



SOLIHULL CCG GOVERNING BODY

PUBLIC BOARD

REPORT COVER SHEET

Meeting Date:	3 rd September 2014								
Report Title:	Commissioning for Quality and a Positive Patient Experience 2014 - 2016								
Prepared by:	Chief Nurse								
Presented by:	Chief Nurse								
Purpose of Report:	<p>This strategy focuses on the three overarching quality aims of;</p> <ul style="list-style-type: none"> • Commissioning for Quality and Quality Improvement • Reduction of avoidable harm and improving safety • Improving patient experience of commissioned services <p>It describes framework that enables the CCG to meet its duty in relation to quality assurance and quality improvement.</p> <p>It provides the framework for measuring the quality of services commissioned and the escalation process for quality concerns.</p>								
Summary/Problem:									
Option/solution:	<p>This strategy was approved at the Julys Quality, Safeguarding and Experience Committee</p> <p>The approved strategy will be on the CCG website</p> <p>The Communications and Engagement Team have designed a patient/public friendly summary.</p>								
Recommendation:	<ul style="list-style-type: none"> • To receive the strategy for information 								
Action required:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">For decision</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%;">For Approval</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>For Information</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>For Assurance</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	For decision	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
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Time required:	10 minutes								



NHS
Solihull
Clinical Commissioning Group

Commissioning for Quality and a Positive Patient Experience

2014-16





Strategic Vision



1. Introduction

- 1.1 NHS Solihull Clinical Commissioning Group places the highest emphasis on quality – embedding it throughout our objectives, and along with safety, adopting it as a core principle of our CCG.

We have reviewed our strategic objectives, and we have adopted the seven NHS Ambitions outlined in ‘Everyone Counts: Planning for Patients 2014/15 to 2018/19’ Of the seven ambitions, three specifically dovetail into this strategy;

- Increasing the number of people having a positive experience of hospital care
- Increasing the number of people having a positive experience of care outside hospital, in general practice and the community
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

This strategy focuses on the three overarching quality aims of;

- Commissioning for Quality and Quality Improvement
- Reduction of avoidable harm and improving safety
- Improving patient experience of commissioned services

- 1.2 There is a duty on clinical commissioning groups to exercise their functions with a view to securing continuous improvement in the quality of services.

1.3 Our pledge

We will ensure that our organisation’s aims and objectives continue to be driven through safety, patient experience and outcomes.

We will be an organisation that embraces a culture of openness and learning.¹

We will keep abreast of current thinking by staying up to date with health policy and initiatives.

We will listen to patients, providers, our community and member practices.

We will, through this framework, enable an organisation that;

- Puts patients at the heart of all decision making
- Delivers improved health outcomes
- Empower local organisations and professionals to improve quality

(equity and excellence: liberating the NHS July 2010)

¹ Solihull CCG are signatories to the Nursing Times ‘Speak out Safely’ Campaign



1.4 For Solihull, quality means:

Access to safe, high quality, effective care, delivered locally

1.5 This document provides a commissioning for quality framework to enable NHS Solihull CCG to meet the duties in relation to quality assurance and improvement and to achieve the strategic objectives. It will help deliver assurances about quality and safety demonstrating a systematic approach to measure the quality of all services commissioned by the CCG. This includes;

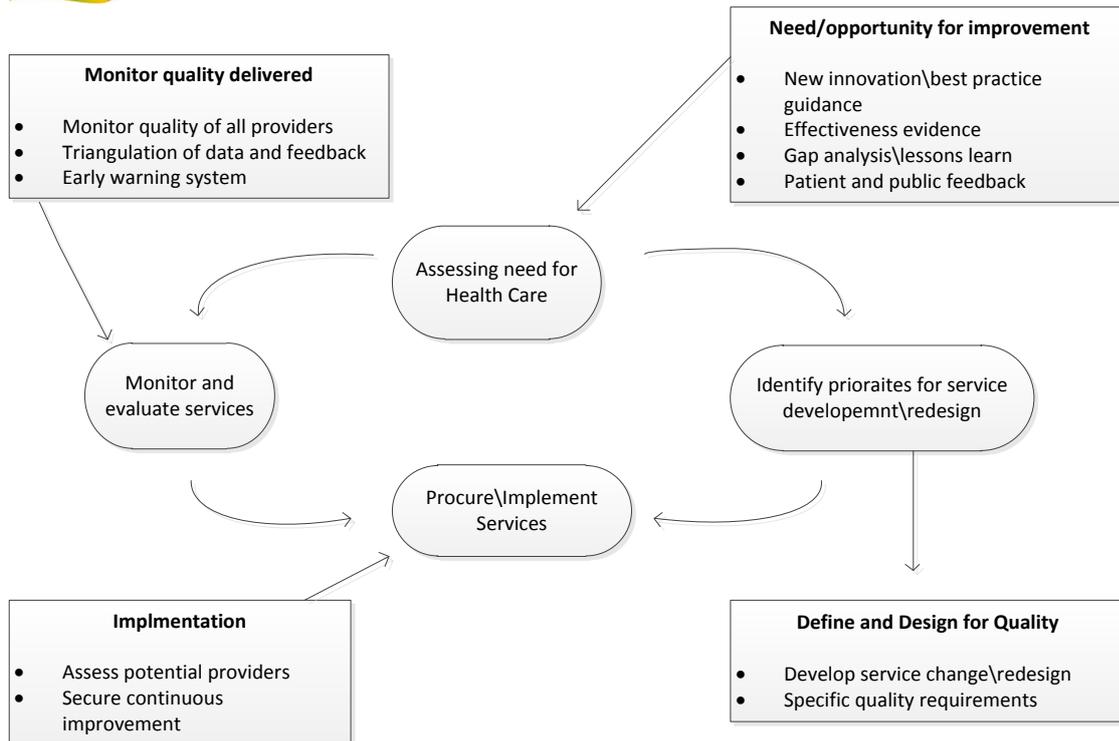
- NHS providers
- Independent providers
- Third sector providers
- Continuing healthcare and funded nursing care
- Local Improved Services (LIS) via primary care

It will provide assurance to its patients and local population through the discharge of duties of the CCG governing body. In addition it will ensure that the values and behaviours of our CCG places quality first.

Our CCG also recognises its role in relation to the continual quality improvement of primary care. It will do this by acting in a facilitative and supportive manner providing advice and support to its member practices. Continual improvement of member practice quality is a key quality objective of the CCG. To support this we have initiated a high quality general practice programme. The programme is designed to identify solutions to local issues and to empower and support general practice to agree and develop service standards and quality markers. The programme also will identify where it is necessary to provide support to the practices to change and develop the service model so that is fit for the future and able to consistently and equitably deliver high quality services to Solihull CCG patients.

2. THE COMMISSIONING CYCLE

2.1 This quality framework will enable NHS Solihull CCG to ensure quality will be addressed at every stage of the commissioning cycle to ensure we are commissioning safe, effective and patient-focussed care. Quality is integral throughout the commissioning cycle and NHS Solihull CCG will through this framework ensure that quality improvement remains central to the commissioning, contracting and redesign of services whilst fulfilling the statutory duty to secure continuous improvement in the care that is commissioned.



2.2 The three dimensions we will use to evaluate and drive improvements in quality are;

- Patient safety and safeguarding
- Patient experience and;
- Clinical effectiveness

3. COMMISSIONED SERVICES

3.1 Assessing need for healthcare

3.1.1 A joint strategic needs assessment (JSNA) is a 'systematic method for reviewing the health and wellbeing needs of a population leading to agreed commissioning priorities that will improve outcomes and reduce inequalities.'

3.1.2 The JSNA is undertaken in collaboration with statutory, voluntary, community and private sector organisations. This will also strengthen community involvement in decision making and ensure a transparent process. The JSNA will support the CCG in identifying priorities for healthcare and in identifying commissioning intentions.

3.2 Identify priorities for service development/redesign – utilising the patient experience

3.2.1 We will ensure that patient and staff experiences are used to design better healthcare services. This also includes our desire to ensure commissioning is driven through the feedback and engagement of patients and the population. This will ensure that patients and the local



population are at the heart of our commissioning decisions and that services are developed and designed with the patient in mind.

3.2.2 Patient feedback will be a key driver for commissioning decisions. NHS Solihull CCG will review all feedback received and we will proactively seek feedback from patients and the local population on the services we commission. This will support continuous in year improvement of services and embed experiences into future modelling and commissioning arrangements. We will use complaints as an important learning mechanism, both those received directly by the CCG and the trends identified through contractual reports of our commissioned services.

3.2.3 Quality will be an integral element of each service redesign programme to ensure that effectiveness, safety, and patient experience are embedded within the programmes terms of reference.

3.3 **Procure/Implement Services**

3.3.1 We will assess potential providers against a number of specified metrics which will include a clear focus on quality.. We will assess value for money with value for quality recognising that we are striving for high quality services within a defined financial envelope.

3.4 **Monitor and Evaluate Services**

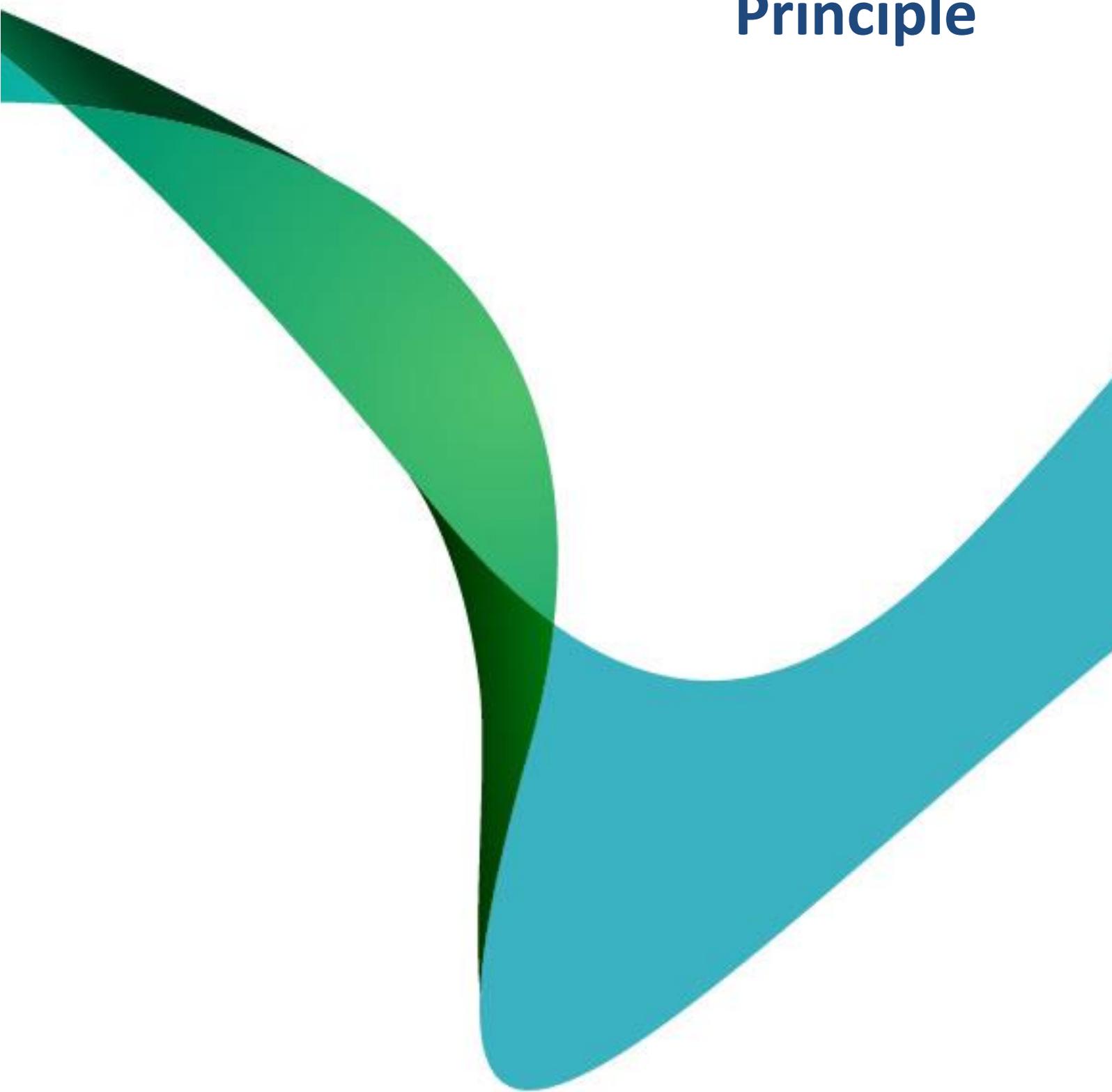
3.4.1 Quality will be monitored through a variety of means. Section 9 describes our quality assurance framework for monitoring service quality.

3.5 **Decommissioning**

We will decommission services as required. The drivers for proactively decommissioning services may include;

- A substantial risk to patient safety
- The service is unable to demonstrate it is effective
- There is insufficient need or demand
- The service model is outdated i.e. outcomes have not changed but there is new evidence

Quality as the Driving Principle





This strategy focuses on the three overarching quality aims of;

- Commissioning for quality and quality improvement
- Reduction of avoidable harm and improving safety
- Improving patient experience of commissioned services

Each of the aims has a number of objectives and improvement trajectories which seek to lead to a measurable improvement in quality and a positive patient experience

4. COMMISSIONING FOR QUALITY AND QUALITY IMPROVEMENT

4.1 QUALITY SCHEDULE

4.2 The standard NHS contract details a number of quality indicators that should be achieved by provider organisations. Not all of the standards are applicable to every provider. If a provider is not achieving the standards there are several steps that can be taken, such as the issuing of a contract query, a joint investigation and the opportunity to complete a remedial action plan. Consideration will always be given as to whether the application of these measures will impact on the bureaucratic burden of the provider which could then have an impact on 'time to care'. However, poor quality care will not be tolerated.

4.3 The NHS contract contains mandated national performance indicators (for example Healthcare Acquired Infection, A&E waiting times, Cancer waiting times) of which a providers performance can have a direct impact on quality of care. In addition, local quality indicators are developed to monitor the quality of services. These are developed from a range of sources which include lessons learnt/trends and themes from complaints and serious incidents, themes arising from unannounced visits and themes from service reviews. Other defined areas of quality included within the contract include;

- Patient, staff and carer surveys (including Friends and Family test)
- Delivery of single sex accommodation
- Compliance with multiagency safeguarding policies
- Reporting of serious incidents and never events

4.4 Provider contracts for commissioned services will have defined quality key performance indicators. These are developed annually and will support, complement and enhance the national quality priorities They are mapped within the contract to the five domains of the National Outcomes Framework. Any baselines and trajectories set within the KPIs will support the requirement for continuous improvement in quality and will demonstrate clear outcomes for patients.

4.5 Key Points

- All contracts with a provider will contain local quality indicators outlining the requirements for the provider to submit information that will provide assurance to the commissioner.



- The contract will detail the information the commissioner will require in respect of agreed quality indicators and will indicate the frequency that this information is required together with any trajectories for improvement.
- All contracts contain pathways, policies and defined escalation routes for any provider to commissioning of high risk areas.

5. CQUIN development

The commissioning for quality and innovation (CQUIN) framework is a quality improvement scheme that enables commissioners to reward quality excellence by linking a proportion of healthcare providers' income to the achievement of quality improvement goals. Each year there are a number of nationally mandated CQUINs that are a requirement of the NHS contract. In addition local CQUINs are developed to support areas of significant quality improvement with a clear defined focus on patient outcomes.

Each proposed CQUIN will be considered as to whether it is the most effective approach to driving improvement and whether other contractual levers can be more fully and effectively utilised. CQUINs will deliver change through outcomes and innovation.

6. REDUCTION OF AVOIDABLE HARM AND IMPROVING SAFETY

NHS Solihull CCG will work to ensure that patient safety is a priority for commissioned services. We will support relevant national patient safety initiatives and will monitor providers' implementation of these.

Our systems and processes will ensure that a culture of learning and improvement is embedded within the CCG, member practices and providers in order to promote a safety culture across the system. We do this through;

- Implementing clear incident reporting processes
- Review and challenge of root cause analysis and the implementation of actions
- Implementation of the NHS safety thermometer
- Being an open and transparent organisation to our patient, population, member practices and stakeholders

The Francis report recognised the importance of openness and candour. To further embed this principle in Solihull CCG we are signatories to the Nursing Times 'Speak Out Safely' Campaign.

We are focussing on the following safety objectives and through our contracting for quality we will demonstrate stretch targets and monitor the delivery of improved outcomes for patients;

- Reduction of *inpatient* falls
- Reduction of avoidable grade 2, 3 and 4 pressure ulcers
- Elimination of never events
- Elimination of avoidable MRSA
- Reduction of avoidable *C.Difficile*
- Medications safety



7. IMPROVING PATIENT EXPERIENCE OF COMMISSIONED SERVICES

We are committed to ensure that the patient is placed at the centre of all decision making and receives consistently dignified and compassionate care.

Lessons learnt from the review into Mid Staffordshire NHS Trust (Francis Report) clearly signified the risks if patient experience, public engagement and quality are not linked. Reports from the Care Quality Commission and Health Service Ombudsman have shown some parts of the NHS are failing to provide elderly and vulnerable patients with dignified and compassionate care or to offer good basic standards in areas such as nutrition, continence and communication.

We will support improvements in patient experience through our quality priorities. We will in accordance with the NHS outcomes framework review the experience of patients as a basis using the;

- NHS patient surveys
- Net promoter score (Friends and Family test)

We will also focus on the following to support the improvement in patient experience;

- The continued drive to eliminate mixed sex accommodation
- Ensuring a systematic approach to deliver improvements in the dignity of care for patients
- Incorporating learning from the experience of patients and carers (e.g. through complaints, feedback, surveys, NHS choices)
- NHS staff survey
- Staff Promoter Score
- Demonstration of the 6 Cs in practice (care, commitment, compassion, competence, courage and communication)²

8. IDENTIFYING QUALITY PRIORITIES

We will;

- Develop NHS Solihull CCG quality priorities in readiness for each annual contracting round having regard to national priorities and local feedback
- Test the draft quality priorities with patients, member practices and stakeholders (including other CCGs).

In addition to the quality priorities for 2014/15 we will build upon the priorities/successes of 2013/14 and seek to ensure all quality priorities can demonstrate measurable outcomes for patients. This will include;

² Chief Nursing Officer for England, Compassion in Practice



Priority	NHS Outcomes Framework
Elimination of avoidable pressure ulcers	Domain 5 – Treating and Caring for people in a safe environment and protecting them from avoidable harm
Elimination of never events	Domain 5 – Treating and Caring for people in a safe environment and protecting them from avoidable harm
Improve the patient experience of services (NB: There will be a specific work programme to focus on pathway experience)	Domain 4 – Ensuring that people have a positive experience of care
Elimination of avoidable healthcare acquired infections	Domain 5 – Treating and Caring for people in a safe environment and protecting them from avoidable harm
Improving Stroke Outcomes	Domain 1 – Preventing people from dying prematurely
Dementia Screening & Referral	Domain 2 – Enhancing quality of life for people with long-term conditions
Reduction in inpatient falls	Domain 5 – Treating and Caring for people in a safe environment and protecting them from avoidable harm
Improvement in venous thrombosis embolism risk assessment	Domain 5 – Treating and Caring for people in a safe environment and protecting them from avoidable harm
Improving Medication Safety	Domain 5 – Treating and Caring for people in a safe environment and protecting them from avoidable harm

Quality priorities will be developed in collaboration with neighbouring clinical commissioning groups for those contracts for which we have a lead commissioner role. In addition priorities specific to our CCG population will be identified in support of our strategic objectives.

We will continuously engage with our member practices and through our localities (Solis and Sirius) to ensure that priorities are right for our population based on the intelligence and feedback we receive. We will also test these priorities with our patients, partners and local agencies.

Quality Assurance Framework





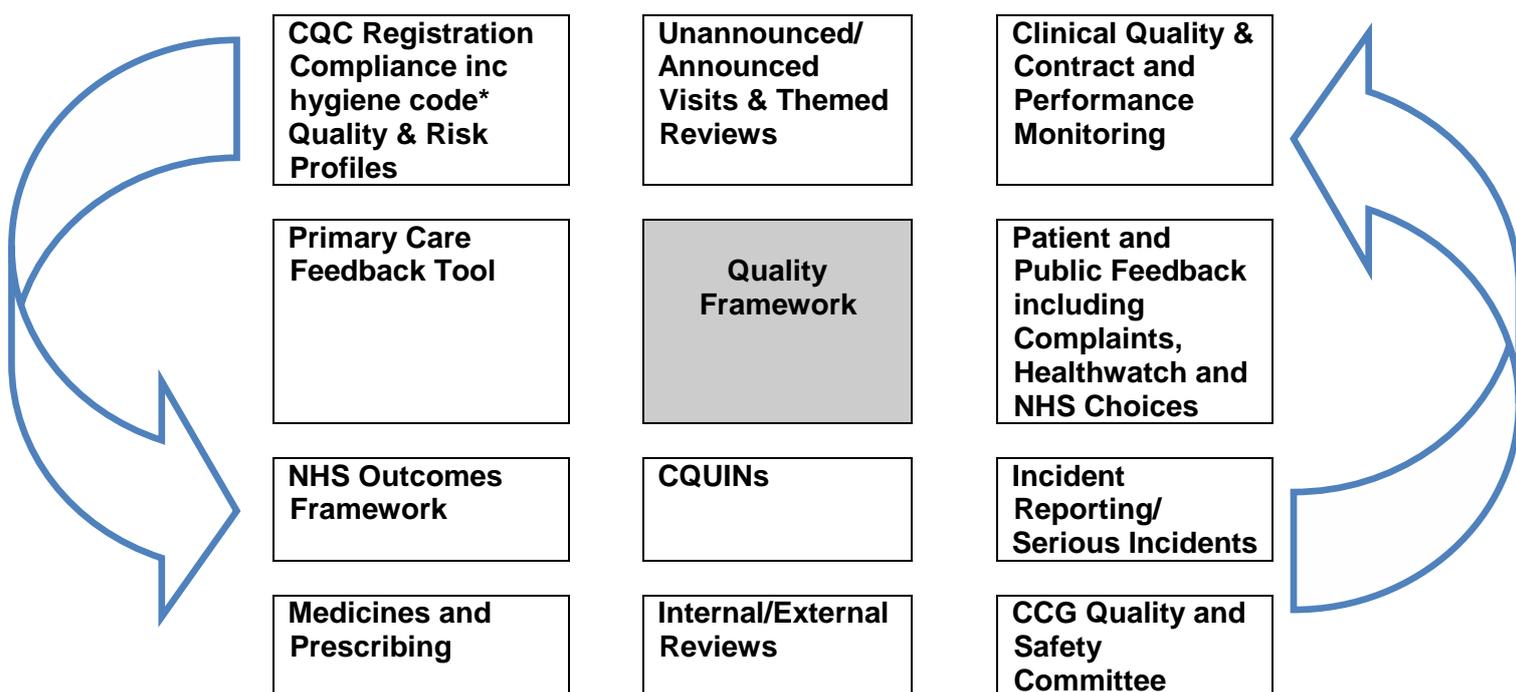
9. QUALITY ASSURANCE FRAMEWORK

9.1 Quality Monitoring Mechanisms

9.1.2 Quality is monitored through a number of mechanisms. It is important to recognise that individual feedback and personal experience whilst at times is difficult to quantify can offer a valuable insight to the quality of a provider. Listening to patients and services users' experiences of care is a key part of the early warning system. NHS Solihull CCG will capture patient feedback through routine mechanisms such as complaints, patient surveys and comments. We will also actively engage with Solihull Healthwatch. Within Solihull there are strong patient and public engagement mechanisms through the patient participation groups. In addition we are developing a patient panel and a number of additional mechanisms during 14/15 to ensure our population can provide feedback to the CCG. These groups are a key mechanism to capture patient experience across both primary and secondary care.

Pathways will also be identified and specific focus groups will be held to 'test' the patients' experience.. However, this information forms part of a number of key information mechanisms which when looked at together provide a fuller picture of the quality of services.

Diagram 1



* Code of Practice for Prevention of Healthcare Associated Infection and Related Guidance

This Framework encompasses the many domains that provide the wider quality assurance picture. Evidence from the Mid Staffs review suggests that by reviewing and assessing providers across all these domains, a greater confidence and level of assurance can be gained.



9.2 Early Warning Systems

9.2.1 It is important to ensure that the mechanisms outlined above together with the contract assurance framework enables our CCG to have robust arrangements in place for a continual review of quality and for escalating concerns as appropriate. One mechanism is through the reporting of key quality metrics via the Quality, Safeguarding and Experience committee through the provider quality dashboards and the 'harm' dashboards.

9.2.2 A Patient Safety Escalation Trigger Tool has been developed and is attached at Appendix 1.

9.2.3 Although not exhaustive, the tool describes Patient Safety issues (inclusive of Patient Quality and Experience) that could trigger concerns which would require escalation to the Quality Safeguarding and Experience committee and/or appropriate level of management. In support of the escalation itself the Quality, Safeguarding and Experience Committee would consider any steps taken and where timely advise the "next steps" to be taken in respect of the issue identified.

9.2.4 There may be occasions where the safety risk is potentially so high that immediate action would be necessary. This will be triggered through a member of the senior leadership team/Chief Nurse.

9.2.5 Once the Patient Safety issue has been identified the CCG will determine which pathway will be implemented to gain assurance that effective risk management is been addressed. This could be any one or a number of the following:-

- Urgent review meeting with Provider
- Instigation of a themed review
- Unannounced visit
- Use of Appreciative Enquiry Tool
- Formal request for a report and action plan
- Peer group discussion across Commissioning and Provider organisations/CCG and member practice
- Immediate involvement of an external body e.g. Care Quality Commission, General Medical Council, Nursing and Midwifery Council
- Contract query in support of any of the above
- Escalation to the Systemwide Quality Surveillance Group
- Supported practice visit/audit i.e. medicines management review/infection prevention audit/support for CQC compliance

9.2.6 Any required risk assessment will be presented to the Quality, Safeguarding and Experience Committee and where necessary the risk included in the Risk Register. Responsibility for the on-going monitoring of quality risks will also be undertaken through Quality, Safeguarding and Experience Committee.

9.3 Collaboration/Information sharing



9.3.1 NHS Solihull CCG will collaborate with other commissioners of healthcare (for example CCGs, joint and specialised commissioning teams and local authorities). NHS Solihull chairs and manages the Clinical Contract and Quality Review meetings for their respective contract but has an active role on relevant meetings for which provider contracts serve our population. Similarly, other CCGs have a standing invite to attend the Clinical Contract and Quality Review Meetings that we manage. We have a responsibility to ensure that we share information and intelligence with each other both in relation to the sharing of best practice and in order to act co-operatively where there are concerns in the best interests of patients.

9.3.2 The system as described enables NHS Solihull to share information to both proactively and reactively work with partners across the system including but not limited to the Care Quality Commission (CQC) and local authority.

9.4 Clinical Quality & Contract Review Meetings

9.4.1 The purpose of the Clinical Quality & Contract Review Meeting is to ensure the delivery of high quality, safe services from the Provider including the delivery of key performance indicators.

9.4.2 The meeting will monitor, discuss and take action in respect of quality and performance as specified in the contract for the provision of health services. As required the meeting will also discuss and agree actions to address other quality and patient safety issues identified through this forum, and/or brought to the attention of NHS Solihull by external partners, patients or user groups, the Care Quality Commission or the Local Authorities if the issue cannot be satisfactorily managed and resolved through partnership working.

9.4 Quality Safeguarding and Experience Committee

9.5.1 The Quality, Safeguarding and Experience Committee is a sub-committee of the CCG Governing Body. The committee is essential to ensure a continual focus on quality. The committee is chaired by a lay advisor of the Governing Body supported by the Chief Nurse.

9.5.2 This framework and associated work programme will be monitored through the Quality Safeguarding and Experience committee.

9.6 CCG Governing Body

9.6.1 Quality will be integral to the agenda of NHS Solihull CCG governing body meetings. The Governing Body will receive monthly reports from the Quality Safeguarding and Experience Committee together with regular reports drawing on a mix of qualitative and quantitative data to form a rich picture of the quality of care being provided within commissioned services and quality improvement initiatives being implemented. NHS Solihull CCG will ensure open and honest discussions of quality are held and will present a patient experience story to the members of the governing body each quarter as a minimum.



NHS

Solihull

Clinical Commissioning Group

SYSTEM LEADERSHIP FOR QUALITY





10. System Leadership for Quality

10.1 The CCG has an important local role to support the system-wide leadership for quality and quality improvement. We achieve this through a number of mechanisms including but not limited to;

- Attendance and participation in Safeguarding Boards (in addition the Chief Nurse is the vice chair of the Adults Safeguarding Board)
- Chairing the health economy infection prevention group to provide system-wide improvement in infection prevention strategies
- Attendance and participation at the Quality Surveillance Group
- Chairing of the multiagency nursing home quality group which is a forum to identify and support improvements in quality
- Development of Integrated Care and Support Solihull ICASS programme
- High quality general practice programme and the development of supportive practice development plans in collaboration with the CCG's member practices
- Contribution to the tripartite meetings attended by the CQC, the Local Authority and the CCG
- Collaboration with other CCGs, to ensure quality is embedded across the NHS providers providing a united commissioning voice when faced with poor quality provision



Patient Safety Escalation Trigger Tool

Key

ESCALATION LEVEL			
MAJOR		Immediate notification Chief Officer, CCG Chair, Chief Nurse & Quality Officer Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead	Following review of events with significant or high levels of risk the actions below may be undertaken. <ul style="list-style-type: none"> • Themed Review • Announced Visit • Unannounced Visit • Appreciative Enquiry • Update from provider within 72 hours • Supported practice visit/audit This will assist in reviewing the implementation of actions, testing staff behaviour, examining compliance and agreeing support mechanisms
CATASTROPHIC		As above, to also include notification to Communications & Engagement Lead and further notification as directed by senior management team eg, other CCGs, CQC, LAT.	

1. Never Event			
Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
Never Event reported		Immediate notification Chief Officer, CCG Chair, Chief Nurse and Quality Officer and GP Quality Lead Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead	<ul style="list-style-type: none"> • Serious Incident Requiring Investigation (SIRI) policy (provider contract) • Department of Health Never Event Guidance
Same category Never Event reported within short timescale		As above, to also include notification to Communications & Engagement Lead and further notification as directed by senior management team eg, other CCGs, CQC, LAT.	<ul style="list-style-type: none"> • SIRI policy (provider contract) • Department of Health Never Event Guidance



2. Maternal Death

Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
Maternal Death		<p>Immediate notification Chief Officer, CCG Chair, Chief Nurse and Quality Officer</p> <p>Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead. To also include notification to Communications & Engagement Lead and further notification as directed by senior management team e.g., other CCGs, CQC, LAT.</p>	<ul style="list-style-type: none"> • SIRI policy (provider contract)

3. Serious Incidents Requiring Investigation (SIRI)

Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
<ul style="list-style-type: none"> • Trend showing increase in same category/location being reported 		<p>Chief Nurse and Quality Officer – for review at Quality , Safeguarding and Experience Committee for considered action.</p>	<ul style="list-style-type: none"> • SIRI policy (provider contract) • An unannounced visit can be undertaken at any time to ‘test’ concerns with report forwarded to the provider for action • Quality framework
<ul style="list-style-type: none"> • Suspicious death whilst under NHS care 		<p>Immediate notification Chief Officer, CCG Chair, Chief Nurse and Quality Officer. Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead.</p> <p>Immediate notification to safeguarding team</p> <p>To also include notification to Communications & Engagement Lead and further notification as directed by senior management team eg, other CCGs, CQC, LAT, professional bodies.</p>	<ul style="list-style-type: none"> • SIRI policy (provider contract) • Safeguarding Adults & Safeguarding Children Board (Multi-agency) procedure



4. Serious Safeguarding concerns			
Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
<ul style="list-style-type: none"> SIRI report evidencing serious abuse/denial of rights 		Immediate notification to Chief Nurse and Quality Officer and safeguarding leads	<ul style="list-style-type: none"> SIRI policy (provider contract) Safeguarding Adults & Safeguarding Children Board (Multi-agency) procedure
<ul style="list-style-type: none"> Concerns arising from a particular provider identified via local incidents or other intelligence 		Chief Nurse and Quality Officer – for review at Quality, Safeguarding and Experience Committee for considered action.	<ul style="list-style-type: none"> Quality Framework
<ul style="list-style-type: none"> Incident resulting in death or very serious harm 		<p>Immediate notification Chief Officer, CCG Chair, Chief Nurse and Quality Officer Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead</p> <p>As above, to also include notification to Communications & Engagement Lead and further notification as directed by senior management team e.g, other CCGs, CQC, LAT.</p>	<ul style="list-style-type: none"> SIRI policy (provider contract)



5. Complaints & Patient Experience			
Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
<ul style="list-style-type: none"> Complaint or patient experience information received direct by commissioner raises alarming issues relating to standards or quality of care 		<p>Chief Nurse and Quality Officer – for review at Quality Safeguarding and Experience Committee for considered action.</p>	<ul style="list-style-type: none"> Complaints policy Quality framework
<ul style="list-style-type: none"> Serious issues resulting in death, long term damage, gross substandard care or professional misconduct 		<p>Immediate notification to Chief Officer, Chair, Chief Nurse & Quality Officer, Communications Lead and others as directed by senior management team</p> <p>Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead</p> <p>As above, to also include notification to Communications & Engagement Lead and further notification as directed by senior management team e.g. other CCGs, CQC, LAT.</p>	<ul style="list-style-type: none"> Complaints policy SIRI policy Quality framework
6. Workforce			
Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
<ul style="list-style-type: none"> Uncertainty about delivery of service due 		<p>Immediate notification to Chief Nurse and Quality Officer</p> <p>Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead</p>	<ul style="list-style-type: none"> Standard contract



to sub optimal staffing.			
<ul style="list-style-type: none"> • Serious error due to ineffective training 		<p>Immediate notification Chief Officer, Chair, Chief Nurse and Quality Officer, GP Quality lead Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead</p>	<ul style="list-style-type: none"> • Standard contract
7. Contract/poor performance			
Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
<ul style="list-style-type: none"> • CQUINS 		<p>Notification to Chief Nurse and Quality Officer. Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead Agenda discussion at next contract meeting</p>	<ul style="list-style-type: none"> • Standard contract • Quality framework
<ul style="list-style-type: none"> • KPIs 		<p>notification to Chief Nurse and Quality Officer. Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead. Agenda discussion at next contract meeting</p>	<ul style="list-style-type: none"> • Standard contract • Quality framework
8. Inspection/Audit/Legal compliance			
Descriptor of patient safety issue	Escalation Level	Notification alert process	Supporting tool
<p>Critical report issued Major non-compliance with core standards HSE prohibition notice Adverse publicity Coroners concerns raised Local media coverage</p>		<p>Immediate notification to Chief Officer, Chair, Chief Nurse and Quality Officer Ensure notification to Contract Lead and appropriate Specialist Commissioning Lead</p>	<ul style="list-style-type: none"> • Standard contract • CQC registration standards • Quality framework





ESCALATION TRIGGER TOOL DATA SOURCES

THIS LIST IS NOT EXHAUSTIVE BUT INCLUDES THE FOLLOWING:

- Notification of Serious Incident Requiring Investigation (SIRI) & Notification of Serious Incident Requiring Investigation - Never Event
- Provider SIRI report including Root Cause Analysis and Action Plan
- National reporting and Learning System (NRLS) Quarterly Data Summaries
- Provider Contract Quality reports including;-
 - CAS alerts
 - Complaints
 - Incidents
 - Workforce
 - CQUIN evidence
- Safeguarding concerns
- Complaint notification direct to commissioner
- Complaint data via Health Service Ombudsman
- PALS contact
- National mandatory enhanced surveillance system
- Report from external organisations including;-
 - Care Quality Commissioning (CQC)
 - CQC Quality and Risk Profile
 - Strategic Health Authority
 - Primary Care Contractors
- Summary Hospital Mortality Indicators (SHIMI)
- News and media report
- Patient survey and staff survey
- Continuing Healthcare risk profile
- Social networking sites
- Soft intelligence
- Workforce tool
- Whistle blowing policy
- Equality & Diversity Strategy



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