



*Wigan Borough
Clinical Commissioning Group*

**STRATEGY
FOR
QUALITY & SAFETY
2017 - 2020**



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FOREWORD

Our residents and the care that they receive in the health and care system is at the heart of all the work we do at Wigan Borough Clinical Commissioning Group (WBCCG).

Our ambition is clear we will continue to commission high quality health and care services and deliver excellent primary care that enables local people to live longer, healthier lives.

As local commissioners we do not deliver services face to face; it is however our responsibility to advocate on behalf of the resident population of the Wigan Borough to ensure that our providers maintain quality and safety standards and that; they continually seek to improve.

WBCCG has a strong track record of collaboration with its partner organisations and we recognise and appreciate their commitment in working with us to improve the quality and safety of local services. We will continue to collaborate with our providers to secure quality improvement whilst holding them to account for standards of quality and safety.

However; in light of the changing landscape we now need to move our work onto a slightly different approach; we feel that it is about understanding the differences between assurance and improvement. We believe that we have embedded effective and robust systems that provide assurance on quality and safety, but fully recognise that a more proactive approach is required.

We can achieve this by focusing on the areas of health and care services that require additional support; for example providing the types of support that we know will improve services for our patients i.e. policy and guidance development; access to education and training, provision of in-reach support services.

WBCCG fully recognises the need to maintain our proven track record in respect of provider assurance and oversight. However going forward, first and foremost we will need to be able to demonstrate that we are making a credible difference by driving forward our agenda for quality and safety improvement.

The Strategy for Quality and Safety 2017 - 2020 identifies this shift in activity; the key areas of focus and the methodologies that we will use to drive this work. Importantly the Strategy also remains true to the WBCCG initial pledge to commission high quality, safe care and provides the context which will assist to shape our quality delivery plan for the next two years.



Julie Southworth
Executive Director of Quality and Safety
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1. Introduction

- 1.1 Quality can and does mean different things to different people, and accordingly has been defined in different ways. The three part definition of quality as *Safety, Effectiveness and Patient Experience* was first set out by Lord Darzi in the NHS Next Stage Review (2008).
- 1.2 This definition is enshrined within the Health and Social Care Act (2012) placing quality firmly at the centre of everything the NHS does; and is the basis upon which this Strategy is developed.
- 1.3 The NHS Constitution (2012; updated 2015) also clearly articulates the patients' right to high quality care.
- 1.4 Ultimately responsibility for safeguarding the quality of care provided to patients rests with each provider organisation and their respective Boards.
- 1.5 NHS Clinical Commissioning Groups (CCGs), as statutory organisations are required to commission the best possible services and outcomes for patients within financial allocations.
- 1.6 NHS Wigan Borough Clinical Commissioning Group (WBCCG) has a statutory duty to secure continuous improvements in the care that we commission and seeks assurance around the quality and safety of those services using a range of information; including both hard data and soft intelligence.

2. Background

- 2.1 WBCCG is part of the commissioning landscape put in place at 1 April 2013 and brings together General Practitioners (GPs) and other experienced healthcare professionals to take on commissioning responsibilities for the provision of healthcare locally.
- 2.2 At a time when both the NHS and Local Councils are facing huge financial constraints, there is an increasing demand for health and social care services.
- 2.3 Therefore to provide an effective response to quality improvement WBCCG will be required to work even more closely with our Social Care colleagues, the public and our health providers to deliver optimum patient outcomes.
- 2.4 This is defined in the transformational approach to delivering health care described within the NHS 'Five Year Forward View' (October 2014) and the related 'Forward View into action: planning guidance for 2015/16' (December 2014).
- 2.5 WBCCG has and will continue to maintain a relentless focus on the commissioning of high quality services to support the achievement of positive health outcomes and experiences for residents, whilst ensuring that the public voice remains at the heart of all our commissioning decisions.

3. Purpose

- 3.1 The previous Strategy for Quality and Patient Safety 2014 - 2016 has delivered on its ambition. In light of the agreed review timeframes and the new national quality initiatives it is very timely that WBCCG redefines its position and drive for quality.

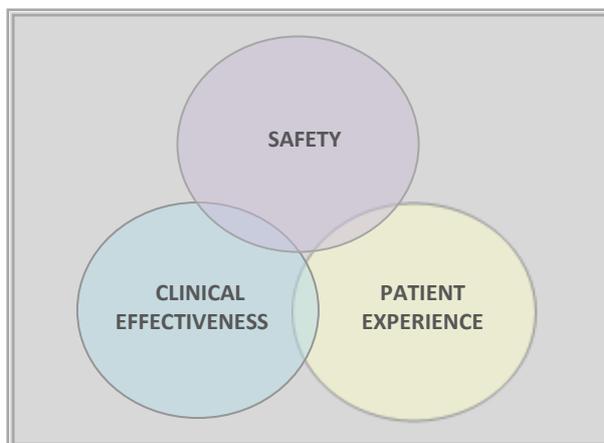
3.2 The Strategy for Quality and Safety 2017 - 2020 sets out our fundamental principles and defines how WBCCG will continue to make commissioning high quality accessible services the highest priority and importantly ensure that this continues to be at the heart of everything we do.

3.3 The Strategy is applicable to health care both directly commissioned and received by our resident population and will be suitably flexible to respond to the changing commissioning landscape and healthcare environment. It defines how we commission for quality and describes our ambition, governance and assurance arrangements.

4. Definition and Scope

4.1 As highlighted the accepted definition of quality within the NHS was outlined by Lord Darzi where the following key components were identified as being fundamental to the delivery of quality healthcare:

Definition of Quality in Healthcare



4.2 How this may be applied to patients is briefly outlined below:

- **Safety:** Patients need to be assured that they will not come to harm and that services have systems in place to protect and safeguard them.
- **Clinical Effectiveness:** Service users need to have confidence that the healthcare provided will be based on the best available clinical evidence that addresses their needs and delivers the best outcomes.
- **Patient Experience:** People want to receive care that is personal and inclusive to them, whilst being treated with compassion, dignity and respect.

5. Quality Assurance / Quality Improvement

5.1 It is important to note the difference between 'quality assurance' and 'quality improvement'.

5.2 Quality Assurance is the systematic monitoring and evaluation of the various aspects of a service or facility to maximise the probability that minimum standards of quality are being attained by the production process. Contract monitoring is similar to quality assurance.

5.3 Quality Improvement focuses on increasing the ability to fulfil quality requirements. It involves; frequent measurement and testing and adapting of approaches in order to

arrive at the best possible process for achieving desired outcomes effectively and reliably.

Quality Assurance	Quality Improvement
Hold Providers to account for delivery of contractual obligations	Ensure service delivery reliably achieves outcomes desired by patients

5.4 WBCCG aims to have a key role in driving quality improvements for its population, as well as receiving assurance about commissioned services. This role is fundamental to improving health outcomes and will require a consistent and sustained approach, paying attention to quality assurance processes as well as reviewing other sources of intelligence around safety, clinical effectiveness and patient experience.

6. National Context - Drivers

6.1 The NHS Constitution sets out rights for patients, public and staff. It outlines the commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

6.2 All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this constitution in their decisions and actions.

6.3 It is also important to remember that there have been a number of key national reports and developments since the recognition within the Francis Report (2013) that fundamental change was required in the NHS to put patient safety at the heart of everything we do.

6.4 The recent influences on quality that underpin this Strategy have been summarised below.

NHS England - Five Year Forward View (2014)

6.5 The Five Year Forward View was published at October 2014 and set out a new shared vision for the future of the NHS based around the new models of care.

6.6 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.

6.7 The 'Forward View into action: Planning for 2015/16', published at December 2014 set out new steps to be taken to support the delivery of the five-year forward view.

6.8 The Five Year Forward View and Sustainability and Transformation Plans (STPs) that are being developed are driven by the Wigan Borough Joint Commissioning Executive.

6.9 The General Practice - Forward View, launched in April 2016 represented one of the biggest packages of investment and support for general practice ever seen in the NHS.

6.10 The view acknowledges the important contribution primary care has in securing high quality care, and equally recognises that practical steps need to be taken to improve investment, workforce, and work-load and care redesign.

6.11 It will also assist to accelerate the adoption of new ways and models of working that will provide more sustainable and integrated systems of care outside hospital.

NHS Outcomes Framework 2016

- 6.12 The 2016 update confirmed that the NHS Outcomes Framework would remain unchanged for the 2016 / 2017 period and noted that the Department of Health (DH) would work to develop indicators that are not yet live, and keep the existing indicators under review.

Improvement and Assessment Framework for CCGs (CCG IAF)

- 6.13 At 2016 / 2017 a new CCG IAF replaced both the existing CCG assurance framework and CCG performance dashboard.
- 6.14 This new framework provides a greater focus on assisting improvement alongside the statutory assessment function. It aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas.
- 6.15 This aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

Right Care

- 6.16 An important component of ensuring that CCGs deliver value for their local population is a better understanding of where there is opportunity to improve health outcomes for better value.
- 6.17 NHS England have launched the Right Care Programme, the genesis of which lies in the Quality, Improvement, Prevention and Productivity (QIPP) programme initiated by the Department of Health back in 2009.
- 6.18 The primary objective for Right Care is to maximise value. The value that the patient derives from their own care and treatment; and the value the whole population derive from the investment in their healthcare.
- 6.19 To build on the success and value of the Right Care Programme, NHS England and Public Health England are taking forward the Right Care approach through new programmes to ensure that it becomes embedded in the new commissioning and public health agendas for the NHS.

7. Local Context - 'Further, Faster Towards 2020', the Wigan Locality Plan for Health and Care Reform

- 7.1 In January 2014, all partners in the economy signed up to a shared vision via the Wigan Health and Wellbeing Board. This vision is summarised below:

1 That health and social care services should support people to be well and independent and to take control of their lives

2 That health and social care services should be provided at home, in the community or in primary care, unless there is a good reason why this should not be the case

3 That all services in our Borough should be safe and of a high quality and part of an integrated, sustainable system led by primary care

- 7.2 This vision operates as a touchstone for our joint work and is threads through all of the major strategies in the health and care system within the Wigan Borough. It is fully aligned with both the Greater Manchester Strategic Plan and the NHS Five Year Forward View.
- 7.3 At the heart of our vision is the commitment that partners in Wigan Borough want to ensure the greatest and fastest possible improvement to the health and well-being of our residents.
- 7.4 The Wigan Locality Plan describes a wide-ranging programme of change which will see health and care pathways that are co-ordinated and standardised across different providers and levels of care with a far greater focus on early intervention and prevention. In doing this we believe we can improve health outcomes for Wigan residents.
- 7.5 We believe that we have the right vision and the capability to deliver this plan and, in addition, that it puts Wigan in a very strong position to meet the requirements of the new Sustainability and Transformation plan set out in the NHS Planning guidance. Our Plan on a Page summary has been included at appendix one.

8. Our Population

- 8.1 WBCCG commissions health services on behalf of a population of approximately 320,000 people. Whilst the overall health and wellbeing of people living in the in the Wigan Borough is improving it remains varied compared to the England average.
- 8.2 Deprivation is higher than average and about 19.5% (11,400) children live in poverty. Life expectancy for men and women is lower than the England average.
- 8.3 Life expectancy is 10.0 years lower for men and 9.7 years lower for women in the most deprived areas of Wigan than in the least deprived areas.

8.4 Child Health:

- Levels of breastfeeding and smoking at time of delivery are worse than the England average.
- In Year 6; 20.2% (633) of children were classified as obese.
- The rate of alcoholic specific stays among those under 18 was 59.0% worse than the average for England.

8.5 Adult Health:

- 27.0% of adults were classed as obese.
- The rate of alcohol related harm hospital stays was 873, worse than the average for England. This represents 2716 stays per year.
- The rate of self-harm hospital stays was 378.4, worse than the average for England. This represents 595 deaths per year.
- Estimated levels of physical activity worse than the England average.

Source: Wigan Unitary Authority Health Profile 2015, Public Health England, 2 June 2015.

9. Our Principles, Values and Ambitions

9.1 WBCCG has clear responsibilities in relation to commissioning for quality, as informed by the NHS Constitution.

9.2 WBCCG has five strategic objectives which reflect what matters most to us as a commissioning organisation. The values set out the framework for working with our patients and public and staff and have informed the review of this Strategy.

Supporting our population to stay healthy and live longer in all areas of the Borough.

Commissioning high quality services which reflect the population's needs, delivering good clinical outcomes and patient experience within the resources allocated and available to the Borough.

Functioning as an effective strategic commissioning organisation that puts Patients first.

Developing a collaborative and integrated system with partners and stakeholders in order to improve the health and care of the Borough's citizens.

Functioning as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.

9.3 The vision of WBCCG is that; dedicated clinical leadership and patient engagement will define the delivery of local healthcare, whilst remaining within the constraints of NHS Funding, improving quality of care and health outcomes for patients.

9.4 Services will be accessible, affordable, responsive and measurable for the resident population that we serve.

9.5 This vision is underpinned by a set of values and standards with the principle aim of narrowing health inequalities, enhancing quality and safety, involving patients in everything that we do.

9.6 The aim of this Strategy is to provide a continuous focus on improving the quality and safety of services that we commission over the next two years. In addition, it will identify and monitor key areas of service and service redesign in order to give assurance that key benefits are realised for patients.

9.7 It is important to note that the delivery of this Strategy will be dependent upon bringing together other local plans and strategies, most notably *'Further, Faster Towards 2020'*, *The Wigan Locality Plan for Health and Care Reform*.

9.8 In light of the changing landscape we will need to be flexible in our approach to ensuring high quality, safe care. A greater emphasis will need to be placed on Primary, Community and Social Care providers to ensure they are supported to meet the challenges if services are to move out of hospital and be place based.

9.9 WBCCG also recognises that quality improvement cannot be delivered in isolation; our patient journeys will also involve elements of primary, secondary and specialist care. Large sections of our population also rely on health and social care and third sector services working together in achieving the desired outcomes.

10. Quality in Commissioned Services

- 10.1 Throughout this Strategy when describing quality, all three elements Safety, Effectiveness and Patient Experience will have equal emphasis in terms of expectation and performance management.
- 10.2 The WBCCG Quality Team provide a quality assurance report to the Governing Body on both an Annual and a Quarterly basis.
- 10.3 The quality assurance reports are derived from data and intelligence received from varied sources i.e.; *Commissioner and Provider Quality Assurance reports from the Quality, Safety and Safeguarding Groups; Medicines Management Group; Quality Indicators identified by Contract Monitoring and Performance Groups; NHS England Greater Manchester and Lancashire Team Quality Collaborative and Quality Surveillance Groups; the Care Quality Commission (CQC), Monitor and also via incident reporting mechanisms such as Serious Incidents and Never Events.*

Quality Safety and Safeguarding Groups (QSSGs)

- 10.4 The WBCCG QSSGs are responsible for receiving quality assurance data and information from each of the local NHS Foundation Trusts for scrutiny and challenge.
- 10.5 The WBCCG Quality Team will hold meetings with each of the local NHS Foundation Trusts (Acute, Community and Mental Health) to monitor performance against agreed quality objectives.
- 10.6 Assurance will be provided through the WBCCG Clinical Governance Committee, to the Governing Body highlighting any actual or potential risks as they occur. Where there are areas of concern the Governing Body will request / receive individual subject reports.
- 10.7 In addition we will undertake Independent Audits and Commissioner Quality Visits where we deem this to be necessary. *Examples of key areas of focus for the QSSGs are included below; this is not intended to be an exhaustive list.*

- **Care Quality Commission (CQC) Visits and Inspection Reports:** WBCCG co-operates fully with the CQC and their inspectors / representatives. CQC compliance is captured as a standing item on the provider assurance schedules. Provider CQC inspection reports and any related service improvement plans are and will continue to be monitored via the QSSGs.
- **Reduction in the Incidence of Avoidable Harm:** For example; Serious Harms; Never Events; Suicides, Pressure Ulcers and Health Care Associated Infections. WBCCG promote a safety culture where providers learn from significant events and embed learning to reduce the risk of recurrence.

WBCCG will build on the improvements made and plans to continue to host an annual collaborative event to ensure that the Learning from Serious Incidents and Never Events is maintained. There will also be a continued focus on provider compliance with the Duty of Candour requirements.

- **Management of Healthcare Associated Infection (HCAI):** WBCCG has a responsibility to ensure that systems and processes are in place to support the management, prevention and control of HCAI.

NHS Organisations including WBCCG have made great strides in reducing the numbers of Healthcare Associated Infections (HCAI). Whilst the numbers of MRSA cases have remained low recently both nationally and locally the rate of reported cases of *C.difficile* specifically has increased.

C.difficile infections continue to affect the elderly and vulnerable population. This group is known to have co-morbidities with complex care needs often requiring hospital admissions and pharmaceutical support. These identified factors pose a risk to the delivery of safe, clinically effective care and the reduction of *C.difficile*.

The actions that are to be taken to manage these risks have been fully detailed with the approved WBCCG Strategy for the Management of HCAs 2016 - 2018.

- **Commissioning for Quality and Innovation Schemes CQUIN:** Through the agreed schemes the CCG incentivised providers to make improvements in clinical outcomes.
- **Quality Improvement Visits:** this programme has and will continue to provide an opportunity for commissioners to fulfil their duty to patients and the public for the quality of commissioned services.
- **Sign up to Safety Campaign (Su2S):** This national campaign is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. Both the CCG and our local NHS Trusts are signed up to give patients confidence that we are doing all we can to ensure that the care they receive will be safe, effective and caring.

10.8 Importantly as national reports have clearly indicated ‘*sole reliance*’ should not be placed on any ‘*single indicator*’. Figure 1 below provides an overview of the areas that are and will continue to be monitored by the Quality Team as a ‘*minimum requirement*’ to provide assurances on the quality and safety of commissioned services.



11. Quality in Primary Care

11.1 Primary Care - General Practice providers are being faced with significant changes which present new challenges to; improve the quality of their provided services, develop a highly skilled and sustainable workforce and deliver truly integrated care.

11.2 New Models of Care; nationally there is a growing consensus of the need to enable General Practice to work at greater scale. New models of care should provide more

proactive, holistic and responsive services for patients and some of these have been described in the NHS Five Year Forward View.

- 11.3 WBCCG believes that General Practice provides the foundation for all healthcare services and that strong and sustainable General Practice is crucial to securing future health care services.
- 11.4 General Practice has evolved significantly from its origins. Many Practices have been at the forefront of innovation and quality improvement within Primary Care and WBCCG will share the learning from successes to implement further service improvements within General Practice.
- 11.5 The WBCCG vision is that General Practice providers will consistently provide high quality; accessible, safe and resilient care as evidenced through appropriate assurance systems.
- 11.6 The timing of this Strategy is important to support General Practice to enable providers to deliver the vision of the NHS Five Year Forward View, and to provide assurance that WBCCG is commissioning high quality healthcare.

Governing Body and Primary Care Commissioning Committee - Responsibilities

- 11.7 There is an expectation that the WBCCG Governing Body will continue to use their leadership and clinical skills / knowledge; and the co-operation of their GP membership and health and social care partners to support the required changes.
- 11.8 As Clinical Leaders they will work with the localities / clusters and individual Clinicians to strengthen clinical leadership.
- 11.9 The Governing Body has delegated its responsibilities for Primary Care to the Primary Care Commissioning Committee (PCCC). The PCCC is responsible for providing assurance to the Governing Body on the quality and safety of primary care commissioned services. The WBCCG Governance Framework is included at appendix two of this Strategy.
- 11.10 The PCCC will encourage co-operative working between providers, community healthcare services and public health teams to deliver proactive, preventative, holistic and integrated services.
- 11.11 This will mean that patients will be assured that their care and treatment in general practice is delivered to the same high standards regardless of which practice they are registered with and they can easily compare their service to others in the Borough.

Measuring and Monitoring Quality in Primary Care

- 11.12 Working in collaboration with **Care Quality Commission (CQC)** and **NHS England**, the PCCC will seek assurances that all local providers meet both their contractual and regulatory requirements.
- 11.13 A range of information is available on the quality of primary medical services provided within General Practice from a variety of sources, such as: *GP patient survey information, Quality and Outcomes Framework (QOF) data and prescribing data.*

- 11.14 A Primary Care - Quality Assurance Dashboard is in development. This will ensure that the quality of services is monitored and assessed and is intended to improve patient safety outcomes and support a culture of continuous improvement.
- 11.15 Providers will be expected to report against a range of agreed quality indicators. This will enable WBCCG to identify variation in standards across our member Practices. We can then provide targeted support to practices to drive quality improvement.
- 11.16 In addition WBCCG remains committed to the activities that have and continue to support the drive for sustainable quality improvements. Examples are included below to provide an insight into these specific work-streams.
- **Primary Care - Practice Nurse (PN) Champions:** In line with the integration of care, out of hospital work and the planned service redesigns the PN workforce will continue to have an integral part to play in supporting this agenda and they will need to be equipped to provide the necessary level of care. A Locality Nurse Champion and a designated deputy have been appointed and form a proactive forum for collaboration and improvement across the Borough.
 - **Primary Care - General Practice (GP) Education Lead:** WBCCG has recognised the need to continue to provide professional and education support to Primary Care providers across the Borough.

The WBCCG GP Education Lead contributes to improving the quality and safety of patient care by providing leadership, strategic development and support for the professional development of primary care clinicians and non-clinicians.

The Lead also plays an important role in monitoring and improving the quality of primary healthcare delivery and will support the development of the skills and knowledge of the workforce in General Practice to ensure it is equipped to deliver the health outcomes described in the Wigan Borough Locality Plan.

- **Primary Care Peer Reviews:** The Quality Team will continue to build on the success of the Peer Reviews. The Team will engage with Primary Care GP Practices across the Localities to encourage Practices to review their performance against national quality standards to promote individual learning through best practice.

The Challenges for Primary Care

- 11.17 The challenge for Primary Care will be to work in collaboration with the Care Closer to Home and Urgent Care agendas, laying the foundations for service transformation in line with the objectives of the national plan; NHS Five Year Forward View and the local plan; 'Further, Faster Towards 2020', the Wigan Locality Plan for Health and Care Reform.
- 11.18 By removing existing boundaries that often inhibited us we aim to deliver patient centred care, regardless of provider. We will explore new and innovative ways of delivering place based care through integrated budgets, designing services to meet the needs of specific geographic populations.
- 11.19 Throughout all the transformation programmes underway, patient education is seen as being key. Education empowers patients and puts them in the heart of services. It is about designing and delivering health and social care services in a way, which is inclusive and enables residents to take control of their health care needs. Ensuring this is delivered in an equitable and transparent way will be a significant challenge.

12. Quality in Care Homes

- 12.1 The profile of Health and Social Care Services continues to rise with an increasing focus on the quality and safety of care. This has led to increased scrutiny of all care sectors including Care Homes by both regulatory and commissioning organisations.
- 12.2 An increasing ageing population with complex care needs has to be an influencing factor when considering the future health and social care needs of the local population. This is resolutely linked to the provision of appropriate care and places of care.
- 12.3 WBCCG recognises that some of our most vulnerable people reside in Care Homes and fully acknowledges its shared responsibility to engage with and support our local partners Wigan Council in ensuring that quality, safe care is provided to those residents.
- 12.4 All Care Homes are required to register with the CQC and are subject to inspections that cover a range of issues in relation to quality and safety. Care Homes fall into two categories:
- **Residential:** These Homes are registered with the CQC to *provide ‘personal care and accommodation only’*.
 - **Nursing:** These Homes are registered with the CQC and can provide a mixture of *‘personal care and accommodation as well as nursing care’*.
- 12.5 Residents with varying types of care needs are accommodated in these Care Homes as outlined below:

Residential Care Homes	Residents are either funded by the local Council or are self (privately) funded. If the local Council is funding the care package they assume the responsibilities of Lead Commissioner.
Nursing Care Homes	If an individual has been assessed as having nursing needs, the local CCG directly pays the care home a ‘grant’ on behalf of the individual. This is a nationally agreed tariff commonly known as Funded Nursing Care (FNC) and covers the cost of the ‘care delivered by the registered nurses’, this funding is on top of the Council funded / Individual self-funded tariff. In such cases, the local Council remains the Lead Commissioner or the individual self-funds the personal care and accommodation element of the care home fees.
NHS Continuing Healthcare (CHC)	This package of care is provided to residents that are admitted to care homes with nursing provision who, by process of assessment, have been found to be eligible to have their care fully funded by the NHS. In these individual cases WBCCG will assume the responsibility of Lead Commissioner.

Responsibilities

- 12.6 Registration and monitoring of Care Homes is the responsibility of the regulator, the CQC. The CQC are required to check that standards are being met across all Care Home services in England.
- 12.7 Locally; Care Home quality oversight and monitoring sits with Wigan Council.
- 12.8 In recognition of the increasing complexity of the care needs of Care Home residents WBCCG has taken a positive initiative in working in partnership with Wigan Council to support quality improvement within Care Homes.

WBCCG - Care Home Initiatives

- 12.9 A WBCCG Care Home Support Group has been established. The group reports directly

to the Clinical Governance Committee: The Groups directive is broad ranging and is inclusive of the following work streams:

- Mapping and Review: of the existing services across the Borough.
- Scoping exercise: to identify the 'Specialist' needs across the Borough.
- Method and quality of data collection including recording and analysis.
- Risk matrix to enable the early identification of the Care Homes / Providers requiring clinical intervention and support.
- Local survey to understand the support that the Care Homes feel they need.
- Co-opting into the existing Care Home Forum hosted by Wigan Council to promote a joint Health and Social Care approach to include a standing agenda item for 'Health'.
- Overview of the Directory of Services to be available via the Single Point of Access Service.

The Challenges

12.10 In recognition of the significant challenges ahead in relation to the Care Home market WBCCG is developing a specific Care Home Strategy that will ensure in so far as reasonably practicable that Care Homes are supported in providing safe, quality of care whilst ensuring a positive experience for both the resident and their families; and importantly they are able to provide assurance to the regulator that these essential services are resilient.

Quality Improvement - Support and Advice

12.11 WBCCG lends support to the Wigan Council Market Oversight Team and recognises it's responsibilities for the quality of care provided to residents in receipt of Continuing Healthcare and Funded Nursing Care.

12.12 Wigan Council hosts a Residential and Nursing Improvement Programme Debriefing Forum. Through this forum intelligence is formally shared between partners and provides opportunity for a proactive response to be initiated through early warning alerts. WBCCG is represented on this group.

12.13 Importance is placed on the sharing of adverse intelligence with the Market Oversight Team as soon as partners become aware. Any providers identified as requiring a heightened level of monitoring and support are then placed on the Wigan Council Residential and Nursing Improvement Programme.

12.14 WBCCG provides clinical support and advice to Wigan Council in the development of individual Service Improvement Plans as part of the Improvement Programme. Wigan Council continues to hold overall responsibility for the contract and performance management of the local Care Home Market.

12.15 The WBCCG Care Home Quality Assurance Lead and Medicines Management Technicians monitor clinical compliance and quality improvement in a focused group of Nursing Homes within the Improvement Programme.

- 12.16 The WBCCG Care Home Quality Assurance Lead provides bespoke reports to the WBCCG Clinical Governance Committee on the quality improvement work with individual providers. A general Care Homes update will continue to be included within the Quality, Safety and Safeguarding Quarterly Report.
- 12.17 WBCCG reports to and attends the Greater Manchester Health and Social Care Partnership - Quality Surveillance Group on a bi monthly basis. This report details the clinical quality and safety issues across the whole of the NHS Wigan Borough Health Economy and is inclusive of the Care Homes.
- 12.18 Individual Placements: A small number of patients with Mental Health (MH) issues, children with Complex Needs and people with a Learning Disability (LD) are in receipt of bespoke packages of care, delivered in a variety of settings.
- 12.19 These care packages are reviewed on a pre-agreed basis and the individuals concerned have assessments to provide assurance on the quality of care provided.
- 12.20 Commissioning Managers within WBCCG are responsible for overseeing these arrangements and provide reports to the Mental Health, LD and CHC Contract Monitoring Group. It is our intention to ensure that this information on services provided to individuals who are potentially very vulnerable continues to receive regular scrutiny to provide assurance on the quality of care provided.

National Campaigns

- 12.21 In Spring 2016 NHS England launched the 'React 2 Red' (R2R) Campaign aimed at Pressure Ulcer Prevention for Care Homes and other Care Providers.
- 12.22 The WBCCG CHQA Lead has provided the R2R resources and supported the provider implementation of the programme in the Homes rated as 'Inadequate' overall by the CQC. The programme will be formally launched across the Borough as a whole through the Wigan Council Care Home Forum on 4 October 2016.

13. Safeguarding

- 13.1 WBCCG has statutory responsibilities in relation to Safeguarding and the WBCCG Safeguarding Team takes the lead role in ensuring that these responsibilities are fully met.
- 13.2 Designated Safeguarding Children and Adult Professionals provide safeguarding leadership. Their functions include reviewing safeguarding arrangements within commissioned health services to determine whether they are meeting their statutory safeguarding responsibilities and holding providers to account if any deficiencies are identified.
- 13.3 Seeking assurances from commissioned services is undertaken through the use of formal audit tools and through working in collaboration with the safeguarding leads within provider services. Formal reporting is through the WBCCG QSSGs.
- 13.4 The Designated Safeguarding Professionals also review how effectively all commissioned health services work together to safeguard children and vulnerable adults, ensuring that there are appropriate integrated working arrangements in place.

- 13.5 This oversight provides a crucial element of quality assurance, given that vulnerable people are often in receipt of health services from multiple providers. WBCCG will continue to utilise the expertise within the Safeguarding Team to fulfil this vital role.
- 13.6 The Safeguarding Team will continue to work closely with member GP Practices, supporting them in improving the quality of their safeguarding arrangements. WBCCG recognises that robust safeguarding arrangements within primary care are necessary to safeguard the most vulnerable members of our population and will ensure that this is a key element of our primary care quality framework.
- 13.7 This is an outline view of the systems in place further detail will be provided within the WBCCG Safeguarding Strategy.

14. Delivering and Monitoring the Impact of the Strategy

- 14.1 This Strategy provides the context for commissioning quality healthcare for the resident population of the Wigan Borough and explains the quality objectives for 2016 to 2018.
- 14.2 In line with previous years the WBCCG Quality Delivery Plan will support the delivery of the quality objectives and drive continuous improvement in safer care and the quality of commissioned services. The plan will be received by the WBCCG Clinical Governance Committee for oversight.

15. Leadership

- 15.1 One of the key factors highlighted within recent national reviews into organisational failings in healthcare is the importance of strong leadership with a consistent focus on quality and safety. It is widely acknowledged that clinical leadership is vital in securing and maintaining this emphasis and will enable question and challenge to providers where issues are identified and improvements required.
- 15.2 Clinical leadership is also fundamental to driving quality improvement: clinical debate through the established partnership arrangements has a strong focus on quality improvement and importantly influences services re-design.

Leadership from the Governing Body

- 15.3 The Director for Quality and Safety is the Executive Lead with delegated responsibility for all matters pertaining to Quality Improvement.
- 15.4 All members of the Governing Body have a keen interest in quality and safety. They act as critical friends by providing challenge and scrutiny.
- 15.5 The Governing Body Nurse also has a specific role around scrutinising quality and safety assurance.
- 15.6 Our Clinical Leads / GP representatives on the Governing Body are directly involved in the quality assurance of providers in the following ways:
- Clinical Governance Committee - representation.
 - Commissioner Quality Visits.
 - Day-to-day conversations with clinical colleagues in provider organisations.
 - Healthcare Associated Infections - RCA/PIR Review Group.
 - Medicines Management Group - representation.

- Primary Care Committee - representation.
- Primary Care Quality and Medicines Management - Peer Reviews.

15.7 WBCCG also recognises our responsibility in monitoring and supporting the quality and safety of primary care provided by our members. To this end we have established processes through the Primary Care Committee to receive reports on primary care quality at Governing Body meetings.

15.8 WBCCG will continue to support our Governing Body members to develop their knowledge of quality and safety issues in line with the organisational development plan.

16. Accountability

16.1 Whilst every member of WBCCG is accountable for commissioning for quality it is clear that overall accountability sits with the Chief Officer.

16.2 The Chief Officer has delegated this responsibility to the Director for Quality and Safety.

16.3 NHS England holds WBCCG to account for quality and patient outcomes via the GM Health and Social Care Partnership – Quality Surveillance Group and the Quality Assurance meetings. This supports us to drive continuous improvements in quality and patient safety in commissioned services. This will be integral in driving future quality improvements in primary care as part of the co-commissioning agendas.

17. Governance

17.1 The WBCCG Governing Body meets monthly in public and the papers are published on the website.

17.2 The Governing Body provides leadership and strategic direction to the WBCCG. It also receives reports on standards, targets, patient experience, serious incidents and safeguarding. Decisive action is taken regarding the management of providers where performance concerns are raised.

17.3 WBCCG has a number of Governing Body Committees that are accountable for specific areas of work; that report directly to the Governing Body. These Committees have been identified in the WBCCG Governance Framework that has been included at appendix two.

17.4 The Clinical Governance Committee (CIGC) holds the primary responsibility for providing assurance to the Governing Body on the quality and safety of its commissioned health interventions and services.

17.5 The WBCCG CIGC and Governing Body will continue to receive Quality, Safety and Safeguarding reports on a quarterly basis to highlight key issues and information.

17.6 The groups identified below also significantly contribute to quality assurance process. The Chairperson for each group is responsible for reporting to the CIGC to ensure the committee is cited on all aspects of quality assurance. A CIGC - 'High Level View' has been included at appendix three.

- Quality Safety and Safeguarding Group - Acute NHS Provider
- Quality Safety and Safeguarding Group - Community NHS Provider
- Quality Safety and Safeguarding Group - Mental Health NHS Provider

- Serious Incident and Never Events (SINE) Panel
- Medicines Management Group
- Care Homes Forum

Wigan Borough Health Economy - Quality Enabling Group

17.7 The Quality Enabling Group is a Sub Group of the Wigan Tactical Programme Board (TPB).

17.8 The Quality Enabling Group will lead the development and implementation of a Wigan Borough Health and Care Strategy for Quality. The Strategy will support the delivery of the Wigan Borough Transformational Programme. The purpose of the Group is to:

- Identify, agree and manage the key milestones for the delivery of the shared vision as highlighted within section 7 and the related quality outcomes to support the delivery of the Wigan Borough Locality Plan for Health and Care Reform.
- Lead the development and implementation of a wider Wigan Borough Health and Care Strategy for Quality.
- Escalate any identified potential or actual risks that may impact adversely on the delivery of the Wigan Borough Locality Plan to the Wigan TPB and agree mitigation plans.

17.9 Key Delivery Partners:

- 5 Boroughs Partnership NHS Foundation Trust
- Bridgewater Community NHS Foundation Trust
- Healthier Wigan Partnership
- Healthwatch - Local Group
- Primary Care
- Patient Groups and Representatives
- Third Sector Services
- Wigan Borough Clinical Commissioning Group
- Wigan Council
- Wrightington Wigan & Leigh NHS Foundation Trust

17.10 Success Criteria: The vision is that all Health and Care services delivered within the Wigan Borough will be safe and of a high quality and part of an integrated, sustainable system as detailed within the Wigan Locality Plan for Health and Care Reform - '*Further Faster Towards 2020*'.

17.11 The Wigan Health and Social Care Transformation Structure high level view has been included at appendix four for ease of reference.

18. Key Partners

18.1 WBCCG recognises its responsibility to work with partners and regulators to sustain the drive for quality improvement and to raise the standards of commissioned services.

Care Quality Commission

18.2 The CQC is the main NHS regulator of the quality of healthcare. WBCCG has good working relationships with the CQC locally will raise concerns directly with the CQC regarding individual providers if required. The Quality Team will also provide intelligence

prior to inspections and participate in focus groups during the inspection and will work with providers to contribute to any service improvement plans as / if required.

Healthier Wigan Partnership

- 18.3 The Healthier Wigan Partnership is an alliance of health and social care partners with an ambition to transform the way we deliver health and social care in the Wigan Borough.
- 18.4 The Partnership has an incredibly compelling vision for the future of the health and care system in Wigan and has clearly stated the importance of developing an Integrated Care Organisation in delivering these ambitions.
- 18.5 Working together the Partnership is designing and delivering integrated services based around primary care, community services and wider public service reform through a common narrative and approach.

NHS Improvement (NHSI)

- 18.6 NHSI 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. NHSI can take action against Foundation Trusts should quality and safety concerns arise. WBCCG will raise concerns directly with NHSI regarding individual providers if required.

NHS England - Greater Manchester Health and Social Care Partnership

- 18.7 Information is shared regarding individual providers at the regional group which facilitates triangulation of data and is used as an enhanced quality surveillance measure.
- 18.8 Information is also shared with other NHS England Regional Teams as and where this is required; for example any concerns regard our Mental Health Services provider (5BPFT) would be flagged directly with the NHS England Cheshire and Merseyside Team.

Wigan Council

- 18.9 The Council commissions social care and specific public health services. The key areas of joint work are; Mental Health / Learning Disabilities; Safeguarding Adults and Children and Infection control.
- 18.10 As part of the integration agenda, there is also a range of services that the CCG is working with the Council to jointly commission within the 'Better Care Fund' and we have a duty to maintain high quality care for these services.
- 18.11 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.
- 18.12 WBCCG Quality Team is also fully committed to working in partnership with the Wigan Council Market Oversight Team and continues to provide clinical support and advice to drive the Care Home improvement agendas.

Healthwatch England

- 18.13 Healthwatch has statutory powers to ensure that the voice of the public is heard by those who commission, deliver and regulate health and care services.
- 18.14 Recently Healthwatch Bolton has been commissioned to provide a local picture of issues that matter most to our Wigan Residents. WBCCG will triangulate this information with existing data to identify any emergent quality themes.

Health Education England (HEE)

- 18.15 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.
- 18.16 The above information provides an insight into our key partnerships; this is not intended to be an exhaustive list.

19. Equality and Diversity (E&D)

- 19.1 WBCCG recognises that promoting equality, valuing diversity and upholding human rights is closely related to the pursuit of quality and actions to address and reduce gaps in health inequalities.
- 19.2 The NHS Equality Delivery System (EDS) launched in November 2011 aims to ensure equal quality for patients and staff. It is a self - assessment process that involves assessing performance for the nine 'protected characteristics in the Equality Act 2010 (*Age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation*), and other disadvantaged groups.
- 19.3 WBCCG also considers the human rights-based approach by which the rights of all individuals can be protected in clinical and organisational practice by adherence to the underlying core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA).
- 19.4 In relation to this Strategy the WBCCG Quality Team sought advice from the E&D Lead and has undertaken a review of the Equality Impact Assessment. At the time of the review as far as we could determine there were no negative impacts on the protected groups.

20. Implementation, Monitoring and Review

- 20.1 The implementation of the Strategy will enhance and promote the commissioning and delivery of safer, clinical effective care and services; whilst driving improvements in patient and staff experience and importantly the quality of care.
- 20.2 Once the Strategy has been approved by WBCCG Governing Body, the Quality Team will ensure the Strategy is communicated internally and placed on SharePoint for access.
- 20.3 WBCCG monitors and reviews its performance in relation to quality and safety and the continuing suitability and effectiveness of the systems and processes in place to manage associated risk through the oversight of the Governing Body, Senior Leadership Team and the Governing Body Committees as detailed within this Strategy.

20.4 An annual report on Quality and Safety will be produced by the WBCCG Quality Team following the end of each financial year. The report will be received and reviewed by the Clinical Governance Committee and approved by the Governing Body.

20.5 The Strategy itself will be reviewed no later than 31 December 2019.

21. Conclusion - Commitment to Quality

21.1 Wigan Borough Clinical Commissioning Group will:

- Initiate and drive improvements in quality and safety through contracts and incentive schemes.
- Continuously strive to commission quality services that are safe, clinically effective and delivered by competent, caring and compassionate health and social care staff to ensure that the patients have a positive experience of care.
- Design and commission quality services with Patients for Patients that are safe, evidence based and provide a personalised responsive service.
- Be mindful of Patients, Families and Carers time and their need for accessible care delivered in high quality health care facilities closer to home.
- Expect that Patients, Families and Carers are treated at all times with privacy and dignity.
- Actively seek assurances on the quality and safety of services commissioned on behalf of the resident population of the Wigan Borough.
- Analyse and assess relevant information and data, triangulating with this other intelligence.
- Monitor standards of Quality and Safety to ensure that we are responsive and reactive to change within our commissioned services.
- Continually reassess, provide feedback and support to our Providers.

21.2 Finally, this Strategy is simply but importantly about putting people first and it aims to ensure that we listen to Patients, the Public and Staff to provide everyone with the care and compassion they want and need by enabling their voices to be heard.

22. Success Factors – Quality Outcomes

The following areas have been identified as quality outcomes/key deliverables.

22.1 Care Quality Commission – Ratings for Wigan Borough Health and Care Services

- All NHS Foundation Trusts rated no less than ‘Good Overall’.
- All GP Services rated no less than ‘Good Overall’.
- All Care Homes rated no less than ‘Good Overall’.

22.2 Primary Care - Outcomes

- Evidence compliance against the agreed Primary Care Quality Standards.

- Elimination of any unwarranted variation in the provision of primary care medical services.
- Demonstrate the additional provision and integration of new professional roles, including Nursing Associates, continuing to grow the Physician Associate workforce, and expanding clinical pharmacists and mental health therapists in primary care.

22.3 HCAI Outcomes - by 2020/21 the level of healthcare associated infections will fall by an anticipated 50%. Success will be achieved by implementing a local system-wide approach inclusive of all Health and Care providers and commissioners who will:

- Extend their existing mandated data collection systems to include additional organisms and by publishing and sharing learning from locally comparable data on the key infections as published by Public Health England.
- Follow the guidance and tools developed by NHSI to support local teams to prevent Gram-negative bloodstream infections.
- Ensure that *Escherichia coli* (E-coli) infections are attributed the same level of priority as MRSA and *C.difficile* and extend this to include additional organisms such as *Pseudomonas aeruginosa* and *Klebsiella* spp.

22.4 Serious Incidents - Establishment of a Borough Wide Integrated 'Health and Care' SI Collaborative to support the dissemination of learning from the review of all SIs inclusive of the outcomes of the HCAI RCA / PIR process locally to drive further improvements in patient safety.

22.5 Mortality - Reduce overall rates for both HSMR and SHMI to **100** or below.

22.6 Learning from Deaths - As part of the implementation of the CQC report '*Learning, Candour and Accountability*', all Trusts will be expected to have proper arrangements for learning from deaths of patients in their care. Trusts will be asked to publish their data on; '*all deaths judged as likely to have been caused by problems in care*'; along with the actions taken to learn and prevent such deaths in future. This information will be provided to the CCG and then summarised in each Trusts Annual Quality Account. Alongside this we will also challenge providers to specifically evidence:

- Improvements in support to and communication with bereaved families and carers.
- Improvements in the standards and understanding of data on harm and mortality.
- Those services for people with learning disabilities and mental health problems are a core part of this learning.

22.7 Mental Health - this will include measures to bring about the integration of; primary and specialist hospital care and also physical and mental health services. Outcomes will include:

- Mental Health Therapists integrated within all primary care teams. These therapists will lead the way in how we integrate physical and mental healthcare outside of hospital.

- Defined new relationships with local community and mental health providers as well as health and mental health providers and social services.
- Evidence of improvements in Mental Health care for New and Expectant Mothers for specialist perinatal mental health teams.
- Evidence a reduction in suspected self-inflicted harm meeting SI criteria.

22.8 **NHS Smoke Free Estate** - the local Mental Health Trust is currently smoke-free. In line with the '*Next Steps on the Five Year Forward View*' (March 2017); this will be expanded to the local Acute Trust in 2018/19, leading to implementation across the wider NHS estate locally by 2019/20.

22.9 It is important to note that the above quality outcomes are a 'point in time view' of the estimated/anticipated future deliverables based on the currently agreed WBCCG priorities.

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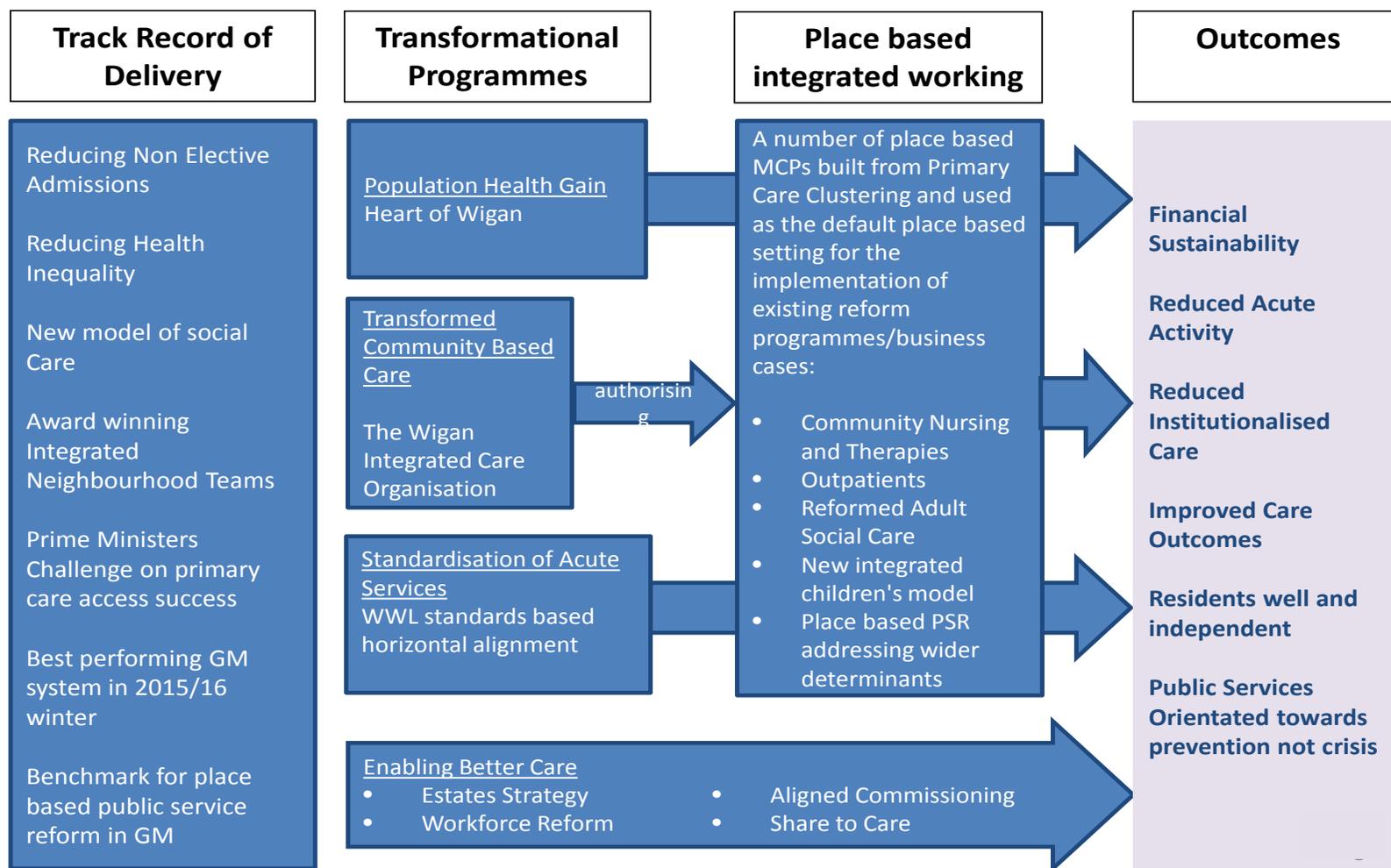
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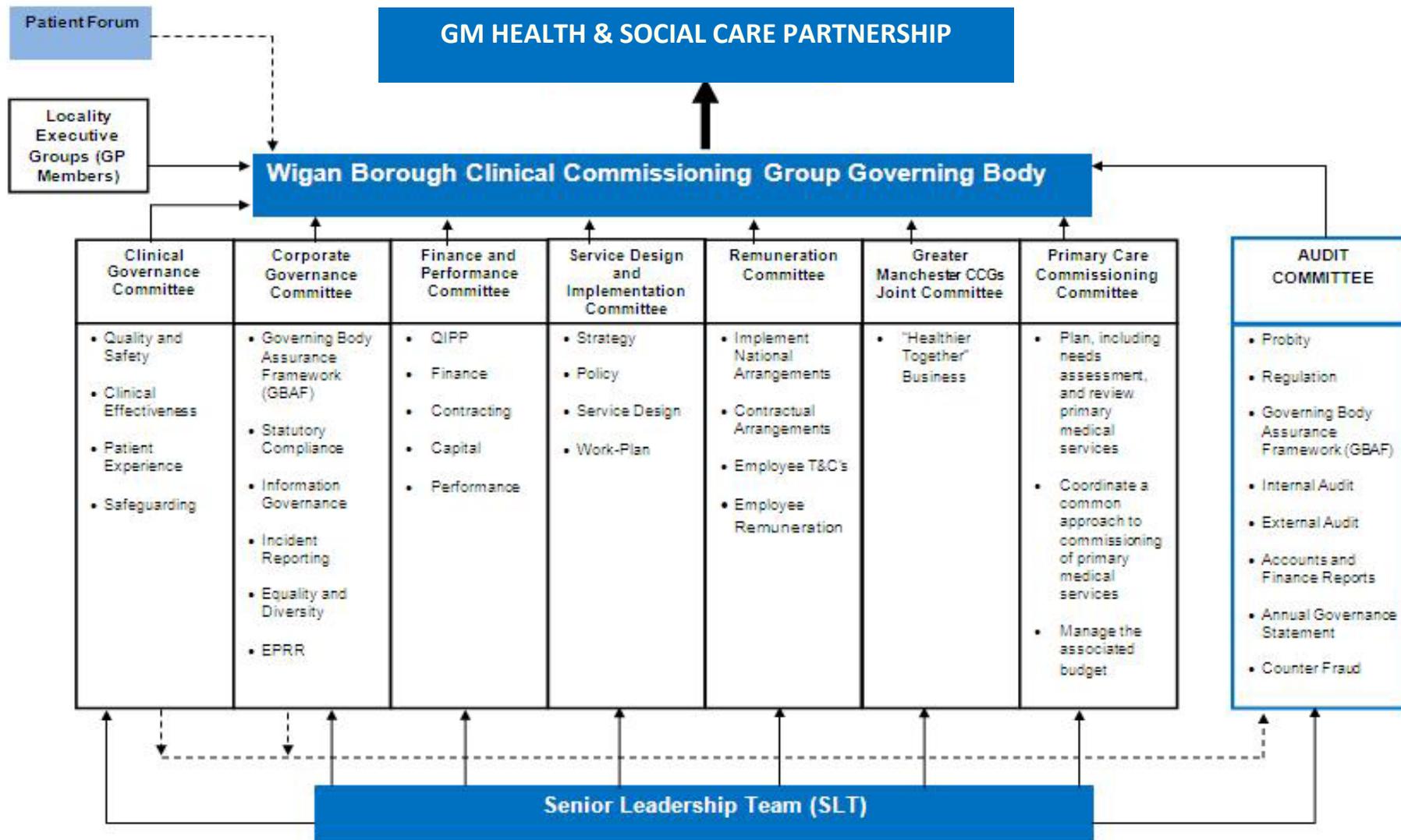
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Wigan Locality Plan for Health and Care Reform



GOVERNANCE FRAMEWORK



**WIGAN BOROUGH CLINICAL COMMISSIONING GROUP
CLINICAL GOVERNANCE COMMITTEE – HIGH LEVEL VIEW**

