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1. Foreword

We would like to welcome you to NHS Cumbria Clinical Commissioning Group’s (CCG) Communication and Engagement Strategy. Here we clearly set out our vision to work with the people of Cumbria - to make a positive difference by improving the health and wellbeing of individuals and their families.

Everyone has an important role to play in ensuring we do the right thing for our patients. NHS Cumbria CCG is a “people’s organisation” putting our patients’ views and public priorities at the heart of everything we do.

To ensure we are able to meet the values and vision of the CCG we need to work closely with our stakeholders.

We recognise that having good, clear, two-way communication is key to the success of providing the right healthcare, in the right place and when you need it in Cumbria.

Working together with local people, healthcare providers, member practices, staff and our local partners, we aim to improve health outcomes for the whole of Cumbria’s population.

This strategy aims to ensure that decisions within the CCG are taken jointly with our stakeholders to ensure that local needs and views shape future NHS services in Cumbria.

Together we have a shared vision to provide the best quality health care for the people of Cumbria.

Hugh Reeve
Clinical Chair
NHS Cumbria Clinical Commissioning Group
2. What is NHS Cumbria Clinical Commissioning Group?

NHS Cumbria Clinical Commissioning Group (CCG) is a membership organisation. The 82 GP practices including all those situated in Cumbria and Bentham Practice in North Yorkshire are members of the CCG.

NHS Cumbria CCG is responsible for commissioning the majority of health services across the county.

The CCG has a budget of around £672 million for 2013/14.

It has the largest landmass to serve in the country with difficult geographical issues to overcome.

Though Cumbria is known for its open spaces and beautiful landscapes, there are a number of urban industrial towns which bring their own health issues.

Key health priorities for Cumbria are:

- Improving care to respond to the challenges of an ageing population
- Improving the health of children and young people
- Improving the quality and integration of care services
- Improving mental wellbeing and reducing alcohol misuse
- Reducing health inequalities and premature mortality from cancer and cardiovascular disease.

NHS Cumbria CCG is responsible for commissioning health services to the 528,000 registered patients and visitors who come to the county for holidays and business.
3. Our Vision and Values

Our Vision

Making a difference by improving the health and wellbeing of individuals and their families.

Making a difference to people’s lives also includes improving the day-to-day experience of patients and those working to deliver better healthcare.

Our Values

“Do the right thing for our patients.”

“Putting ourselves in your shoes – is this the care we would want for ourselves or our families?”

“Access to the right healthcare, in the right place, right when you need it.”

“The Cumbrian health pound is finite and can only be spent once.”

Equality and Diversity

The CCG will:

- Ensure it directly contributes to improve health outcomes for all
- Commission services on the basis of need and without preference to the personal characteristics of patients
- Proactively seek to ensure access to appropriate services is not adversely affected by the personal characteristics of the patient, location or form of the service
- Ensure those it commissions services from meet the evidential requirements of the Equality Act and of the statutory duty to engage and consult patients, communities and key stakeholder.
4. Purpose of this Strategy

Effective communication and engagement is at the heart of our approach to clinical commissioning. This strategy provides the overall framework of how NHS Cumbria CCG will communicate and engage with its audiences to involve stakeholders in its decision making.

Here we set out our clear and measurable objectives which demonstrate our ambition to put the patient at the centre of decision-making, to maintain trust between the organisation and the public through honest, two-way, dialogue.

The CCG aims to build on the experience of the clinically-led decision making within the NHS in Cumbria and to establish a reputation as an open and transparent organisation through extensive communication and engagement.

Good communication can be defined as a two way process. It is based on an understanding of our stakeholders: all those individuals and groups whose beliefs, views and interests overlap with ours.

Patient and public engagement can be defined as the active participation of patients, community representatives and the wider public in the development of health services and as partners in their own health care.

We know we have much to do in building communications systems that consistently reach and connect with all communities across the county.

The CCG is committed to ensuring GP members’ experience and knowledge gained from their relationship with patients influences the commissioning process and the management of contracts with provider services.

The reputation and success of the CCG is dependent upon an all-encompassing, two-way communications approach.

The CCG has taken into account the Francis Report and has highlighted their key priorities in ‘Francis on a Page’ which can be found in appendix 1. The Francis Report also highlights significant issues relating to the lack of effective communication and engagement. The CCG takes these into account and will ensure best practice is used to adapt them into the new NHS structure.

CCG staff and members have a duty of care to ensure they communicate in a plain and effective way. By following this simple rule, the CCG will be able to engage fully with its stakeholders.
5. The NHS belongs to the people: A Call to Action

‘A Call to Action’ is a national NHS campaign that brings together engagement action by health economy organisations enabling everyone to contribute to the debate about the future of health and care provision across England.

The engagement will be patient and public-centred through hundreds of local, regional events and through on-line and digital resources. The outcomes will be meaningful views, data and information that CCG’s can use to develop three to five year plans setting out their commitments to patients.

NHS Cumbria CCG recognises the challenges set out in ‘A Call to Action’ that the NHS faces.

NHS Cumbria CCG has an important role within ‘A Call to Action’:

- Leading and/or working in partnership with other CCGs to run local engagement events (potentially with health and wellbeing boards)
- Incorporating the ‘Call to Action’ as a complementary strand to existing engagement work
- Building momentum with local partners – e.g. health and wellbeing boards, patients’ groups
- Liaising with NHS England Area Teams (ATs) for shared development of engagement work, in order for ATs to consolidate area engagement
- Providing feedback on the progress of the ‘Call to Action’ in their localities

NHS Cumbria CCG is thoroughly committed to the principals and themes of ‘A Call to Action’ and this communication and engagement strategy incorporates and inputs into the national plan.
6. Patient Experience

This strategy is about how we communicate and engage with our stakeholders • See Section 8, part of which is capturing patient experience.

The CCG is seeking to ensure that across the system in Cumbria patient experience is a key tool in driving quality and service improvement. Patient experience is helping to shape excellent clinical services and fostering high levels of clinical performance.

Clinicians in Cumbria have always set great store on the engagement of patients in decision making and service improvement. For example, engagement of patients is at the heart of the diabetes service redesign, with a focus on patient education and co-production of the care plan.

In 2012 an extensive campaign called “Listening to Cumbria” was undertaken, involving health roadshows, ‘meet your GP’ surgeries and other public events in every locality in the county. Ten key points from this campaign were captured and are shown in appendix 3. These ten points will guide the patient experience information gathered so that feedback is used effectively in shaping engagement.

The CCG welcomed the publication of the Keogh mortality review report, which clearly sets out very important issues that need to be fully addressed to improve hospital services for the people of North Cumbria. The CCG’s response and action plan is shown in appendix 2.

There was also a series of meetings with key stakeholders such as the Overview and Scrutiny Committee, Health and Wellbeing Board, MPs, League of Friends, Local Medical Committee (LMC), social care and local authority representatives.

The CCG will use patient experience feedback from the Friends and Family Test results. More details of the Friends and Family Test are available on NHS Choices website www.nhs.uk. As the momentum develops, the priority is to build capacity and capability in the gathering, interpretation and use of service experience in both the commissioner and provider functions, in partnership with Healthwatch and other agencies.

“Patients and carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others”

Sir Bruce Keogh’s ambition for improvement, Keogh Report 2013
7. Communication & Engagement Objectives

To effectively communicate and engage with stakeholders the CCG’s communications team has set itself objectives that encompass its key role in effective engagement:

1. External Communications
   1.1. Build confidence in the CCG as a responsive commissioning organisation
   1.2. Develop excellent relationships with key partners and stakeholders
   1.3. Ensure stakeholders have easy access to the information they need in a way they would choose to access it
   1.4. Ensure that the CCG and its activities are fairly and accurately represented by the media and other external agencies
   1.5. Promote our successes, achievements and activities proactively both inside and outside of the organisation, inspiring confidence in local NHS services

2. Internal Communications
   2.1. Contribute to staff morale through the proactive communications of successes and achievements both within and outside of the organisation
   2.2. Actively encourage two-way communication using a range of options
   2.3. Achieve involvement and engagement of clinicians and non-clinical staff in key activities of the organisation

3. Engagement & Involvement
   3.1. Enable all stakeholders to have a voice and encourage them to use it in terms of influencing the commissioning cycle
   3.2. Build continuous and meaningful engagement with the public, patients and carers to influence the shaping of services and improve the health of people in Cumbria
   3.3. Facilitate two-way communications wherever possible
   3.4. Utilise patient experience and opinion to improve quality
8. Stakeholders

Key to the success of the communication strategy is recognising and understanding who our stakeholders are and the most effective way to communicate with them.

Our stakeholders break down into the following groups:

- Patients
- GP Members
- NHS Workforce
- Partner Organisations (NHS England, Morecambe Bay University Hospitals Trust, Cumbria County Council, etc)
- Community Leads (Councillors, MPs, Age UK, etc)
- Media
- The public

Understanding our stakeholders’ needs is vital in everything we do to understand the impact the CCG’s plans and behaviour may have on them and vice versa. Stakeholders have a significant contribution to make to the CCG’s decision making and the following table underlines the importance and influence stakeholders have in this process.
GP involvement is paramount in the CCG’s decision making process. As a GP member led organisation, engaging with and ensuring their involvement in decision making is vital in gaining the trust not just of the GPs but also of the wider health economy. Utilising their experience and expertise is a vital component of this strategy. To enable this we must ensure that GPs feel fully engaged and involved with the CCG and can take ownership of it.

As set out in the CCG’s constitution, the CCG is accountable to its member practices. Communication with practices will be a two-way process and at each stage there will be a clear route for member practices to have their say and influence change.
9. In our localities

As part of the communication and engagement strategy we need to ensure localities are fully involved in the process. The CCG is divided into six localities which in turn each have a lead GP who is responsible for the GP practices and GP members within each of their areas. Their views are then represented at the Governing Body meetings.

In order to keep stakeholders involved and informed within the localities, the CCG seeks to engage with locally focussed groups and forums.

Healthwatch - Will continue the locality way of working by developing District Healthwatch Hubs. Each hub will be supported by a member of Healthwatch staff and voluntary ambassadors with a view to developing a wide range of engagement activity.

Locality Stakeholder Groups - These are an open invitation to people with an interest in health and social care to work together to influence local decision making and were originally supported by the Local Involvement Network. Healthwatch have recognised the knowledge and expertise already involved in these groups and will incorporate them into their District Hubs.

Health and Wellbeing Boards - A county wide Health and Wellbeing Board is established that includes members from across Cumbria's Health Economy including the NHS Cumbria CCG, the County and District Councils. The Health and Wellbeing Board looks at the key health issues across the county, how resources and health services are allocated and provided. It is a key function into which stakeholder engagement and feedback is vital in providing key service allocation.

There will also be Health and Wellbeing Boards in each of the six localities, which NHS Cumbria CCG will have local representation on. Public Health at Cumbria County Council is leading on this development.

The objectives for each board are to:

- Improve patient care
- Support the key components of an existing county wide priority to provide community based services ‘closer to home’
- Increase clinical efficiency, by freeing up clinical time to focus on patients with medical requirements
- Develop ABCD techniques and practice (social demographic test)
- Promote and support the health and wellbeing agenda.
10. Communications and Engagement Method

Cumbria Action for Health recently held a series of events on engagement. Key recommendations came out of these events to form a framework for engagement between the CCG and its stakeholders in Cumbria:

- If you know the answer, have already made the decision and are very limited for time – **Inform People**
- If you have a number of answers you want opinions on and have time to consider people’s views – **Consult People**
- If you want to develop an answer and have time for those involved to influence the shape and final outcome then – **Engage People**

In order to achieve these recommendations the following will be carried out:

Our 3 Key Foundations of Communication & Engagement

1. Inform
2. Consult
3. Engage
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<th>Objective</th>
<th>Action</th>
<th>How</th>
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<tr>
<td>1. Develop excellent relationships with key partners and stakeholders.</td>
<td>• Develop, promote and foster good working relations with wider public sector, third sector and the public</td>
<td>• Maintain and develop links using existing and developing networks, for example with Healthwatch Cumbria</td>
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<td>• Work with partner Trusts’ communications teams on joint communication &amp; engagement plans</td>
<td>• Host regular, quarterly meetings with partner Trusts’ communications leads.</td>
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<td>• Appropriate regular communication with the Health and Wellbeing Board and Healthwatch</td>
<td>• CCG rep on Health and Wellbeing Boards.</td>
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<td>Joint working with Healthwatch</td>
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<td>2. Ensure stakeholders have easy access to the information they need in</td>
<td>• Review and develop existing website using best practice</td>
<td>• Communications Team leading and developing central web pages.</td>
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<td>a way they would choose to access it.</td>
<td>• Develop locality pages for ease of accessing relevant data</td>
<td>• Locality pages maintained with lead identified for each locality.</td>
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<td>• Develop innovative use of social media such as Facebook, Twitter and YouTube to deliver innovative messages to audiences and encourage two-way dialogue</td>
<td>• Communications Team monitoring and uploading relevant information</td>
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<td>• Communications Team leading and developing intranet platform with stakeholder sections</td>
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<td>3. Ensure that the CCG and its activities are fairly and accurately</td>
<td>• Develop quarterly e-newsletter</td>
<td>• Produce an e-newsletter for the public, emailed to stakeholders plus posted on Facebook, CCG website and promoted via Twitter</td>
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<td>represented by the media and other external agencies.</td>
<td>• Promote our successes, achievements and activities proactively both inside and outside of the organisation, inspiring confidence in local NHS services</td>
<td>• Produce proactive press releases and media opportunities</td>
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<td>• Plan media campaigns to support CCG activities</td>
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<td>• Monitor media activity and react to inaccuracies by providing accurate and relevant information</td>
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<td>4. Contribute to staff morale and public confidence through the proactive</td>
<td>• Weekly staff newsletters</td>
<td>• Produce an e-newsletter going to all CCG and NECS (North of England Commissioning Support) staff working in Cumbria</td>
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<td>communications of successes and achievements both within and outside of</td>
<td>• Staff briefings and road shows on specific issues</td>
<td>• Coordinate staff briefings and road shows for specific issues</td>
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<td>the organisation.</td>
<td>• A refreshed CCG intranet site</td>
<td>• Developing NHS Cumbria CCG site on NHS networks which can be used by stakeholders as well as GPs, localities and team members from NECS</td>
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<td>• Include GP membership as part of the overall approach</td>
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<td>Objective</td>
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<td>5. Actively encourage two-way communication with staff using a range of options. <strong>CONSULT &amp; ENGAGE</strong></td>
<td>● NHS Networks&lt;br&gt;● Staff surveys&lt;br&gt;● Team briefing on a structured basis with feedback loop</td>
<td>● Use the Department of Health ‘s free NHS Networks online platform to share good practice&lt;br&gt;● Supporting localities and practices to develop their own sections within the CCG NHS Networks platform&lt;br&gt;● Use Survey Monkey to gauge staff views and priorities for communications&lt;br&gt;● Provide regular feedback on media coverage to staff</td>
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<td>6. Achieve involvement and engagement of clinicians and non-clinical staff in key activities of the organisation. <strong>INFORM &amp; ENGAGE</strong></td>
<td>● Protected Learning Time (PLT) sessions to share best practice and engage localities in the wider work of the CCG&lt;br&gt;● Media training for clinicians and other staff</td>
<td>● Meetings to be held in localities&lt;br&gt;● Arrange media training for clinicians and staff to meet specific needs of individuals on the frontline of current issues attracting media attention</td>
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<td>7. Enable all stakeholders to have a voice and encourage them to use it in terms of influencing the commissioning cycle. <strong>CONSULT &amp; ENGAGE</strong></td>
<td>● Open CCG Governing Body meetings&lt;br&gt;● Open Members AGM&lt;br&gt;● Face to face public meetings&lt;br&gt;● Enable on-going discussion between clinician and patient, patients and their services and the public and those who make decisions about health and health care delivery</td>
<td>● Meetings advertised in local media and via our own social media&lt;br&gt;● Working with Healthwatch and other stakeholders to host public meetings</td>
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<td>8. Build continuous and meaningful engagement with the public, patients and carers to influence the shaping of services and improve the health of people in Cumbria. <strong>CONSULT &amp; ENGAGE</strong></td>
<td>● Appoint independent lay members to the CCG Board&lt;br&gt;● In partnership with Healthwatch and other third sector organisations develop a network that creates a stronger voice for patients on both a locality and county wide level.&lt;br&gt;● Create an organisation culture in which each CCG clinician and staff member is equipped and supported to act as a communicator and CCG ambassador through training</td>
<td>● Five lay members with specific knowledge are appointed to the Governing Body&lt;br&gt;● Working with Healthwatch on developing engagement&lt;br&gt;● Communications team available to support clinicians and all staff members with communication materials and provide media training where and when needed&lt;br&gt;● Utilising the legacy documents from previous networks, such as Patient Voice within public engagement activity</td>
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<td>Objective</td>
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<td>sessions on media skills, public speaking and writing in clear English.</td>
<td>• To build on the work of previous networks</td>
<td>• Attend health and community events to promote and meet the public to promote engagement</td>
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<td>9. Facilitate two-way communications wherever possible with the public.</td>
<td>• Face to face public meetings • Develop a system for web based two way communication • Use of social networking and digital media platforms • Utilise the national Call to Action materials</td>
<td>• Promote online conversations via regular updates and interactions on social media • Promote the engagement email address and respond quickly to incoming emails • Feed into examples of communication and engagement, as well as use national NHS resources from A Call to Action</td>
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<td>ENGAGE</td>
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<td>10. Utilise patient experience and opinion to improve quality.</td>
<td>• The systematic collection and use of service experience to inform commissioning decisions across the health system • IWantGreatCare (IWGC) • Friends &amp; Family Test</td>
<td>• Set up and promote the engagement email to the public • Promote IWantGreatCare with press releases, social media and link on the CCG website • Promote results from the Friends &amp; Family Test</td>
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<td>ENGAGE</td>
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<td>11. To build confidence in the CCG as a responsive commissioning</td>
<td>• Proactive use of the media through an annual, monthly and weekly planning grid to ensure coordinated communications • Making best use of social networking and digital media platforms • Media training and support for clinicians • Develop a visual identity to complement internal and external communications – including brand guidelines and user templates</td>
<td>• Communications Team prepare and send out “news grids”. • Integrate social media into media releases and update daily. • Develop members’ training package • Provide templates on line and emailed to all staff to provide standardised format of internal communications</td>
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11. Commissioning Cycle

Commissioning services is a continuous process of improving services, which deliver the best possible quality and outcomes for patients, to meet the health needs of the whole community and reduce inequalities within the resources available.

NHS Cumbria CCG will ensure that we communicate appropriately with our key stakeholders at each stage of the commissioning cycle and engage with local people to include their views in the decision making process.

Figure 4. Commissioning Cycle
12. Monitoring and Evaluation

A key priority of the communications and engagement strategy is to ensure feedback to stakeholders that their views and comments have been fed into the decision making process of the CCG.

Regular reports detailing communication and engagement activity will be provided and considered by the Governing Body. Details of how stakeholder’s views and opinions have been utilised in decision making, providing key evidence of how this information has been used.

The Governing Body meetings are public and include Q&A sessions where stakeholders can fully participate in asking how their views have been taken into consideration. A monthly report will also be produced detailing what activity has been undertaken. This report will be available to the public through the methods detailed in the communication and engagement activity in Section 10.

Details of engagement and communication activity will also be included on the CCG’s website and promoted via our social media platforms; Facebook and Twitter.

The CCG will operate in an open and transparent way and this will be evidenced through the Quality & Safety Report* that goes before the Governing Body.

We will also link in closely with Healthwatch Cumbria to utilise their locality focus forums where feedback and engagement with stakeholders is considered and acted upon.

* The purpose of this report is to provide NHS Cumbria CCG with a monthly briefing of serious incidents, complaints and quality concerns. The report is structured, following the clinical quality themes; patient safety, patient experience and clinical effectiveness for each of the main providers and where information is known, for primary care.
Cumbria CCG - Francis on a page

Francis is an opportunity: A chance to re-assess what we are doing as commissioners and why!

Quality and Safety first (getting the basics right)

- We will ensure that the services we commission will demonstrate how safety issues such as infection control, management of serious untoward incidents, treatment interventions and the prevention of pressure ulcers are addressed.
- The minimum standards set by the Care Quality Commission (CQC) should not be the standard for contracting services. As the CCG our aim will always be to contract for best practice standards.
- The care that we commission needs to be of the highest standard and clinically effective and take into account National Institute of Clinical Excellence (NICE) quality standards and new innovations in clinical care and service delivery.
- The CCG is committed to ensuring that children and vulnerable adults are not at risk from being abused or neglected and receive the care they require. Safeguarding is an important function through commissioning and through the delivery of care from those contracted by us.

An open culture (transparency, openness and candour)

- Patient feedback on the services that we commission will be routinely collected and published. We will use this data to act like a smoke alarm to detect service failures. We will also highlight patients who receive good care as well as bad.
- We will use this feedback to address issues of concern with any of our providers.
- As a CCG we will welcome complaints, be open in acknowledging service difficulties, and encourage providers to do the same.
- We will make comparable information freely available at hospitals, surgeries and care homes and we will help patients to make judgments based on objective data about standards and outcomes.
- Feedback from GPs and Practice Nurses will be collected through an electronic system and processed by our Lead Nurse and Lead GP for Quality.
- We will have active and ongoing engagements with patients, the public and all interested stakeholders. We will use their feedback and patient stories to both challenge and improve clinical services.

Ensuring robust accountability

- We will scrutinise and ensure we have the capacity to undertake audits, inspections and investigations of individual group cases and clinical services.
- We will ensure our Clinical Leaders will be at the heart of our Quality and safety surveillance.
- Clinicians from the CCG will be visible on provider sites. The CCG will not be a distant ivory tower organisation passing judgement from on high but will work in partnership with the hospitals and community services providing care to patients.
- We will at all times be accountable for the scope and quality of all the services that we commission.

Contracts that work for patients and clinicians

- We will make it clear the standard of services that we expect to be delivered by all of our providers.
- We will ensure that enhanced quality standards are embedded in our contracts and that we incentivise providers to constantly improve and deliver the highest possible care.
- We will ensure that quality standards are agreed by the doctors and nurses who deliver the service.
- The contract standards will be monitored and both the sanctions and incentives will be understandable and acceptable to clinical leaders and patients who receive clinical services.
- We will ensure clinical leadership is in place in all of our providers services.
Appendix 2: NHS Cumbria CCG Response to the Keogh Report

The CCG has two key responsibilities in relation to the report Keogh Report.

The first is to ensure that North Cumbria University Hospitals NHS Trust takes forward the required actions to improve patient outcomes, experience and safety. The CCG will continue to undertake this role in the following ways:

- Contract with the Trust to deliver quality standards beyond minimum requirements, including incentives for high standards and penalties when these are not met
- Set reasonable but robust requirements for the speed of change in taking forward the action plan, and requiring evidence of positive change
- The Keogh review panel identified an immediate action that the CCG and Area team undertake a review of serious incidents. This work has been completed and the team reported that significant improvements in the process have been made incorporating all previously made recommendations. We will continue to work jointly with the Trust in reviewing serious incidents and ensure that lessons are learned and improvements made
- Carry out planned and unannounced visits, including local GPs, in response to patient complaints and concerns
- Ensure that the Trust provides a well-trained, supervised and supported workforce, with the required level of staff and clinical skills, through regular reviews
- Continue to work closely with the Care Quality Commission, Healthwatch, the Trust Development and Authority and NHS England, to ensure important information is shared and acted upon in patients’ interests
- Develop new systems for patient feedback, giving patients a real voice and real influence in the quality of care they receive.

The second key responsibility is to commission the best possible models of care, across community and hospital based services. The CCG will take this forward jointly with partner organisations in the NHS, but also with Local Government, the third sector and most importantly with patients and the local population.
This responsibility is partly about long term change in the way healthcare services are delivered and will include:

- Cumbria has real challenges in attracting clinicians across the healthcare system. The CCG is leading work to improve the recruitment, retention and development of a highly skilled clinical workforce
- Improving services which support people in managing their own health, and which reduce the need for hospital admissions
- Continuing the joint work between GPs, community services and hospitals, so that care is delivered in the most appropriate setting for the patient
- Joint work with the local authority to improve how the NHS and social care work together. This will be focussed on supporting more people in their own homes and to reduce the reliance on hospital services and residential and nursing homes where appropriate
- Properly reviewing which services can most safely and effectively be delivered in all our local hospitals, and which services need to be delivered from more specialised hospitals
- Leading a whole NHS programme to deliver a major improvement in health care associated infections. This is a key element of patient safety, and there needs to be work across the NHS to improve infection control.

Appendix 3: Ten Point Patient Experience

1. Near time, post treatment, out-bound telephone follow-up interviews;
2. On-line opportunities to comment on-line with moderated feedback and publication;
3. Structured attitudinal surveys;
4. Patient experience sampling across service lines and provider geography;
5. Proactive mobilisation of community and voluntary groups to monitor;
6. Primary care satisfaction surveys;
7. Comments and notes boxes in every GP surgery;
8. Requirements of providers to carry out satisfaction surveys in situ;
9. Deliberative patient groups in every locality; and
10. Feedback loops to patients to demonstrate how their experience has been taken into organisational and contractual learning to make service changes.
For more information contact...

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