

# **Health Committee Hinchingbrooke Health Care NHS Trust**

Jill Houghton, Director of Quality / Nurse Member

  
*Cambridgeshire and Peterborough  
Clinical Commissioning Group*

## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality: the Process**

- Contractual Quality / Performance Requirements refreshed annually
- Quality and Performance Monitoring meetings held monthly
- Full engagement and leadership from local GPs
- Regular announced and unannounced visits
- Contractual mechanisms applied if required = Contract Query issued
- Remedial Action Plans agreed non-delivery = financial consequences

  
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## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality: the Process**

- Internal scrutiny through the Patient Safety and Quality Committee, which includes representation from Healthwatch
- Regular reports and discussion at the CCG Governing Body in public
- Wider stakeholder discussion and escalation through the NHS England Quality Surveillance Group which includes CCGs, Healthwatch, LAs, national regulators and quality assessors
- Quality concerns rating of regular, enhanced and Risk Summit
- Enforcement action can only be undertaken by the CQC and/or regulators Monitor, Trust Development Authority (TDA)

  
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## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality HHCT Quality Concerns**

- Pre-CCG: A&E medical staffing, breast cancer surgery, colorectal surgery – resolved and regular monitoring in place
- November 2013: Infection Control concerns from peer review visit
- 2014: further peer review visits – some progress but not sustained
- 2014 Infection ‘outbreaks’: ‘Flu, igas, Clostridium difficile – concerns about management
- CCG Contract Queries issued 2012 -7, 2013-16, 2014 -12

  
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## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality HHCT Quality Concerns**

Clinical Quality Concerns:

- Infection Control (includes risk assessment and documentation)
- Medical workforce shortfalls/use of locums
- Appraisals/Mandatory training
- Adult safeguarding training and audits
- Learning from Complaints
- Discharge management
- Timeliness and quality of Serious Incident management



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## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality HHCT Quality Concerns**

Performance (Quality associated) Concerns:

- A&E 4 hour standard not met consistently over time
- 62 day cancer wait standard not consistently met
- Mixed Sex Accommodation breaches (2 in 2014)

Quality Surveillance Risk (QSG) rating raised in April 2014 from regular to enhanced

QSG Risk Summit rating discussed in July 2014; agreed to hold pending CQC Inspection September 2014



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## Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality post CQC Inspection

- TDA led Quality Oversight Group in place broad partnership membership including HHCT
- Quality Improvement Plan agreed by Oversight Group
- TDA-appointed Improvement Director to be appointed (part time)
- 'Buddy' Trust to be sought to support the Trust
- Monthly unannounced CCG-led clinical quality visits in place
- Quarterly TDA-led clinical observation days in place
- CCG-led Quality and Performance monitoring continuing
- Progress by HHCT already being made



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### Extract from Cambridgeshire and Peterborough CCG Quality Dashboard 2015/16

Cambridgeshire and Peterborough CCG Quality Dashboard 2015/16

Final version – Feb 2015

REF	METRIC	INDICATOR	FREQUENCY	THRESHOLDS		
				RED	AMBER	GREEN
<b>Domain: Overall Quality</b>						
1	Compliance with CQC regulations	Progress against action plans addressing all CQC concerns, including compliance with essential standards	Monthly	CQC non-compliance AND Action plan not in place, or not progressing to timescale	CQC non-compliance with action plan progressing to timescale	Compliant with CQC regulations OR Current CQC non-compliance, with action plan to address non-compliance signed off by CCG, and awaiting confirmation of compliance by CQC.
2	Provider quality dashboard	Provider quality dashboard, broken down by ward, clinical setting, department or service, used to identify hotspots and concerns, and benchmark against other providers where possible. Information from the dashboard to be made available via a single website covering the key aspects of patient safety and in a form accessible to patients and the public.	Monthly	No quality dashboard broken down by ward / department	Quality dashboard broken down by ward / department in place, but not analysed to identify hotspots and concerns OR No benchmarking against other providers in areas where data are available OR Information not accessible via website to patients and the public	Quality dashboard broken down by ward / department in place, and used to identify and act on hotspots and concerns. Dashboard used to benchmark against other providers where possible. Information accessible via website to patients and the public.
3a	Cost Improvement Programme (CIP)	Quality assurance of CIP programme	Jun-15	Quality impact assessments (QIAs) of CIP not provided OR QIAs do not give assurance that quality concerns relating to CIP have been addressed	QIAs give assurance that some but not all quality concerns relating to CIP have been addressed	QIAs give robust assurance that quality concerns relating to CIP have been addressed
3b		Quality issues highlighted by QIAs are regularly monitored during implementation of CIP	Quarterly	No details of review of quality issues highlighted by QIAs	Review of quality issues highlighted by QIAs but no action taken where quality has been affected	Review of quality issues highlighted by QIAs and action taken where quality has been affected



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