

NHS Waltham Forest Clinical Commissioning Group

Quality and Patient Safety Strategy 2017-2020

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Document History

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1.0 Purpose of the Strategy

Waltham Forest Clinical Commissioning Group's (WF CCG) vision is to 'put patients at the centre of everything it does using its experience to shape care pathways, improve service delivery and ensure value for money'. The people of Waltham Forest deserve to receive the best possible health and wellbeing ensuring receipt of the right care at the right time in the right place.

The significant breaches in standards of care at Mid Staffordshire Hospitals and the findings of the Sir Robert Francis Inquiry (2013) along with the concerns highlighted in the Keogh Report (2013) and Berwick Report (2013) are a clear indication that safe high quality care and patient experience cannot be assumed. Since these publications and as direct result the NHS Agenda has placed high quality care at the forefront.

The NHS Planning Guidance 2016/17 – 2020/21 sets out the national "Must do's" to support and deliver closing the health and wellbeing, care and quality and finance and efficiency gap.

The NHS England Mandate states delivery of objectives across the NHS as a whole and not within commissioners, providers and local authority. All organisations with a footprint in the place based health and social care economy are required to develop and submit both a Sustainability and Transformation Plan (STP) supported by an operational plan. The drive is for every health and social care system to in partnership create a local plan to deliver the 5 year forward view and being prepared to work within an accountable care system.

The Quality and Patient Safety Strategy will support the implementation of quality assurance mechanisms in order to provide assurance to the CCG's Governing Body regarding the standard of quality and patient safety in its commissioned services

2.0 NHS Constitution

2.1 There are two rights covering quality of care and environment:

- You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.
- You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide

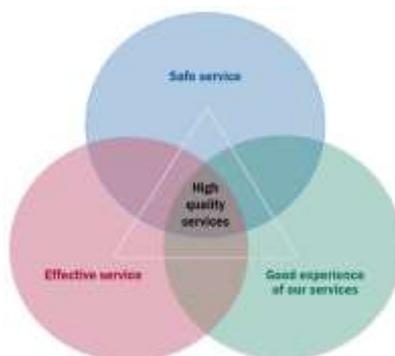
2.2 In addition, there are two pledges relating to quality of care and environment

- The NHS commits to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice.
- The NHS commits to continuous improvement in the quality of services you receive, identifying and sharing best practice in quality of care and treatments.

2.3 One of the statutory duties of the CCG is to uphold the constitution. The CCG is committed to ensure that this is actively undertaken.

3.0 Definition of Quality

3.1 Quality means different things to different people. Quality was defined by Lord Darzi in the final report “High Quality Care for All – NHS next stage review (2008) and this has subsequently widely become the supported definition. It sets out three dimension to quality that are required to provide a high quality service.



1. **Patient Safety:** commissioning high quality care which is safe, prevents all avoidable harm and risks to the individual’s safety; and having systems in place to protect patients;
2. **Clinical Effectiveness:** commissioning high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes. Making sure care and treatments achieve their intended outcome;
3. **Patient Experience:** commissioning high quality care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what the individual wants or needs, and with compassion, dignity and respect. It’s about listening to the patient’s own perception of their care.

3.2 The Care Quality Commission (CQC) new inspection approach goes further to build on the three dimensions of Quality with two additional dimensions:

1. **Organisational Culture and Leadership:** commissioning high quality care which is well-led;
2. **Responsiveness:** commissioning high quality care which is responsive to the needs of patients.

Figure 1. Five Dimensions of Quality Commissioning



4.0 Our Responsibilities

- 4.1 In order for commissioned services to be considered as providing a high quality service, being good in one or two of the five dimensions of quality is simply not good enough. To ensure NHS Waltham Forest Clinical Commissioning Group (CCG) is focused on the five dimensions of quality the CCG needs to have an effective quality control process that is fit for purpose, proactive, reactive and applicable to every directorate within the CCG.
- 4.2 We take responsibility for Quality Assurance by holding providers to account for delivery of contractual obligations and quality standards. We also take responsibility for working closely with providers to ensure service delivery continually improves and they have in place processes to drive continual improvement.
- 4.3 As a membership organisation we also take seriously our responsibility to work with and help GP member practices and wider primary care to quality assure current standards. We work closely with NHS England and want to continually improve the range and quality of services we commission. Each provider and GP member practice remains accountable for the quality of services within their own organisation. Individual CCG members and staff have a responsibility to report incidents and respond to patient feedback in an open and transparent way in order to support improvement in our service.
- 4.4 The overall responsibility for quality lies with the CCG Governing Body. All Governing Body members have a duty to ensure the commissioning of the highest quality and the safest services for the people of Waltham Forest and that the patient experience is at the forefront of the work of the CCG. The Performance and Quality Committee has a specific remit to report to the Governing Body at every meeting about the work of the Performance and Quality Committee

4.5 Specific Responsibilities

- The Accountable Officer has a specific duty to *ensure that the CCG exercises its functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness.*
- The Clinical Director for Performance and Quality is chair of the Performance and Quality Committee. The Clinical Director is responsible for ensuring the committee monitor on a monthly basis, the quality agenda including rigorous monitoring of the risk register, outputs from the Clinical Quality Review Meetings process and information relating to patient safety and experience.
- The day to day management of the Quality agenda lies with Deputy Nurse Director of Quality and Clinical Governance with executive responsibility for patient safety, patient experience and safeguarding children and adults with the Director of Nursing Quality and Governance

5.0 National Policy Drivers for Quality and Patient Experience

- 5.1 There are a number of key national policy drivers for delivering quality and patient experience. Our strategy, processes and procedures are based on not only delivering national standards but where possible innovating to exceed them. A list of some of the key national policies relevant to this strategy can be found at **Appendix 1**.

Our local framework for quality is informed by national policy and is set against 3 main drivers:

1. Planning for high quality services.
2. Developing and commissioning high quality services.
3. Assuring the services we have commissioned deliver a quality service.

6.0 Quality at the Heart of Commissioning

- 6.1 Whilst the primary focus of quality is the services patients use, in order to commission such services and support our members effectively we also need to become a high quality commissioning organisation. The impact on quality is central to the whole commissioning cycle including our commissioning and contracting decisions for prospective services.

Figure 2 Quality Commissioning Cycle



- 6.2 The NHS Outcomes Framework builds on the definition of quality through setting out five overarching domains, which captures the breadth of what the CCG is striving to achieve for patients:

- Domain 1:** Preventing people from dying prematurely;
- Domain 2:** Enhancing quality of life for people with long-term conditions;
- Domain 3:** Helping people to recover from episodes of ill health or following injury;
- Domain 4:** Ensuring people have a positive experience of care;
- Domain 5:** Treating and caring for people in a safe environment and protecting them from avoidable harm.

Figure 3. NHS Outcome Framework



7.0 Strategic Objectives

7.1 The five strategic objectives of the Commissioning Quality and Patient Safety Strategy are:

Create a culture of continuous quality improvement, openness, transparency and candour across the healthcare system .

Commission services that are safe, clinically effective and support a positive care experience.

Commission services that reflect individual needs are accessible and delivered in the most appropriate setting; with a specific focus on the care of the most vulnerable groups.

Encourage feedback and value the role of patients and healthcare professionals in shaping, monitoring and improving services.

Build upon the quality framework to bring together patient safety, clinical effectiveness and care experience information from a range of sources to provide assurance regarding the quality of care delivered in commissioned services.

A number of local actions have been identified to support the achievement of each of the strategic objectives:

7.2 Objective 1

“Create a culture of continuous quality improvement, openness, transparency and candour across the healthcare system”

Key Aims	Measures of Success
Every member of the CCG Governing Body owns the quality agenda and understands their role, responsibility and contribution to deliver quality	<ul style="list-style-type: none"> ✓ Quality is an agenda item on all Governing Body and Committee Agenda's
Create a culture of quality throughout the health care system promoting quality events and initiatives that support positive quality improvement relationship with providers	<ul style="list-style-type: none"> ✓ Quality forms part of the Clinical Director and Leads work plans ✓ Sign up to Safety Campaign work plan ✓ Organisational Safety Culture Assessment
Provide opportunities to share best practice and learning across commissioner and provider organisations	<ul style="list-style-type: none"> ✓ Provider Organisations 100% compliant with Duty of Candour requirements.
Continually improve communication methods across the local health care system that values openness and transparency at all levels	<ul style="list-style-type: none"> ✓ Staff survey results year on year improvement ✓ Evidence of joint research across the health economy
Set clear and ambitious quality improvements for patients within Commissioning for Quality Schedules, and challenge areas of poor performance and mediocrity	<ul style="list-style-type: none"> ✓ Staff satisfaction is measured and acted upon to drive improvements across the commissioner organisation and its commissioned services
Ensure the CCG meets the 10 Commitments stated in Leading Change, Adding Value Nursing and Midwifery Framework are embedded including sustainment of the 6c's (Compassion in Practice (Care, Communication, Competence, Courage, Compassion and Commitment))	<ul style="list-style-type: none"> ✓ CCG have an effective incident reporting system that promotes learning
Monitor the staff experience and set clear areas for quality improvement in workforce metrics within commissioned services.	
Value, promote and support research within the health economy.	

7.3 Objective 2

“Commission services that are safe, clinically effective and support a positive care experience.”

Key Aim	Measures of Success
Using evidence-based reports and dashboards to provide both assurance and early warning of quality concerns in commissioned services the CCG Governing Body that	✓ 80% of commissioning service specifications will include specific quality indicators that are agreed in partnership with community participation groups.
Continually review the quality assurance mechanisms that are in place across the range of commissioned services and ensure appropriate quality monitoring and governance arrangements in all areas	✓ Evidence of professional and public communication campaigns for harm free care on the CCG website.
That all patients receive a positive experience and this is reported to all relevant CCG committees	✓ Evidence of early warning signs through triangulation of information from Quality Dashboard
Develop a reduction in harm process to reduce health acquired pressure ulcers	✓ Quarterly and Annual Quality and Governance reports to Committees
Commission 100% use of high impact intervention	✓ 30% reduction in health acquired grade 3 pressure ulcers at Whipps Cross by 2018
Work with health care regulators, the Local Authority, Healthwatch and other commissioners to share information and support continuous quality improvement, undertaking joint quality reviews	✓ Friends and Family Test within provider organisations meets target

7.4 Objective 3

“Commission services that reflect individual needs are accessible and delivered in the most appropriate setting; with a specific focus on the care of the most vulnerable groups.”

Key Aim	Measures of Success
Ensure continuous improvement in quality outcomes of commissioned services through the use of quality schedules, CQUINs, and learning from incidents and complaints	✓ Safety Thermometer performance consistently maintained at 95% or above
Develop a continuous patient flow system across the health economy to promote appropriate care settings	✓ 95% of all patients received a VTE risk assessment on admission
Define and agree quality outcomes and trajectories with providers to reduce harm e.g. pressure ulcers, VTE, falls and Clostridium Difficile	✓ 90% of serious incidents reported within framework time frame
Further develop the process for serious incidents management across all commissioned services that demonstrates learning.	✓ Provider organisations are compliant with the Local Quality Key Performance Indicators/NHS Contract
	✓ Reduced numbers and duration of infection outbreaks within inpatient settings

Develop a safeguarding adults and children strategy	<ul style="list-style-type: none"> ✓ Reduction in the number of delayed transfers of care and medically optimised patients in the acute setting. ✓ Quality in Care Home Strategy
Embed policies and the training and supervision framework for safeguarding adults and children	
Support specific Francis recommendations relating to improving safety for vulnerable groups through the Francis Task and Finish Group	
Lead the development of a quality strategy for care homes	

7.5 Objective 4

“Encourage feedback and value the role of patients and healthcare professionals in shaping, monitoring and improving services.”

Key Aim	Measures of Success
Have in place a single electronic repository to report, monitor and provide feedback regarding concerns	<ul style="list-style-type: none"> ✓ Quality dashboard performance ✓ 100% achievement against annual Quality Assurance Visit Programme ✓ 100% of Governing Body papers describing a project that will have an impact on the community of Waltham Forest have been through the CCG’s community participation mechanisms ✓ Incident reporting system in place and used to identify learning from incidents and accidents ✓ Patient story reported quarterly to Performance and Quality Committee ✓ Year on year increase in the use of the GP alert system
Use patient stories at all levels of the organisation to illustrate patient experience and to determine commissioning intentions	
Provide a framework and training to support involvement of CCG members, lay personnel, GP practices and patients in quality assurance processes e.g. mystery shoppers and involvement in quality assurance visits	
Formal participation of community in shaping, monitoring and improving services via the CCG Reference Group and Rapid Feedback Group	
GP practices ensure the efficacy of practice Patient Participation Groups (PPGs). Feedback from these groups will be captured and relayed to the Governing Body and/or NHS England as appropriate	
The CCG will work with the local authority to ensure the voice of children and young people is heard in health and social care with specific regard to SEND	

7.6 Objective 5

“Build upon the quality framework to bring together patient safety, clinical effectiveness and care experience information from a range of sources to provide assurance regarding the quality of care delivered in commissioned services.”

Key Aim	Measures of Success
Scope sources of patient satisfaction surveys that are already available (commissioner and provider) and develop mechanisms to provide real-time patient feedback across the range of commissioned services	<ul style="list-style-type: none"> ✓ Friends and Family Test consistently above 85%. ✓ Evidence of “you said we did”. ✓ Evidence of the voice of the child and voice of the patient being used to improve and influence commissioned services
Utilise Healthwatch, Patient Focus Groups, Patient Reference Groups, Maternity Services Liaison Committee and other community groups to support patient experience feedback	
All input the CCG receives on patient choice and feedback will be kept in a tracker that will be reviewed by the Performance and Quality Committee on a regular basis. The Committee will then advise on any action to be taken	

8.0 Improving Quality and Safety in Primary Care

- 8.1 In order for the CCG Quality Strategy to be successful in delivering its aims and effective in improving the quality of care the CCG must take a whole systems approach to quality.
- 8.2 National guidance sets out the responsibility the CCG has for improving quality in primary care. To achieve the aims of integrated care, the commissioning strategic priorities and the Quality Strategy, the CCG must work in close partnership with GP Practices, the Local Authority and NHS England Local Area Team on every level. Alongside the overarching quality aims and objectives Waltham Forest has described within the strategy the CCG has a dedicated aim for ensuring and improving quality in primary care with specific objectives.

9.0 Quality Assurance Visits

- 9.1 An annual plan for quality assurance visits has been developed to include announced visits and the flexibility to undertake unannounced visits as appropriate. The schedule includes Acute, community and mental health providers as well as Care Homes in Waltham Forest. The Director of Nursing Quality and Governance and the Deputy Nurse Director Quality and Clinical Governance are actively involved in undertaking these visits. The outcome of the visits is reported on a monthly basis to the Performance and Quality Committee. The quality assurance visits are essential to ensure that providers maintain the highest standards of clinical quality, patient safety and effective care.

10.0 Stroke Services Quality Assurance

- 10.1 Waltham Forest Clinical Commissioning Group supports the London Stroke Network Strategy in ensuring that the designated stroke units achieve the required standards to be fully accredited. Annual quality reviews are conducted to ensure the maintenance of standards and any areas of concern are highlighted and action plans put in place which are monitored through the Clinical Quality Review Meeting structure.

11.0 Safeguarding Adults and Children

- 11.1 Safeguarding adults and children is a fundamental aspect of quality and safety and so logically sits within the overarching agenda of quality and safety. The governance of safeguarding is aligned to the Performance and Quality Committee. The CCG safeguarding team provide expert advice and supervision to the named safeguarding staff within the acute provider organisations. The CCG quality assures the safeguarding services by monitoring Section 11 compliance through quarterly dashboard review. Progress against quality of care improvements set in the CQC Composite Action Plan. Compliance for mandatory safeguarding training and supervision and reviewed at the CQRM.

12.0 Looked After Children

- 12.1 Under sections 10 and 11 of the Children Act 2004 the CCG is required to commission health services for Looked After Children (LAC). This includes the responsibility for commissioning health assessments for LAC. It is imperative that the quality of Initial Health Assessments and Health Assessment Reviews are monitored and reviewed for LAC placed in and out of the borough. The CCG has secured the expertise of a designated LAC nurse to ensure that the health services commissioned are safe, reliable and of high quality. The quality of care is monitored on a monthly basis and reported quarterly to the Performance and Quality Committee and the Corporate Parenting Board.

13.0 Winterbourne View

- 13.1 The CCG is compliant with Winterbourne Concordat requirements and, in close collaboration with the London Borough of Waltham Forest, has maintained the process to ensure clients are in the most appropriate care setting that provides high quality care.
- 13.2 WFCCG are working in close collaboration with the transforming care local partnership to continue and develop the work to transform care and support for people with complex needs and autism who display behaviours that can be described as challenging. The CCG has led on the engagement work stream across the patch of Newham, Tower Hamlets, City and Hackney and Waltham Forest.
- 13.3 We have in place a robust CTR process and that operates across all those in assessment and treatment units and those in the community at risk of a hospital admission. A protocol for these reviews will be completed by mid-May 2017.
- 13.4 The transition of individuals who are currently in inpatient facilities is overseen and assured by a collaboration of CCG officers, NHSE staff and the Community Learning Disability team.
- 13.5 We currently have a risk register for adults and the children's register will be finalised by the end of May 2017.

13.6 The risk register is for adults at risk of admission to an ATU bed, it is coordinated by the Community Learning Disability Team (CLDT). It is reviewed weekly by the CLDT, and at the joint CCG/CTPLD monthly meeting as part of the CCG assurance. NHSE also attend this meeting. The risk register calibrates the risks presented to and by individuals. Care and Treatment Reviews (CTRs)/ Blue Light or community CTRs are coordinated in response to substantial changes/increase in risk profiles.

14.0 Care Quality Commission Inspection Children Looked After and Safeguarding

14.1 The CCG is responsible for leading and managing the Care Quality Commission safeguarding children inspections. Following the Children Looked After Safeguarding inspection September 2013 we are leading the work with North East London Foundation Trust, Barts Health Trust and the Local Authority to ensure the recommendations are implemented. A composite action plan is in place to support the governance arrangements for the improvements required. The progress is monitored at the Clinical Quality Review Meetings and reported to the Performance and Quality committee and Local Safeguarding Children Board. The recommendations must be fully implemented by April 2014. The CCG has developed an assurance template for 2016/17 to enable an updated position for the health economy in relation to progress since the 2013 inspection.

15.0 Equality, Diversity and Human Rights

15.1 Addressing health inequalities is a key driver for this strategy. The integration of EDS within this strategy will demonstrate performance across the protected characteristics and reduce the risk of discriminatory practices. Regular progress reports will be produced to ensure compliance with legislation.

16.0 Monitoring Progress

16.1 Progress against the strategy will be monitored by the CCG Governing Body and the CCG Performance and Quality Committee.

Appendix 1

Clinical Quality Review Meeting (CQRM)

NHS Waltham Forest CCG has established CQRM meetings with NHS North East London Foundation Trust Hospital and Barts Health NHS Trust. (BH). All meetings take place on a monthly basis shared with other CCGs and are clinically led. All CQRMs have comprehensive agendas accompanied by detailed reports that are scrutinised, challenged and triangulated with the 5 quality dimensions.

Quality Surveillance Group (QSG)

We are active participants in London QSG. The groups have been established nation wide to systematically bring together the different parts of the system to share information. The QSG is a forum for collaboration, providing the health economy with:

- A shared view of risks to quality through sharing intelligence;
- An early warning mechanism of risk about poor quality
- Opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of, and on-going operational liaison between, organisations

NHS Safety Thermometer

The NHS Safety Thermometer is an improvement tool for measuring, monitoring and analysing patient harms and harm free care. The Thermometer is currently being used to drive forward and monitor the ambition to eliminate avoidable grade 2, 3 and 4 pressure ulcers. The NHS Safety Thermometer includes a function for merging patient safety data across teams and wards in our provider organisations, and has a built in mechanism to submit data to the NHS Information Centre for inclusion and publication in the national database.

Commissioning for Quality and Innovation Framework (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. CQUIN schemes form part of the contract between the Clinical Commissioning Group and its main providers of health care and acts as a vehicle for improving patient safety, experience and outcomes.

Quality Accounts

It is a statutory responsibility for providers of acute, mental health, learning disability and ambulance services to produce and publish a Quality account.

The accounts aim to:

- Increase NHS accountability by making a greater level of information about the quality of healthcare services available to the public
- Support Provider Boards and senior managers to focus on quality improvements by requiring that they assess and report nationally on quality across the entire range of their services and state where and what improvements they intend to make.

Quality Key Performance Metrics

Quality metrics are included in provider organisation contracts for 2014 - 2015. The metrics will be monitored on a monthly basis, with performance reports being presented at the Performance and Quality Committee and the respective Clinical Quality Review Meeting.

Quality, Innovation, Productivity and Prevention (QIPP)

Quality and safety improvements are essential elements of the QIPP plan and are fully considered along with productivity. It is known from evidence and experience that the economic pressures facing the NHS will put increasing pressure on services, and measurement will be vital for monitoring safety and improving quality in the context of the pressures to improve productivity and efficiency. Waltham Forest CCG will consider quality monitoring in relation to patient safety, clinical effectiveness and patient experience.

Quality Dashboards

Quality Dashboards contain useful indicators and metrics to support benchmarking and monitoring quality indicators. Whilst not a performance management tool, the dashboard has the facility to drill down into data. Analysing these indicators prompts further questions and conversations to help uncover any problems. The dashboard is fully aligned to the CQC quality and risk profiles.

Reporting systems

In order to ensure that the CCG is able to discharge its statutory duty it needs to receive information from a variety of sources in a timely and appropriate fashion and then act upon the information to both protect and improve the quality of services. Information is provided by the CSU in terms of safety, effectiveness and patient experience.

Serious Incidents (SIs) and Never Events (NEs)

SIs are determined by a national set of key criteria. The management of SIs are dictated by a National Serious Incident Framework and need to be reported within 48hrs onto the Strategic Executive Information System (STEIS) and completed within 60 working days. All SIs are subject to a root cause analysis, the outcomes of which provide all NHS organisations with the opportunity to learn from each other in an attempt to minimise the risk of recurrence.

Quality Premiums

The 'quality premium' is intended to reward clinical commissioning groups for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The four national measures, all of which are based on measures in the NHS Outcomes Framework are:

- reducing potential years of lives lost through amenable mortality
- reducing avoidable emergency admissions
- ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services
- preventing healthcare associated infections

The Clinical Commissioning Group Outcomes Indicator Set (CCGOIS)

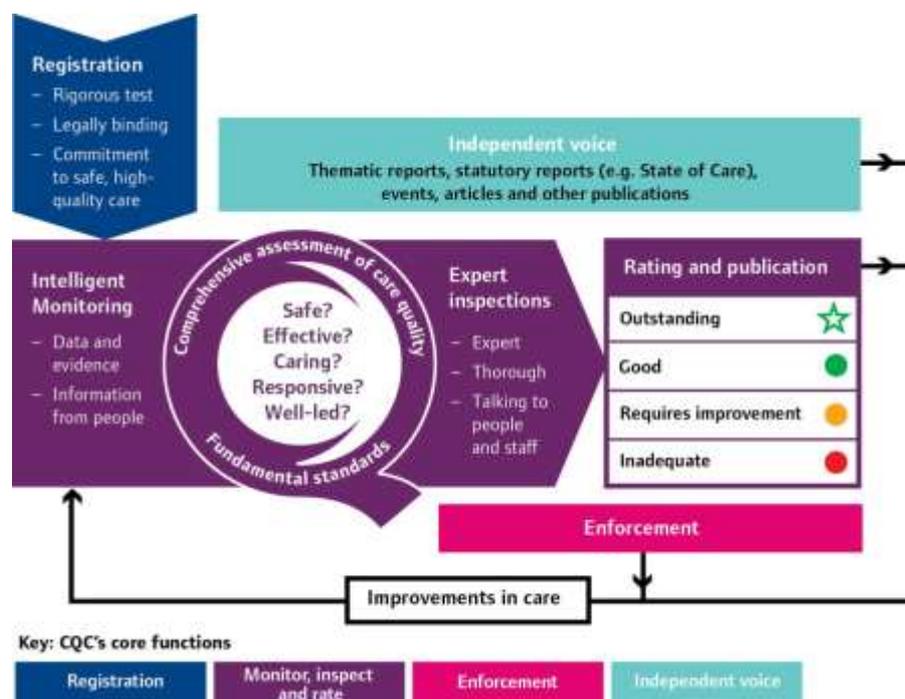
The CCGOIS is an integral part of NHS England's systematic approach to quality improvement. Its primary aim is to support and enable CCGs and health and wellbeing partners to plan for health improvement by providing information for measuring and benchmarking outcomes of services commissioned by CCGs. It is also intended to provide clear, comparative information for patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes.

The National Institute for Clinical Excellence (NICE) Quality Standards

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care derived from high quality guidance such as that from NICE or other sources accredited by NICE. Quality standards are developed independently by NICE, in collaboration with healthcare professionals and public health and social care practitioners, their partners and service users. Information on priority areas, people’s experience of using services, safety issues, equality and cost impact are also considered during the development process. NICE quality standards are central to supporting the Government’s vision for a health and social care system focussed on delivering the best possible outcomes for people who use services, as detailed in the Health and Social Care Act (2012)

Care Quality Commission (CQC) Essential Standards

The Care Quality Commission (CQC) new inspection approach March 2015 built further on the three dimensions of Quality introducing a comprehensive assessment of care quality in line with the Fundamental Standards of care.



The focus of the CQC inspections is on the quality and safety of services, based on the things that matter to people. Five key questions of services is used as the foundation of the inspection:

Safe	By safe, we mean that people are protected from abuse and avoidable harm.
Effective	By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
Caring	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	By responsive, we mean that services are organised so that they meet people's needs.
Well-led	By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Commissioning for Quality and Innovation Framework (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of a provider's income to the achievement of national and local quality improvement goals. We monitor achievement of CQUIN standards throughout the year to ensure each provider is meeting or exceeding expectations.

Quality Schedules within Provider Contracts

The contracts with NHS providers include both national and locally set quality indicators that allow us to monitor and measure key quality standards. Where these standards are not being met the CCG will apply contractual levers where appropriate.

Francis Report February 2013

The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Sir Robert Francis QC was published on 6 February 2013. The report identifies numerous warning signs that were evident, which should have alerted the wider system to the problems that led to such a catastrophic catalogue of failure.

The key recommendations relevant directly to Commissioners can be divided into five themes:

1. Setting and monitoring standards.
2. Learning and improvement.
3. Data quality and information.
4. Organisational culture.
5. Patient experience.

The Friends and Family Test (FFT) April 2013 and October 2013

Since April 2013, inpatients and patients attending A&E have been asked a simple question to identify if they would recommend a particular hospital service or ward to their friends and family. The results of the 'friends and family tests' are being used to improve the experience of patients. The FFT was rolled out to maternity services in October 2013.

Hard Truths DoH November 2013

This document sets out an initial overarching response on behalf of the health and care system as a whole to the Mid Staffordshire NHS Public Inquiry and the 'Francis Report'. It details key actions to ensure patients are 'the first and foremost consideration of the system, and everyone who works in it and to return the NHS to its core humanitarian values'. It sets out a collective commitment and a plan to eradicate harm and promote excellence. The CCG has set up a Task and Finish Group to support the implementation of the Francis Report recommendations.

The Five Year Forward View

The Five Year Forward View (published In October 2014) set out a new shared vision for the future of the NHS based around the new models of care (<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>).

Leading Change, Adding Value (LCAV)

In May 2016, NHS England published *Leading Change, Adding Value* (a framework for nursing, midwifery and care staff). The document outlined 10 commitments. The framework aims to ensure achievement of the best quality of experience for patients and people, the best health and well-being outcomes for our populations, and use finite resources wisely to get best value for every pound spent.

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

Appendix 2

Community Participation Strategy.



NHS-Waltham-Fore
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