

What is Quality?

Quality Assurance within the NHS is made up of the three components - Patient Safety, Patient Experience and Clinical Effectiveness:



What we do

The Quality and Safeguarding team has a system of quality assurance which provides information about the safety, effectiveness and patient experience of services commissioned by NHS Nene and NHS Corby Clinical Commissioning Groups. The CCGs have committed to NHS England's **Sign up to Safety Campaign**. The team are working to achieve the goals of the NHS Nene and NHS Corby CCGs **Quality Strategy 2014-19**.

The team monitor provider **quality information and data** for trends and themes, compliance with local and national requirements (all providers of NHS care including: acute hospitals, care homes (nursing and residential), community and mental health services, independent hospitals and domiciliary care agencies).

We undertake detailed analysis, interpretation and triangulation of hard and soft intelligence. The team triangulates the information from both the data and from regular **announced and unannounced visits** to providers to inform key lines of enquiry for follow up with providers at quality review meetings and where necessary to escalate any immediate or emergent issues and concerns.

Most services commissioned by NHS Corby CCG are required to be registered with the **Care Quality Commission (CQC)**. The team work closely with providers to ensure that all patients are protected from avoidable harm.

Serious Incidents are investigated by providers and learning from these and other patient safety incidents are shared at the Countywide **Patient Safety Forum**.

Within Primary Care, **Significant Event Audits** are undertaken to learn from any untoward events that have occurred. The aim of the safeguarding professionals within the team is to ensure that commissioned services promote and protect individual rights, independence and well-being (see page 2). They secure assurance that any child or adult thought to be at risk stays safe – by ensuring that they are effectively safeguarded against abuse, neglect, discrimination, embarrassment or poor treatment.

The team lead on issues of safeguarding across the health economy by:

- Participating in case review processes
- Delivering **advice and training** to providers
- Bringing expertise on quality issues to contract meetings
- Developing, negotiating and monitoring **CQUIN** schemes and **quality schedules** with providers (see pages 3-4)
- Working with contracting colleagues to ensure contractual compliance payment and penalties are applied.
- Ensuring that there are performance and assurance controls in place for healthcare providers in relation to safeguarding, which are monitored and reviewed

An example of guidance for healthcare staff for making children safer in Northamptonshire can be downloaded [here](#).

The work of the team is not just about monitoring the services we already commission. They are central to the whole Commissioning Cycle and provide expert advice to inform both commissioning and contracting for prospective services. All **Patient Experience** work undertaken by the team is reviewed by the **Patient Congress**. The work of the team is overseen by the CCG **Quality Committee**.



If you would like to learn more about the team please contact Sue Davis, Team administrator via email: sue.davis@neneccg.nhs.uk.

What is Safeguarding?

Safeguarding is effectively protecting children and vulnerable adults from abuse or neglect. All NHS commissioned services have a key role to play in safeguarding and promoting the welfare of children and vulnerable adults.

Safeguarding of children and adults is a high priority for Nene and Corby CCGs. There is a strong commitment to ensuring that structures and governance arrangements for safeguarding are robust. The protection of vulnerable children and adults from abuse and neglect is fundamental to delivering health and wellbeing, and core to delivering the quality agenda.

Both CCGs ensure that organizations commissioned to provide services have appropriate safeguarding systems, including clear accessible policy and procedure, safer recruitment, training and governance systems. The principal philosophy is that safeguarding is everybody's business and all staff will respond and act to raise safeguarding awareness and address any emerging issues.

Safeguarding children is a statutory duty under section 11 of the Children Act 2004 and in accordance with government guidance in 'Working Together to Safeguard Children' 2013. From April 2015 arrangements for safeguarding adults, with the enactment of the Care Act 2014, have been clarified and strengthened to ensure that such safeguarding is also a statutory duty.

What is a CQUIN?

The Commissioning for Quality & Innovation (CQUIN) payment framework enables commissioners to link a proportion of providers' income to the achievement of quality improvement goals. In 2015/16 CQUIN schemes equate to 2.5% of the total contract value for providers. There are eight nationally set CQUIN schemes and all providers to which national CQUIN goals apply must work towards those that are applicable to them.

The National CQUIN goals are:

CQUIN Name	Description	Applicable to:
Acute Kidney Injury	This CQUIN focuses on AKI diagnosis and treatment in hospital and the plan of care to monitor kidney function after discharge.	Acute hospitals who accept emergency admissions
Sepsis Screening	This CQUIN incentivises providers to screen for sepsis all appropriate patients and to rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, red flag sepsis or septic shock.	Acute hospitals who accept emergency admissions
Dementia and Delirium	This CQUIN aims to improve care for patients with dementia or delirium during episodes of emergency unplanned care	Acute hospitals who accept emergency admissions

Improving physical healthcare to reduce premature mortality in people with severe mental illness.	This element encourages full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.	Mental Health Services
	This element encourages updated care programme approach care plans or discharge summaries being shared with GPs.	
Urgent and Emergency Care (3 alternative CQUINs available and providers will work towards one or more of these)	This CQUIN aims to incentivise an increase in the number of patients with urgent and emergency care needs who are managed close to home, rather than in a hospital (A&E or inpatient) setting	Acute Hospitals, Mental Health, Community providers, Emergency Ambulance services

Local CQUIN schemes have been developed with providers in 2015/16. The overarching aims of these are to provide:

- Reduction in premature mortality and excess bed days for stroke
- Reduction in under 75s mortality from cancer and improvement in survival rates
- Integrated Care Closer To Home
- To support the potential for joint organisational working across providers to streamline processes, deliver greater savings and improve quality

What is a Quality Schedule?

The Quality Schedule forms part of the formal contracting process.

Providers are required to report against indicators on a periodic basis (there is a timetable of reporting monthly, quarterly and bi-annually, according to the indicator), on aspects of the Quality Schedule which is reviewed and updated annually.

There is a set of nationally mandated indicators which all providers are expected to achieve. There are nationally set consequences for non-achievement of these, some of which are financial penalties. Nationally set indicators include targets such as 90% of admitted patients starting treatment within 18 weeks of referral and 95% of patients being admitted, discharge or transferred within four hours of arrival at A&E.

Locally set indicators fit under the headings of:

1. Preventing People Dying Prematurely
2. Enhancing the quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill-health and injury
4. Ensuring people have appositive experience of care
5. Treating and caring for people in a safe environment and protecting them from unavoidable harm

In 2015/16 Locally agreed indicators include ensuring that provider organisations are learning from nationally produced reports, audits, complaints and incident investigations, that organisations are listening to patients and taking action on the feedback they have received and that organisations are taking actions to keep patients safe.

Advice and Training

When undertaking quality visits recommendations for improvements in practice are made, these recommendations will be based on national guidance, surveys and audits such as those undertaken by National Institute for Health Care and Excellence (NICE) and National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The team works closely with De Montfort University, Health Education East Midlands, (HEEM), the Local Education Training Board, (LETB) and Education for Health bidding for funding and developing bespoke training for nursing care homes throughout Northamptonshire.

The training package covers the following areas:

- Management and Leadership
- Facilitation training, (train the trainer)
- Diabetes/nutrition management
- Pressure ulcer and wound management
- Venepuncture/anaphylaxis
- Sub-cutaneous fluids
- Delirium assessment
- COPD management
- Falls management
- How to undertake difficult conversations

Sign up to Safety

NHS Corby CCG are signing up to the NHS England 3 year 'Sign Up to Safety' objective to reduce avoidable harm by 50% and save 6,000 lives. The CCG are pledging to:



1. **Put safety first.** Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.
2. **Continually learn.** Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are.
3. **Honesty.** Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
4. **Collaborate.** Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. **Support.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

Please [click here](#) to download a document outlining how the CCG will achieve this objective. For more information, go to: <http://www.england.nhs.uk/signuptosafety/>.

Quality Strategy 2014-2019

This strategy outlines the framework for ensuring that quality is at the heart of everything we do. It is built around the priorities identified by NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) for commissioning high quality healthcare services for its residents. More information can be found [here](#).

Safeguarding Strategy 2014-19

NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) have set out in this strategy how they plan to ensure all services they commission comply with statutory safeguarding requirements. For the first time, the entire Northamptonshire NHS safeguarding economy has worked together to agree the contents of a commissioning safeguarding strategy.

The strategy is set out in the same way that the CCGs have set out their Quality Strategy. As such our view, and belief, is that every person deserves a quality and safe experience wherever they are cared for in NHS commissioned services. We believe an integrated approach between the CCGs Quality and Safeguarding team serves to protect those most vulnerable to abuse and helps to identify where safeguarding practice can be improved to prevent and reduce the risk of abuse and neglect to both adults and children.

The strategy, together with the priorities jointly identified across the health economy, reflects learning from local and national serious case reviews and is consistent with the business plans of both the Northamptonshire Safeguarding Children’s Board and Safeguarding Adults Board. It can be found [here](#).

Quality Information & Data

The quality team will gather information and data about services from a range of sources. Examples of the types of data that the team will use can be seen in the grid below. Further detail about this information can be found through the links below. The team regularly review the data for all providers at an organisational level and for our main providers at a ward and/or team level to determine if there are any areas of concern.

Patient Safety	Patient Experience	Clinical Effectiveness
Patient Safety Thermometer	NHS Choices	NICE Guidance
Serious Incident Investigations	Patient surveys	CCG Outcomes Indicators
Never Events	Friends and Family Test	Learning from national reports e.g. NCEPOD
Summary Hospital Mortality Indicator (SHMI)	Patient Reported Outcomes Measures (PROMS)	Learning from national organisations e.g. CQC Quality & Risk Profiles

Who are the Care Quality Commission?

The role of the CQC is to make sure that hospitals, care homes, dental and general practices and other care services in England meet national standards to provide people with safe, effective and high-quality care. The CQC do this through a registration process against a series of minimum standards of quality and safety and then periodically inspecting services and publishing the results on their website to help people make better decisions about the care they receive. You can see the latest CQC reports for services, or can tell them about your experience of services [here](#).

What is the Quality Committee?

The Quality Committee is a joint committee between NHS Nene and NHS Corby CCGs. The remit of the committee is to:

- Provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the commissioning organisation does
- Ensure that the quality assurance data is used to inform commissioning decisions and drive improvements in quality. Commission any reports or surveys it deems necessary to help it fulfil its obligations
- Receive and scrutinise independent investigation reports relating to patient safety issues and agree any further actions
- Provide oversight of decision making processes for the various groups that monitor safety and quality. Monitor progress in the delivery of the NHS Outcomes Framework
- Provide assurance to the governing bodies that the quality and safety of services is being robustly monitored and action is taken when required to make improvements
- Ensure considerations relating to safeguarding children and adults are integral to commissioning services and robust processes are in place to deliver safeguarding duties.

What is a Quality Visit?

NHS Nene and NHS Corby CCGs aim to commission services of excellent quality, ensuring users and their families experience the best care, in the right place and at the correct time. In order to assess quality standards and performance, Quality Visits to contracted services are undertaken. These visits seek to evaluate the service against a pre-determined set of criteria.

There is a schedule of planned visits across all providers. Northampton General Hospital NHS Trust (NGH), Kettering General Hospital NHS Foundation Trust (KGH) and Northamptonshire Healthcare NHS Foundation Trust (NHFT) will receive a minimum of six planned quality visits a year. All care homes will receive a minimum of one quality visit per year. Other providers will be risk assessed and where appropriate will receive a minimum of one quality visit per year.

A schedule of announced visits will be agreed at the beginning of each financial year. Decisions as to which areas shall receive a planned visit will be made following risk focused analysis and/or thematic review of data. Unannounced visits will also be undertaken if intelligence held by the Quality Team suggests that this is required. An unannounced visit will always be undertaken to an area that has reported a grade 2 Serious Incident or if the Quality Team is alerted to patient safety issues about which it is determined immediate assurance is required.

The quality team is working closely with patient congress to engage 'experts by experience' to participate in quality visits to providers.

What is a serious incident?

A serious incident requiring investigation is defined nationally as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm this includes incidents graded under the NPSA definition of severe harm)
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure
- Allegations of abuse
- Adverse media coverage or public concern about the organisation or the wider NHS
- One of the core set of 'Never Events' (see next page)

Assurance as to outcomes is from investigations into never events is sought through Clinical Quality Review Meetings (CQRM) and Serious Incident Assurance Meetings (SIAM) with providers. A copy of the NHS Nene and NHS Corby CCG Serious Incident Policy can be found [here](#).

What is a Never Event?

"Never events" are defined nationally as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.

To be a "never event", an incident must fulfil the following criteria:

- The incident has clear potential for, or has caused, severe harm/death.
- There is evidence of occurrence in the past (i.e. it is a known source of risk)
- There is existing national guidance and/or national safety recommendations on how the event can be prevented and support for implementation
- The event is largely preventable if the guidance is implemented
- Occurrence can be easily defined, identified and continually measured

Never events are reported and investigated as serious incidents. Assurance as to outcomes from investigations into never events is sought through Clinical Quality Review Meetings (CQRM) and Serious Incident Assurance Meetings (SIAM) with providers. More information about what constitutes a Never Event can be found [here](#).

Significant Event Audits (SEAs)

Nene CCG aims to commission safe, high quality care for local residents. Significant Event Audits (SEA) are undertaken by GP practices. The requirements for revalidation suggest that doctors will need to use significant event audits to demonstrate learning. Effective SEAs allow practitioners and their team to highlight and learn from both strengths and weaknesses in the care they provide.

Useful documents available from the National Patient Safety Agency are:

- National Reporting and Learning Service (NRLS):
- Full SEA Guidance for Primary Care Teams
- A quick guide to conducting a SEA

To report a patient safety incident to the NRLS, please click [here](#).

Patient Safety Forum

The Patient Safety Forum works in partnership with key health and social care professionals, with patient and public involvement to:

- Ensure patient safety, by protecting health and reducing rates of all avoidable pressure ulcers
- Reviewing actions and learning in relation to incidents reportable on safety thermometer
- Identify and review serious incident trends across the county and share learning/best practice
- Collaborate on investigations and jointly monitor action plans and offer shared learning
- Ensure effective communication and closer working with all partner organisations
- Share outcomes of completed investigations through this forum to ensure learning across the county

Patient Surveys

The CQC plans to undertake the following patient surveys in 2015/16.

Lead sector	Survey	Fieldwork timing	Expected month of publication
Acute trusts	Maternity survey	April to August 2015	December 2015 (TBC)
Acute Trusts	Emergency & elective inpatients	September 2015 to January 2016	April 2016 (TBC)
Mental Health Trusts	Community mental health survey	February to June 2016	September 2016 (TBC)

Results of Previous Patient surveys can be found [here](#).

Eliminating Mixed Sex Accommodation

The revised NHS Operating Framework for 2010-2011 made it clear that NHS Organisations are expected to *eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice*. Trusts are required to publish a yearly declaration of compliance in the provision of single sex accommodation on their website. Compliance is a contractual requirement that is monitored by Commissioners.

Quality Accounts

A Quality Account is a report about the quality of services provided by an NHS healthcare service. The report is published annually by each NHS healthcare provider, including the independent sector and made available to the public.

Most organisations that provide healthcare arranged and funded by the NHS need to produce a Quality Account. This includes independent sector and charitable organisations. Organisations that are classed as 'small providers' (the organisation's total income from NHS services is not more than £130,000 per annum and it employs less than 50 staff) are not required to produce a Quality Account. Currently, Quality Accounts do not need to be produced about primary care or NHS continuing healthcare.

Quality Accounts must be published by 30 June following the end of the reporting period. They should be published electronically on NHS Choices. The latest Quality Accounts can be found [here](#).

Complaints

Should you wish to make a complaint please email northants.complaints@nhs.net or telephone 01604 651102. Advice and support to help you do this can be obtained from:

NHS Complaints Advocacy
VoiceAbility
Mount Pleasant House
Huntingdon Road
Cambridge
CB3 0RN
Tel: 0300 030 5454
Textphone: 0786 002 2939
Fax: 0330 088 3762

More information about how to make a complaint and a copy of the NHS Nene and NHS Corby CCG complaints policy can be found [here](#).

Inclusion and Equality Strategy

A copy of the NHS Corby CCG Inclusion & Equality Strategy can be found [here](#).