

### Quality – Safety, Experience and Effectiveness

Under the Health and Social Care Act 2012 there is a clear statutory responsibility upon CCGs to ensure quality and safe services which states; *'Each CCG must exercise 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'*.

In 2013 the public inquiry into Mid Staffordshire NHS Foundation Trust and the subsequent publication of the Keogh Review and the Berwick Report demonstrates the commitment made by the NHS to the discipline of patient safety– it is at the heart of every job in the NHS, on the ward, in the GP's surgery, in every community service and all the way through the system to commissioning organisations. The absolute importance of patient safety is also now recognised at every government level from our local authorities to Whitehall.

MECCG recognise now is the time to build upon the foundations already laid in Mid Essex and make further advances in the world of safety improvement and quality so the legacy of Francis, Keogh and Berwick is that of a confident and learning health system that listens to the needs of its patients and staff in order to deliver the safest and best healthcare.

MECCG have fully committed to recommendations made and pledge to ensure that all contracts include quality performance requirements, expected core standards of care are secured contractually and challenging providers to make on-going improvements in the quality of care provided.

MECCG will seek contractual redress when performance does not meet expected quality and safety standards; whilst working with that provider to improve the quality of services provided for every patient

#### **During the contractual year 2014/15 MECCG intend to;**

Continue to focus on the incorporation of outcome based measurements into our contracts based on the NHS Outcomes Framework.

#### **1.1 Operational Standards**

- 7.11 Expect providers to be compliant with the CQC Essential Standards, promoting best practice, to regularly monitor and report on on-going compliance with exception reports of non-compliance. Following inspection by the CQC the provider will update us on the outcome of the visit and any subsequent actions.
- 7.12 Require providers to work within a robust Governance arrangement for all activity.
- 7.13 Require assurance that Providers are actively engaged implementing any relevant requirements to their services or organisation from recent inquiries or reviews.
- 7.14 In accordance with the national contract terms, we reserve the right to request audits of the provider's activity and patient care records, to ensure that activity has been delivered in accordance with the requirements of the contract, and that appropriate

clinical pathways/clinical outcomes are maintained for our patients. These audits can be both unannounced and announced audits.

## **1.2 Emergency Preparedness, Resilience and Response**

7.21 All commissioned services will be expected to fulfil the requirements of the following providing assurance as required;

- NHS Standard Contract, Service Conditions SC30 *Emergencies and Incidents*
- Civil Contingencies Act 2004
- Care Quality Commission Essential Standards of Quality and Safety

7.22 Full use of the East of England Capacity and Activity Management System (CAMS) will be included within Acute and Community Provider Contracts including;

- Regular (at least annual) update of declared bed stock data to the East of England CAMS capacity team.
- Daily update of live CAMS data in line with published update schedules, currently;
  - Emergency Department, every 2 Hours 24/7/365
  - Acute Bed Status, every 4 hours 0600-2200
  - Critical Care, minimum 3 times a day
  - Community Beds, minimum 2 times a day

## **1.3 National Quality Requirements**

7.31 Develop stretching CQUIN targets for 2014-15 ensuring that there is clear evidence of improved quality and patient outcomes. There will be further national mandated CQUINs for providers in 2014-15. Principles of Prioritising CQUIN proposals will be based on National Pre requisites for agreeing CQUINs.

## **1.4 Local Quality Requirements**

7.41 Require Providers to report against the agreed outcomes in the NHS Outcomes Framework and take remedial action where intelligence indicates a level of performance below the national expected level.

7.42 Require providers to participate in the 'Who will Care?' five high impact solutions to prevent a future crisis in health and social care in Essex.

## **Domain 1 – Preventing people from dying prematurely**

- Expect all providers to adopt new and recommended standards of best practice and evidenced based working to improve the overall care provided to our patients.
- Require Providers to attain at least the national average on SHMI (100). Where the Provider fails to achieve this target they will be required to agree an action plan with us, within an agreed timeframe. If a Mortality Alert is issued by the CQC the provider will be required to inform us of the response and any subsequent action plan.
- Require Providers to develop and share their clinical audit programme, which includes participation in relevant National Audit to allow benchmarking and comparative analysis.
- Continue to support carers in Mid Essex

## **Domain 2 – Enhancing the Quality of Life of people with long term conditions**

- Require Providers to develop and share their clinical audit programme, which includes participation in relevant National Audit to allow benchmarking and comparative analysis.
- Expect providers to engage with the development and implementation of recommendations for the implementation of Clinical Networks and Senates.
- Continue to support carers in Mid Essex

### **Domain 3 – Helping people to recover from a period of ill health**

- Require Providers to develop and share their clinical audit programme, which includes participation in relevant National Audit to allow benchmarking and comparative analysis.
- Expect providers to engage with the development and implementation of recommendations for the implementation of Clinical Networks and Senates.
- Continue to support carers in Mid Essex

### **Domain 4 – Ensuring that people have a positive experience of care**

- Require Providers to demonstrate that effective systems are in place to respond to patient feedback from surveys, complaints and other intelligence, such as patient stories. This will include the need to share themes and trends and improvement actions taken in a timely way. We expect improved responsiveness to complaints, identifying themes and trends to improve patient experience and perception.
- Require Providers to gather patient experience intelligence from a variety of sources, including real time monitoring, to enable timely responsiveness to areas of concern.
- Have a continued focus on Providers meeting single sex accommodation guidance (EMSA) including reporting of any EMSA breaches. RCA will be completed by any provider reporting an EMSA breach.
- Require that all patients attending hospital services will receive the same level of service regardless of age, sex, race, sexuality or disability and will require providers to comply with all existing national legislation with regard to the provision of services and for reasonable adjustments to be made to support their access to acute services.  
and for Providers to meet the requirements of the Equality Act 2010 and the NHS Equality Delivery System (EDS), providers will be required to maintain the EDS (or in the case on non-NHS providers) to have in place similar arrangements that will help to progress the EDS goals
- Seek to improve services and service outcomes for people with mental health problems, working with North East Essex as lead commissioner, ensuring services are based on humanity, dignity and respect. This includes measuring, assessing and improving service user and carer experience. We expect the 'No Health without Mental Health, a cross-government mental health outcomes strategy for people of all ages, February 2011 to be implemented.
- As lead commissioner to look at specific measures and monitoring processes to improve outcomes for patients with a learning disability which will be based upon the outcome of self-assessments of Learning Disability services. Also, in the light of the Serious Case Review into abuse at Winterbourne View, providers will be required to monitor patterns in A&E attendances from residential units for people with learning disabilities.
- Continue to support carers in Mid Essex

## **Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm**

- Utilise transparent methodology within the contract with respect to on-site visits and inspections of premises, these may be announced or unannounced.
- Expect Providers to respond to National Patient Safety and Quality Initiatives such as the new CNO vision for Nursing and Midwifery.
- Commission all services to meet NICE Quality Standards. With assurance provided to us as required.
- Continue to work across the system to reduce HCAI and will want to address issues in relation to existing MRSA and Clostridium Difficile targets as well as introducing initiatives for surgical site infections and catheter associated urinary tract infections. Providers will be expected to demonstrate effective systems to identify and manage sepsis to reduce the mortality associated with sepsis and improve overall patient outcomes. Systems should include collaborative working with colleagues across the health and social care economy.
- Support providers in implementing urinary symptom management processes to reduce risks of catheter associated urinary tract infections. This will include the use of catheter passports and care pathways for managing incontinence and retention of urine.
- Require all Providers to adopt our Policy in relation to identifying, reporting and investigation of Serious Incidents and incidents. Providers must comply with their duty of candour, being open and transparent with their process and also sharing outcomes with us in a timely manner.
- Providers expect to evidence that they have robust systems in place for the dissemination, management and monitoring of all safety alerts.
- require providers to share their level of achievement with the NHSLA
- Continue to work with Providers in managing and improving quality Re NQB report – Quality in the New Health System, reviewing the report and the implications for the new health economy.
- Work with Essex County Council collaboratively to improve standards of nursing care within care homes in Mid Essex. This will include a specific focus on infection prevention & control.
- Ensure Providers continue to focus on improving safeguarding of vulnerable adults and children.
- MECCG will support providers to set up falls panels with the aim of determining avoidability of serious harm falls. MECCG will not pay for any surgical procedure related to an avoidable harm fall.

### **1.5 Safeguarding Adults**

- 7.51 Providers will need to evidence that they follow the Southend, Essex & Thurrock (SET ) Safeguarding Adults Guidelines and are expected to participate in the Essex Safeguarding Adults Boards' audits, action planning and sub groups. They will need to demonstrate that they have implemented and used appropriate safeguarding protocols and legislation.
- 7.52 MECCG require evidence of the appropriate use of the Mental Capacity Act, particularly with regard to serious medical treatment, change of accommodation, Deprivation of Liberty and use of IMCA's.

### **1.6 Safeguarding Children**

- 7.61 Providers will need to evidence that they follow the Southend, Essex & Thurrock (SET) Safeguarding Children Procedures and are expected to participate in the Essex Safeguarding Children Boards' audits, action planning and sub groups. They will need to demonstrate that they have implemented and used appropriate safeguarding protocols and legislation.

## **1.7 Clinical Correspondence Requirements**

*Commissioners require improved adherence to best practice in clinical correspondence, and will seek to introduce/build on requirements that:*

- 1.7.1 All outpatient clinic letters to be sent within 5 working days of the patients appointment.
- 1.7.2 All Emergency Department discharge letters to be sent within 24 hours of the patients attendance.
- 1.7.3 All inpatient discharge letters to be sent within 48 hours of the patients discharge from hospital
- 1.7.4 All correspondence should be sent via electronic mail or secure facsimile unless there are exceptional circumstances.
- 1.7.5 Where a patient is being discharged back to the GP for management, a letter to the patient requesting that they make contact with their GP and the timeframe within which they should do this, with recommendations (in line with good practice and policies) regarding the future management of any condition if appropriate. Similarly, the discharge letter to the GP should contain advice on what is expected from the GP during follow-up.
- 1.7.6 All changes in medication to be communicated to the patient and legibly to the GP. The Commissioner expects medication to be prescribed by the hospital as part of the consultation where there is a change in medication dosage or new medication
- 1.7.7 In regard to Did Not Attends, all notes must be reviewed by a senior doctor prior to discharge from the system to ensure clinical appropriateness of the discharge. The Commissioner also expect the Trust to provide a DNA letter to the patient (including the importance of attending future appointment e.g. cancer referral) as well as the GP.
- 1.7.8 Where the Trust cancels a patients appointment, procedure or diagnostic test The Commissioner will expect notification to be made to both the patient and the GP with there being an option for the patient to attend an alternative Provider at the Trusts expense.