



***North Lincolnshire
Clinical Commissioning Group***

North Lincolnshire Clinical Commissioning Group

Quality Assurance Framework

2017 - 2019



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1 INTRODUCTION

The NLCCG Quality Framework will build on the definition of quality established in the 2008 Next Stage Review document, commonly referred to as the Darzi review (Darzi, 2008). This definition is provided below:

‘Continuously improving patient safety should be at the top of the healthcare agenda for the 21st century. The injunction to do no harm is one of the defining principles of the clinical professions... safety must be paramount for the NHS. Public trust in the NHS is conditional on our ability to keep patients safe when they are in our care.’
(Darzi, 2008)

This definition of quality is now enshrined in legislation through the Health and Social Care Act 2012 and is the basis upon which this Quality Framework is developed.

This Quality Framework will define the CCG’s approach to meeting its objectives in relation to quality and will support CCG staff in exercising their duty of care to the population of north Lincolnshire.

1.1 Duty of Care

The National Health Service Act 1977 charges the Secretary of State with a duty to provide healthcare to the public. Healthcare professionals, by virtue of their relationship with the patient and their employment within the NHS, owe a duty of care to the patient. A duty of care is expected of all practitioners and is both a professional and legal obligation.

2 AIMS & OBJECTIVES

2.1 Aim

The aim of this Quality Framework is to facilitate delivery of the NLCCG Quality Strategy.

The Quality Framework will identify and monitor key areas of service redesign in order to give assurance that benefits are realised for North Lincolnshire patients.

Quality will be a tangible part of the provision of health care, and where this is not the case, we will learn and improve as an organisation in our own right, as well as supporting learning in the organisations from whom we commission care.

2.2 Objectives

The CCG's objectives in relation to delivery of the Quality Assurance Framework are to ensure that:

- clinical quality, leadership and accountability are clearly understood across the CCG
- the framework and reporting structures are providing assurance to the CCG on the quality of local commissioned services
- our definition of quality and what we want to achieve is understood by our partners and stakeholders
- we do our business in an open and transparent way
- we support a learning environment, using evidence and best practice to inform commissioning decisions and promote CCG professional development programmes that reflect principles of clinical quality
- we make best use of the opportunities available to us to improve the quality of services for local people and improve the patient experience
- we harness innovation and test out new ways of promoting ideas in a safe environment
- patient and public engagement activities have a direct influence on CCG decision making
- national guidance and initiatives are implemented across the CCG

3 IMPLEMENTING THE QUALITY ASSURANCE FRAMEWORK

The CCG's approach to quality development and assurance is based on the principles of the NHS Outcomes Framework.

The NHS Outcomes Framework identifies that patient safety; experience and effectiveness are key drivers in reviewing and improving care.

The CCG has a duty to ensure that these key aspects of good quality are integrated into all of its activities and this can be achieved by complying with the following principles:

1. Principle 1:

Learning for improvement: leaders and all care providers should be supported to learn, develop and act on safety and care concerns throughout their working life

2. Principle 2:

Listen and act: Patient experience is critical to driving quality. It should be considered, triangulated and acted upon as part of every action we take and every plan we implement

3. Principle 3:

Be transparent (candour and performance): openness and transparency within health and care is essential

4. Principle 4:

Support learning and development: staff experience matters and is a strong indicator for the quality of care

5. Principle 5:

Develop a positive culture of values: a strong safety and learning culture improves quality of care

This approach allows the CCG to systematically promote continuous improvement, monitor services against agreed specifications, identify issues and build comprehensive profiles of a service.

It is recognised that no framework can provide definitive assurance as to the quality and level of safe care delivered by a commissioned service; as delivery models change, new services are introduced and new challenges are encountered. However, this quality framework directs us to ask the right questions, supports effective monitoring and helps to establish communication networks in order to stimulate and prompt effective feedback.

4. COMMISSIONED SERVICES

In line with the Care Act 2014, the 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 addition to this, the CCG must also, 'act with a view to securing continuous improvement in the outcomes that are achieved and, in particular, outcomes which show the effectiveness of their services, the safety of the services provided, and the quality of the experience of the patient'.

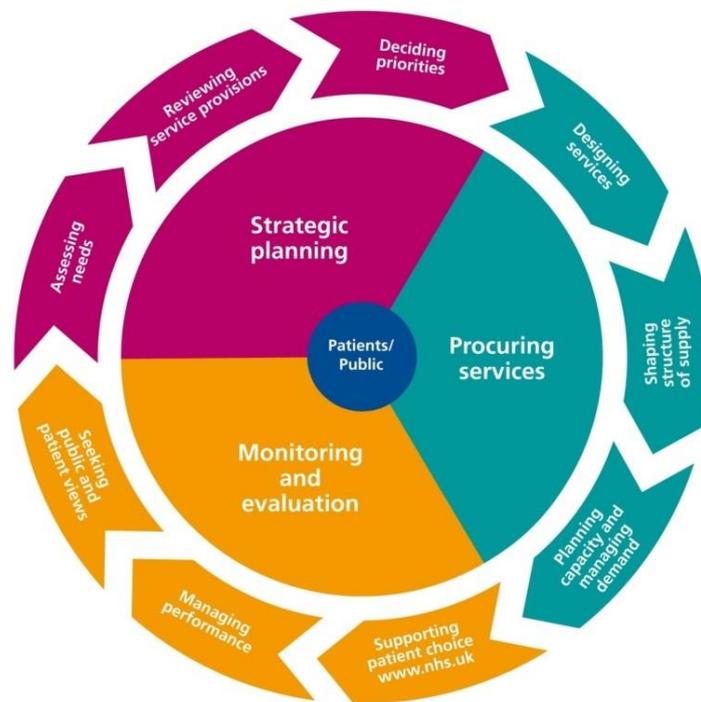
In this section, we establish the main mechanisms for assuring ourselves about the quality of services that our providers deliver through the use of the contracting and commissioning process.

4.1 Commissioning Process

The commissioning process is a series of steps usually conducted in a systematic cyclical process over the course of a year, that helps the CCG to decide on what services are needed where, and whether any of our existing services need reviewing.

When circumstances dictate, or when looking at developing longer term plans, the steps in the process may shorten or elongate accordingly. Quality assurance has a part to play at each step.

Figure 1: The NHS Commissioning Cycle



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) undertaken with the Council and Health and Wellbeing Board identify the composition of the NL CCG locality, its demographics and health outcomes.

Alongside national directives and quality frameworks, the JSNA and JHWS define the health of our local population and our commissioning priorities. They also support the drive for continual improvement in health outcomes and services.

Building on this, we determine where we need to focus new services and increase or decrease capacity. This process may include a review, and or development of service specifications that describe what we expect from our commissioned services. The specifications will also include monitoring requirements including both quantitative and qualitative measures.

We will conduct engagement activities with members of the public and local patients, stakeholders and partners, to provide assurance that our plans are in line with their expectations and needs, the results of which, will support our commissioning strategy and intentions.

4.2 NLCCG Operational Plan for 2017/18 – 2018/19

The CCG's Operational Plan for 2017/18 – 2018/19 forms years three and four of the Five Year Forward View. The plan reflects the requirements set out in the NHS Operational Planning and Contracting Guidance 2017-2019, taking into account the wider Sustainability and Transformation Plans (STP) involving the CCG.

The CCG will continue to work with the Humber, Coast & Vale STP and the Northern Lincolnshire STP to oversee delivery of the wider plans and the local place based plans. Phase one of the 'at place' delivery will focus on urgent care, haematology and oncology and orthodontics, with plans in place to develop cases for change, options appraisals and business cases. Please refer to the NLCCG Quality Strategy 2017-19 for further information on the Humber, Coast & Vale STP.

Current STP level commissioning plans focus on ophthalmology, weight management, diabetes, outpatients and commissioning of procedures of limited clinical value. Further pathways will be addressed through co-ordinated commissioning plans for dermatology/plastic surgery, musculo-skeletal, gastroenterology, respiratory and cardiovascular disease.

The three themes of quality (safety, effectiveness and experience) are implicit to the CCG's commissioning & procurement process and underpin the CCG's Operational Plan for 2017/18 – 2018/19. See paragraph 5.5 of the NLCCG Quality Strategy 2017/19 for further details on the NLCCG commissioning quality assurance framework.

4.3 Contracting Process

Our contracting process ensures that clinical quality systems and processes are specified for each provider. Each provider contract includes a requirement for the provider to attend and report to a regular contract management meeting, and our main providers also report to clinical quality and performance sub groups. In these forums we address under-performance against quality requirements and agree recovery and action plans.

Through this process we provide assurance to the CCG that patient safety and quality outcomes are achieved, and recommend action where we believe this to be compromised. For example, the recommendation made to NL&G FT and EMAS NHS Trust to re-launch the Ambulance handover review meeting and strengthen clinical handover processes in A&E following an increase in ambulance handover delays.

Our contracts are agreed with our providers on an annual basis and are monitored through close dialogue, data collection and analysis, and formal meetings throughout the year.

The contract is made up of schedules and includes service development plans, data quality improvement plans and the quality schedule.

The quality schedule includes key performance indicators and the Commissioning for Quality Improvement and Innovation (CQUIN) indicator scheme.

All provider contracts have appropriate clinical governance and quality standards in place, which are informed by clinical benchmarks, clinical evidence, patient reported outcome measures and patient experience feedback.

With smaller contracts, our Contracting Team and our Commissioning Team meet regularly with the provider to discuss all aspect of the contract including quality and performance. Where the CCG is an associate commissioner, for example with East Midlands Ambulance Service, the lead CCG will work with CCG on providing progress and feedback and vice versa.

Each commissioned healthcare provider is contractually required to submit information on the standard indicators in relation to the quality of services, specifically relating to safety, experience and effectiveness of services. This information includes:

- Patient experience information from internal and external surveys and complaints data including Friends and Family data
- Incident and serious incident reporting data, complying with national and local reporting timeframes and quality of reporting and analysis and including medication errors and never events
- Infection prevention and control measures, including clinical practice and environmental audit data and numbers of healthcare-associated infections (HCAIs) and outbreaks of infection identified
- Safeguarding compliance data to evidence achievement against the safeguarding adults and children self-assessment

The information from these sources is reviewed to identify any concerns or themes, either related to a specific event or specific service. This data is considered in the context of other available data, either previously reported or available within external reports, benchmarking against comparable organisations.

The CCG will assure itself that the cost improvement schemes implemented by provider organisations do not have a detrimental effect on quality and that a clear process has been undertaken to assess this within each provider.

The CCG Quality Group receives monthly reports on the performance of providers against their respective quality and performance schedules and CQUINs.

The Group also monitors plans to resolve compliance issues as set out in the schedules or by agreement. For example, evidence of compliance with NICE guidance at NL&G FT and compliance with VTE risk assessment target at HEY HT.

The CCG'S Governing Body receives a Quality Report at each meeting; this report describes key points to note across a range of quality metrics for each of the CCG's main providers.

4.4 Quality Schedules

The NHS Standard Contract has a number of clauses threaded throughout that serve to focus the provider and commissioner on the achievement of quality improvement and place emphasis on avoiding harm.

As well as the terms within the main body of the contract there are specific schedules that relate to quality and performance that both parties review and develop prior to sign off. The majority of quality requirements are incorporated within Schedule 4; this section contains national and locally defined quality requirements such as national operational standards, national quality requirements, locally defined quality requirements and the CQUIN scheme.

The CCG reviews compliance against Schedule 4, and all other relevant schedules of the NHS Standard Contract, via the monthly contract management meeting for each provider.

4.5 Key Performance Indicators (KPIs)

Key performance indicators help the CCG to define and measure progress on a range of issues. Through a process of negotiation, in year targets and trajectories are set to demonstrate ambition towards continuous improvement, in line with existing and emerging national and local priorities.

The CCGs priorities for the year ahead will in part be based on where we have identified quality and performance issues during the year and will also be driven by national policy. We want the provider to focus particular attention on these areas, for example reducing the rate of cancelled operations, ensuring appropriate staff undertake statutory and mandatory training, making sure the provider is working to The NHS Constitution standards etc.

We also benchmark the performance of our providers and ourselves against peers in order to verify our level of performance and challenge.

4.6 Commissioning for Quality and Innovation (CQUIN)

The National NHS National Contract includes the CQUIN payment framework which allows commissioners to reward innovative solutions and/or quality improvements beyond the standard. The provider reports against CQUINs on a monthly or quarterly basis through the contract management route and dedicated meetings throughout the year.

The CQUIN scheme for delivery in 2017/18 has shifted focus from local CQUIN indicators to prioritising STP engagement and delivery of financial balance across local health economies. It is anticipated that this approach will free up commissioner and provider time and resource to focus on delivering critical priorities (that are defined nationally) at a local level.

In light of this, the CCG has not agreed any local CQUIN schemes across its acute service providers during 2017/18. The CCG has however developed local schemes with its non-NHS providers, such as Spire hospital and St Hughs hospital, as these providers are not bound by the terms within the NHS standard contract.

4.7 Quality, Innovation, Productivity and Prevention (QIPP)

QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making efficiency savings. The CCG has a challenging programme aimed at delivering improvements in patient pathways across the health community. The CCG's QIPP scheme for 2017/18 incorporates efficiencies in social care, prescribing, specialist mental health and learning disability placements, continuing healthcare and acute services.

4.8 Patient Safety

Commissioning high quality safe care prevents avoidable harm and prevents risk to the individual's safety. Safety is of prime importance to the CCG, we support our providers in delivering safe care by providing guidance and advice in relation to safeguarding adults, safeguarding children, incident and serious incident management, compliance with the Mental Capacity Act, medicines management and infection prevention and control.

The indicators that we routinely monitor include:

- Incident and serious incident management
- Safeguarding & Mental Capacity Act
- Infection prevention and control
- National Safety Thermometer (Venous Thromboembolism (VTE) Catheter acquired Urinary Tract Infection, Grade 3 and 4 pressure ulcers, falls)
- Care of the Deteriorating Patient
- Medicines Management
- Summary Hospital-Level Mortality Indicators (SHMI)

The CCG provides clear information to the people on whose behalf we commission services about the quality and safety of those services; we do this via the Quality Report to the Governing Body and the quality indicators within the Performance Report to the Governing Body. We will ensure that we clearly explain our rationale for any changes we make, however this will not always mean taking decisions that the public agree with.

4.8.1 Serious Incident Reporting

All Serious Incidents (SIs) are reported through the Department of Health's central Strategic Executive Information System (StEIS). We encourage our providers to engage with us in an open and transparent way, and expect serious incidents and other patient safety incidents to be reported and investigated in line with both their, and the CCG policy, both of which are reviewed annually and reflect the National SI Framework (NHS England, 2013).

We expect that learning from incidents is shared across the whole of the provider and extends to the wider health community as appropriate, this ensures that lessons are learnt and that remedial action is taken to prevent recurrence. We review our providers' serious incident performance at our monthly Quality Group and via our monthly Incident and Serious Incident Meeting. The CCG remains accountable for the sign off and closure of SIs that affect its population.

The Quality Group receives a report summarising the Serious Incidents (SI) and incidents that have occurred, identifying the number of incidents, emerging themes and actions taken to address concerns.

The CCG also includes anonymised data that describes the types of incidents in our Quarterly Governing Body report.

4.8.2 Duty of Candour

A duty of candour is included in the NHS Standard Contract (NHS England, 2017). Its prime purpose is to ensure that patients and/or their families are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences.

The contractual duty of candour applies to patient safety incidents that occur during care provided under the NHS Standard Contract and that result in moderate harm, severe harm or death that are reported to local risk management systems. The standard will not apply to low/no harm incidents to avoid excessive burdens but these incidents should still be reported to the patient if appropriate.

Providers must inform the patient's commissioner (and lead commissioner if appropriate) when they are communicating with a patient and their family/carers about an incident.

Where the CCG becomes aware that an incident resulting in moderate harm, severe harm or death has occurred but has not been reported through local risk management processes, the duty of candour remains an obligation, and, in addition, may represent further failures in reporting. Incidents that have not been reported are, by their nature, harder to detect and verify. In the first instance, they should be raised with the relevant provider.

Where a relevant patient safety incident is found to have occurred and not been reported to either the patient or local systems in breach of existing requirements, this should be treated extremely seriously. The CCG will consider referral to the CQC for breach of registration requirements in the case of serious incidents and deaths.

4.9 Clinical Effectiveness

The CCG will commission high quality care that is based on:

- Positive patient outcomes
- Evidence based practice
- Research based practice
- Experience and competency based practice

Care services should be based on credible evidence and available to all those who could benefit. The CCG will identify and reduce inappropriate variation in clinical practice, provision of care packages and treatments across all health care pathways so that the best care is consistently provided by the right person in the appropriate place at the right time. This is achieved by reviewing provider performance as part of the contract management process and via the CCG's provider site visit process.

The CCG will collate information from the following sources to verify if we are commissioning clinically effective care:

- NICE compliance
- Appraisals
- Audits
- Outcome measures
- Pathway development
- Research and development
- Innovation and initiatives
- Policy updates

The CCG triangulates this data to identify themes and patterns in relation to service delivery across its main providers and monitors the impact of the above on the patients' experience.

4.10 Patient Experience

The CCG wants to be recognised as an organisation that places patient engagement and patient experience at the heart of its business and recognises it as a vital component of driving quality. The CCG's Patient Experience Manager and Patient Engagement Team oversee the CCG's approach to integrating service users and their experiences into our core business; for example, by incorporating patient feedback into the CCG's commissioning process and contract management process.

The aim of patient engagement is to improve our understanding of needs and views of local people, give people information about their health options and about the progress the CCG is making, and make sure our local population is able to inform and influence service development.

Patient experience relates to how an individual views the care that they or their family or friend has received. This is important to the CCG on an individual basis and also from the perspective of being able to see trends and overall improvements, or conversely a downward trend across services and care areas. This type of information is also very important in order to be able get a holistic view of a service.

We support the Chief Nursing Officer for England in the drive to secure compassionate care (NHS England, 2013) and that patients are treated according to their individual needs with dignity and respect. Whilst quantitative data is valuable for measurement and comparison/benchmarking, it does not tell the patient story. The CCG recognises that patient stories are a valuable learning tool that can influence and improve clinical care and we will work on a more systematic process for capturing and sharing these. The CCG's Executive Nurse submits a patient story to each Governing Body meeting to highlight the patients' experience of services delivered at a local and national level and to stimulate further discussion around the impact of these services.

Patient experience data can include:

- Real time patient and carer experience
- Friends and Family Test
- National and local primary, community and secondary care patient and staff survey data
- Complaints, compliments, claims
- Patient Advice and Liaison Services
- Soft intelligence fed in through GPs and other healthcare professionals
- Patient feedback through patient groups linked to the GP Practice
- Direct feedback through the CCG website
- PEAT inspections
- CQC Inspections and interviews with patients

4.11 Quality Accounts

Quality Accounts were introduced by the Department of Health in 2008 to provide a narrative on a provider's commitment to quality, safety and patient experience across the range of services provided, and to provide assurance to the public.

Quality Accounts are a key mechanism to demonstrate that a focus on improving service quality is being maintained across the CCG's providers. The CCG is responsible for providing scrutiny and a supporting statement which will be included within the account for each provider.

4.12 Supporting quality in the care home and domiciliary care sector

The CCG recognises that it has an important role to play in supporting providers of care to deliver high quality services and to drive improvements. The care home and domiciliary care sector provides a high volume of care to the population of north Lincolnshire, often to our frail and vulnerable members of society.

In many cases, the care provided is either fully funded by the CCG under NHS responsibilities for continuing healthcare, or is part funded through a jointly commissioned package of care. Where the care package is a joint funded package, it is imperative that the CCG works in collaboration with partners, and the CCG's internal Directorates must work collaboratively, to ensure seamless service delivery.

The CCG will work together on a multi-agency basis to collaboratively deliver improvements in quality of care in care homes and domiciliary care providers, including medicines management, intermediate care and rehabilitation.

5. NON-COMMISSIONED SERVICES

In circumstances where the CCG does not directly commission a service, the CCG does not have any contractual responsibility or contractual levers for the quality of services provided or for the impact that the services have on the patients/residents.

However, the CCG does have a generic duty of care to the people receiving these services and CCG staffs may be required to take further action, as necessary.

A duty of care encompasses avoiding actions and omissions that are reasonably likely to cause harm to the patient. The legal test of a duty of care was established in the case of *Donoghue v Stevenson*, Lord Atkin stated:-

"You must take reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour".

A duty of care exists as part of the contract of employment in the NHS.

The table below provides some examples of action to be taken by the CCG where the CCG does not commission the persons care:

Type of Placement	CCG duty
Privately funded care	<p>The CCG does not have a legal right to monitor these services (via enter & view) but we have a generic duty of care to those in the home to ensure that they do not come to harm.</p> <p>CCG staffs have a duty to report the concern(s) to the relevant authority to support further investigation/review.</p> <p>For example, the Care Quality Commission, Environmental Health Agency, Health & Safety Executive.</p>
Social care funded care	<p>All queries/concerns relating to social care funded services must be forwarded to the Local Authority responsible for that service.</p>
Joint funded care/ Funded Nursing Care (FNC) top up	<p>The CCG must work in collaboration with key partners, such as the Local Authority in that area, to collate concerns, identify issues, undertake quality assurance visit(s) to the provider and provide feedback to the Health & Social Care Board.</p> <p>In these circumstances, there may be other primary care services and commissioned services going into the service, the CCG must ensure that all relevant data is captured from these services to support the review.</p>

6. PRIMARY CARE

General practice is at the heart of NHS care, from the services that primary care colleagues deliver to local people in their surgeries to involvement in key commissioning decisions as part of the CCG Governing Body.

Primary care is not just about general practice. Pharmacy, dental, optometry services as well as wider community and nursing services are equally important.

The CCG believes that by supporting development and reconfiguration of general practice and primary care, investing in its capability, reducing variation and focusing on quality, we can make our local NHS more sustainable.

The CCG recognises that the scope of our approach to primary care will develop further during 2017/19 in order to drive the changes needed to meet the challenges of the reform agenda (GP Forward View, April 2016). These changes will include consideration of workforce requirements and review of service delivery and quality metrics in primary care.

In terms of quality assurance and improving quality, we will focus on supporting primary care services in the following areas during 2017/19:

6.1 Workforce development, education and learning

The development of primary care as the main focal point in delivering and supporting system reform in healthcare will enable care to be provided closer to home. Primary care colleagues are also required to embrace the added responsibilities of clinical commissioning with greater emphasis on patient and public involvement; this poses a significant challenge to the development of the primary care workforce in terms of capacity and capability.

See Appendix 1 for further details on the CCG's approach to developing workforce and promoting education and learning.

6.2 Continuous Quality Improvement

In order to fulfil our role in the quality improvement process, the CCG will work with the NHS England Area Team and the CCG Primary Care Directorate to further develop quality assurance processes and quality and performance data flows.

See Appendix 1 for further details on the CCG's approach to developing the quality assurance processes and data flows.

7. QUALITY STRATEGY

The CCG's approach to quality development and assurance is based on the national and local drivers, further details can be found in CCG's Quality Strategy.

8. EQUALITY & DIVERSITY

As a result of performing the analysis, the framework does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

9. SUSTAINABILITY

As a result of performing the analysis, this framework does not have any effects in terms of sustainability.

10. BRIBERY ACT 2010

The CCG follows good NHS business practice as outlined in the Policy of Business Conduct and has robust controls in place to prevent bribery.

Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified

11. SCOPE

This framework encompasses the role of the CCG as a commissioner of services and in supporting NHS England in securing improvement in the quality of primary care medical services. It covers all members of staff who work for the CCG including contractors.

12. STRATEGIES & POLICIES

The following Strategies / Policies support the CCG's quality commitment

- NLCCG Quality Strategy
- NLCCG Risk Management Strategy
- NLCCG Information Management Strategy
- NLCCG Information Governance Framework
- NLCCG Serious Incident Policy
- Primary Care Strategy for North Lincolnshire 2016 – 2020
- Research & Research Governance Strategy

13. REVIEW

This framework will be subject to regular review and will be formally reviewed on an annual basis.

14. APPENDICES

Appendix 1 - NLCCG Quality Assurance Delivery Template

This template has been created to support delivery of the Quality Framework.

Principle 1 - Learning for improvement Leaders and all care providers should be supported to learn, develop and act on safety and care concerns throughout their working life		
Action	Lead Officer	Deadline

Principle 2 - Listen and act Patient experience is critical to driving quality. It should be considered, triangulated and acted upon as part of every action we take and every plan we implement		
Action	Lead Officer	Deadline

Principle 3 - Be transparent (candour and performance) Openness and transparency within health and care is essential		
Action	Lead Officer	Deadline

Principle 4 - Support learning and development Staff experience matters and is a strong indicator for the quality of care		
Action	Lead Officer	Deadline

Principle 5 - Develop a positive culture of values A strong safety and learning culture improves quality of care		
Action	Lead Officer	Deadline

Appendix 2: Equality Impact Assessment

1. Equality Impact Analysis													
Policy / Project / Function:	North Lincolnshire CCG Quality Strategy 2017-2019												
Date of Analysis:	27/06/17												
This Equality Impact Analysis was completed by: (Name and Department)	Chloe Nicholson, Quality & Experience Manager at NLCCG												
What are the aims and intended effects of this policy, project or function?	This framework sets out how the CCG, working in partnership, will deliver its quality objectives within commissioned services and primary care.												
Please list any other policies that are related to or referred to as part of this analysis?	NLCCG Quality Strategy 2017-19												
Who does the policy, project or function affect? Please Tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Employees</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%;"></td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>		Service Users	<input checked="" type="checkbox"/>		Members of the Public	<input type="checkbox"/>		Other (List Below)	<input type="checkbox"/>	
Employees	<input checked="" type="checkbox"/>												
Service Users	<input checked="" type="checkbox"/>												
Members of the Public	<input type="checkbox"/>												
Other (List Below)	<input type="checkbox"/>												

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Discussion at North Lincolnshire CCG Quality Group</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

7. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input checked="" type="checkbox"/> Green
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		Actions	Wording for Policy / Project / Function
Red Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	The policy can be published with the EIA List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice. <i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
Amber Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk	The policy can be published with the EIA The policy can still be published but the Action Plan must be monitored to ensure that work is	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.

	may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	being carried out to remove or reduce the discrimination. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	<i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i>
Green No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	The policy can be published with the EIA Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

Brief Summary/Further comments	This strategy does not appear to have any positive or negative effects on people who share the protected characteristics.
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Approved By		
Job Title:	Name:	Date:

Appendix C - SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services.

The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	