



**South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group**

# **Quality Strategy 2015 - 2019**

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# Quality Strategy

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# Foreword

The first priority of both NHS Southport and Formby Clinical Commissioning Group (SFCCG) and NHS South Sefton Clinical Commissioning Group (SSCCG) is to work towards the commissioning of services that offer quality for local people—services that are clinically effective, safe, well-led, and responsive to patient’s needs, offering a positive patient experience.

The drive to secure positive health outcomes for local people and continuously improve the quality of services is at the heart of the work of the CCGs. It requires focused leadership by the CCGs’ Governing Bodies, together with individual and collective commitment across the CCGs’ membership and its management.

Securing and improving quality cannot be achieved by the CCGs in isolation. We recognise that our patients’ journey cut across primary, secondary and specialist care, health and social care, with services commissioned and delivered by multiple organisations and professions both within and outside the NHS. We appreciate the commitment of our partners to work with us in improving quality. We will continue to support and collaborate with provider organisations to improve the quality of services provided, whilst holding them to account for standards of service delivery.

Lessons learned from failed organisations highlight if we do not have robust systems and processes to identify and act on quality issues, patients will be put at risk. These examples act as a reminder that when failures in expected standards occur, the consequences are directly felt by patients, service users, their carers and families.

Systematically and continuously improving the quality of services across settings of care represents a significant challenge for the CCGs and partner agencies. To ensure value for money in commissioning of care, we need to improve quality and outcomes through innovation in service design, efficiency, and a continued focus on prevention of ill-health alongside treatment and care. Proposed changes to services must first be assessed for their impact on the quality of care provided to determine the right commissioning decision.

The Five Year Forward View has set out why the NHS needs to change and the CCGs will have to make difficult decisions to reconfigure services and prioritise resources towards areas of greatest health gain and quality improvement for local people in line with the Five Year Forward View and the plan for the North Mersey Local Delivery System (LDS).

This Quality Strategy is central to the purpose and work of the CCGs, and underpins any CCGs’ strategic plan which aligns with the plans developed as part of the Five Year Forward View and the North Mersey LDS. It describes our responsibilities, approach, governance and systems to enable and promote quality across the local health economy. The Quality Strategy is, above everything, about people. It describes our approach to provide everyone with the care and compassion they need and enabling their voice to be heard. It supports our commissioning of services to ensure that they are amongst the safest and most effective in the NHS, provided reliably to every patient, every time. The CCGs’ Quality strategy is underpinned by six fundamental values: care, compassion, competence, communication, courage and commitment (6C’s) as well as having reference to Leading Change, Adding Value in addressing the unwarranted variations on quality and safety and promoting the Triple Aim. Every patient and person we support can and should expect high quality as well as an understanding there is a need to reshape services and manage resources to provide evidence-based care which maximises choice for patients and delivers value in the commissioning of care out from public funding.

Implementation of this strategy will support the CCGs to achieve their respective visions.

**South Sefton**

*“To work with the local community and other partners to improve the health and healthcare of everyone living in South Sefton, spending money wisely and supporting clinicians to do the best job they can”*

**Southport and Formby**

*“To create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and well-being of our population.”*

# Quality Strategy

## **Introduction:**

Commissioning high quality compassionate healthcare is at the heart of everything the CCGs strives to achieve for the people across the Sefton area.

The Health and Social Care Act 2012 changed the way the NHS in England is organised and run. Certain vital elements have not changed and are the driving force behind the changes in a challenging financial environment:

- Improving quality and healthcare outcomes for patients remains the primary purpose;
- The cultures, values and behaviours of the CCGs' constituents and staff is the first line of defence in safeguarding quality;
- Greater emphasis on the involvement of clinicians being at the heart of commissioning.

## **Commissioners' statutory duty and responsibility for:**

- Meeting the needs of the local population through commissioning high quality services;
- Obtaining assurance and securing continuous improvement in the quality of commissioned services and the outcomes that are achieved.

The CCGs bring together 51 GP surgeries across Sefton, serving a population of 278,000 stretching from Bootle in the South, to Churchtown in the North and Melling and Lydiate in the East.

There are a number of distinct environmental and social factors that we must take account of when we are planning health services including:

## **South Sefton**

- Our population is made up of a significantly higher proportion of older residents with an estimated 19.5% (approximately 31,250) of the population over the age of 65, compared to 17.5% aged over 65 nationally. This is expected to grow further to more than 35,400 in the next ten years.
- South Sefton has significantly higher levels of deprivation and child poverty.
- Thirty General Practices are constituent members of the CCGs, providing a wide range of primary care services to our patients.

Overall, health in South Sefton is getting better, but there are clear areas for improvement:

- Within the areas of South Sefton that are most deprived, average life expectancy is 11 years less than in the more affluent parts of the area.
- Levels of long term health conditions are much higher than the national average; particularly heart disease, respiratory disease, kidney disease, mental health conditions and obesity.
- Levels of early deaths from heart disease have reduced over the last decade as smoking rates have reduced and our patients are better educated about risks to their health and the importance of leading a healthy lifestyle.

The CCGs aims to commission services that improve the health and wellbeing of all patients registered with its member practices and those who are unregistered but are resident within the boundaries of the CCGs.

## Southport and Formby

Over the next decade we don't expect to see much change in the number of children and young people.

We have become more ethnically diverse, with around 5% of our population from different backgrounds and cultures and we have seen a small number of international workers move into the CCGs area.

Whilst Sefton is more affluent than its neighbours across Merseyside, nearly one fifth of residents live in pockets of the borough that are amongst the 10% of most deprived communities in the country.

In our poorest communities, on average people can expect to live much shorter lives than their more affluent neighbours and this is unacceptable.

Levels of long term health conditions – especially heart disease, respiratory disease, kidney disease, mental health conditions and obesity - are much higher than national averages. The number of early deaths from heart disease and cancer has reduced over the last decade as smoking rates have declined but we want to do more to close the gap between our population and the national average.

The CCGs aims to commission services that improve the health and wellbeing of all patients registered with its member practices and those who are unregistered but are resident within the boundaries of the CCGs.

Following the reforms outlined in the White Paper 'Liberating the NHS', which describes the move to clinically-led commissioning from April 2013. South Sefton and Southport and Formby GPs have created Clinical Commissioning Groups across the Borough of Sefton with eight strong localities:-

- The CCGs' staff work in a matrix model with colleagues from a number of areas; the Joint Commissioning Unit with Sefton Borough Council, Midlands and Lancashire Commissioning Support Unit (MLCSU) and NHS England (NHSE) to ensure a comprehensive approach to commissioning in South Sefton and Southport and Formby.
- It is essential that the CCGs have in place robust quality governance arrangements to ensure the commissioning of high quality services which are responsive to the needs of our population.
- The CCGs as statutory bodies from April 2013 commission health services from a diverse range of provider organisations across all settings of care (primary, community, secondary and mental health).
- The CCGs commission health care from local acute hospitals, mental health providers, and community providers, independent and social care providers, and the voluntary sector.
- South Sefton CCG is moving toward Level 2 co commissioning of general practice services with NHS England and Southport and Formby CCG is at level 2.
- In developing this quality strategy, the CCGs have identified how they will operate to improve and maintain quality in the context of the legislative framework and in collaboration with partner agencies.
- The CCGs believe the use of contractual levers and performance management is one specific process for supporting the CCGs in discharging their responsibility for improving quality and quality assurance.
- The CCGs are passionate and focused on good quality of services and where necessary will use performance management to improve service quality.
- The CCGs do not consider their presence alone will have the necessary impact on health outcomes; however, based on robust evidence, the CCGs have developed a vision of what it aims to deliver.

The quality strategy is integral to the CCGs' strategic plan and is focused on delivering high quality care and experience, ensuring no harm is done to patients and addressing areas of any concern promptly and effectively.

The CCGs have to maintain safe and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across Sefton, working collaboratively with partner agencies. To do this the human rights, independence and well-being and secure assurance that the child or adult thought to be at risk, stays safe. The CCGs' safeguarding strategy sets out priorities for the forthcoming years and is the start of the journey to plan and commission locally delivered services that drive up quality and ensure our population receives effective, safe and personalised care.

# Definition of Quality:

Quality means different things to different people and the NHS is the only healthcare system in the world with a single definition of quality.

At its simplest, Quality is defined as care that is **safe, effective** and provides as positive an **experience** as possible. The definition of quality sets out three dimensions to quality:

- **Patient Safety:** commissioning high quality care which is safe, prevents all avoidable harm and risks to the individual's safety; and having systems in place to protect patients;
- **Clinical Effectiveness:** commissioning high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes. Making sure care and treatments achieve their intended outcome;
- **Patient Experience:** commissioning high quality care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what the individual wants or needs, and with compassion, dignity and respect. It's about listening to the patient's own perception of their care.

This definition produced by Lord Darzi is succinct in summing up what defines quality in healthcare.

The Care Quality Commission (CQC) goes further to build on the three dimensions of Quality by adding two additional dimensions:

- **Organisational Culture & Leadership:** commissioning high quality care which is well-led;
- **Responsiveness:** commissioning high quality care which is responsive to the needs of patients.

Quality is not an abstract term or concept relevant only in policy debates. It must begin within our own organisation and be apparent within the organisations the CCGs commission services from. It is the measure of how we commission services and how commissioned services are treating and caring for patients in their care. In order for commissioned services to be considered as providing a high quality service, being good in one or two of the above five dimensions of quality is simply not good enough.



## The Five Dimensions of Quality

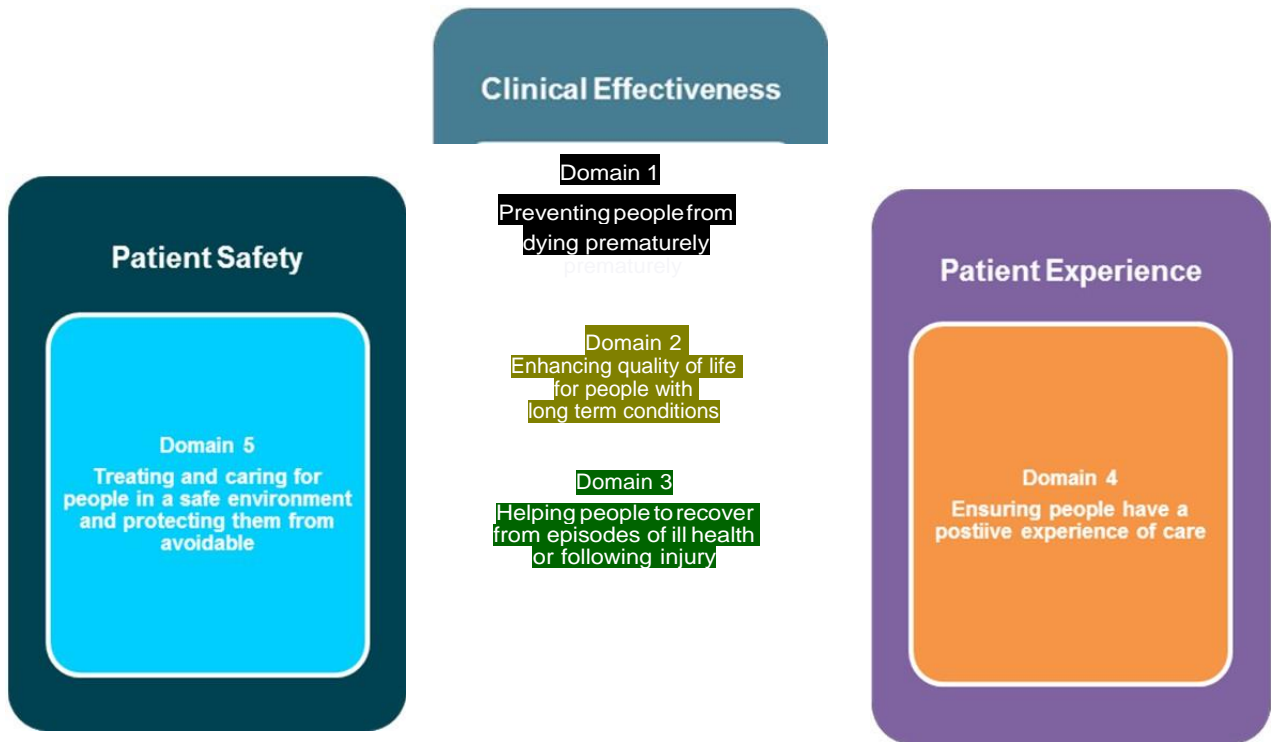


To ensure the CCGs are focused on the five dimensions of quality it needs to have an effective quality control process which is fit for purpose, proactive and reactive and applicable to every directorate within the CCGs.

The NHS Outcomes Framework builds on the definition of quality through setting out five overarching outcomes or domains, which captures the breadth of what the CCGs are striving to achieve for patients:

- Domain 1** Preventing people from dying prematurely;
- Domain 2** Enhancing quality of life for people with long-term conditions;
- Domain 3** Helping people to recover from episodes of ill health or following injury;
- Domain 4** Ensuring people have a positive experience of care;
- Domain 5** Treating and caring for people in a safe environment and protecting them from avoidable harm.

The domains can be classified under the Darzi definition of Quality below:



The domains of the NHS Outcomes Framework are a crucial element of focus for the CCGs' commissioning strategic plan, acting as driver for commissioning.

# National Quality Drivers

The CCGs will drive local health systems towards a sustained focus on quality, guided by several policy drivers. These policies inform the way the CCGs continuously monitor, measures and improves the quality of care and experience received by its population:

- *The NHS Outcomes Framework*: sets out the improvements against which NHSE will be held to account. The NHS Outcomes Framework is intrinsically linked to the local and national quality priorities which consist of five domains set across the three dimensions of quality;
- NHS England published its up-dated planning strategy March 2017, Next Steps on the NHS Five Year Forward View. (Five Year Forward View). This places an increasing focus on freeing up 2,000- 3,000 hospital beds by community services, councils and hospitals working more closely together. on This emphasis is consistent with the CCGs' Strategic Plan and is in keeping with the Better Care Fund plan that has been jointly developed with Sefton Metropolitan Borough Council.

In addition, the Next Steps places an emphasis on self-care and local support for self-care with increased funding for Primary Care . This is very much in keeping with the CCGs' locality model and adds strength to the major transformation schemes (Virtual Ward,, Telemedicine ) within the CCGs' strategic plan.

- *The Next Stage Review: High Quality Care for All (2008)*: sets out a clear quality framework including the components of quality assurance mechanisms. The review placed great emphasis on being more patient centred, clinically driven, valuing people and promoting lifelong learning and improving the quality of commissioned services;
- *NHS Constitution (2015)*: establishes the principles and values of the NHS in England. It sets out the pledges the NHS' commitment to operate fairly and effectively, the rights to which patients, the public and staff are entitled. The NHS Constitution is adhered to and reflected within t h e CCGs' mission, vision and values;
- *Quality, Innovation, Productivity and Prevention (QIPP)*: is a large scale transformational programme for the NHS, involving and engaging staff, clinicians, patients and the voluntary sectors in Sefton in improving the quality of care delivered whilst making efficiency savings, leading and supporting change and addressing local quality challenges. In the CCGs, QIPP is a well-established programme and the CCGs work with its local health partners in developing integrated QIPP plans that address local quality challenges;
- *Commissioning for Quality and Innovation Framework (CQUIN)*: enables commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of national / local quality improvement goals thus enabling providers to act as a vehicle for improving patient safety, experience and outcomes. CQUINs schemes form part of the contract between the CCGs and its main providers of healthcare.
- *Healthwatch England*: is the independent consumer champion for health and social care in England created to ensure that the voices of the public and those who use services reach the ears of the decision makers. Healthwatch Sefton plays a key role at local level in ensuring the views of Sefton's population and people who use commissioned services are taken into account;
- *Quality Premium*: is the incentive payment used to reward CCGs for their performance in achieving specific outcomes related to a number of clinical conditions developed by NHSE;
- The National Quality Board (NQB) is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS. The NQB is a key aspect of the work to deliver high quality care for patients.

The aim of the NQB is to bring together all those with an interest in improving quality, to align and agree the NHS quality goals, whilst respecting the independent status of participating organisations.

- *General Practice (GP) Quality and Outcomes Framework*: is a system to remunerate GPs for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services contract, introduced on 1st April 2004;
- The CCGs now commission GPs to deliver a number of schemes to improve patient care under the Local Quality Contract (LQC). The Governing Bodies are committed to investment in primary care transformation through its approval of a Primary Care Quality Strategy. The Local Quality Contract will need to fulfil the NHS Outcome Framework domains objectives as well as following Darzi principles on quality improvement. Outcomes for the contract will encompass fairness, value for money, and be based on clinical evidence.
- *Care Quality Commission (CQC)*: is the independent regulator of health and social care in England. It monitors, inspects and regulates care provided by CCG's commissioned services to ensure they meet fundamental standards of quality and safety;
- *NHS Improvement (NHSI)* support foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable :
- *Recent National Reviews*: The recommendations and lessons learned from recent reviews following issues at Trusts will be fully implemented and signal a shift in how the CCGs commission services:
  - Mid Staffordshire NHS Foundation Trust (Francis Report);
  - Review into the quality of care and treatment provided by 14 hospital: Sir Bruce Keogh;
  - Winterbourne View Hospital;
  - Maidstone and Tunbridge Wells NHS Trust;
  - Basildon and Thurrock University Hospitals NHS Foundation Trust;
  - Professor Don Berwick's Review into Patient Safety;
  - Dr David Colin Thomé and Professor Sir George Alberti's Review of Commissioning Roles.
  - Morecambe Bay
  - Saville Enquiry
  - National Maternity Review

## **The CCGs' Vision and values as part of its 5 year Strategic Plan**

The vision of the CCGs is to create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and well-being of our population.

### **The values the CCGs hold are:**

- To maintain a local focus, working in partnership
- To be transparent, open and honest
- To be approachable and to listen to our public
- To enable action and prioritise effort to optimum effect
- To act with integrity, act fairly and with respect
- To be accountable for what we do
- To be caring and compassionate

The CCGs will deliver its strategic plan and vision through Patient Integrated Locality Care. This programme represents the locality delivery model for the CCG. These will focus on delivering enhanced primary and community care with improved access and management of individuals' needs with Long Term Conditions to prevent unnecessary admission to hospital.

The CCGs will deliver its strategic plan and vision through the following governance arrangements:

- Sefton Health & Wellbeing Board
- Health & Wellbeing Board Provider Forum
- Joint Quality Committee
- Integrated approach with BCF and Sefton Council through Health & Wellbeing Board.
- Governing Body

The CCGs are clear in this strategy that Quality is everyone's responsibility and ensuring that effective mechanisms are in place to proactively monitor, triangulate and ensure continuous improvement is crucial.

The importance of quality is reflected in the CCGs' Constitution and in its values and behaviours. The CCGs embraces a culture of openness, learning and honest collaboration where individuals and the organisation are transparent about the quality of care being commissioned for patients.

The CCGs embrace the principles and values as set out within the NHS Constitution (2015). These act as a guide to the NHS (including CCGs' staff) in all it does:

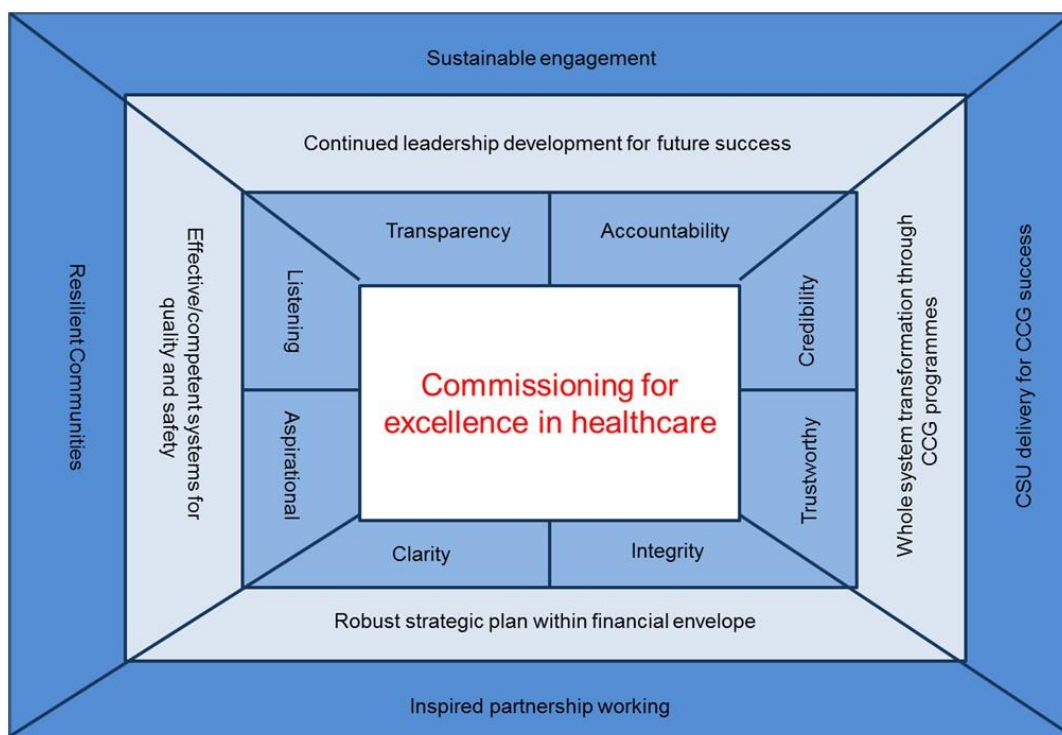
## Principles:

- The NHS provides a comprehensive service, available to all;
- Access to NHS services is based on clinical need, not an individual's ability to pay;
- The NHS aspires to the highest standards of excellence and professionalism;
- The NHS aspires to put patients at the heart of everything it does;
- The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population;
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources;
- The NHS is accountable to the public, communities and patients that it serves.

## Values:

- Working together for patients;
- Respect and dignity;
- Commitment to quality of care;
- Compassion;
- Improving lives;
- Everyone counts;

## An adherence to Quality for the CCGs



The organisation aims to demonstrate the values illustrated when commissioning care on behalf of the CCGs and demonstrates 'how we do things' across the constituency.

The CCGs believes in order to ensure the delivery of the quality agenda there needs to be commitment to the creation of a culture where our staff are valued and supported.

The CCGs enable staff to feel valued and supported with an ethos of:

- Distributed Leadership
- Integration
- Decision making
- Head Space
- Focus
- Senior management support
- Smoother, clearer governance

All of which are underpinned by a robust Organisational Plan.

# Corporate Objectives

- The focus of the CCGs' quality strategy is to support the achievement of the CCGs' corporate objectives and vision for its residents of South Sefton.
- The CCGs' corporate objectives form part of the golden thread of quality running through the CCGs:
- These corporate objectives will be reviewed on an annual basis and new objectives set accordingly which support the delivery of quality services and improved outcomes for the population.

The CCGs' aspirations described through the corporate objectives are the key focus for quality and the CCGs recognise and accept that to deliver the corporate objectives some difficult and challenging choices will be required.

The CCGs Governing Bodies are accountable for driving the quality agenda. The CCGs' Joint Quality Committee is the responsible committee (under delegated responsibility from the Governing Body) for the monitoring of the agenda and has key responsibilities to:

- approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- approve the arrangements for handling complaints
- approve the CCGs arrangements for engaging patients and their carers in decisions concerning their healthcare
- approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services.

In order to ensure delivery of the quality agenda and corporate objectives and promote a quality focused culture throughout the CCGs, the necessary leadership arrangements for commissioning high quality services has been established. The Board has delegated responsibilities to the following committees, groups and forum:

- Senior Management Team/ Senior Leadership Team;
- Finance and Resources Committee;
- Audit Committee;
- Joint Quality Committee;
- Integrated Performance Committee;
- Remuneration Committee;
- EPEG
- QIPP Committee

The CCGs have to demonstrate that it is operating effectively to commission safe, high quality and sustainable services within their resources with increasing responsibility to support the Five Year Forward View process



Internally it demonstrates this in a variety of ways:

- Internally focused Quality Committee meetings
- Risk Registers
- Governing Body Assurance Framework

The CCGs Assurance Framework outlines the process to be used by NHS England to monitor and gain assurance on the performance of CCGs to support the delivery of the Five Year Forward View. The CCGs assurance process has been redesigned in light of local system transformation to provide confidence to internal and external stakeholders and the wider public that CCGs are operating effectively.

There are four domains each with indicators:

1. Better Health: focuses how does the CCGs contribute towards improving the health and wellbeing of its population.
2. Better Care: focuses on care redesign, performance of constitutional standards and outcomes
3. Sustainability: focuses on how the CCGs remain in financial balance and secures good value for patients.
4. Leadership: focuses on the quality of the CCGs' leadership, planning and working with partners and governance arrangements

A key element of the assurance process is quarterly assurance meetings with the NHS England Area Team, together with the production of a 'delivery dashboard' which provides information on performance against certain targets and metrics

- The CCGs understands that effective commissioning cannot be embedded if different parts of the CCGs work in isolation, therefore, the CCGs have ensured there are robust quality governance arrangement and delivery and assurance structure aligned to ensure systematic reporting and performance monitoring in place. This ensures the CCGs' focuses on quality improvement through delivery of the corporate objectives in the best interest of patients;
- The CCGs reflect the strategic objectives and quality strategy through staff objectives and organisational strategy in order to embed quality, make quality a reality, promote and deliver the quality agenda;
- The CCGs have responsibility for identifying the learning from all newly released national and local reports (e.g. Francis, Berwick, Keogh Reports), guidance and any other relevant documents as appropriate as part of the CCGs' assurance process. Such documents have been summarised to include the following and have been presented to the CCGs' Governing Body and Joint Quality Committee (JQC):
  - Identified themes;
  - Findings of the report;
  - Recommendations:
  - CCGs' reflective review against the report findings, triangulation to support the CCGs' assurance of its system and processes and gap analysis to identify areas for improvement.

The CCGs commission Mersey Internal Audit Agency (MIAA) to provide an annual audit programme on areas of activity

Safeguarding reviews e.g. Domestic Homicide Reviews, Serious Case Reviews, learning reviews are carried out with full involvement and support from the CCGs' Safeguarding Service.

The CCGs expect commissioned services response to all newly released national reports and inspections carried out by CQC or any other inspectorate bodies to be presented for discussion by the commissioned services' at CQPG meetings.

- Research – The CCGs have a research strategy in place in line with *The Health and Social Care Act 2012*. The CCGs will continue to support the promotion and enablement of research and evaluation to improve health outcomes. This will be in line with active participation and collaboration with HEIs, Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and North West Coast Academic Health Science Network (AHSN).

The CCGs will continue to work with Higher Education institutions for research and evaluation projects. The CCGs will continue as an accredited hub and spoke placement for pre registration nursing students.

# Quality Assurance Framework

As the CCGs seek to do the best for the population it commissions services on behalf of, they recognise that there needs to be an effective framework for how quality assurance will be obtained.

An Early Warning Dashboard highlights the current position for hospital providers of interest to the CCGs against a number of quality measures within the following domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience
- Organisational Quality Measures

The CCGs has developed a quality assurance framework adopted from Sir Bruce Keogh's four stage methodology. The CCGs believe this methodology is transparent, comprehensive and systematic. The four stages are as follows:

- Stage 1**      Quality Data Analysis
- Stage 2**      Triangulation
- Stage 3**      Multi-disciplinary Reviews
- Stage 4**      Support Improvement

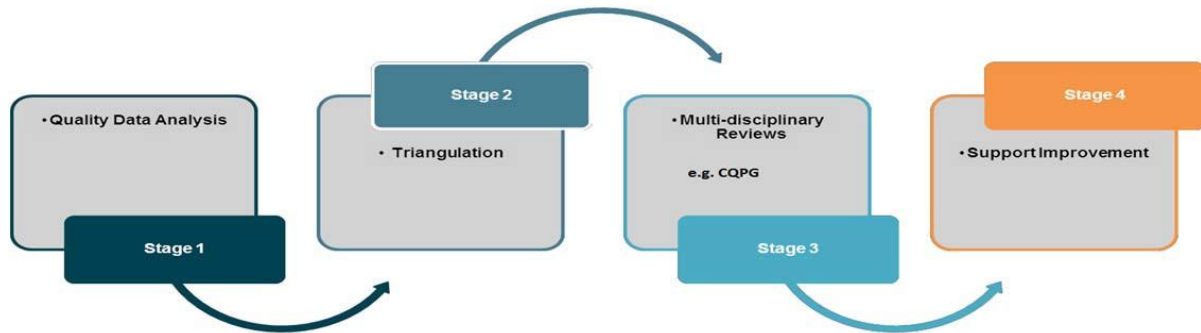
The framework offers the CCGs a systematic way of:

- Obtaining quality assurance of commissioned services quality;
- Monitoring quality performance against agreed standards and outcomes and;
- Carrying out quality surveillance of safety, effectiveness, leadership and culture, responsiveness and patient experience intelligence to build a profile of a commissioned service.

Each stage is an important component, equipping the CCGs with a range of methods, tools and intelligence which when combined together can help commissioners determine the quality of services commissioned.

No quality assurance framework offers a definitive conclusion about the quality of care provided by commissioned services but it allows for questions to be raised, exploratory review to be undertaken and for improvement to be supported.

The CCGs' quality assurance framework is designed to encourage clear and effective communication, avoid duplication through collaborative working and focusing on what adds value. Transparency is key to these stages and based on support and improvement rather than blame.



### Stage 1: Quality Data Analysis

Quality cannot be improved until there is clear understanding of how to identify and measure if care is of a high standard in the first place. The CCGs are aware that poor standards of care do not necessarily show up on quality outcome indicators and across the CCGs and externally, there is a wealth of intelligence, gathered formally and informally, about the CCGs' commissioned services.

The CCGs have gathered, identified and conducted detailed analysis of an array of meaningful hard and soft quality intelligence. This includes but not limited to standards from national standard contracts, CQC essential standards, etc.

This quality intelligence in isolation will not draw definitive conclusions or judge the quality of care and is only as good as what you do with it. Instead, the CCGs uses them as an 'early warning system' which will start to sound if commissioned services are outside the expected range of standards.

It allows for key lines of enquiry to be analysed and turned into knowledge which can then be triangulated with other information (stage 2). It paves the way for penetrating questions to be asked during relevant multi-disciplinary reviews (stage 3). The intelligence is then used to judge a commissioned service's performance, determine effectiveness and drive quality improvement (stage 4) in a consistent way.

Hard and soft intelligence required are identified within the quality schedule that is agreed with each commissioned services through the contracting process. Nationally, the NHS Standard Contract and national drivers provides the CCGs with a mechanism for setting consistent quality requirements.

### Stage 2: Triangulation:

Quality cannot be seen in isolation but as a part of a broader concern about cost, performance and contracting. Stage 2 allows for continuous monitoring, linking the data gathered (stage 1) from our commissioned services against standards sets in the contracts/national standards, identifying where data link with each other to enable us to dive deeper to identify potential areas for improvement to be delivered.

Often the information that one directorate alone has, will not cause concern, however, when systematically combined and triangulated, with intelligence that another part the CCGs system and/or external source may have, might point to a potential problem that should be investigated further.

For example, the quality committee would analyse and discuss quality alert concerns around discharge. Combined and triangulated with the discharge information held by the Experience and Patient Engagement Group (EPEG) via patient feedback and the

Strategy & Outcomes directorate via performance meeting can identify improvement areas and they can be presented to providers.

For stage 2 to work, all the different directorates within the CCGs and external colleagues such as NHS Improvement (NHSI), NHSE, Healthwatch Sefton, CQC teams, routinely and methodically work together to align and share intelligence to identify good practice and any potential or actual quality failure without undermining or overriding individual accountabilities.

Reports produced by external colleagues regarding commissioned services quality will be presented by the commissioned services during the CQPG (stage 3). Intelligence obtained from these reports would be used to triangulate with intelligence held within the CCGs.

Any intelligence triangulated with other sources of information ensures that any challenge provides a strong evidence base. The triangulated data is then discussed at multi-disciplinary reviews (stage 3) coordinated through various routes with commissioned services.

### **Stage 3: Multi-Disciplinary Review**

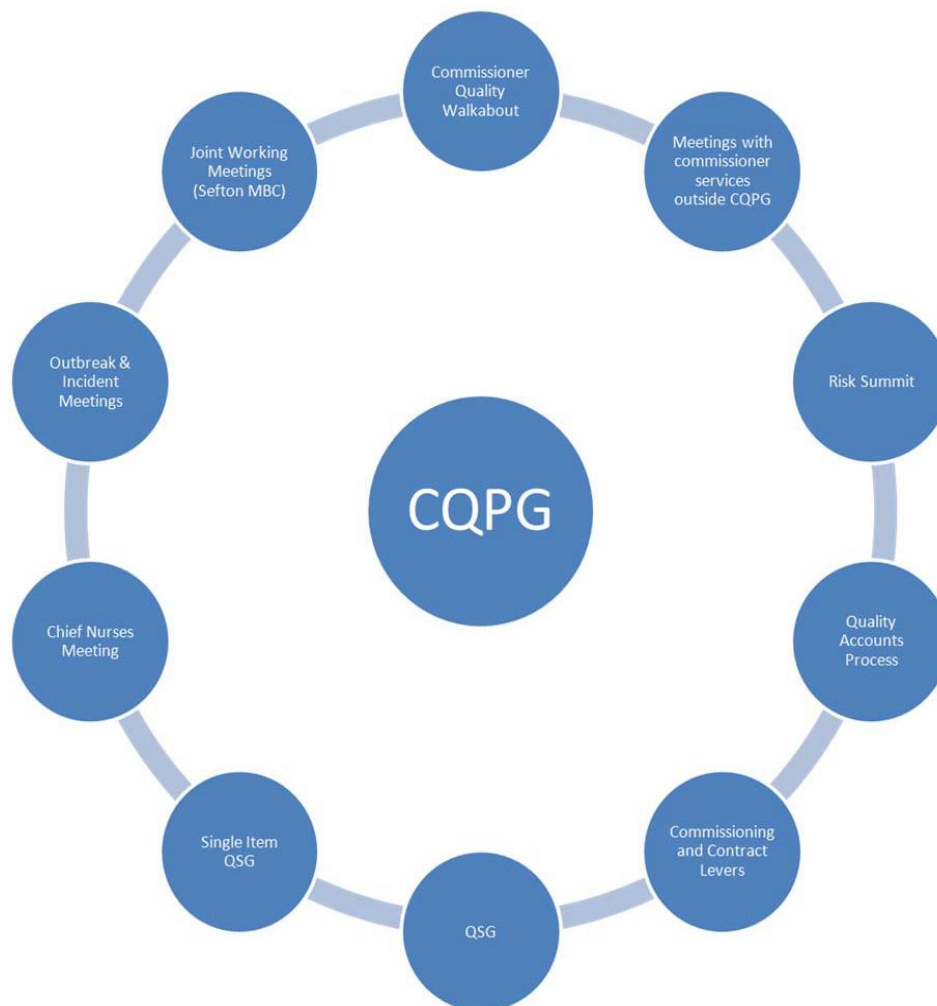
There are different types of multi-disciplinary reviews used by the CCGs to work with commissioned services to ensure quality is maintained and continuously improved. These set out a model for proactively working, sharing and discussing available intelligence in detail on quality of commissioned services.

Quality outcomes obtained from data analysis (stage 1) and triangulated information (stage 2) will be discussed and scrutinised through the multi-disciplinary review meetings such as:

#### **Clinical Quality Performance Group Meetings (CQPG):**

These are formal dedicated meetings held r e g u l a r l y with all commissioned services where t h e CCGs is the co-ordinating commissioner to monitor and discuss all aspects of quality of care provided and the quality element of the contract. Where the CCGs are not the co-ordinating commissioner it works closely with other commissioners to receive assurance. In line with the Five Year Forward View, the CCGs will continue to strengthen commissioning relationships.

CQPG meetings are part of the national contracts and contract monitoring process for all the major commissioned services. These meetings are critical and form part of the CCGs' detailed oversight and scrutiny process and are also used to celebrate improvements and discuss new quality developments. The commissioned services engagement diagram below demonstrates how all engagement activities lead back to the commissioned services' CQPG.



CQPG meetings in place depend on the complexity of the contract and with smaller contracts, where a CQPG meeting is not viable; quality is incorporated into the overall contracting arrangements led by a Contract Manager who will work closely with the quality team when issues are identified and will ensure the CCGs are informed of issues and risks.

CQPG meetings are chaired by clinicians; coordinating a programmed annual plan of review which enables the commissioned services to prepare the information required and, as much as possible, ensure this fits with existing reporting cycles for the CCGs Board and other committees to minimise duplication of work. Any quality challenges and/or proposals that arise from CQPG meetings will be presented to CCGs Joint Quality Committee (JQC) for an agreed approach. Where performance issues arise, plans are put in place to achieve compliance and unresolved issues are escalated to JQC and the CCGs Governing Body as appropriate. Key issues of the CQPG are brought to the attention of the JQC. All commissioned services submit a quality dashboard with supporting quality report against agreed quality outcomes indicators identified.

Collaborative Commissioning Forums have been established with fellow clinical commissioning groups to underpin the CQPG process and align commissioning intentions across the local health system.

**Commissioner Quality Walkabout:**

These are informal dialogue assurance visits jointly coordinated by the provider and the CCGs’ Quality Team (alongside CCG lay members ) around observation of patient pathways and care environment and hearing from front line staff and patients. These walkabouts are used as interactive, engaged and visible indicator of CCGs’ commitment to quality that has been identified as a key element of a good safety culture and form part of the CCGs’ broader improvement programme.

They are useful, practical and a visual method of triangulating the evidence and allow for the opportunity of observation outside of executive reports statistics and levels of assurance, to see if quality outcomes on the front line are being realised by both practitioners and patients. The intelligence obtained from the visit is fed back to the commissioned service, CQPG and CCGs' JQC. Any identified follow up actions will be monitored through the CQPG.

The CCGs will from time to time conduct ad-hoc Quality Walkabouts if it is felt that there are specific concerns with a provider in general or with a certain service, department or ward. This demonstrates a proactive approach to Quality Walkabouts as well as a reactive one outlined above.

### **Quality Account Process:**

Quality accounts demonstrate commissioned services' commitment to achieve and improve outcomes for all of Sefton patients. All commissioned NHS services are required to provide an annual quality account for the public to read about the quality of their services. The commissioned service representative presents their draft quality account at joint CCGs' Quality Accounts meetings. The CCGs' collated triangulated summary of the quality account is submitted back to the Chief Nurse or Director of Quality of the commissioned service by the Chief Nurse of the CCGs.

### **Commissioning and Contracting Levers:**

Contract monitoring is akin to quality assurance by holding commissioned services to account for delivery of contractual obligations and quality standards. The CCGs is committed to using its commissioning levers through multi-disciplinary review (stage 3) to drive up quality of care for the residents of Sefton who use local health services. In order to realise the full potential of the quality strategy, the CCGs ensures that quality is embedded throughout the commissioning and contracting cycle. Improved commissioning specifications for commissioned services add clarity to quality outcomes.

Quality specifications, quality review arrangements, other contractual levers, penalties and incentives such as CQUIN payment scheme are all being used to different degrees across the range of commissioned services. The CCGs' commissioning, contracting, performance and quality teams work closely together through regular monitoring and review of quality reports and ensuring that the Planning Guidance is consistent with specifying the CCGs' quality requirement over and above the 'essential standards of quality and safety' set by the CQC. Including that the contract is best used to support improvement in quality. Monthly contract monitoring meetings are part of the contract management process with most of the CCGs' commissioned services.

### **Outbreak and Incidents Meetings:**

These are commissioned services' meetings with the involvement and support of the CCGs and NWCSU (e.g. infectious outbreak and incidents). These meetings are determined by the commissioned service. NHS Merseyside Quality Surveillance Group (QSG):

Is a bi-monthly meeting of all commissioners, NHSE Cheshire and Merseyside, Healthwatch and regulators to review and share intelligence on commissioned services. This also includes suggestions of actions to be taken where required. QSG should function as follows:

- Patient focused – members are grounded in the fact that their purpose is to maintain good quality services for patients
- High trust – an environment which facilitates open and honest conversations about quality

- Inclusive – all members feel able to contribute to discussions
- Challenge – Members feel able to offer constructive challenge to colleagues to get to the bottom of the issues and identify suitable actions
- Action orientated – all members come away from meetings with clarity as to the actions agreed and who is taking them forward
- Well informed – QSGs receive reports and data-packs which present information in a useful and distilled format to members which enable them to identify the potential quality risks
- Comprehensive – QSGs have a planned and defined business cycle which enables them to consider potential risks in all providers within their geography, across all sectors QSGs operate at two levels: locally, on the footprint of NHS England's 27 area teams.

### **Single Item Quality Surveillance Group (SIQSG):**

Provides forum to discuss an individual provider where issues, concerns have been raised by a number of performance measure but does not constitute a risk summit. The area team will facilitate a SI QSG and the meeting will be informed by a Quality Risk Profile, building up the picture of Quality issues with the provider. An outcome of a QSG may be to present an action plan to provider, convene a SI QSG with provider present or convene a risk summit on the provider if agreed as appropriate

#### **SIQSG with Provider Present:**

Provides a forum to discuss issues and concerns which have been raised by a number of performance measures, with the provider which the issues and concerns relate to. The area team will facilitate a SI QSG. A provider may be asked to present at the meeting, an action plan which addresses the concerns and issues highlighted and assure the group that they are mitigating the risks.

An outcome of the SI QSG may be to convene a risk summit on the provider if agreed as appropriate.

#### **Risk Summit:**

Provider concerns may escalate to the establishment of the risk summit process involving the CQC. This is led and/or undertaken by NHSE North. A risk summit will be called so that the issue can be focused on in detail and a plan of action developed.

#### **Joint Working Meetings:**

The CCGs are keen to learn from others and engage in collaborative partnership working arrangements and networking opportunities across other CCGs, Healthwatch Sefton, Local Authority, NHSE, CQC, NHSI, other partners, etc. This allows for streamlining arrangement, understanding the needs for different services benchmarking and a more consistent approach to raising standards and maximising contributions to commissioning.

The Francis Report (February 2013) emphasises that commissioners should have a primary responsibility for ensuring quality as well as providers, and systemic learning is a critical function of the CCGs' commitment to the safety of patients for whom it commissions services. Promoting patient safety by reducing errors is also a key priority for the NHS. When errors do occur, the CCGs supports the view that the response should not be one of blame and retribution, but of organisational learning with the aim of



encouraging participation in the overall process and supporting staff, rather than exposing them to recrimination.

### **Chief Nurses Meeting:**

The NHSE Director of Nursing holds regular meetings with the CCGs Chief Nurses and Provider Directors of Nursing to focus on the delivery of quality services across Cheshire and Mersey.

### **Stage 4: Support Improvement:**

The CCGs have identified the improvements it wishes to secure in the quality of services commissioned and using the commissioning process to drive continuous quality improvement. Continuous quality improvement requires health services to search for and apply innovative approaches to delivering healthcare, consistently, sustainably and comprehensively across the system.

The CCGs have structured payments and incentives to encourage commissioned services to continuous quality improvement to meet future challenges, using these payment mechanisms to contract for the delivery of high quality care and to manage those contracts. CQUINS is used to incentivise commissioned services to deliver high quality care, drawing on NICE Quality Standards and are monitored with commissioned services through CQPGs.

The CCGs have identified a number of specific areas requiring managerial and clinical expertise to bring about both transactional and transformational change in how health services are delivered for the population of Sefton. GP clinical leads work in partnership with the CCGs managerial locality leads to bring about these changes.

The CCGs have appointed Clinical Directors / GP Clinical leads for Quality; The Clinical Director for Quality, in addition to their duties as a GP Governing Body member, will:

- work closely with the lead manager(s) within the Quality Team and the GP Clinical Lead for Quality to drive forward and deliver on key aspects of an agreed work programme for their area, in the context of the 2 and 5 year strategy
- agree a set of related personal objectives through the Personal Development Review (PDR) process
- regularly report on progress to the Governing Body and other groups as appropriate

It is also important that that the Clinical Director for Quality is able to remain in tune with member practices, truly engage with patients and communities, and actively reflect the Nolan Principles of Public Life in their leadership role, as they work with others to commission high quality services and improve health and wellbeing.

### **Safeguarding vulnerable adults and children**

The CCGs ensures that its providers have arrangements in place to safeguard and promote the welfare of adults and children in line with national policy, guidance and locally identified areas of concern. Providers identify safeguarding issues relevant to their area and we challenge providers to demonstrate that policies and procedures are in place and implemented. We review staff training to ensure staff are appropriately trained, supervised and supported and know how to report safeguarding concerns. The CCGs requires providers to inform them of all incidents involving children and adults including death or harm whilst in the care of a provider. Full information can be found in our Safeguarding Strategy. The CCGs works closely with our partners to participate in Serious Case Reviews and Domestic Homicide Reviews and ensure findings are included in our triangulation of data. Through partnership working with

other agencies, the CCGs, as a member of the Sefton Local Safeguarding Children Board (Sefton LSCB) and Joint Safeguarding Adult Board (Joint SAB). The LSCB/SAB will be engaged in debate and discussion in order to improve the quality of practice and subsequent outcomes for children, young people and adults at risk in Sefton.

## **Equality & Diversity**

The CCGs understands that in order to meet the needs of a diverse community and improve access and outcomes for patients who experience barriers and disadvantage, it must be cognisant of its Public Sector Equality Duty (Section 149 Equality Act 2010).

The Equality and Diversity agenda supports the quality strategy through:

- triangulation : evidence of barriers and discrimination will be highlighted to the Quality Committee via EPEG
- Commissioning and contract levers: providers are monitored on a number of E&D quality indicators
- Equality Delivery Systems 2 findings and recommendations will be highlighted within the quality committee structure
- Equality assessment findings and recommendations will be highlighted within the quality committee structure

## **Patient and Public Involvement**

Sefton has a diverse population and the CCGs must engage with a range of people from all backgrounds, ethnicities, ages, genders and geographical locations. The CCGs is committed to working with the people and communities of Sefton in an open and transparent way and has been creative in its approach to embed PPI into its work. The establishment and successful working of the multi-stakeholder Experience and Patient Engagement Group (EPEG), provides a forum and task group for this work to develop and flourish.

Patient's experience and involvement means more than simply engaging people in discussions about commissioned services. Involvement means listening to the patient voice and ensuring that the experience of individual patients and communities are heard at every level.

The CCGs have designed a structure to embed listening to the patients' experience and PPI in all groups and processes that influence commissioning priorities. This structure acknowledges that there are many different ways that people can make their views heard.

The CCGs Communications and Engagement Strategy gives more details of our approach to Public and Patient Involvement.

## **Event of Serious Quality Failure**

No system can be 100% failsafe and where a problem or failure does occur there needs to be CCGs-wide response and approach with three key objectives:

- Safeguarding patients;
- Ensuring continued provision of services to the population; and
- Securing rapid improvements to the quality of care at the failing commissioned service.

Such problems may relate to a specific service or be indicative of even more serious and systemic problems within a commissioned service. The CCGs will reactively respond to such concerns which might arise as a result of whistleblowing, routine sharing of intelligence or new intelligence coming to light separately by working with the commissioned service where concerns have been raised to address any quality problems as far as possible. Initial concerns will be addressed by the Senior Management Team (SMT)/Senior Leadership Team (SLT);

A failure by any of the CCG's commissioned services to meet any quality requirements in their contract, over and above the 'essential standards of quality and safety', amounts to a contractual failure rather than a quality failure, i.e. it will not attract regulatory enforcement action;

Although, given that the requirement to meet the 'essential standards' set by CQC is built into the NHS Standard Contract, a failure to meet these also amounts to a contractual failure. In the case of care homes this will attract regulatory enforcement action in collaboration with Sefton Local Authority. High risk concerns with the potential of attracting media attention will be notified to the CCGs SMT/SLT as and when necessary with support from communications management at MLCSU;

Once a judgment has been taken by the CCGs SMT that there has been a breach, or that there is the potential to be or actual serious quality failure has come to light, the CCGs' system, jointly with external colleagues relevant to the commissioned service will proactively and reactively work. This would enable and facilitate rapid, collective and informed judgments about quality and to ensure an aligned response between those with performance management, commissioning and regulatory activities to maintain quality without undermining or overriding individual accountabilities;

The CCGs SMT identified lead will determine what action needs to be taken forward. The package of actions should include:

- Carrying out a rapid impact assessment of any potential regulatory action to be considered with the CQC, Local Authority and NHSE;
- Actions to be taken forward within defined timeframes: includes action to safeguard patients and improve quality of care, ensure continued service provision, securing improvements;
- How the action will be coordinated: who is the lead commissioner coordinating the process during collective discussions;
- Meeting at regular and appropriate intervals until action has been taken.

## **Serious Incidents:**

Serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, IT failure or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;
- Allegations of abuse;
- Adverse media coverage or public concern about the organisation or the wider NHS;
- One of the core set of never events.

Serious incidents requiring investigation in healthcare are rare, but when they do occur, everyone must make sure that there are systematic measures in place to respond to them. These measures must protect patients and ensure that robust investigations are carried out, which result in organisations learning from serious incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.

The CCGs has in place a Serious Incident Policy which sets out its accountability for effective governance and learning following all Serious Incidents (SIs). This relates to its commissioned services and the CCGs are committed to working closely with all provider organisations and commissioning staff members to ensure SIs and Never Events are reported, investigated and acted upon by provider organisations with whom the CCGs commissions/contract services.

# **Supporting Quality Improvement in General Practices**

Clinical Commissioning Groups (CCGs) have a statutory duty regarding the continuous improvement of primary care. Following collaboration with a variety of stakeholders, a three year strategy focusing on quality areas for improvement based on safety, clinical effectiveness, and patient experience has been developed, and implemented. Recognising the current challenges of an increasing elderly population, rising numbers of patients with multiple long term conditions, and fragmentation of services, the strategy focuses on 5 key areas:

- Practice Demographics
- Workforce Development
- Clinical Services
- Estates / IT
- Health Outcomes

Providing an excellent service is key to the CCGs' values, therefore as a member organisation securing continuous improvement in the quality of general practices would allow members to set the highest example to colleagues in the NHS.

The CCGs takes its responsibility for supporting quality improvement outcomes and a positive patient experience in general practice very seriously. Supporting improvement within general practice will contribute to making the care received by the population much more sustainable.

The CCGs recognises that it is important to support general practice to gain the right skills, capacity and capability to deliver high quality services and this can be done by working with the four CCG Localities to agree quality improvement plans.

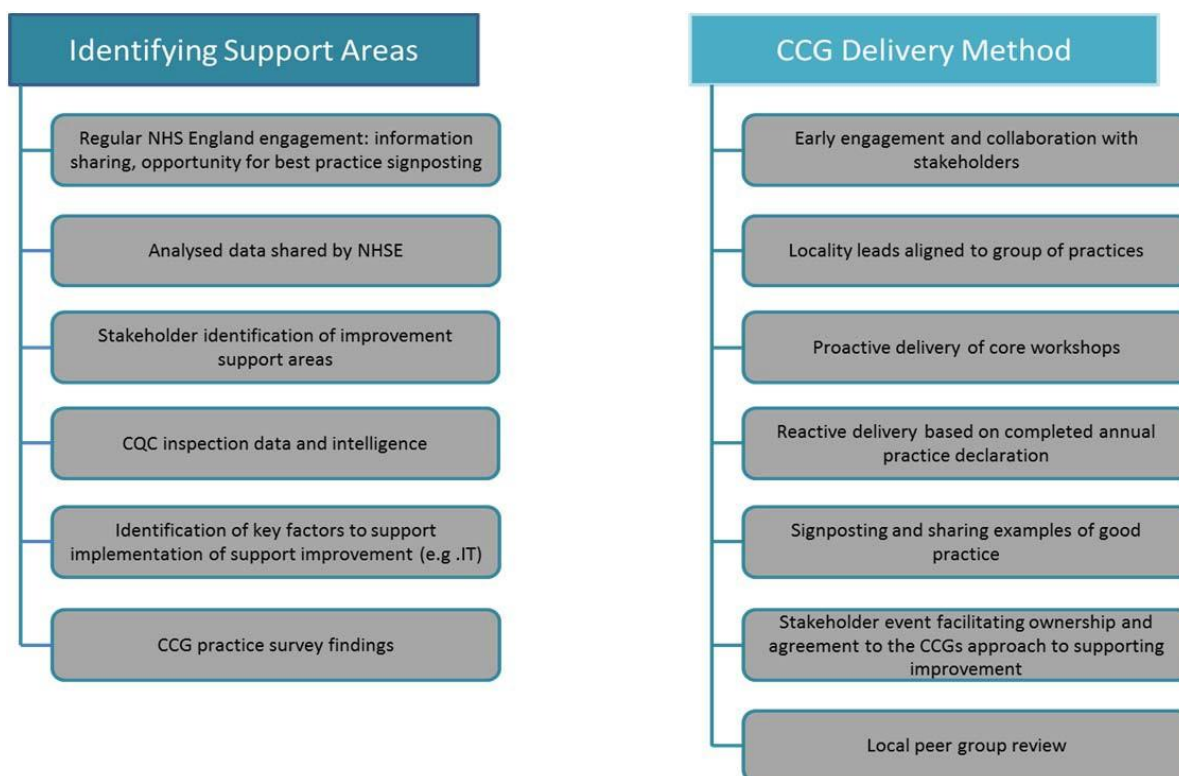
A Local Quality Contract (LQC) has been implemented from April 2017 to include services that go beyond those that practices are expected to provide under the GP contract. These services have been developed to fulfil the NHS Outcome Framework domains objectives, support the CCGs' strategic priorities, and in response to patient needs.

- CCGs' Primary Care and Quality Team, supported by the Locality Managers, GP Education and Practice Development Leads are the identified leads for improving the quality of general practice.
- There is Primary Care Support alongside a Locality Lead with specific responsibilities around identifying needs, monitoring progress and providing the support needed to ensure continuous quality improvement in their locality for all general practices in their area.
- The Locality Clinical Lead is an elected GP from the locality who also sits on the Locality Members Forum and is entitled to attend the CCGs Board.
- Every GP Practice is represented on the Locality members' forums and at Locality Management Teams. There are also separate Practice Nurse Forums and Practice Managers' Forums. The locality clinical leads with the locality management teams may review quality information from various sources.
- Joint working between Primary Care and Quality Team, will enable the effective delivery of the general practice support framework.

- Primary Care Quality issues also feed into the Quality Team agenda with supporting actions identified and fed back to respective localities.

**The CCGs are not responsible for the following:**

- Performance and contract management of practices. This is the responsibility of the NHSE area team ;
- Identifying improvement intervention needed;
- General practice estates management;
- Training and development within the core contract;
- Practice accreditation, revalidation and performer’s list.
- The CCGs’ coordinated approach to supporting quality improvement within general practice will be through two elements as outlined below:



- The CCGs will work with its member practices to highlight the areas where the CCGs can best support and facilitate improvement and to initially seek to do this via protected learning time (PLT) wider group meetings.
- The CCGs will be able to offer advice and guidance to individual practices in matters concerning quality.

# **Future Developments**

- The Practice Nurse Facilitators support nurses in general practice to deliver high quality care and have a key role in the development of PLT. The Quality Team will further develop links with local HEI partners, NHSE, providers, Health Education England to support the development of the workforce of the future to deliver on the desired outcomes as identified within the strategic plan and beyond. The CCGs are committed to developing the commissioning workforce of the future and is working in partnership to become an accredited hub and spoke site for student placements.
- This quality strategy will help the CCGs in embedding quality into its “business as usual” by making quality the focus of every aspect of service.
- The CCGs will continue to learn new and sophisticated ways of ensuring quality assurance from a commissioning perspective and from best practice.
- For the quality strategy to be effective and successfully implemented further development needs to take place and is very much dependent on the CCGs’ ethos, values and actions of people matrix working across the CCGs’ system and at every level.
- This Quality Strategy is a live document and will be reviewed annually in line with the CCGs strategy and monitored through the CCGs Quality Committee to ensure momentum is maintained as it describes CCGs’ system.
- This quality strategy, the associated quality outcomes indicators agreed in commissioned services contract, CQC essential quality and safety standards etc. The analysis findings against the quality strategy demonstrated within the diagram below underpins the development of the quality work plan highlighting our agreed priorities for development over the next 12 months.
- The CCGs will continue to work with the LA to develop joint Quality Standards

The CCGs commit to:

- Putting safety first. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
- Continually learn. Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
- Being honest. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- Collaborating. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
- Being supportive. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress



## References

1. NHS England (2016) A framework for nursing, midwifery and care staff. <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>
2. NHS England (2014) NHS Five Year Forward View . <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
3. Health and Social Care Act (2012) [http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga\\_20120007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf)
4. Department of Health (2008 ) High Quality Care For All : NHS Next Stage Review final report. [https://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](https://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825).
5. Department of Health (2015) The NHS Constitution for England. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
6. NHS England (2016) National Maternity Review. Better Births. Improving outcomes of maternity services in England. <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>
7. NHS England (2017) Next Steps on the NHS Five Year Forward View. (Five Year Forward View). <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

## List of Abbreviations

CCG	Clinical Commissioning Group
LDS	Local Delivery System
CQC	Care Quality Commission
NHSI	NHS Improvement
QIPP	Quality, Innovation, Productivity and Prevention
BCF	Better Care Fund
MLCSU	Midlands and Lancashire Commissioning Support Unit
NHSE	NHS England
CQUIN	Commissioning for Quality and Innovation Framework
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
AHSN	North West Coast Academic Health Science Network
MIAA	Mersey Internal Audit Agency
JQC	Joint Quality Committee
EPEG	Experience and Patient Engagement Group
CQPG	Clinical Quality and Performance Group
QSG	Quality Surveillance Group
PDR	Personal Development Review
NICE	National Institute for Health and Care Excellence
LSCB	Local Safeguarding Children Board
SAB	Joint Safeguarding Adult Board
PPI	Patient Public Involvement
SMT	Senior Management Team
SLT	Senior Leadership Team
LQC	Local Quality Contract
PLT	Protected Learning Time