NHS BURY CLINICAL COMMISSIONING GROUP QUALITY STRATEGY

2014-2019

Version 7

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1.0 Introduction

What is quality?

In March 2011, the Department of Health published the NHS Constitution. It sets out the guiding principles of the NHS and peoples' rights as an NHS patient.

The seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

1.1 NHS Values - Working together for patients

Respect and dignity

Every individual who comes into contact with the NHS and organisations providing health services should always be treated with respect and dignity, regardless of whether they are a patient, carer or member of staff. This value seeks to ensure that organisations value and respect different needs, aspirations and priorities and take them into account when designing and delivering services. The NHS aims to foster a spirit of candour and a culture of humility, openness and honesty, where staff communicate clearly and openly with patients, relatives and carers.

Commitment to quality of care

The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience. Quality should not be compromised – the relentless pursuit of safe, compassionate care for every person who uses and relies on services is a collective endeavour, requiring collective effort and collaboration at every level of the system. The delivery of high quality care is dependent on feedback: organisations that welcome feedback from patients and staff are able to identify and drive areas for improvement.

Compassion

Compassionate care ties closely with respect and dignity in that individual patients, carers and relatives must be treated with sensitivity and kindness. The business of the NHS extends beyond providing clinical care and includes alleviating pain, distress and making people feel valued and that their concerns are important.

Improving lives

The core function of the NHS is emphasised in this value – the NHS seeks to improve the health and wellbeing of patients, communities and its staff through professionalism, innovation and excellence in care. This value also recognises that to really improve lives the NHS needs to be helping people and their communities take responsibility for living healthier lives.

Everyone counts

We have a responsibility to maximize the benefits we obtain from NHS resources, ensuring they are distributed fairly to those most in need. Nobody should be discriminated or disadvantaged and everyone should be treated with equal respect and importance.

1.2 Commitment to quality of care

The NHS constitution is committed to ensuring high quality care is delivered and patients have a positive experience of care and have improved health outcomes as a result of their care experience.

In 2008 Lord Darzi described three Domains of quality (High Quality Care for All DH, 2008). These Domains frame the current way in which the quality of care is scrutinized. The Domains are:

- **Safety** of treatment and care provided to patients.
- **Effectiveness** of treatment and care provided to patients.
- **Experience** patients have of the treatment and the care they receive.

Additionally quality can be described as:

- **Right patient**
- **Right time**
- **Right intervention**
- **Right staff**
- **Right place**

The NHS Outcomes Framework reflects the vision set out in the White Paper. Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve.

For each domain, there are a small number of overarching indicators followed by a number of improvement areas. They focus on improving health and reducing health inequalities:

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 that people have a positive experience of care**
Domain 5	**Treating and caring for people in a safe environment; and protecting them from avoidable harm**

Domains 1, 2 & 3 relate to clinical effectiveness
Domain 4 relates to experience
Domain 5 relates to safety

2.0 Current Position

2.1 Introduction

The vision and commitment for commissioning and ensuring delivery of quality health care is embedded in Bury CCG's constitution, the governance arrangements and the day to day work at Bury CCG. One of Bury CCG's key strengths is its clinical leadership which puts safety, clinical effectiveness and patient experience at the centre of commissioning decisions. This strategy forms part of Bury CCG 2014-2019 Strategic Plan and Delivery Plan.

Context: Bury Demographic Indicators

Health outcomes in Bury are poorer than nationally and in some cases than the North West. Lifestyle factors are a major contribution to this for example smoking and alcohol consumption. Disease prevalence is in line with the North West average, but health outcomes in some areas are not as good. Life expectancy in the borough is still below the England average and this gap is widening. For males life expectancy is around 77.5 years, just over 1 year less than the England average at 78.6 years. For women life expectancy in Bury is 81.2 years, which is 1.4 years less than the England average of 82.6 years. Across the borough there are big differences in life expectancy. For men there is a gap of 10.8 years and 12 years for women, between the most and least deprived areas across the borough.

The diseases which cause the highest mortality in Bury are:

- Circulatory Disease (CVD)
- Stroke
- Respiratory Disease
- Cancer
- Alcohol Related Liver Disease

Bury has just under 1,800 deaths a year, with the main causes being cancer and circulatory disease, with respiratory disease also a main contributor. Early death rates from heart disease and stroke have fallen but are still worse than the England average. Deaths from Liver disease are increasing.

Cancer treatment and access rates for screening are overall good, but there are groups who do not know how to access services and this may affect their outcomes.

Lifestyle choices are a major cause of poor health and health inequalities in Bury.

Equality Target Groups are not consistently accessing available services and targeted community development work must be undertaken to improve this.

Alcohol misuse is becoming a significant health issue for the population of Bury.

2.2 Assurance and Accountability

NHS England supports Bury CCG in delivering its responsibilities by seeking assurance on five areas of the Delivery Dashboard of the NHS Outcomes Framework; quality section, NHS constitution, outcome section, finance and authorisation. The quality section of the Delivery Dashboard had been reviewed quarterly during 2013-2014, there are no outstanding assurances sought to date.

Bury CCG's Governing Body has four members with responsibility for quality; an Executive Nurse, a Clinical Board Member, a Non-Executive Director for Quality and a Lay Nurse for Scrutiny. These positions, particularly the Executive Nurse position supports the Quality and Safeguarding Team within Bury CCG. The Non-Executive Director chairs the Quality and Risk Committee. Additionally the CCG purchases a quality product from Commissioning Support Unit.

2.3 Governance and Delivery

The CCG has a strong quality governance structure:

- The CCG Constitution
- Quality reporting within the Governing Body
- Quality and Risk Committee
- Executive Management Team
- Primary Care Quality Improvement Group
- Clinical Quality NE Sector meetings with key Providers
- Safeguarding Team
- Communications and Engagement strategy

Engagement with member practices:

- Membership of all local practices
- Sector Support Team within the CCG
- Sector Chairs, Sector Leads, Sector meetings
- Sector Chairs as members of the Governing Body
- Clinical Lead members of the Clinical Cabinet

Engagement with patients and the public:

- Patient Cabinet
- Chair Patient Cabinet member of the Governing Body
- Patient Cabinet presence at provider walk-arounds
- CCG involvement with Third Sector and voluntary services

Furthermore, Bury CCG has increasing access to high level data around quality, safety and serious incidents through NHS England's Area Team. Bury CCG are members of the following Greater Manchester committees which provide statistical evidence and analysis; and soft intelligence, with forums for discussion, learning and quality improvement for its members:

- Quality Surveillance Group
- Quality Collaborative
- Direct Commissioning Collaborative (Primary Care Quality)
- Infection Control and Prevention Collaborative
- CCG Nurses Collaborative
- Practice Nurse Collaborative

2.4 Francis Recommendations

The action plan has identified 40 standards that are relevant to commissioning organisations, each with a description of the standard, evidence of progress to date and a RAG rating of whether the standard is being met. Of the 40 standards, 37 are green and 3 are amber, with progress against the remaining 3 standards being made. There is an action plan which is updated quarterly.

2.5 Keogh Recommendations

There are 8 standards in the Keogh action plan, all standards are now achieved. There is an action plan that is updated quarterly.

3.0 NHS Bury CCG Quality Strategy

This strategy sets out our overarching aim, the 5 key priorities and the rationale for each. The strategy described the methods of delivery and the measures used to evaluate success.

Goal The goal Bury CCG has set out in the strategic plan is to 'continually improve Bury's health and wellbeing by listening to patients and working together across boundaries'.

Aim Bury CCG Quality and Safeguarding Team believe that the aim of Bury CCG is to 'deliver safe and effective care ensuring patient experience meets patient expectations'.

Bury CCG Quality Strategy is framed around the following five priorities:

Priority 1	**Patients will receive quality health care because all commissioning decisions will be quality assessed and approved**
Priority 2	**The quality and safety of care will be improved by *consistent* scrutiny and challenge of *all* health care providers by the CCG and by working collaboratively with all stakeholders**
Priority 3	**Health outcomes will improve though quality improvement measures and monitoring of outcomes**
Priority 4	**Patients will have a better experience of healthcare by ensuring providers are compliant with national recommendations**
Priority 5	**'No decision about me without me'. Patient experience will meet expectations by improved engagement with patients, partners and stakeholders**

3.1 Rationale

Priority 1	**Patients will only receive quality health care because all commissioning decisions will be quality assessed and approved**

The rationale for this priority is that we want to ensure that any decision made regarding a health care service change has gone through a rigorous process to assess the quality impact on the change. It is important that all commissioning decisions are evaluated for the quality impact prior to any change happening and that all risks have been identified and properly discussed and measured, so that an informed decision is reached. To do this a quality impact evaluation process, including the use of an appropriate tool will be developed. The introduction of this methodology will ensure that

service changes will measure the health outcomes for patients effectively and guarantee that decisions are made to improve quality and outcomes. The current position is that quality assurance does take place through discussion and evaluation, however this usually forms a qualitative view and thus can be influenced by personal opinion, but there are no metrics in place to consistently apply a process which balances opinion with quantitative data.

Priority 2	**The quality and safety of care will be improved by *consistent* scrutiny and challenge of *all* health care providers and by working collaboratively with all stakeholders**

The CCG currently evaluates different sources of information to form an opinion of the quality; thus safety, clinical effectiveness and patient experience of the services we commission. However this process is inconsistent and too heavily reliant on the information supplied by the healthcare providers. Additionally there has historically been increased scrutiny on larger providers and what has been viewed as higher risk interventions. However, this quality priority will ensure a consistent approach to quality surveillance of *all* healthcare providers, recognising that often our most vulnerable patients are cared for by small providers, providing low risk interventions, for example Care Homes.

Currently Bury CCG has close collaborative working with its partner CCG across the NE Sector, and with neighbouring CCGs in Stockport and Tameside and Glossop. NHS England Area Team has created effective lines of communication through their committees, called collaboratives, for quality. The rationale for this priority is that although the current working arrangements are established, they are not yet mature and the processes in development. It is vital that Bury CCG continues to effectively work together with our partners to deliver the priorities of this strategy and ensure better quality of care for patients and to proactively contribute to the development of collaborative working.

Priority 3	**Health outcomes will improve though quality improvement measures and monitoring of outcomes**

NHS England sets out in its strategic aims to provide a national level overview of how well the NHS is performing. The duty of the quality agenda is that care will be safer, clinically effective and that patients will have better and improved experience of health care. Additionally, the health outcomes for patients will improve as a consequence of working together as commissioners.

The CCG will work collaboratively with its core providers to monitor and improve existing outcome measures and where there are gaps, will develop new patient reported outcome measures - providing valuable information of the effectiveness of health interventions and procedures. By doing so, the CCG will ensure that commissioned services will: prevent people from dying prematurely; will enhance quality of life for people with long-term conditions and; will help people recover from episodes of ill health or injury.

Priority 4	**Patients will have a better experience of healthcare by ensuring providers are compliant with national recommendations**

There are many national recommendations which must be implemented to ensure health care is safe, effective and where patients have a good experience. Currently Bury CCG reviews the national guidance as it produced and seeks assurance from the providers that they have a plan in place and is progressing towards full compliance. The rationale for this priority is that the NHS continues to undergo wide reforms, systems continue to change and the quality agenda is a top priority due to widespread failings over the past decade. Bury CCG must have assurance that the providers deliver the nationally recommended standards of quality in all their services.

Priority 5	**'No decision about me without me'. Patient experience will meet expectations by improved engagement with patients, partners and stakeholders**

A fundamental value of the NHS Constitution is that patients and the public must have a say about the health care they receive. Although engaging with patients and the public is not a new idea, it can be difficult to achieve, particularly though periods where there is a fast pace of change. NHS Bury currently has a robust engagement strategy and has made good progress towards patient and public involvement. The rationale for this priority is that engagement around the quality agenda is vitally important. Patients and the public demonstrate great interest in the quality of the services commissioned and what experience of healthcare feels like. Furthermore they are the people who can provide rich and meaningful insight into the quality of services as they are those in receipt of the care Bury CCG commissions. The quality team will continue to build on the engagement work already in progress and find more consistent ways of engagement around the quality agenda.

3.2 Methodology, Output and Key KPIs for each Priority

Priority 1 - Patients will receive quality health care because all commissioning decisions will be quality assessed and approved	
Methodology for achieving	The team will develop a quality assurance tool which will be used consistently when commissioning decisions are made. The quality assurance tool is communicated to the following groups: The Governing Body The Executive Management Team Clinical Cabinet Clinical Workstream Leads Commissioning Leads
Output measures of success	1. Tool developed 2. Everyone has awareness of tool and understands how and when to use it 3. All changes which affect patients are quality assured 4. All risks are clearly identified and articulated 5. Risk register is accurate and reflects risks 6. All stakeholders are aware of process and rationale
Outcome measures of success **Review dates** **01.04.15** **01.09.15** **01.04.16** **01.09.16**	1. 100% commissioning team are aware of process 2. 95% of schemes that tool is used 3. 95% of schemes quality approved 4. All quality rejected schemes have a rationale

Thereafter to be decided	5. There is an evaluation of process after 12 months

Priority 2 - The quality and safety of care will be improved by consistent scrutiny and challenge of health care providers and by working collaboratively with all stakeholders	
Methodology for achieving	A clear description of what is to be measured will be identified
Output measures of success	1. A register of all providers will be held 2. The process for measuring quality will be strengthened and consistently applied 3. All forms of intelligence will be triangulated Performance Incidents Complaints Patient feedback / surveys 4. All external intelligence will be reviewed TDA, Monitor, CQC, NPSA, NHS England, StEIS 5. The Quality Team will be members of the following bodies: GMAT Quality Collaborative GMAT Quality Surveillance Group GMAT Direct Commissioning Collaborative 6. Bury CCG will participate in the quality agenda for not only Bury CCG but on a wider footprint, particularly participating in debate, process and learning from and sharing learning with GMAT
Outcome measures of success **Review dates** **01.04.15** **01.09.15** **01.04.16** **01.09.16** **Thereafter to be decided**	1. Bury CCG will have an accurate, current database with information about safety, clinical effectiveness and patient experience for all of the services it commissions 2. Bury CCG will have an accurate opinion on the quality of services delivered from our neighbouring providers where our population may receive healthcare 3. The Quality Team will attend the collaborative 90% of the time 4. The Quality Team will continue to lead work with the local providers within the Clinical Quality Meetings and other meetings 5. The Quality Team will collaboratively develop 100% of the agendas for each core provider quality meeting 6. The Quality Team will collaboratively agree an annual work-plan of focus areas for each core healthcare provider 7. The CCG will work collaboratively with the other North East Sector CCGs, the Commissioning Support Unit and core healthcare providers to ensure that following serious incidents, lessons are learnt once 8. The Quality Team will work collaboratively with the Infection Prevention

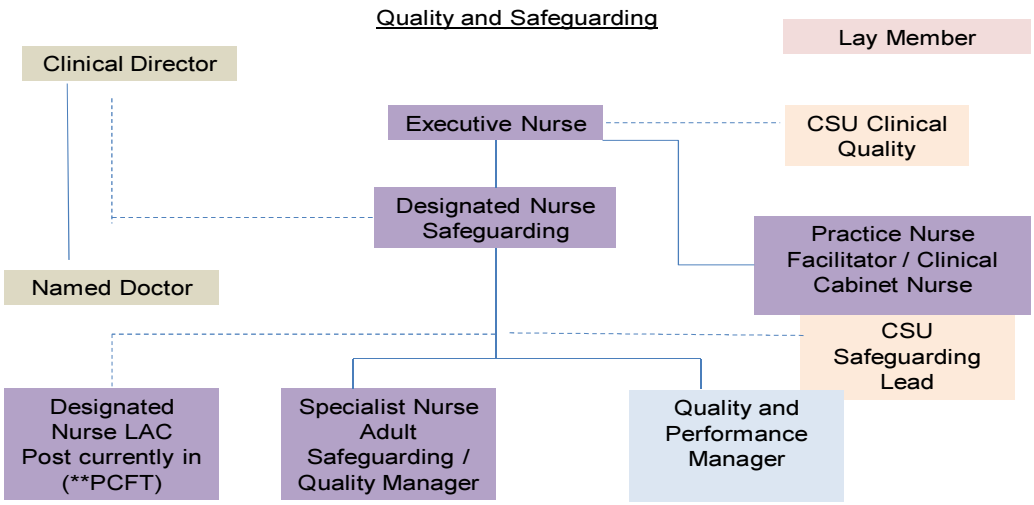
	and Control Team - to identify the sources of infection of MRSA and C Difficile – ensuring that incidence remains with target levels.

Priority 3 - Health outcomes will improve though quality improvement measures and monitoring of outcomes	
Methodology for achieving	Health outcomes will be clearly identified and linked to the ambitions in the CCG strategic plan.
Output measures of success	1. Prevention of premature deaths 2. Quality of life for people with long term conditions 3. Quick recovery from ill health 4. Great experience of care 5. Safe care
Outcome measures of success **Review dates** **01.12.14** **01.06.15** **01.12.15** **01.06.16** **Thereafter to be decided**	1. Outcome measures: Prevention of premature deaths – 3.2% annual reduction Quality of life for people with long term conditions – EQ-5D score, improve dementia diagnosis by 0.67% 14/15 and 0.68% 15/16 Quick recovery from ill health – reduction in emergency admissions 5% 14/15, 15% 15/16, 2%16/17 Great experience of care – reduce the proportion of people reporting poor experience of GP and OOH care by 0.3% per year. Reduce the proportion of people reporting poor experience of in-patient care by 1% per year Safe care – CDI are MRSA cases within trajectory 2. Quality premium achievement plan will be developed 3. The Quality Team will work collaboratively to develop and monitor provider CQUINs

Priority 4 - Patients will have a better experience of healthcare by ensuring providers are compliant with national recommendations	
Methodology for achieving	Current national recommendations: Francis, Berwick, Keogh, Cavendish, Winterbourne reports
Output measures of success **Review dates** **01.12.14** **01.06.15** **01.12.15** **01.06.16** **Thereafter to be decided**	There will be an up to date CCG action plan for each report, both current and as they are published The Quality and Risk committee will support the Quality Team in producing an action plan and reviewing compliance against the plan The Governing Body will ratify all plans The Quality Team will seek assurance from all providers about their plans and compliance to national recommendations All plans from providers will be critically appraised for completeness and assurance will be sought that plans are embedded within the organisation and become usual custom and practice Walkarounds to clinical areas will provide a platform to test compliance to national recommendations Bury CCG Quality Team will contribute when appropriate to national guidance through membership of GM collaboratives, by working with academic institutions when opportunities arise and through national projects, discussion, webinars
Outcome measures of success	100% national reports with quality recommendations will have an action plan written within 3 months of publication 100% of action plans will be scrutinized by the Quality and Risk Committee 100% of action plans will be ratified at the Governing Body 100% of action plans will be reviewed annually by the Governing Body Action plans will be shared with stakeholders as appropriate

Priority 5 - 'No decision about me without me'. Patient experience will meet expectations by improved engagement with patients, partners and stakeholders	
Methodology for achieving	Develop a quality engagement plan
Output measures of success	Use of existing patient experience information to assess quality of existing provision Identifying gaps in patient experience information and addressing this through focused patient / service user surveys Use of focused consultations with patients / service users / carers Use of 'citizen's jury' type methodologies to meaningfully involve patients and public in complex service redesign Use of patient reps (e.g. patient cabinet members) working directly alongside service redesign and clinical leads Use of patient / service user / carers groups to help specify quality & safeguarding related standards in service specifications Use of patient panels working alongside commissioner panels in assessing tenders / interviewing potential providers Ongoing monitoring of patient experience information Triangulation of patient experience information through patient surveys and the like with PALs / Complaints information Use of patient / carers to support CQUIN development Patient / public involvement in service walkabouts 'Mystery shopper' type exercises Promotion of pals / complaints pathways (current low uptake by Bury patients) Critical analysis of current standard patient experience methodologies e.g. patient satisfaction surveys may be convenient to deliver but often provide little useful insight across a range of dimensions of quality (e.g. Access; Communication; Timeliness;
Outcome measures of success **To be agreed / developed**	Bury residents will know and understand the CCG's quality strategy. Bury residents will feel engaged and able to contribute to decisions about their local health services.

4.0 Staffing Structure for Quality and Safeguarding Team



5.0 National Quality Indicators and Drivers

5.1 Domain 1 of the Balanced Scorecard requires close surveillance of the following indicators:

- Has local provider been subject to enforcement action by the CCG?
- Has local provider been subject to enforcement action by the NHS TDA based on 'Quality' risk?
- Do provider level indicators from the National Quality Dashboard show that: MRSA cases are above zero?
- Do provider level indicators from the National Quality Dashboard show that: the provider has reported more CDI cases than trajectory?
- Does the provider currently have any unclosed SUIs
- Has the provider experienced any 'Never Events' during the last quarter?
- Does the CCG have any outstanding conditions of authorisation in place on clinical governance?
- Are there any concerns around quality issues being discussed regularly by the CCG governing Body?
- Are there any concerns around arrangements in place to proactively identify early warnings of a failing service?
- Are there any concerns around arrangements in place to deal with and learn from SUIs and Never Events?
- Are there any concerns around being an active participant in the QSG?
- If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in place for dealing with such an event?
- Has the CCG self-assessed and identified any risk to progress its Winterbourne View action?

5.2 Quality Premiums

The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The maximum reward for the quality premium is £5 per head of population.

2014-2015 - There are 7 Quality Premium indicators

Preventing people from dying prematurely (15% of total premium)

Improving access to psychological therapies (15%)

Avoidable emergency admissions (25%)

Friends and family test and patient experience (15%)

Improved reporting of medication safety incidents (15%)

Further local measure (dementia diagnosis rate) (15%)

To achieve the quality premium incentives the CCG must also achieve the targets across 4 NHS constitution indicators. Failing to achieve each measure carries a penalty of 25% of the total quality premium achieved by performance against the indicators above.

2014-15 – Quality Premium NHS Constitution Indicators

Referral to treatment times (18 weeks) (-25%)

A&E waits (-25%)

Cancer waits – 14 days (-25%)

Category A Red 1 ambulance calls (-25%)

5.3 Commissioning for Quality and Innovation (CQUINs)

2014-2016 CQUINs:

National:

- FFT, including staff FFT
- National Safety Thermometer
- Dementia and delirium
- Improving physical healthcare to reduce premature mortality in people with Serious Mental Illness

AQUA – Advancing Quality (AQ) Incentives:

- AMI
- Heart Failure
- Hip & Knee Replacement
- Pneumonia
- Stroke
- CABG

COPD - new
Hip Fracture - new
Sepsis - new
Acute Kidney Injury - new
Diabetes - new
Alcoholic Liver Disease - new

Greater Manchester:

Reducing emergency admissions through integration
Clinical Effectiveness
TLP: Improving LD User Experience
Lessons Learned Once
Engagement
Academic Health Science Network - Improve collection of data in relation to medication errors:
Payment by Results, to incentivise providers to effectively implement Mental Health PbR in line with National requirements (PCFT MH only)
Clozapine prescribing, improve the safe use of Clozapine (PCFT MH only)
Partnership working between NHS organisations and GMP at a local and GM level (PCFT MH only)

Local PAHT:

Mortality
Shared Decision Making
Transition of care for young people into adult services

Local Community:

End of Life Dementia
Living Well Academy Partnership
Transition of care for young people into adult services

Local Mental Health:

Physical Health Checks for people with MH or LD
CAMHS Resource
Parental Mental Health
RAID - Year 3
Dementia Diagnostic and post Diagnostic Pathway
MH AQ – Dementia and Psychosis - new

6.0 Enablers to Success

The CCG is committed to improving outcomes for patients through high quality healthcare and therefore hold this as a priority for the organisation.

The Quality Team is committed to delivering its objectives in line with the CCGs and NHS England's expectations.

The Governing Body expect the CCG to have a full and in-depth understanding of the quality of care delivered to the local population and therefore challenge and scrutinize the information and data provided to them and challenge any statement made about the quality of care.

The patient cabinet are an active voice of the CCG, participating in Governing Body meetings, engagement meetings and walk-arounds therefore seeing firsthand the delivery of patient care, talking to those in receipt of care and challenging the Quality Team when standards fall below expectations.

The Quality Team work collaboratively with the NE Sector and with surrounding CCGs, thus supporting one another in working with local health care providers to challenge the quality of care and also implement processes that improve outcomes and experience for patients.

The CCG is a member of all the relevant GMAT Collaboratives which help to enable the Quality Team to benchmark local healthcare providers against other similar organisations, participate in all activities which question and drive up quality in health care.

The Quality and Safeguarding Team working closely with the local providers and believe that the providers are fully committed to delivering the best possible care they can, thus the relationship between providers and the CCG is good, open and transparent and have the same understanding about quality health care.

The CCG is able to use the nationally appointed bodies to assist with meeting the quality agenda, Care Quality Commission, Monitor, Trust Development Agency, National Institute of Clinical Effectiveness and National Institute for Innovation and Improvement.

6.1 Barriers to Success

The widespread reforms cause disruption, lack of continuity in processes, loss of organisation memory and delay in new processes becoming embedded, therefore there has been disturbance in quality surveillance across the whole health economy.

The infrastructure to deliver care to patients under Healthier Together, Making it Better across Greater Manchester will have widespread implications to due to the far reaching re-organisation of hospitals, community services and social services which put the delivery of quality health care at risk.

The CCG has a relatively small number of staff to deliver this quality strategy and will need to make efficient and effective use of the Commissioning Support Unit (CSU) to assist in its objectives.

This strategy is dependent on engagement with the local population and other stakeholders in understanding the quality of care provided, the needs of the local population and the expectations of services users. It is recognised that this will be a challenging and complex task for a small team.

7.0 Conclusion

This strategy is part of the CCG Strategic Plan and Delivery Plan and the aspiration is that the quality goals and objectives are embedded within usual commissioning activities within the CCG. This plan has short, medium and long term goals, and the timeframes for the long term goals are less well defined at this point in time. This document is used by the Quality Team to form the framework for the day to day work of quality surveillance and monitoring and also assists the Quality Team to support the CCG's to progress the overarching ambitions for ensuring that health outcomes for local people improve.