarding contract information requirements have been strengthened to include a safeguarding dashboard and the requirement for providers to complete a quarterly and annual assurance report using a generic template developed by the WCCG Safeguarding Team
- To prevent safeguarding incidents arising through the provision of high quality NHS care. This includes the NHS Outcomes Framework which sets out the high-level national outcomes that the NHS should be aiming to improve
- Treating and caring for people in a safe environment; and protecting them from avoidable harm.
- To ensure effective responses where harm or abuse occurs through multi-agency adult safeguarding policies and procedures.

WCCG has worked in collaboration with City of Wolverhampton Council to ensure that the Safeguarding elements of the Care Act 2014 are implemented and have also supported the development of the Adult Multi Agency Safeguarding Hub.

The Care Act (2014) represents a landmark piece of legislation to modernise and consolidate social care law (which is based on thirty Acts including the 1948 National Assistance Act). It is the most significant piece of legislation in our sector since the establishment of the welfare state.

Underlining the reforms is a vision of a more integrated approach to the design and delivery of social, housing and health care services. The Better Care Fund is a vehicle for this. It is essential that there is clarity about responsibilities in relation to safeguarding within these new arrangements and how the new system can help drive continued improvement in practice and outcomes.

Adult Safeguarding is the process of protecting adults with care and support needs from abuse or neglect. It is an integral part of what many public services do, but the key responsibility is with local authorities in partnership with the police and the NHS.

From April 2015 each local authority must:

- Make enquiries, or ensure others to do so, if it believes an adult is subject to, or at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so by whom
- Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the Clinical Commissioning Group/s) and

the power to include other relevant bodies. Wolverhampton CCG will be represented on the Safeguarding Adult Board by the Executive Director of Nursing and Quality

- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them
- Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect

WCCG has the appropriate systems in place to manage requests for contributions towards Section 42 Enquiries and other safeguarding quality issues raised for WCCG's attention. The CCG's Joint Children and Adults Safeguarding Policy (2017) and the WCCG Safeguarding Strategy (reviewed 2017) will need to be read with reference to other CCG policies as indicated within the policy and:

- Adult Safeguarding: Multi- Agency policy and procedures for the protection of adults with care and support needs in the West Midlands (2016)
- NHS England – Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015)
- Wolverhampton City Council's Local Practice Guidance

WCCG is represented on the following by the Designated Adult Safeguarding Lead:

- Wolverhampton Safeguarding Adults Board
- Safeguarding Adults Review Committee
- Learning and Development Committee
- Quality and Performance Committee
- Domestic Homicide Review Standing Panel

Prevent: Wolverhampton CCG is a commissioning organisation and as such will have limited contact with members of the public or patients. There are, however, a number of potential interactions between the organisation and the public that could result in concerns being identified regarding the radicalisation of individuals. Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo.

The CCG also has a role to oversee how the organisations from which it commissions services are complying with the requirements of the National NHS Contract and the National Prevent Strategy. The CCG will also support and promote a Wolverhampton wide approach to Prevent, ensuring that there is one standard approach to information, awareness, training, and reaction/escalation to concerns.

WCCG will ensure that it is represented appropriately, and work collaboratively, in local Prevent partnership work including:

- Channel panel
- Wolverhampton CONTEST Steering Group
- Safer Wolverhampton Partnership

The CCG's Prevent Policy and Referral process (2016) should be referred to for further information and referral processes.

Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLs) – WCCG continue to support a project hosted by Walsall CCG (provided by Dudley and Walsall Mental Health Trust) which has raised awareness and provided training across the Black Country. Valuable resources have been developed; including scenario based video's which can be accessed via Dudley CCG's website.

### NICE Assurance

There is a systematic process in place for planning, implementing, auditing and evaluating NICE guidance in the services it commissions. It accepts that NICE guidance is evidence based and represents good practice and effective use of resources.

There is an obligation to implement Technical Appraisal Guidance and consider NICE guidance issued by National Institute for Health and Care Excellence (NICE), which is the independent organisation responsible for providing national guidance and quality standards on the promotion of good health and the prevention and treatment of ill health.

NICE guidance is based upon the best available clinical evidence on what works and is cost effective evidence. There is an expectation that health professionals will take national guidance fully into account as part of their clinical practice, it is intended to support clinician's skill and knowledge.

WCCG has a responsibility for commissioning and delivering services that are compliant with NICE guidance and NICE Quality Standards in order to:

- ensure patients and service users receive the best and most appropriate treatment
- ensure the NHS resources are used to provide the most clinically and cost effective treatment
- ensure equity through consistent application of NICE guidance

Adherence to the policy will provide assurance that WCCG fulfils its responsibility to implement best practice as a matter of course and that it is working in partnership with other organisations. The principles to provide a systematic and transparent approach are:-

- Horizon scanning and forward planning
- Identification of clinical leads and service areas for dissemination
- Monitoring of local assessment and uptake
- Maintenance of WCCG data base to record actions

There are duties placed upon commissioners and providers of services, the policy defines the practical steps that should be taken to ensure treatment and practice are changed in light of new and emerging quality standards, guidance and technical appraisals. In order to obtain assurance the CCGs NICE Assurance Group (NAG) meets regularly to review progress and status with each of its commissioned providers and works closely with stakeholders including Public Health and Primary Care to enable an integrated approach to quality and care delivery.

### Commissioning Quality and Innovation (CQUINs)

NHS England this year introduced a number of changes to the CQUIN scheme which were first introduced in 2009. All CQUINs for 2017-19 are nationally mandated and will be looking harder at each provider type, and designed schemes for specific provider settings. The selection of CQUIN's for 2017-19 for our providers will fully support our strategic priorities to deliver quality and innovation. The quality team will work collaboratively to develop and monitor provider CQUINs.

The value of the CQUIN scheme will be 2.5% of Actual Contract Value as defined in the NHS Standard Contract. The percentage value earned will be dependent on provider performance.

Providers with agreed CQUINs in their contract will submit data to support performance on a monthly/quarterly basis which is then reviewed and challenged by the lead Quality Assurance Coordinator for that contract. Quarterly reconciliation meetings are held between the CCG and the provider to agree performance and identify any areas where CQUIN monies may be withheld due to performance issues. The quarterly performance is reported through the relevant CQRM and also to the Quality and Safety Committee via the Quality Report.

Commissioners may, in addition to CQUINs, offer additional incentives to providers and these are recorded as Local Incentive Schemes in the relevant schedule of the NHS Contract.

We are responsible for the following:

- Monitoring delivery of standards and quality through the commissioning process
- A duty to require and monitor delivery of fundamental standards
- Ensuring there are resources to enable proper scrutiny of our providers' services, based on sound commissioning contracts
- Ensuring assessment and enforcement of fundamental standards through contracts and the development of alternative sources of provision if necessary.

Our CQUIN selection for our main Acute and Mental Health providers for 2017-19 are:

<b>Acute Provider</b>	<b>Mental Health Provider</b>
NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing
Reducing the impact of serious infections	Child and young person Mental Health transition
E-referrals	Physical health for people with severe

	mental illness
Supporting proactive and safe discharge	Improving services for people with Mental Health needs who present to A/E
Improving the assessment of wound	Preventing ill health by risky behaviours –alcohol and tobacco
Personalised care planning	

## Clinical Quality Review Meetings

Clinical Quality Review meetings will be maintained for all of our main providers of service. The lead commissioner takes responsibility for the management of these meetings. The frequency of these meetings will be at no longer than quarterly intervals for larger providers and no longer than annual intervals for smaller providers.

A collaborative approach to monitoring the quality of care provided by smaller providers who are commissioned by multiple associates is actively encouraged.

Terms of reference for all Quality Review Meetings and Quality and Safety Committee Meetings are routinely reviewed at no longer than 6 month intervals to ensure they are an accurate reflection of the responsibilities of the both forums.

Meeting schedules will be shared with members to enable efficiency and timely information distribution of a draft agenda issued 2 weeks prior, comments/papers received and distributed 1 week prior to the meeting and minutes issued 7-10 days later.

All Clinical Quality Review meetings will be chaired by a CCG Board Member wherever possible and supported by the Quality and Risk Team with attendance at senior office level from provider organisations.

In accordance with NHS National Contract clauses, the Clinical Quality Review meetings will be managed in accordance with clinical quality review and quality requirements focusing on the providers clinical quality performance report (monthly), progress made against CQUINs and Key Performance Indicators (KPI's) etc.

## Quality Matters

Quality Matters launched in March 2012 and is a facility available to GPs, Contracted Providers and Associate Commissioners to enable concerns or requirements associated with an experience of a healthcare organisation and the impact on the quality of care received by the patient(s). There have been almost 1150 raised to date (March 2012 - March 2017).

The CCG Quality team currently receives and responds to traffic from one provider & another via the Quality Matters Communication Process. In the first instance the initial source will send a quality concern through the designated email address, where a member of the Quality Team checks emails on a daily basis. The concern(s) are then acknowledged and prioritised accordingly. Issues are evaluated and either escalated or a conclusion fed back immediately.

A response date is allocated to an individual concern and is identified by the severity of the concern raised.

Once the issue has been resolved, information is fed back to the initial source, the concern is then either closed, or the source replies with additional details that need discussion. Findings from all Quality Matters are reported on a monthly basis to relevant committees. Actions taken include changes to processes, pathways and working arrangements across all providers. The system is well used by both GPs and providers from Wolverhampton and other areas beyond the CCG boundaries.

## Quality Governance

The Quality and Safety Committee, a subcommittee of the CCG Governing Body, will be responsible for receiving assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does. This will include jointly commissioned services and supporting NHS England as regards the quality and safety of the healthcare services that it commissions on behalf of the local population.

## Assurance Reporting

A range of reports are produced routinely and in response to specific requirements by the Quality and Risk Team that are considered by the Quality and Safety Committee and where necessary other groups/forums either within or sometimes outside of the CCG.

Quality Assurance is routinely reported at an aggregated level each month to the Quality and Safety Committee and subject to scrutiny where deemed appropriate by members in line with the committee's terms of reference.

Each of the forums within the Quality Framework will receive and consider reports and information pertaining to the expanse of quality monitoring that takes place. The following forums will consider and receive such information and take decisions on whether they accept or require further detail to support a particular area of importance:-

- Quality and Safety Committee
- Clinical Quality Review Meetings
- Commissioner Mortality Oversight Group
- NICE Assurance Group
- Serious Incident Scrutiny Group
- Primary Care

There are also exception reports generated on a weekly basis that confirm the CCGs position regarding new serious incidents, number open, number overdue and an overview of concerns across the cities care homes. The report provides a quick snapshot of activity and issues to be aware of over the past week.

In addition the CCG has a well-developed and embedded Quality and Safety Trigger and Escalation Model, previously mentioned in this document and will be used to communicate rising concerns with the Medical or Nursing Directors of the provider organisations. This is a formal, written process which requires an urgent investigation and response from the Directors. These are monitored at CQRM.

## Equality, Inclusion and Human Rights (EIHR)

### Context

The Equality Act 2010 simplified and harmonised equality law. Importantly, it also strengthens the law to help tackle discrimination and inequality. The Act applies to all employers and service providers in the United Kingdom.

The Act also introduces a new specific Public Sector Equality Duty (PSED), which means all public authorities must demonstrate proactive 'due regard' to:

- **eliminate** unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- **advance** equality of opportunity between people who share a protected characteristic and those who do not;
- **foster** good relations between people who share a protected characteristic and those who do not;
- (s149, Equality Act 2010)
- There are Specific Duties which require organisations to:
- **promote transparency** – public bodies are required to publish service delivery information to show compliance, and those that employ more than 150 staff, must also publish workforce profile information, at least annually in an accessible way;
- **setting equality objectives** – public bodies are required to set their own equality objectives based on evidence and data, at least every four years as part of their strategy and be able to measure their success against their equality objectives;

The Equality Act 2010 provides protection to the following groups of people based on the protected characteristics listed below:

- age
- disability
- gender reassignment
- marriage and civil partnership – only in respect of eliminating unlawful discrimination
- pregnancy and maternity
- race – this includes ethnic or national origin, colour or nationality
- religion and belief
- sex
- sexual orientation



## Equality, Inclusion, and Human Rights

### What are Equality, Inclusion and Human Rights (EIHR)?

**Equality** is about creating a fairer society where everyone can participate and have the opportunity to fulfil their potential; it is not about treating everyone the same. It is backed by legislation designed to address unfair discrimination based on particular protected characteristics.

Equality and Diversity are not inter-changeable but inter-dependent. There can be no equality of opportunity if difference is not valued and harnessed and taken into account.

**Inclusion** is about the combination of diversity and a positive vigour and striving to meet the needs of different people by creating an environment where everyone feels respected, properly involve and empower by creating the right environment to enable all to realise and their full potential. There is recognition that some individuals and groups, for a variety of differences and reasons, find it more difficult to have their voice heard in mainstream society.

**Human rights** are the basic rights and freedoms that belong to every person. They are the fundamental things that human beings need in order to flourish and participate fully in society. Human rights belong to everyone, regardless of their circumstances. They cannot be given or taken away – although some rights can be limited or restricted in certain circumstances. For example, your right to liberty (Article 5, Human Rights Act 1998) can be restricted if you are convicted of a crime, or subject to section under the Mental Health Act.

Having ‘due regard’ means consciously thinking about the three aims of the Equality Duty:

- **removing or minimising disadvantages** suffered by people due to their protected characteristic;
- **taking steps to meet the needs of people** from protected groups where these are different from the needs of other people;
- **encouraging people from protected groups** to participate in public life or in other activities where their participation is disproportionately low

Equality Analysis (EAs) is a process enabling managers to address fundamental questions in considering and understanding how a proposal for healthcare changes, can help them to meet all service users requirements including ensuring quality. It specifically seeks to address the following issues:

- Is there any direct discrimination?
- Is there any potential for indirect discrimination?
- What engagement and involvement has been carried out and who with?
- What was the outcome of any engagement and involvement? And how has this informed the decisions made?
- Is any group disproportionately affected?
- What are the potential adverse impacts?
- What actions will be taken to mitigate any adverse impact?
- Positive impact to be highlighted

The aforementioned considerations should also be considered during any quality and risk activities, paying specific attention to people from any protected characteristic as detailed within the Equality Act 2010.

The NHS has designed a reporting framework for all healthcare organisations to use to demonstrate progress in equality, inclusion and human rights area.

The main purpose of the Equality Delivery System<sup>2</sup> (EDS<sup>2</sup>) is to help local NHS organisations, in discussion with local partners including local stakeholders, review and improve their performance for people with characteristics protected by the Equality Act 2010. There are key elements and outcomes of the EDS<sup>2</sup> that are intrinsic with aspects of clinical quality.

## **The interface between the Quality Strategy and Equality, Diversity, Inclusion and Human Rights (EIHR)**

### **The Golden Thread**

To summarise, Clinical Quality prioritises assurance of quality of care for all patients regardless of their background or circumstance. A number of operational strategies are deployed to understand all patient needs, for example listening to patient feedback and experience and acting upon that feedback, as well as ensuring that patients' NHS Constitution rights are delivered and upheld.

EIHR prioritises the understanding of the diverse communities being served, dealing with principles of fairness, respect and dignity. The NHS Constitution details a duty to protect and promote equality, inclusion and human rights for everyone. Clinical quality and EIHR are interdependent to enable service to be safe and effective for sections of the community. There is a co-dependent relationship between Quality Impact Assessments and EAs in respect of all the principles mentioned.

The interface between clinical quality and EIHR, demonstrates the CCG's commitment towards dealing fairly and equitably with issues of equality as part of the quality and risk function.

Key points are:

- the importance of ensuring that all patients receive a safe high quality and equitable service regardless of age, sex, race, disability, sexual orientation, gender reassignment, religion and belief or any other personal characteristic;
- the importance to embed equality and human rights considerations as part of all quality and risk functions/activities;
- the opportunity to improve health outcomes and reduce health inequalities;
- meeting patients cultural and religious needs;
- the importance of embedding the NHS Equality Delivery System and the Workforce Race Equality Standards (where relevant), in core activities;
- carrying out EAs to demonstrate and evidence 'due regard' and from a potential and risk perspective, clinical quality and EA's are closely related and must be linked together.

## Risk Management

The Quality Strategy is closely aligned with the CCGs Risk Management Strategy through applying equally as much rigour to the application of risk management to care quality therefore ensuring that risks are identified, recorded and duly reported. Within the scope of the risk management system care quality features strongly and is treated with all seriousness to ensure that robust mitigating actions have been identified and indeed implemented to reduce risks to patients and the services they access.

Risk Management is a key feature in the monthly assurance reports presented to the Quality & Safety Committee, also shared with Senior Management Team Meetings periodically and subject to scrutiny and oversight by a responsible director for each risk that enables ownership and furtherance of risk recording and scoring. Particular attention is paid to red risks to ensure that all reasonable action is being taken to reduce the likelihood of patients receiving care being unsafe, having a negative experience of care or care that is ineffective.

## Annual Quality Report

We will produce an Annual Quality Report to provide an overview of both quality performance within the CCG during the year and the quality performance of provider organisations from which healthcare is purchased, together with details of any action taken to address identified quality related issues. Our priorities for the following year will also be set out within the report.

We will publish our Annual Quality Report on the CCG's website.

## Summary

The CCG has a strong and effective quality function which works collaboratively with its providers and other organisations to deliver high quality services to the residents of Wolverhampton for whom it commissions health care.

Our Quality Strategy builds on these existing strengths and sets out our approach to quality over the next three years. It includes details of our specific objectives and planned programmes of work which support the CCG's overarching Strategy and will assist us to deliver our overall aim of improving individuals' quality of life and their experience of health care by commissioning high quality accessible services that reflect their needs.

# Sign up to SAFETY LISTEN LEARN ACT

## SIGN UP PACK (V1.5 Updated November 16)

### Welcome to Sign up to Safety

#### Listen, Learn, Act

**Listening** to patients, carers and staff, **learning** from what they say when things go wrong and take **action** to improve patients' safety.

Our vision is for the whole NHS to become the safest healthcare system in the world, aiming to deliver harm free care for every patient every time. This means taking all the activities and programmes that each of our organisations undertake and aligning them with this single common purpose.

Sign up to Safety has an ambition of halving avoidable harm in the NHS over the next three years and saving 6,000 lives as a result.

As Chief Executive or leader of your organisation, we invite you sign up to the campaign by setting out what your organisation will do to deliver safer care

- Describing the actions your organisation will undertake in response to the five Sign up to Safety pledges (see page 3 to 5) and agree to publish this on your organisation's website for staff, patients and the public to see. You may like to share and compare your ideas before you publish – this support will be available to you.
- Committing to turn your proposed actions into a **Safety Improvement Plan** which will show how your organisation intends to save lives and reduce harm for patients over the next 3 years. Again, support will be available, if you wish to access it, to assist in the description of these plans.
- Within your Safety Improvement Plan you will be asked to identify the patient safety improvement areas you will focus on.

To officially sign up your organisation to the campaign, please complete the following sign up form and return via email to [england.signuptosafety@nhs.net](mailto:england.signuptosafety@nhs.net)

Sign up to

**SAFETY**

## LISTEN LEARN ACT SIGN UP FORM


Organisation name: **Wolverhampton CCG**

In signing up, we commit to strengthening our patient safety by:

- Describing the actions (on the following pages) we will undertake in response to the five campaign pledges
- Committing to turn these actions into a Safety Improvement Plan which will show how our organisation intends to save lives and reduce harm for patients over the next three years.
- Identify the patient safety improvement areas we will focus on within the safety plans.
- Engage our local community, patients and staff to ensure that the focus of our plan reflects what is important to our community
- Make public our plan and update regularly on our progress against it.

Chief Executive or organisation leadership sponsor:

**Helen Hibbs**

Name	Signature	Date
Dr Helen Hibbs		15 06 17

Please tell who will be the key contact in your organisation for Sign up to Safety:

Title:	Mr	First name:	Steven	Last name:	Forsyth
Email:	stevenforsyth@nhs.net			Job title:	Head of Quality & Risk

# Sign up to SAFETY LISTEN LEARN ACT

## The five Sign up to Safety pledges

**1. Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans

*We will support our acute and mental health trust in reducing the number of avoidable pressures ulcers and falls causing harm through working collaboratively to learn from incidents and prevent recurrences.*

*Through implementation of the Sepsis CQUIN during 2015/16 seek to ensure our patients are treated in accordance with the prescribed pathway to prevent ill health in patients in an acute setting.*

*Prevent avoidable admissions from care homes through initiatives we have in place to provide care in the right place at the right time using our Hospital In-reach Team and other projects that enable care to be provided closer to home.*

*Promote the management long term health conditions in primary care and community setting to prevent admission to hospital.*

*Our pledges are summarised as follows:-*

- *Reduced Harm from Avoidable Falls*
- *Reduced Harm from Avoidable Pressure Ulcers*
- *Reduced Harm through implementation of Sepsis 6*
- *Prevent Avoidable Admissions to Hospital*
- *Management of Long Term Conditions in Primary Care & Community*

**2. Continually learning.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are

*We will promote the use of Quality Matters to share information and learn from feedback shared via primary care and/or our providers so that we are able to strive to continuously improve patient safety, patient experience and clinical effectiveness.*

# Sign up to

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# SAFETY

## LISTEN LEARN ACT

**3. Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

*We will be open and honest with our patient groups and the public through sharing our trend reports generated through Quality Matters and in response to feedback from patients and the public in line with our Patient Engagement Strategy.*

**4. Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use

*We will work with Healthwatch, providers and the Local Authority to ensure that so far as is reasonably practical we identify trends, identify learning opportunities and take action to prevent recurring themes continuing in the future.*

**5. Being supportive.** Help our people understand why things go wrong and how to put them right. Give them the time and support to improve and celebrate progress

*We will strengthen information sharing with member practices to enable quality improvement and work to respond to the findings of the GP patient survey, patient surveys in hospital settings and in response to feedback from our Patient Participation Groups.*



## Glossary of Abbreviations

<b>ACP</b>	Advanced Care Plan
<b>AMR</b>	Antimicrobial Resistance
<b>ANP's</b>	Advanced Nurse Practitioners
<b>CCG</b>	Clinical Commissioning Group
<b>CQC</b>	Care Quality Commission
<b>CQR</b>	Contract Quality Review
<b>CQRM</b>	Clinical Quality Review Meeting
<b>CQUIN</b>	Commissioning For Quality And Innovation
<b>CSU</b>	Commissioning Support Unit
<b>DoLs</b>	Deprivation of Liberty Safeguards
<b>EA's</b>	Equality Analysis
<b>EDS2</b>	Equality Delivery System2
<b>EIHR</b>	Equality Diversity Inclusion & Human Rights
<b>EoLC</b>	End of Life Care
<b>GP</b>	General Practitioner
<b>GPFV</b>	General Practice Forward View
<b>GPN</b>	General Practice Nurse
<b>HEE</b>	Health Education England
<b>HEWM</b>	Health Education West Midlands
<b>HSJ</b>	Health Service Journal
<b>KPI</b>	Key Performance Indicator
<b>LA</b>	Local Authority
<b>LAC</b>	Looked after Children
<b>LMC</b>	Local Medical Committees
<b>LSCB</b>	Local Safeguarding Children Board
<b>MASH</b>	Multi Agency Safeguarding Hub
<b>MCA</b>	Mental Capacity Act
<b>MORAG</b>	Mortality Oversight Review Assurance Group
<b>MPCNF</b>	Macmillan Primary Care Nurse Facilitator
<b>NAG</b>	NICE Assurance Group
<b>NHSE</b>	NHS England
<b>NICE</b>	National Institute for Healthcare Excellence
<b>PCC</b>	Primary Care Commissioning
<b>PH</b>	Public Health
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention
<b>QNA</b>	Quality Nurse Advisors
<b>RCA</b>	Root Cause Analysis
<b>RWT</b>	Royal Wolverhampton Trust
<b>SAB</b>	Safeguarding Adults Board

<b>SAR</b>	Safeguarding Adult Review
<b>SCR</b>	Serious Case Review
<b>SI('s)</b>	Serious Incidents
<b>SISG</b>	Serious Incidents Scrutiny Group
<b>SPACE</b>	Safer Provision and Care Excellence
<b>STP</b>	Sustainability Transformation Plan
<b>WCCG</b>	Wolverhampton Clinical Commissioning Group
<b>WRES</b>	Workforce Race Equality Standard