Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Commissioning for Quality Strategy

Governing Body meeting

F

2 April 2015

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Is your report for Approval / Consideration / Noting

Approval

Are there any Resource Implications (including Financial, Staffing etc)?

Financial and Staffing – to be confirmed

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?

Strategic Objective
2. To improve the quality and equality of healthcare in Sheffield

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
In progress

PPE Activity

How does your paper support involving patients, carers and the public?
The strategy details the development of patient experience measures.

Recommendations

The Governing Body is asked to consider and approve the strategy.

NHS
Sheffield
Clinical Commissioning Group

Commissioning for Quality Strategy 2015 - 19

Prepared by:
Sheffield CCG Clinical Quality Team
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"All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support" (Berwick 2013).

1. Background

Sheffield Clinical Commissioning Group (CCG) is part of the commissioning landscape put in place since April 2013. The CCG brings together local GPs and experienced health professionals to take on commissioning responsibilities. These include:

- improving the health and wellbeing of our population
- planning and commissioning all local health services including community and hospital services
- making sure that the services are delivering the highest standards of care and treatment

At a time when the NHS and Local Authorities face huge financial constraints, there is an increasing demand for services. Improving quality will require the CCG to work closer with Social Care, the public and our health providers to deliver positive patient outcomes, defined in the NHS Outcomes Framework (2015/16) and the transformational approach to delivering health care described in the 'Five Year Forward View' (October 2014), and in planning guidance (December 2014).

We have an excellent track record as a local health commissioner, with strong clinical / managerial leadership, effective relationships with our providers and partnership working across the city. We continue to be high performing, showing leadership in a range of national initiatives. The CCG will continue to keep a relentless focus commissioning high quality services and achieve positive health outcomes, and the Governing Body will ensure that quality, safety and the public voice is at the heart of commissioning decisions.

2. What is our Ambition?

The CCG has clear responsibilities in relation to commissioning for quality, informed by the NHS constitution (2011):

- To ensure that services we commission are safe, effective, provide good patient experience and continuously improve
- To secure health services that are provided in an integrated way, working in partnership with the Local Authority
- To actively seek patient feedback on health services and engage with all sections of the population with the intention of improving services
- As a membership organisation, working with NHS England, support primary medical and pharmacy services to deliver high quality primary care

Our ambition is to be an excellent performing CCG, commissioning services that ensure that the residents of Sheffield receive high quality, safe health care, delivered in the right place by staff with appropriate skills. Specifically we will ensure the following:

Figure 1 NHS Sheffield CCG's Ambitions

3. Why do we need a strategy?

Previous commissioning organisations in Sheffield have defined a strategy for quality. Over the last five years there have been significant changes to the NHS system and a range of new national quality initiatives have been introduced. These have followed the discovery and investigation of a number of failing NHS services. It is now timely that the CCG redefines its position and ambition for quality.

The strategy sets out our key principles and describes how we will continue to make commissioning high quality accessible services the highest priority and place this at the centre of everything we do. We anticipate that the strategy will be sufficiently flexible to respond to a changing commissioning and healthcare environment. It explains how we commission for quality and describes our ambition and future goals. It also identifies key drivers, our infrastructure, governance and assurance arrangements and will set out a clear delivery plan.

COMMISSIONING FOR QUALITY

4. What is Quality?

It is important to understand what we mean by 'quality'. A simple description of high quality services was defined by Lord Darzi (2008) as:

Figure 2 High Quality Services Model

The Care Quality Commission (CQC) set out a framework in 2014 to measure quality based on this description and defined high quality services as:

Safe	People are protected from abuse and avoidable harm.
Effective	Care, treatment and support achieve good outcomes, promoting a good quality of life and based on the best available evidence.
Caring	Staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	Services are organised so that they meet people's needs.
Well-led	The leadership, management and governance of the organisation/service assure the delivery of high-quality person-centred care, supporting learning and innovation, and promoting an open and fair culture.

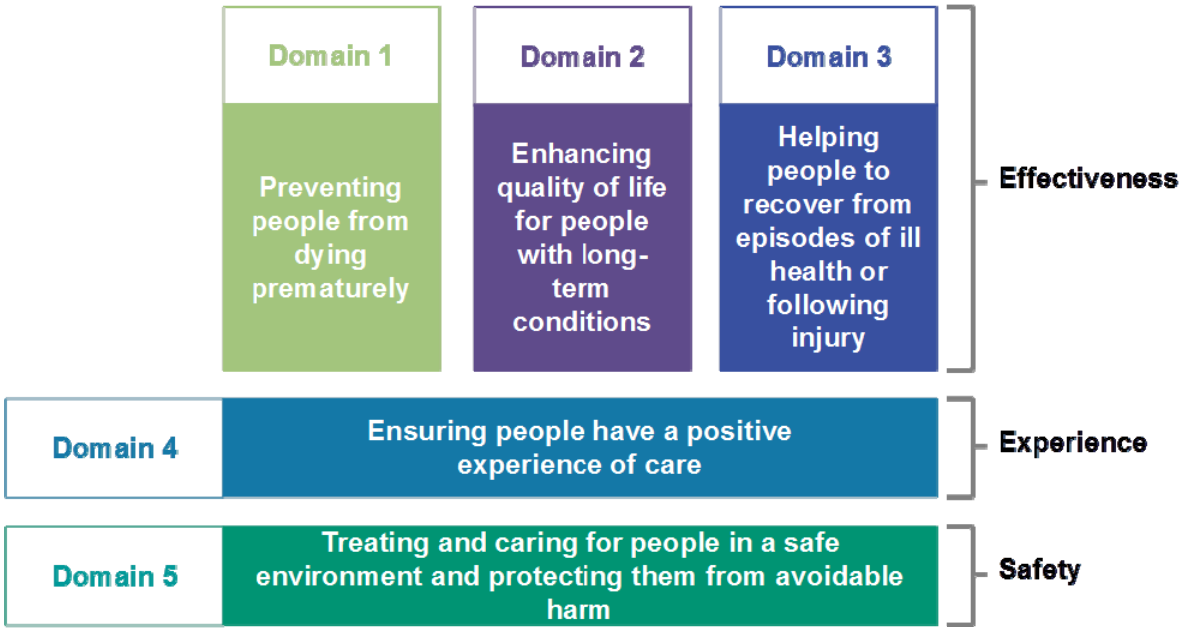
5. What influences NHS quality?

National Quality Board
The National Quality Board (NQB) is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS. The Board has produced guidance and reports relating to a number of quality issues - human factors in healthcare and safe staffing levels. During 2015 the board will be revitalized and develop system wide approaches to quality improvement.

NHS England Five Year Forward View
In October 2014, NHS England described the ambition of the NHS - to introduce a transformational approach to Health care including strengthening primary care, joint NHS commissioning with local government and introducing entirely new models of care. In relation to quality and safety, new plans include the following:

- Improving clinical accountability
- Improving participation in local patient safety collaborative programmes and sign up to safety
- Ensuring the NHS Outcomes Framework indicators are delivered and increase transparency of patient outcomes data
- Introducing new quality incentive indicators - Commissioning for Quality and Innovation (CQUIN) for sepsis and acute kidney injury
- Reducing antibiotic prescribing

NHS Outcomes Framework
The Framework was developed in December 2010, and is updated each year. It outlines outcome indicators delivered at CCG level, which are grouped in five domains and focus on health improvement and reducing health inequalities. The five domains are:



The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must give due regard in the course of their duties to the need to eliminate discrimination, harassment and victimisation, advance 'Equality of Opportunity' and foster good relations with the public.

Inequalities in access to care and outcomes achieved between patients groups, and the degree of involvement and patient choice, are known determinants that impact on the quality of care and patients experience of care.

Learning Lessons from National Reviews

During the last few years there have been a number of investigations of hospitals and care homes that have highlighted the tragic consequences of poor care and treatment, neglect and abuse. This has resulted in decisive action from the Department of Health (DH) including further in-depth inspections of poorly performing Hospitals/Care homes, a national review of patient safety, complaints and support worker training. The two notable reviews are Winterbourne View (2012), a Hospital for people with Learning Disabilities, and the Francis public inquiry into Mid Staffordshire Hospital (2013). As a result of lessons learned, policy changes and guidance has been introduced. These include:

- DH Nursing Strategy – 6C's
- A review of the CQC regulatory process and the appointment of Chief Inspectors of Hospitals, social and primary care
- Guidance on involving patients and the public in services
- Publishing Clinical Outcome data by Consultants
- Nursing/Midwifery and fast track leadership programmes
- Friends and Family Test – initially within acute services but for expansion to all NHS providers by April 2015
- 'Hard Truths' (2013) The government's response to the Francis inquiry
- New legislation – Duty of Candour; being open with patients and families
- Publishing ward staffing levels

6. How is Quality Regulated?

There are a number of organisations that are responsible for the regulation of NHS quality in England. The process is set out to influence improvements in quality and provides additional intelligence and assurance for the CCG.

Care Quality Commission (CQC)

The CQC is the main NHS regulator of the quality of healthcare. Their role is to check whether hospitals, care homes, GPs, dentists and services in peoples home are meeting essential standards. The CQC inspects services, publishes findings and provides monthly 'Intelligent Monitoring Reports'. New quality frameworks for each health care setting have recently being produced within 'provider handbooks'.

We have a relationship with the CQC at local and regional level and we are involved in the regulatory process as follows:

- A member of South Yorkshire and Bassetlaw 'Quality Surveillance Groups' and raising serious concerns directly with the CQC regarding individual providers
- Giving intelligence and perspectives of providers prior to site inspections and participation in focus groups during the inspection
- Agreement and performance management of provider action plans

Monitor (NHS Foundation Trusts)
Monitor is the sector regulator for health services in England and ensures that *NHS Foundation Trusts* are well led, that the NHS payment system promotes quality and efficiency, and that procurement, choice and competition operate in the best interests of patients. Monitor can take action against Foundation Trusts when there are quality issues, identified either through CQC inspections or via commissioners raising concerns directly to Monitor.

NHS Trust Development Authority (TDA)
The TDA oversees NHS Trusts, and holds them to account across all aspects of their business, whilst providing them with support to improve services and ensure they are high-quality and sustainable – and move to Foundation Trust status. The TDA works directly with a number of other bodies, and commissioners in relation to service reconfigurations and to address any quality concerns.

7. How do CCG's Measure Quality?

There are a number of nationally defined frameworks, standards, guidance and targets that set out what CCG's and provider organisations need to deliver or be compliant with. These range from legal requirements, national policy, and evidence based guidance to local targets that are enforced via the regulatory and contracting process described later.

Care Quality Commission regulatory inspection frameworks
The CQC provides definitive quality frameworks for all provider organisations and has recently published new 'Provider and Primary Care handbooks'. These detail key lines of enquiry based on the CQC quality framework and form the basis of the CCG quality framework and are used to monitor the quality care of providers. Further guidance for providers has also been published in March 15.

National Institute for Health and Care Excellence (NICE)
NICE provides advice and national guidance on pathways, standards and indicators to improve health and social care. Guidance is continually updated and informs the majority of NHS evidence based practice and commissioning decisions.

Professional guidance
Guidance from professional bodies also defines evidenced based practice and often used to inform quality frameworks.

CCG Outcomes Indicator Set (OIS)
This data provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes. The indicators measure outcomes at CCG level to help inform priority setting and drive local improvement. The areas covered by the indicators contribute to the five domains of the NHS Outcomes Framework. The CCG OIS does not set thresholds or levels of ambition.

ABOUT THE CCG

8. Who do we commission healthcare from?

We commission services from a range of providers; both NHS and Independent Sector and we act as lead commissioner on behalf of CCG's across the region. The public has a right to the choose treatment and care in the NHS and the choice of care and provider should be offered, depending on what is available locally.

Our main providers that we commission services from with the highest contract value are:

NHS Hospitals	Other NHS	Other
• Sheffield Teaching Hospital FT - Lead Commissioner • Sheffield Children's Hospital FT - Lead Commissioner • Sheffield Health and Social Care FT	• YAS / 111 - SY & B - Lead Co-Commissioner • YAS / 999 - Lead Co-Commissioner • YAS Patient Transport Services - Lead Commissioner for South Yorkshire	• Independent Hospitals - Claremont • St Luke's Hospice • Continuing Health Care - range of providers

Figure 3 NHS Sheffield CCG's Main Providers

Continuing Health Care (CHC) and Individual Funding Requests (IFR)
We currently commission services from Commissioning Support, to arrange packages of continuing healthcare, funded nursing care and aftercare from a range of providers. These include nursing homes, domiciliary care and supported living. Some patients have a personal health budget, which is used to arrange care using providers of their choice. Working jointly with the Local Authority (LA), we monitor the quality of these providers and manage the market, as both organisations commission similar services.

The CCG also commissions services for people who have an individual funding request approved, where people require a bespoke clinical service that is either rarely required, (and thus not regularly commissioned), or relate to exceptional circumstances.

Primary Care
NHS England manages primary care contracts; however the CCG may be involved in co-commissioning these contracts in the future. This includes contracts for General Practice, Pharmacy, Dentists and Optometrists. The CCG however has a number of small contracts with GP's called Locally Commissioned Services (LCS).

The CCG has a duty to provide support and advice to primary care in relation to quality improvement. We currently provide the following services:

- Safeguarding Adults and Children including Prevent and Mental Capacity Act. Support is provided via Designated /Lead Nurses and Doctors and Named Doctors in Primary Care
- Infection Control; a 3 year programme of practice reviews and bespoke training for nursing and administrative staff
- Audit and Effectiveness and Research – supporting audit relating to LCS, audit/research relating to all aspects of primary care and bespoke training.
- Medicines Management support to General Practice & Community Pharmacy - the team work to drive improvements in quality, cost effectiveness and equality of healthcare relating to medicines and long term conditions management; improve patient experience; improve access to cost effective evidence based treatments; and reduce variation. The Medicines Strategy 2014 -16 details plans to achieve the above.
- A bespoke two year Quality Incentive Scheme (QIS), based on CCG priorities within Commissioning portfolios - commenced in 2014/15.

Commissioning intentions 2014 – 16
The CCG Commissioning Intentions describes our vision, ambitions, and priorities for action in 2014/15 and 2015/16 in respect of the services we plan to commission, and we share this with providers, partner organisations, and local public. These intentions inform our contract negotiations and detailed business planning to 2016.

9. Who are our Partners?

We have a duty to work with partners and regulators to drive quality improvement of our providers and raise standards of care. Our key partners are:

NHS England (NHSE)
In addition to primary care, we work with NHSE as co-commissioners of services to agree contracts, and manage Serious Incidents and underperformance.

Local Authority
The Local Authority (LA) commissions social care and specific public health services. The key areas of joint work with the LA are agenda; Mental Health/Learning Disabilities; Safeguarding Adults and Children and Infection control. As part of the integration agenda, there is also a range of services that the CCG is working with the LA to jointly commission within the 'Better Care Fund' and we have a duty to maintain high quality care for these services. The

Better Care Fund aims to improve the quality of health and social care to enable people to live independently in the community for as long as possible, by joining up services around the individual person and their individual needs.

Healthwatch England
Healthwatch has statutory powers to ensure that the voice of the public is heard by those who commission, deliver and regulate health and care service. Sheffield Healthwatch brings a local picture of issues that matter most to patients and the CCG is able to triangulate this information with existing Data.

Health Education England (HEE)
Health Education England hosts the Local Education and Training Board (LETB) and is responsible for the training and education of NHS staff, both clinical and non-clinical, within their area and is made up of representatives from local providers and commissioners of NHS services.

The National Institute for Health Research (NIHR)
The institute provides the framework through which the Department of Health can position, maintain and manage the research, research staff and research infrastructure of the NHS in England as a national research facility.

Academic Health Science Networks (AHSN)
AHSNs aim to drive adoption and spread of innovation across all areas of healthcare provision and population health, specifically deliver improvements in the way the NHS identifies, develops and adopts new technologies.

10. How are we organised?

Effective commissioning for quality requires input at all stages of the commissioning cycle – see Appendix 1. The CCG has a system of matrix management that enables delivery of CCG business. Our delivery model is based on five clinical portfolios, led by experienced GP's, supported by management teams. These are:

- Acute Urgent Care
- Acute Elective services
- Long Term Conditions, Older People, Cancer and End of Life
- Children, Young People and Maternity
- Mental Health, Dementia and Learning Disabilities

Quality commissioning is integrated into each portfolio and our approach to delivery and service improvement is a via programme management model. The Quality team work together with Finance, Contracting and Operations teams in relation to monitoring targets/standards and managing performance.

11. Who is the CCG Accountable to for the Quality of Care?

NHS England
NHSE holds the CCG to account for quality and patient outcomes via the CCG Assurance Framework (June 2014). NHSE is an executive non-departmental public body of the Department of Health (DH) and oversees the budget, planning, delivery and operations of the commissioning side of the NHS in England.

In relation to quality, NHSE has two roles: to support CCGs, and to drive continuous improvements in quality within the services they directly commission. CCGs and NHS England will need to work closely in the future to drive quality improvement in primary care as part of co -commissioning.

Performance of providers is monitored jointly via the SY & B ***Quality Surveillance group,*** chaired by NHSE, bringing together different parts of the system to identify and manage potential or actual serious quality failures. Members include CCG's, CQC, Monitor, Public Health England and Healthwatch.

12. Who is accountable for quality in the CCG?

Every member of staff is accountable for commissioning for quality but a number have specific responsibilities. The Accountable Officer has overall accountability, delegated to the Chief Nurse and Medical Director. Senior clinical and management staff are directly responsible for quality including:

- Clinical Directors – Portfolios
- Deputy Chief Nurse
- Head of Medicines Management
- Head of Clinical Services
- Quality Managers
- Contract Account Managers
- Commissioning Managers

Staff Teams who are responsible for Quality Assurance and Improvement include:

- Serious Incidents
- Infection Prevention and Control
- Clinical Audit, Effectiveness and Research
- Safeguarding Adults and Children / Looked after Children
- Patient Feedback and Complaints management
- Medicines Management and Practice Support Team
- Primary Care Development
- Continuing Health Care and IFR

These teams are supported by the Programme Management Office.

13. What are our Governance Arrangements?

We have structures and reporting arrangements that are set up to receive reports on performance, escalation of concerns and decision making. The two key decision making forums concerned with Quality are:

Governing Body
The Governing Body meets monthly and receives reports on standards, targets, patient feedback, serious incidents and safeguarding. Decisive action is taken regarding the management of providers where performance concerns are raised.

Quality Assurance Committee
The Quality Assurance Committee's is a subcommittee of the Board and is the key forum that monitors and reviews the quality of care given by all providers. The Committee makes decisions and recommendations to Governing body on the management of providers in relation to quality and will be responsible for ensuring this strategy is delivered.

Other Committees and groups also have a role to play with regard to quality assurance:

Audit and Integrated Governance Committee
This committee is also a subcommittee of the board and receives reports from the Assurance and Governance committee.

Commissioning Executive Team
The team provides clinical leadership and drives the business of the CCG. Its programme of work is driven by the CCG commissioning intentions and portfolio and service quality improvement projects.

Commissioning Executive Team Approvals Group
The group make decisions on mandates for change and approval for projects to proceed.

Programme Management Delivery Group
This group ensure that projects approved by Approvals group are delivered.

Clinical Reference group
This provides clinical advice in relation to clinical quality initiatives, clinical effectiveness and care pathways.

Patient Experience and Engagement Group
The group ensures that all decisions made by Sheffield CCG have been informed by the appropriate level of input from patients, carers and the public. It also ensures that the statutory requirements for engagement have been met regarding public involvement and consultation.

City Wide Partnership responsibilities
The CCG is a membership of a number of partnerships Boards hosted by the Local Authority including safeguarding adults and children.

14. How do we get Assurance of the quality of care?

The CCG has a Quality Assurance framework to ensure that we systematically review and manage performance of our providers via a six stage process:

Figure 4. Sheffield CCG - Quality Assurance Framework

Agreeing standards and targets within contracts

The majority of quality requirements are defined in our contracts with providers. We also work closely with NHSE Area Team to agree standards and key performance indicators across the South Yorkshire and Bassetlaw footprint to encourage consistent practice.

NHS Standard Contract

The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. Within the contract there are detailed quality requirements which are updated annually and set out within a 'Quality Schedule' for providers. Services that are not on this type of contract will similarly have clear quality requirements defined.

Within the contracting process, we also agree year on year improvements to services and key performance indicators - complimenting existing quality incentive schemes.

Quality Incentive Scheme (Commissioning for Quality and Innovation - CQUIN)

CQUIN is a scheme has been in place since 2009 and links part of provider income to the achievement of quality goals and targets. Organisations providing healthcare services under the NHS Standard Contract can earn incentive payments of up to 2.5% of their contract value by achieving agreed national and local goals for service quality improvement. The scheme will continue for 15/16.

Receiving and analysing quality data
We have a wide range of communication channels with all our providers and have a wide range of communication channels, receiving effective and timely data - including annual quality reports. Data is received via national reporting systems and data bases, and local data reports. The majority of data is received via a systematic routine flow of information via provider's internal reporting processes. This is facilitated by a senior CCG staff being a member of each Foundation Trust Quality / Governance Committee and other sub groups relating to clinical quality reviewing this data as it is reported by the provider.

The CCG also receives and manages complaints regarding services that the CCG commissions and services provided by the Commissioning Support Services. This information is used appropriately to make improvements to services.

Triangulation with other data
In order to develop a comprehensive understanding of provider performance, it important to triangulate data sources relating to all three areas of quality - safety, effectiveness and patient feedback. This is undertaken via the maintenance of quality dashboards informed by both local and national performance and CQC information that brings together all data relating to a provider / service. Regional and national benchmarking data is also used to compare provider's performance and identify areas of concern.

Review of performance with providers
The CCG places a significant emphasis on sustaining effective relationships with providers. This promotes collaborative working and transparency, enables timely intelligence sharing and fosters cooperation. Within the CCG we review performance via a number of internal forums that include contract and CQUIN's, Serious Incidents, safeguarding and provider Cost Improvement Programmes. We meet with providers regularly via:

- Board to Board meetings
- Executive and clinical 1:1 forums
- Clinical visits by clinical and managerial leads
- Formal clinical Contract Review Meetings (see below)

<u>Contract Clinical Quality Review Meetings</u>
Monthly contract meetings have been in place since April 2009 with all key providers using the national standard contract where the CCG is lead commissioner. The CCG membership includes the contract Account Manager, GP Clinical Lead and Quality Manager. The quality requirements within the contract are discussed and any concerns raised and managed.

Raising concerns and implementation of contract levers
The CCG approach is to provide support and incentivise improvement to the quality of services. There is however a clear escalation framework in place that is supported by the contracting process. This enables the assessment of risk via a risk matrix agreed across SY & B. A risk assessment is undertaken and concerns are prioritised and managed. The model of escalation we employ has been

agreed across SY & B and this is detailed in Appendix 2 - Quality Assurance Framework and Escalation Process for NHS Providers.

Sharing good practice and lessons learned
Working in partnership with NHSE and local CCGs, we share good practice across Sheffield and SY & B in all areas of healthcare – across Foundation Trusts, independent providers, primary care and particularly lessons learned from CQC visits, serious incidents, safeguarding reviews.

Additional assurance regarding the effectiveness of these processes within the CCG is provided by an annual programme of Internal Audit.

QUALITY OBJECTIVES

15. What are our Objectives?

We have identified 6 objectives to deliver over the next three years:

1. Improve governance, assurance and management processes
2. Ensure effective partnership and stakeholder relationships
3. Commission for innovation and continuous improvement
4. Improve quality in care home and domiciliary providers
5. Ensure that CHC and IFR deliver high quality services
6. Promote quality improvement and innovation within Primary Care

Objective 1
IMPROVE GOVERNANCE, ASSURANCE AND MANAGEMENT PROCESS

Strengthening Clinical / Managerial Leadership
A key recommendation from recent national inquiries has been the development of strong clinical and managerial leadership. We will continue to develop our Governing Body via development sessions and review the current GP Quality Lead role to ensure we have effective clinical leadership.

This year five new Clinical Portfolio Directors have been appointed to drive the work of the portfolio's and these roles will be developed further during 15/16.

We will proactively promote and develop leadership skills within the quality team. Specifically within safeguarding and patient experience; we are undertaking a review of current capacity to ensure we have effective managerial and clinical leadership.

Development of the CCG Workforce
We recently appointed a GP Lead to facilitate the clinical skills development of GP's and Practice Nurses. We will introduce a new approach to clinical education this year - more clearly linked to our commissioning intentions - which includes specific 'masterclass' events on mental health and paediatrics for GP's and Practice Nurses. This approach will be rolled out across other topics during 2016. Also, new dedicated Practice Nurse Protected Learning Events (PLI's) will

be delivered. The CCG Organisational Development Strategy details further development initiatives.

Revalidation of Nurses
We will work towards national requirements to put in place systems for the revalidation of nurses within the CCG and provider organisations.

Strengthen quality assurance processes
Following significant changes to the NHS system we will maintain a focus to continually improve our quality assurance systems. We want to fully integrate the quality agenda with each of the portfolios to ensure that we have effective communication. We annually review the CCG quality schedules and dashboards to encompass new national and local requirements and ensure these requirements are embedded in contracts. We intend to produce more objective measures to rate performance of providers to ensure a consistent approach to data monitoring.

We have in place an escalation process for concerns which has been agreed across South Yorkshire and we will ensure our approach is consistent with other CCG's. This includes the undertaking of more in depth reviews and walk around of services where concerns are highlighted.

To promote transparency, we will ensure our website and intranet site has timely and relevant information for the public and staff sharing educational and supportive tools.

Objective 2
ENSURE EFFECTIVE PARTNERSHIP AND STAKEHOLDER RELATIONSHIPS

Partnership relationships
We believe that working with our partners is vital in the process of quality assurance and improvement. We will strengthen our relationship with Healthwatch to ensure that patient feedback is triangulated with CCG data and contributes to the intelligence relating to providers. We want to foster closer working relationships with the CQC, as far as the system allows, and improve collaboration in relation to provider data and performance, raising concerns and managing recovery plans.

We will establish effective relationships with Lead Commissioners for Yorkshire Ambulance Service (YAS) and continue as lead CCG on behalf of S Y & B CCG's.

During 2015/16 the co-commissioning Primary Care will require closer collaboration with NHS England.

We will work closer with the Local Authority to deliver the Better Care Fund programme and ensure that high quality services are delivered.

Objective 3
COMMISSION FOR INNOVATION AND CONTINUOUS IMPROVEMENT

Commissioning for innovation
Innovation is fundamental to improve health outcomes. The CCG will continue to implement the 15/16 CQUIN's Quality Incentive Scheme national and new local indicators for providers on the national standard contract.

With regard to Personal Health Budgets, we will ensure that this system is delivered for service users who are eligible for continuing healthcare.

Increase involvement in Programme Management
With the introduction of the Programme Management (PM) approach and Office during 14/15, the CCG will need to ensure that service improvements are safe and clinically effective. We will develop the contribution of quality to the PM approach and ensure that advice and support is provided to all stages of the project management approach.

Improvements to Patient Safety
We will deliver improvements to a range of patient safety issues. We will review our system for managing provider serious incidents with a view to placing more focus on the implementation of action plans, lessons learned and sharing good practice across the health system. Alongside this we will collaborate with providers in relation to the national 'Sign up to safety programme' to ensure the CCG is engaged with this process.

Following the national and regional concerns raised regarding safeguarding, we will ensure that new national requirements for health relating to safeguarding adults and children – including the "Prevent" programme and child sexual exploitation, are introduced across Sheffield.

In relation to medicines safety, we will be working with our Foundation Trusts to increase the reporting of medicines incidents at STHFT and SCHFT.

Working closely with the LA we will ensure that any patient eligible for continuing healthcare, when it is in his/her best interest to be deprived of their liberty, has the deprivation appropriately authorised.

The CCG has established a level of research capacity and next year and we intend to build further capacity and capability to deliver the research agenda (see also Objective 6 - Primary Care).

Patient Experience
We have developed a patient experience strategy to enable the CCG to effectively utilise patient feedback in commissioning. In order to deliver this, a review of the current capacity and capability within the patient experience team will be undertaken. The CCG will also work to deliver the Quality Premium targets for patient experience relating to the friends and family test.

Objective 4
IMPROVE QUALITY IN CARE HOME AND DOMICILIARY PROVIDERS

This objective refers to care provided for people eligible for continuing healthcare, a joint package of health and social care or where there is a health contribution to their aftercare plan. Working jointly with the Local Authority, the CCG inspects care homes at least every two years and contracted home care providers are inspected at least annually. Where concerns are identified, providers will be inspected more frequently. We also collaborate with the LA to assure quality where the Council procures domiciliary care on behalf of the CCG.

Care Homes
In order to improve the capability of care homes to deliver high quality care, we plan to review the nature and timeliness of training and support provided to staff working in care homes. In addition we will be introducing a new contractual framework for specialist nursing home placements, to enable quality improvements to be specified and monitored.

Domiciliary Care
In order to improve access and quality of services, we will be introducing a new quality monitoring processes for directly commissioned domiciliary care

Objective 5
ENSURE THAT CHC AND IFR DELIVER HIGH QUALITY SERVICES

We implement the NHSE Quality Assurance Framework for CHC and strengthen the CCG accountability systems for the delivery of CHC, retrospective reviews, IFR and services for patients who have been detained.

Objective 6
PROMOTE QUALITY IMPROVEMENT AND INNOVATION IN PRIMARY CARE

CCG Responsibilities for Primary Care Improvement
We aim to improve patient safety and the sharing of findings from Significant Event Analyses and Serious Incidents. Supported by the CCG team, we will ensure that primary care has the capability to manage vulnerable people and safeguard adults and children across Sheffield. A programme of Infection Prevention and Control audit, training and improvement has commenced this year, as part of a two year programme to support primary care.

We will also promote clinical audit, the participation in research within practices - including Protected Learning Initiatives (PLI) and other educational events, see Objective 1.

We have a responsibility to drive up standards of prescribing in primary care and we will develop and implement a Medicines Management Team Information System (MTIS) in general practice, to drive up quality in prescribing. We will also undertake a pilot in the four GP Localities - one GP practice in each locality - to improve communication between GP’s and Community Pharmacists to work together regarding patient medication.

Primary Care Commissioning Responsibilities
We have agreed to level 1 co-commissioning of Primary Care and we will establish a model of working with the Area Team and CCG partners. For Locally Commissioned Services we will continue to strengthen quality assurance processes for these services including best practice and clinical audit findings.

We intend to strengthen further clinical involvement via portfolios in relation to commissioning CQUINS schemes from our providers.

16. Monitoring and reporting of this strategy

The Quality Assurance Committee will be responsible for ensuring this strategy and plan is delivered. The Deputy Chief Nurse will review the strategy annually.

17. Supporting CCG Clinical Quality Strategies

Safeguarding Children's Strategy
Safeguarding Adults Strategy
Medicines Strategy (In progress)
Patient Experience Strategy (in progress)
Communication and Engagement Strategy
Organisational Development Strategy

References
Berwick D. (2013) A Promise to Learn – A Commitment to Act: Improving the safety of Patients in England.
Department of Health (2008) High Quality Care for All 'NHS Next Stage Review – Final Report
Department of Health (March 2011) The NHS Constitution
Department of Health (November 2013) Hard Truths - The Journey to Putting Patients First
Department of Health (updated 2015/6) NHS Outcomes Framework
NHS England (December 2015) Five Year Forward View into action – Planning for 2015/16

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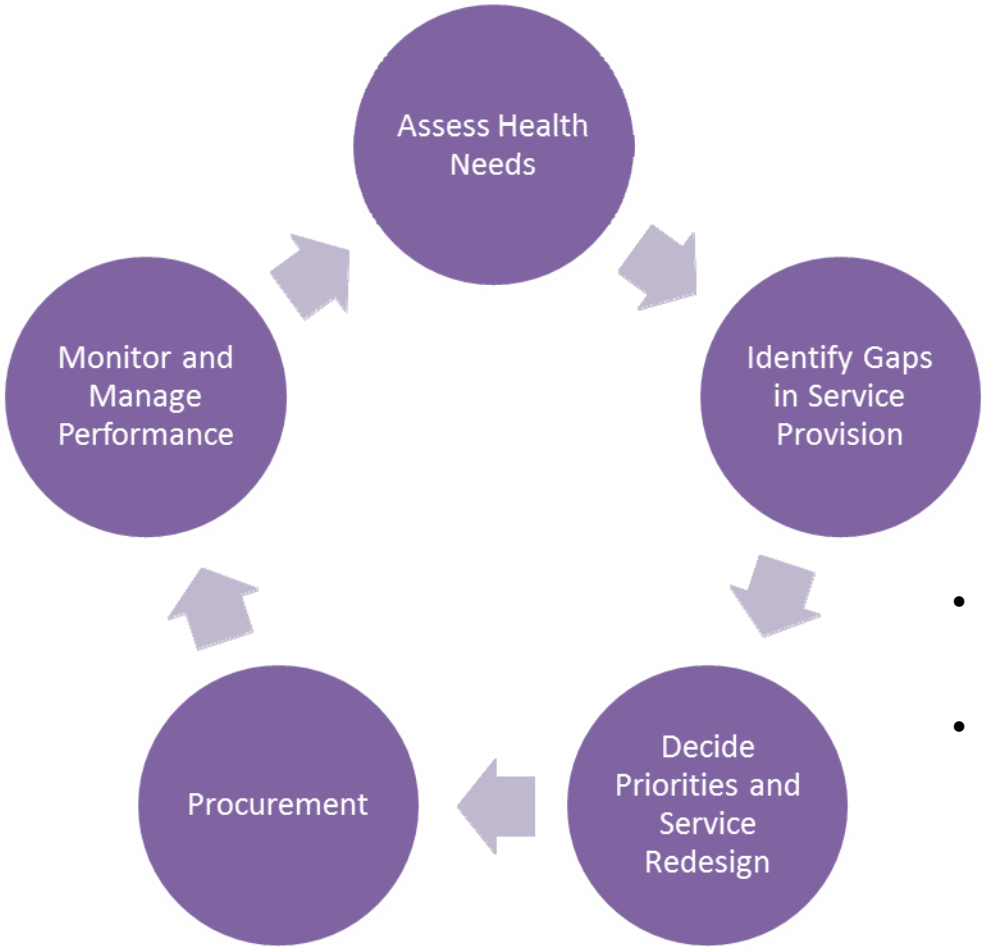
Appendix 1

Quality in the Commissioning Cycle 2014



- Timely and accurate quality data flows
- Review provider performance data
- Information sharing
- Contract Quality Review meetings
- Escalation and contract levers for underperformance
- Provider quality visits

- Identify gaps in Quality via review of services. Data sources – safety, effectiveness and patient/staff feedback
- Triangulate both qualitative and quantitative to give a full picture of quality

- Service specifications to be clinical outcome based and include key performance and quality indicators
- Quality schedules in contract

- Redesign services to improve quality
- Involvement of patients in redesign
- Outcomes to be derived from best evidence/practice and patient feedback
- Consider de-commissioning poor quality services

Appendix 2

S Y & B Clinical Commissioning Groups / NHS England
Quality Assurance Framework and Escalation Process for NHS Providers

<table>
<tr><th>Local Assurance</th><th></th><th>Review Method</th><th>National Assurance</th></tr>
<tr><td rowspan="3">Patient Safety
Serious Incidents/
Never Events
Safeguarding reviews
HCAI rates
Staffing Levels
Staff Training

Effectiveness
NICE guidance
HSMR/SHMI
Local Audits
Peer Reviews
CQUINS schemes
Readmission rates

Experience
Complaints
PROMS
Local Patient Surveys
Local Healthwatch data
NHS Choices
Patient Opinion</td><td rowspan="3"></td><td rowspan="3">Routine Reporting/ Evidence Monitoring</td><td rowspan="3">BODIES
CQC Registration / Inspection
CQC Intelligent Monitoring
Monitor
Public Health England (Local Authority)
PLACE Visits
Overview and Scrutiny Committee
Professional bodies

DATA
Health and Social Care Information Centre
NHS England Quality Dashboard
National Reporting & Learning System (Safety Incidents)
Dr Foster
Coroners Reports
Central Alert system.
NICE NCPOD reports
National Audit (NCAPOP)
National Patient Survey
National Staff Survey
National Peer Reviews</td></tr>
<tr><td>1:1 Commission / Provider meetings

Contract Quality Review Meeting

Safeguarding Board Meetings

CD Local Intelligence Network

Area Prescribing Committee

Clinician to Clinician Meetings

Commissioner attendance at Provider Governance meetings

Board to Board meetings</td><td></td><td>Quality Assurance Meetings</td></tr>
<tr><td>Targeted service level visit

Executive/CO/Clinician meetings

Full Site Quality Review Visit</td><td></td><td>Enhanced Quality Review</td></tr>
<tr><td>Quality Surveillance Group / Single item QSG
Regional Risk Summit</td><td></td><td>Regional Enhanced Quality Review</td><td></td></tr>
</table>