



## Quality Strategy

2019 - 2022

**PLEASE NOTE:** Whilst this document is largely complete, this version remains a working draft which is still being developed and written. There may be some gaps (identified with placeholders) and further editing to be undertaken. It is being shared at this stage to seek further comment and input.

VERSION HISTORY			
Version Number	Date	Author	Details of Update
0.1	13.06.2019	Elaine Moss	Quality Strategy for new strategic CCG
0.2	22.07.19	Elaine Moss	Additions following stock take with NHSE/I
0.3	27.07.19	Elaine Moss	Fomattting and Small changes following QSP review

REVIEW AND APPROVAL		
Date	Name	Position

**Next review date:**

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# Introduction

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The Clinical Commissioning Group (CCG) is committed to ensuring a high quality health service for our local population, but new treatments, growing levels of long-term conditions and increasing expectations mean that we have to prioritise how our precious NHS resources are deployed and ensure we allocate the resources available to us, so that maximum health benefits can be achieved overall.

As commissioners we plan and buy health care services for our local population and have a legal duty to do that within our allocated budget which will be increasingly challenging over the next few years. Meeting these challenges whilst maintaining and improving quality is essential for the sustainability of our NHS. Please see our Financial Strategy.

It has been said that “quality without efficiency is unsustainable, but efficiency without quality would be unthinkable”.

To ensure safe and effective care is commissioned and delivered we work as partners within the Integrated Care System (ICS) to improve health and change lives. As a single Strategic Commissioner this will enable us to build on the achievements previously implemented through the Memorandum of Understanding on shared quality governance with the combined 6 CCGs. We have a strong history of collaboration and delivery of improvements across Nottingham and Nottinghamshire through joint working. We will ensure this is built upon and not lost in our transition into a new way of working and organisation. Our role continues to be to commission for, monitor and share learning. Safety and safeguarding are paramount and central to delivering our accountability for quality services. As a member of the ICS, working closely with partners will enable us to improve patient experience, safety and effectiveness in areas that have previously been more challenging, for example:

- Working towards patients experiencing a more seamless service with less patient transfer between wards and services where there is no clinical benefit
- Reducing patient safety risks at the point of unnecessary hand overs
- Improving clear and consistent information and messages for patients
- Ensuring that a system wide approach is enacted when areas are under pressure to reduce the likelihood of poor patient experience and an adverse effect on patient outcomes
- Further improvements in system wide Equality and Quality Impact assessments (EQIAs) and actions
- Faster sharing of learning from feedback, incidents and investigations

Working across the ICS will enable improvements in the consistency of advice and information relating to quality of services for public and patients along with a consistent level of service quality commissioned across the Nottingham and Nottinghamshire footprint. Using the ICS Outcomes Framework will be integral to CCG decision making, service assessments and clarity of information sharing with patients. We will maximise the opportunity to do things once through working with the Integrated Care Partnerships (ICPs) and Primary Care networks (PCNs), share learning and intelligence to enable quicker implementation of improvements.

Our mission is to improve the health and wellbeing of our residents through commissioning for and monitoring the achievement of outcomes of care as part of the ICS.





There are three overarching domains to quality:

- Patient safety (the safety of treatment and care provided to patients)
- Patient experience (the experience patients have of the treatment and the care they receive)
- Clinical effectiveness (measured by both clinical outcomes and patient-related outcomes)

Quality is only achieved when all three domains are met. To ensure patients have a good experience in our commissioned services the values and behaviours of those working in our organisation need to remain focused on safe and effective care. We will embrace and nurture a culture of open and honest cooperation in order to ensure that CCG and ICS quality outcomes are met. To achieve this we will develop our staff through our Organisational Development Strategy in order to achieve the three domains. We will also ensure user/public engagement is integral to service changes and the further development of outcome measures (please see the Communication and Engagement Strategy).

This strategy sets out how we will ensure quality is at the heart of commissioning.



# Quality Statement

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We are committed to ensuring that a high quality, person centred approach is at the heart of everything that we do

We will always champion quality as a central principle, demonstrating that it should and can be maintained and improved alongside financial sustainability.

We will provide clarity and consistency by using a shared view of quality and aligning our expectations.

We will listen, involve and act on the views of the public and people who use services, understanding and measuring their views of the quality of services, being transparent about how their views have shaped services.

We will work to eliminate discrimination, advance equality and share the belief that equality and diversity is about the recognition of difference in its widest sense.

We will tackle health inequalities for all patients, communities and the NHS workforce.



# What does quality mean to us?



Fig 1 – A single shared view of quality (National Quality Board 2016)

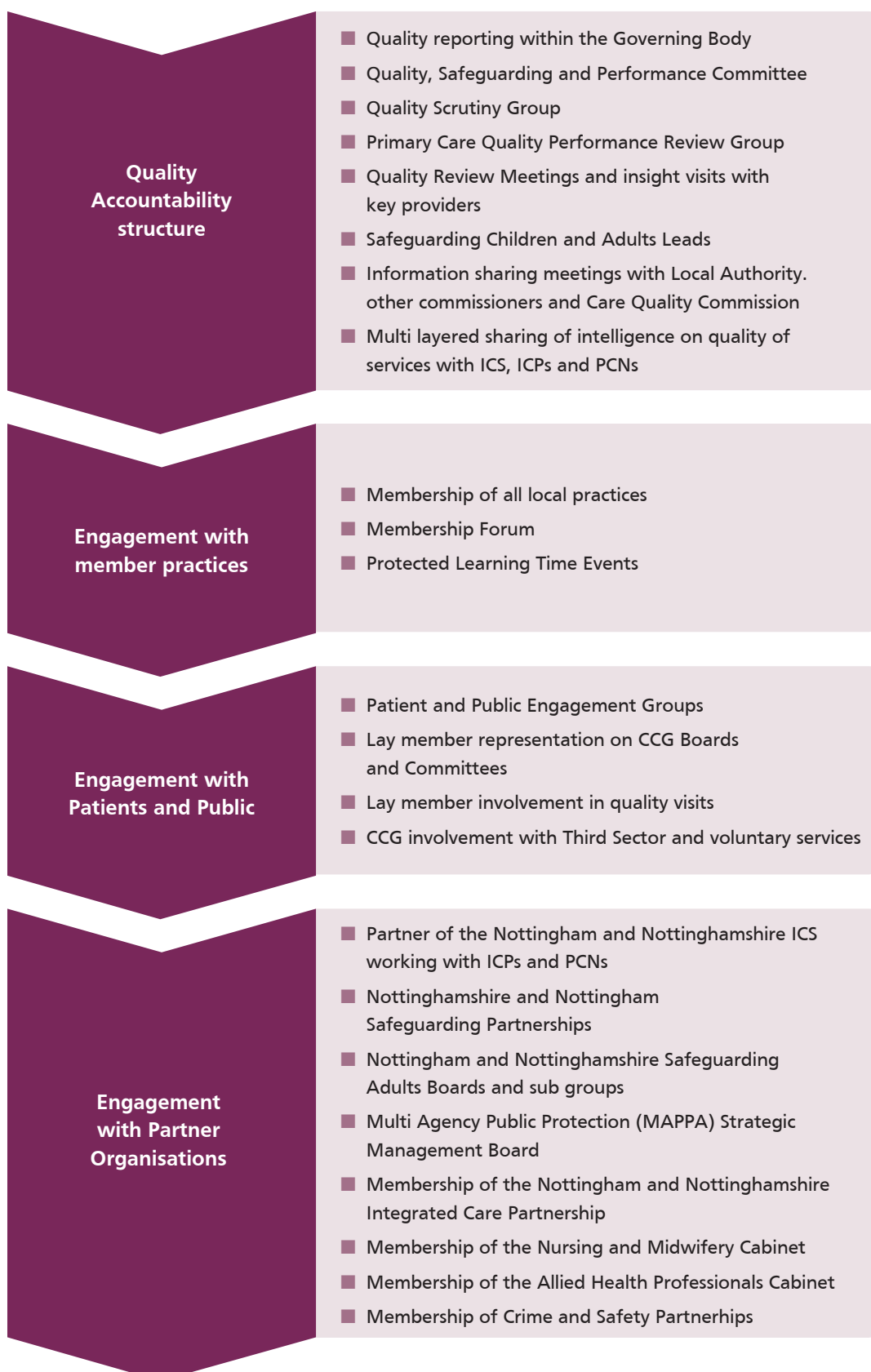
We know that quality as pictured here must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care. We will build upon our current position to continually improve our approach to quality for people who use our services.

WHAT PEOPLE WHO USE OUR LOCAL HEALTHCARE SHOULD EXPECT	
<b>Safety</b>	People are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
<b>Effectiveness</b>	People’s care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
<b>Positive experience</b>	<b>Caring:</b> staff involve and treat you with compassion, dignity and respect. <b>Responsive and person-centred:</b> services respond to people’s needs and choices, enable them to be equal partners in their care.

WHAT QUALITY MEANS FOR THOSE WE COMMISSION TO PROVIDE SERVICES	
<b>Are well-led</b>	CCG and provider services are open and collaborate internally and externally and are committed to learning and improvement.
<b>Use resources sustainably</b>	We will work in partnership with ICS partners to ensure providers use their resources responsibly and efficiently, providing equitable access to all, according to need, and promote an open and fair culture.
<b>Equitable for all</b>	The CCG and providers will work together to ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

# Quality Governance and Accountability

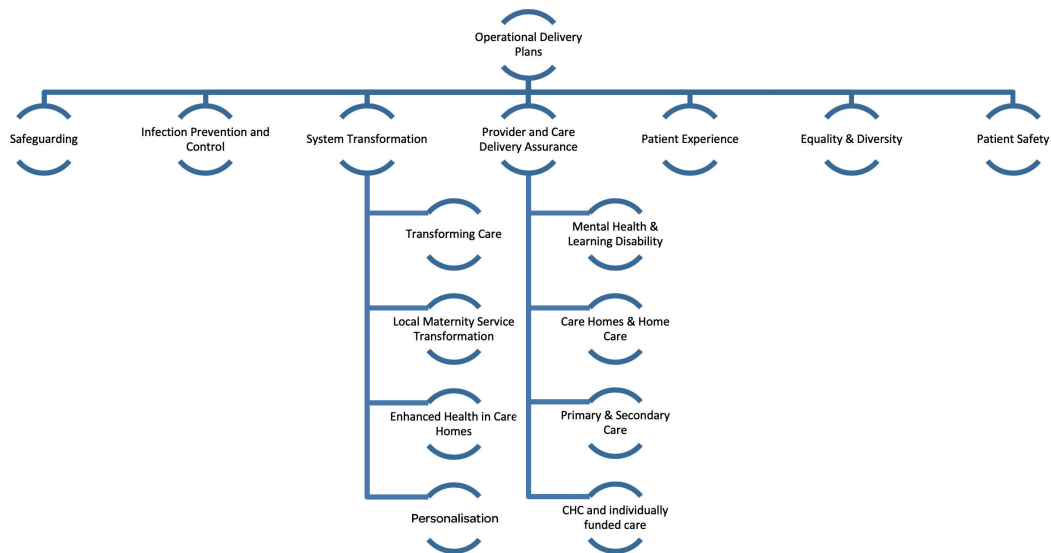
The CCG has a strong quality governance structure:





# Operational Delivery Plans

Each strand of the Quality agenda is implemented through locally defined strategies and operational delivery plans.



## Quality Assurance and Improvement

We collate and analyse information from a range of sources to ensure that safe, effective and caring health services are commissioned and delivered for our local population. Triangulation of data provides a robust picture of service quality and enables us to share relevant findings with providers and other commissioners as well as taking action when appropriate. The CCG works with ICS partners to promote a culture of openness and transparency where mistakes are learnt from and inform service improvements.

The quality of a service is monitored through provider quality review meetings, incident reporting mechanisms and quality insight visits in conjunction with the relevant ICP/PCN. For care homes we work collaboratively with local authorities to assess and share intelligence on the quality of services within nursing homes. Collaborative working supports improved intelligence, sharing of lessons and removes duplication. Where there are significant or wide ranging concerns about providers the CCG instigates an internal quality/ risk review to identify further action to be taken including escalation to the Care Quality Commission, other regulators and commissioners.

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### Transforming Services Using Patient Feedback

Involving patients, the public and carers is vital to achieving our aim of ensuring that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can. Understanding what really matters to local people in their health and health services and involving them as active partners in decisions that may affect them is key to designing and assessing quality services. We ensure the patient voice is integral to our reviews and clinical pathway designs through patient stories, a wide range of engagement activities, complaints, Patient Advice and Liaison (PALS), Patient and Public Engagement Committees (please see Communications and Engagement Strategy page 16).

### Personalisation

Personalising care is key to delivering future improvements in the quality of services in Nottingham and Nottinghamshire. We are an exemplar site for personalisation and our vision is to:

- Maximise independence, good health, and wellbeing throughout people's lives, shifting the focus from 'what is the matter with you' to 'what matters to

To achieve this vision we will support a culture where a different, person-centred conversation is the norm and people are recognised as equal partners. As commissioners we will embed this requirement within all service specifications as part of contracting and commissioning.

# Patient Experience

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The Clinical Commissioning Group is committed to listening and responding to any issues that our service users want to raise in order to identify areas where we are doing well and any areas that may need improving.

The Patient Experience Team offer confidential advice and support on

health-related matters for patients, their families and carers and are key enablers in improving patient experience. Patient narratives are gathered and presented to CCG committees and Boards to ensure that the CCG remains focused on the experiences of patients.





# Safeguarding Adults and Children

All NHS and commissioned services have a key role to play in safeguarding and promoting the wellbeing of adults and children at risk of abuse or neglect. Safeguarding is a collective responsibility and a statutory duty. The CCG is a statutory partner of Nottingham and Nottinghamshire Safeguarding Adult Boards and a Safeguarding Children Partner in the new safeguarding arrangements. We are bound by their respective safeguarding policies and procedures.

The Accountable Officer is the Vice Chair of the Nottinghamshire Safeguarding Adults Board (NSAB) and the Safeguarding Adults Review Group.

## **An adult at risk is defined as:**

An adult over the age of 18 who; has needs for care and support (whether or not the Local Authority is meeting any of those needs), is experiencing, or at risk of abuse and/or neglect and as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

A child is defined as any person under the age of 18 years.

**Abuse can be a single or repeated act or lack of appropriate action, which causes harm or distress.**

**It happens in many forms:**

- Physical abuse
- Emotional/psychological abuse
- Sexual abuse/exploitation
- Neglect and acts of omission
- Discriminatory abuse
- Domestic abuse
- Financial or material abuse
- Forced marriage
- Honor-based violence
- Hate crime
- Human trafficking /modern slavery
- Organisational abuse
- Inappropriate restraint

The CCG is committed to all policies, procedures and practices which safeguard and promote the wellbeing of adults at risk of abuse and/or neglect. The CCG works in partnership with the Nottingham and Nottinghamshire Safeguarding Boards/ Partnerships to ensure that safeguarding runs as a golden thread throughout commissioned services and supports learning and service development as a result of Safeguarding Adults Reviews, Serious Case Reviews (children) and Domestic Homicide Reviews. The CCG has identified leads for adults and childrensSafeguarding. The CCG has performance and assurance controls in place for healthcare providers and commissioner to ensure that best practice standards are maintained and improved and publish an annual report.

# Equality and Diversity

## The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. The Equality Act 2010 aims to create “a society built on fairness and respect where people are confident in all aspects of their diversity.”

The Equality Act brings together over 116 separate pieces of legislation into one single Act; the main provisions of this Act came into effect on 1 October 2010. The Equality Act states that it is against the law to discriminate against anyone because of:

- age
- being or becoming a transsexual person
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion, belief or lack of religion/belief
- sex
- sexual orientation

These are referred to as ‘protected characteristics’. The Act also protects people from being discriminated against because of their caring responsibilities.

## What are the Public Sector Equality Duties

The public sector equality duty in section 149 of the Equality Act 2010 places a duty on public authorities such as the CCG to:

- Eliminate discrimination and any other conduct that is prohibited by or under the act. This includes harassment, victimisation, and discrimination against whistleblowers.
- Advance equal opportunities by:
  - (a) Removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - (b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - (c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### As a CCG we are required to:

- Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable.
- Publish information to demonstrate its compliance with the public sector Equality Duty at least annually.
- Publish information ‘in a manner that the information is accessible to the public.’

## Equality and Quality Impact Assessments (EQIA)

An Equality and Quality Impact Assessment (EQIA) is a way to assess the impact of new or existing policies and services on particular groups of people, to find out if there is a positive or negative outcome and make reasonable changes where possible. It is an opportunity to identify possible disadvantages, decide if they are discriminatory and the extent to which discrimination can be eliminated, minimised or justified. We will work within the ICS to ensure that all impacts are assessed.

## Accessible Information Standards

From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.

One of the fundamental principles of the Accessible Information Standard is that patients, service users, carers and parents should be asked to self-define their information and / or communication support needs, and it is these needs (and not their disability) which should be recorded. The CCG is mindful that people without any disability, impairment or sensory loss, but who do not speak or read English – because they use a different language – may need reasonable adjustments but are not included in the scope of the Standard.

Steps MUST be taken to ensure that communication support and information in alternative formats can be provided promptly and without unreasonable delay. This includes making use of remote, virtual, digital and telecommunications solutions.

## CCG Equality and Diversity Statement

The CCG is committed to promoting and embedding a culture of Equality and Diversity within all areas of the work we do; for our staff, service users and the local population. The culture within the CCG is underpinned by the core values of the NHS Constitution including respect and dignity, compassion and inclusion.

### Our commitments:

1. Equality and Diversity Statement - The Nottingham and Nottinghamshire CCG will pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioner's of services and as employers.
2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.



### For Staff

- Ensure staff fully understand the principles of equality, diversity and inclusion
- Empower our staff to challenge prejudice and make reasonable adjustments in their own work areas
- Provide opportunities for staff to share their experiences and opinions and enable staff to raise concerns when discrimination occurs
- Ensure that the environment in which our staff work which is free from unlawful discrimination
- Provide leadership which promotes a culture of equality, diversity and inclusion which runs as a golden thread through mainstream business
- Protect people from discrimination and ensure all our undertakings consider the impact on the protected characteristics as detailed in the Equality Act 2010 (details on p7)
- As employers we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

## Health Inequalities

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Health inequalities are not only apparent between people of different socio-economic groups — they exist between different genders, different ethnic groups, and the elderly and people suffering from mental health problems or learning disabilities also have worse health than the rest of the population.

The causes of health inequalities are complex, and include lifestyle factors — smoking, nutrition, exercise to name

only a few — and also wider determinants such as poverty, housing and education. Health inequalities are currently estimated to cost the NHS a total of at least £20 billion each year so it we are committed to constantly challenge where health inequalities can be reduced and greater equality established. We will work with partners with the ICS to address health inequalities.

## CCG Health Inequalities Statement

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**We will work with ICS partners to;**

- Reduce inequalities between patients with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.<sup>1</sup>

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/08/challenging-health-inequalities-report.pdf>

## How we aim to reduce health inequalities

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- We will ensure that we know our population and local needs, using RightCare, joint strategic needs assessments (JSNAs) and additional supporting data and evidence, such as local health profiles and qualitative sources.
- We will carry out evidence-based service reviews to ensure;
  - services are universal and reach all members of society
  - services are commissioned on the basis of need, ensuring the quantity and quality of services in deprived areas is adequate.
- We will work closely with the health and wellbeing boards (HWBs) and public health teams to develop and implement a shared health and wellbeing strategy.
- We will use expertise in the public health teams to ensure that we raise awareness and use commissioning mechanisms to positively influence the wider determinants of health, identifying where the integration of services would improve quality and reduce inequalities<sup>2</sup>
- We will use the Learning Disabilities Mortality Review (LeDeR) Programme to ensure that we learn from deaths that may have been prevented. We know that mortality reviews on their own are not sufficient to reduce health inequalities. But we will monitor the impact of mortality reviews, and how recommendations lead to improvements in service provision and, over time, reduce premature mortality.

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/12/hlth-inqual-guid-comms-dec15.pdf>



## Quality Strategy – Delivery Plan 2019/20

1. **Eliminate discrimination and advance equality**
2. **Tackle health inequalities for all patients, communities and the workforce**
3. **Ensure that there is high quality, person centred approach at the heart of everything that we do**
4. **Ensure there is a shared view of quality**
5. **Listen, involve and act on the views of the public and people who use services**

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this
1. Eliminate discrimination and advance equality	Work with ICS partners to assess the impact of new and existing services through developing a system-wide Equality and Quality Impact Assessment Process	Implement and embed an EQIA Framework across Nottingham & Nottinghamshire working with ICPs to ensure all partners are able to contribute to Equality and Quality Impact Assessments	Associate Director of Nursing & Outcomes	31 December 2019	Established process evidenced through completion of ICS & ICP EQIAs
		Evaluate & review a system approach to EQIAs working with the ICS Clinical Reference Group to make the relevant amendments	Associate Director of Nursing & Outcomes	31 March 2020	A system-wide EQIA process which is endorsed by the ICS CRG and evidence of completed system-wide EQIAs
	Ensure adherence to the Equality Act 2010	Publish information to demonstrate compliance and objectives with public Equality Duty annually	Corporate Governance Team	31 March 2020	Equality compliance available on the CCGs public website
		To continue to ensure that our staff fully understand the principles of equality, diversity, and inclusion	CCGs Accountable Officer	31 March 2020	Mandatory Training uptake, staff feel involved and listened to, evidence of EQIA within business cases, reviews, and papers
	Accessibility to Information	Work with the Communications & Engagement Team to review current information across Nottingham & Nottinghamshire CCGs aligning with accessible information standards 2016, ensuring providers have appropriate levels of information for local patients	Communication & Engagement Team / CCGs Patient Experience Manager	31 March 2020	
		Support the development of Carers Champion training across Nottingham & Nottinghamshire Primary Care Services	CCGs Patient Experience Manager	31 October 2019	Launch of Carers Charter and Training for PC services across Nottingham & Nottinghamshire
		Raise awareness and signpost to the CCGs patient experience team across partnership and third sector through continued stakeholder engagement even	CCGs Patient Experience Manager	30 November 2019	People will be aware of how to raise concerns and compliments
		Work with the LGBTQ community to gather feedback regarding their experience of accessing services	CCGs Patient Experience Manager	31 March 2020	Engagement work will be used to inform patient story and we will see changes in approach
2. Tackle health inequalities for all patients, communities and the workforce	Identifying and reducing unwarranted variation in commissioned services	Work with contracting and commissioning colleagues to systematically collate a range of data sets, triangulation of intelligence. Using evidence, intelligence and data sets to inform commissioning intentions and robust scrutiny of outcomes	Associate Director of Personalisation / Associate Director of Nursing & Outcomes	31 March 2020	Evidence of commissioning for outcomes. A single overarching view of outcomes and the areas for additional focus
		To work with ICS/ICP/PCN partners to respond to changing demography, technology and use of resources through the Population Health Management work stream	Associate Director of Personalisation / Associate Director of Nursing & Outcomes	31 March 2020	Involvement and contribution to the ICS PMH steering group and associated work streams
		Continue to raise awareness of sepsis throughout GP practices via updates at Practice Learning Events, dissemination of Health Education resources and communication on the use of the National Early Warning Score (NEWS2)	CCGs Head of Quality Assurance	31 March 2020	Improved utilisation of NEWS2
		Increase the nursing workforce within general practice through implementation of Nottingham and Nottinghamshire General Practice Nursing 10 Point Plan	Head of Professional Standards & Leadership	31 March 2020	Attracting new recruits, continued support for existing general practice nurses, increasing the numbers of nurses returning to practice
		Work with the ICS/ICP/PCN to embed the personalised care approaches as a key enabler to tackle health inequalities: <ul style="list-style-type: none"> <li>• People are supported to increase their knowledge, skills and confidence they benefit from better health outcomes, improved experiences of care and fewer unplanned admissions.</li> <li>• Social prescribing contributes to reducing health inequalities by increasing involvement with local communities.</li> <li>• Increasing people's level of choice and control, including through PHBs, can enable the system to respond to different backgrounds.</li> </ul>	Associate Director of Personalisation/ Head of Personalised Care	31 March 2020	Personalised care is included in service specifications, contracts, and SDIPs
		Improve performance against a trajectory for Annual Health Checks for people with learning disabilities, working with Primary Care to develop a service model that promotes a coordinated approach to health checks for those with LD	Head of Transforming Care	31 March 2020	Achievement of the AHC nationally defined targets
		Thematic learning from reviews undertaken through LeDeR programme	Head of Transforming Care	30 March 2020	Implementation of lessons learnt to improve practice or inform commissioning intentions
	Continued focus on addressing workforce issues common to all local health providers	Continue to be integral to the ICS Strategic Workforce Advisory Group	Associate Director of Nursing & Outcomes	31 March 2020	Commissioning voice as part of the ICS/ICP workforce planning. Solid understand of current plans and how this aligns with new models of care
		Continue to use workforce intelligence from providers as part of routine quality assurance and oversight	CCG Head of Quality Assurance	Ongoing	¼ reports from providers via Schedule 4. Workforce as part of routine quality discussions and triangulation of performance and quality through an IBR

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this
3. Ensure that there is high quality, person centred approach at the heart of everything that we do	Increased focus on personalisation of care to ensure that everything we deliver is person centred.	To work with ICS partners to embed the ICS System Level Outcomes Framework by developing a coherent approach to measuring and reporting the outcomes within the framework	Associate Director of Nursing & Outcomes	31 March 2020	An Outcomes Framework which informs all commissioning and contracting discussions
		To continue to advance as a Personalised Care (PC) exemplar site through the MOU with NHSE/I to: <ul style="list-style-type: none"> <li>Deliver the targets set out in the MOU to expand PC</li> <li>Deliver against the 21 requirements as set out in the NHSE Universal Personalised Care – implementing the comprehensive model.</li> <li>Work with ICS/ICP/PCN partners to embed PC as per the requirements and priorities in the NHS Long Term Plan</li> </ul>	CCGs Head of Personalised Care	31 March 2020	NHSE MOU targets have been achieved and plans are in place to continue expansion in 20/21
		The CCGs will work in partnership with the ICS Universal Personalised Care Programme to develop and implement a plan for universal personalised care. Ensuring the CCGs are delivering and meeting their requirements to deliver the transformation	CCGs Head of Personalised Care	31 March 2020	A project plan is in place, targets are being delivered and outcomes achieved
		To develop a commissioning toolkit for all commissioners, to support the CCGs to embed personalised care.	CCGs Head of Personalised Care	30 June 2019	A toolkit is in place, commissioners are informed and using the toolkit as a mechanism to shift to commissioning to deliver PC
		Continue to increase the number of Personal Health Budgets (PHBs), in line with the NHSE MOU targets of 2,900, focussing on priority areas, as per right care priorities and the long term plan: S117; personal wheelchair budgets; transforming care; mental health/Personality disorder and cancer	CCGs Head of Personalised Care	31 March 2020	2900 PHBs in place with plans to continue to expand and NHS providers are working with the CCGs to develop a PHB offer
		To ensure mechanisms are in place to improve and quality assure personalised care and support plans (PCSP) to ensure the inclusion of health outcomes and the key features of PCSP are met (as per the ICS quality framework).	CCGs Head of Personalised Care	31 March 2020	A clear reporting line with all partners is in place with assurance that PCSP is being delivered in line with the quality framework.
		To develop and offer Personalised Care Plans for 95% of pregnant women by 2021, including the support and training of the workforce to adopt approaches	Local Maternity & Neonatal System PMO Team	31 March 2021	PCP embedded across maternity services. Service User and Staff engagement and utilisation. Implementation plan for delivery
		To offer more creative approaches and support to people with learning disabilities or ASD, ensuring they all have a personalised conversation and care and support plan and the use of PHBs and integrated personal budgets. Develop a plan with our ICS partners to develop a market which enables creative solutions to meet outcomes through a budget	Head of Transforming Care / CCGs Head of Personalised Care	31 March 2020	Increase in the number of PHBs used to create long term solutions. Service User engagement
		To work towards the <a href="#">10 aspirational commitments</a> to support action of nursing midwifery and care staff across Nottingham & Nottinghamshire to help us focus addressing unwarranted variation have help demonstrate the Triple Aim Outcomes	Associate Director of Nursing & Outcomes	31 March 2020	Head of Professional Standards & Leadership working across the CCGs and ICS to describe a Nottingham & Nottinghamshire Leading Change Adding Value Plan
	Promotion of shared decision making (SDM), self-care, increasing independence and support for carers	Work with commissioned services to gain assurance regarding the inclusion of SDM within care and treatment decisions and agree the quality indicators to evidence implementation. Including: <ul style="list-style-type: none"> <li>'Right by you' Macmillan cancer programme to embed SDM in one or two areas of the acute pathway</li> <li>Planned care commissioners and ICS/ICP/PCN partners to expand SDM in the MSK pathway</li> <li>SDM, health literacy, and training to the maternity workforce</li> </ul>	Head of Personalised Care / CCGs Head of Quality Intelligence	31 March 2020	Quality schedule will reflect appropriate SDM indicators
		Create opportunities for sharing of best practice approaches for supporting carers including the development of a Carers Charter for use across Nottingham & Nottinghamshire Primary Care Services.	CCGs Head of Quality Assurance / Personalisation		Launch of Carers Charter and Training for PC services
		Create opportunities and a plan for the sharing of best practice approaches and joining up around the carer to ensure a person centred approach, reducing duplication, best use of resources that supports carers. This includes further development of PHBs for carers to have a break to increase the use of direct payments to 40%.	CCGs Head of Quality Assurance / Personalised Care	March 2020	A plan is in place and being implemented.
		Contribute to system-wide development of the ICS Mental Health Strategy Implementation	CCGs Head of Quality Assurance / Associate Director of Nursing & Outcomes	Ongoing	
		Develop an aligned CHC strategy and process, outlining statutory CHC responsibilities to maximise integration and a person centred approach across CHC, jointly funded (JF), S117 and all individually funded packages of care.	Associate Director of Personalisation	31 March 2020	A single vision and approach for CHC
		Host and actively participate in the Local Maternity & Neonatal System Transformation and associated work streams. This includes: <ul style="list-style-type: none"> <li>Improving our Choice offer</li> <li>Piloting Continuity of Carer models</li> <li>Implementing and embedding Saving babies Lives Care Bundle V2</li> <li>Creating a system-wide approach to safer care and improved outcomes</li> <li>Responding to Better Newborn Care recommendations</li> <li>Ensuring a digitalised approach with improved accessibility</li> <li>Agreeing local transformation plans and service specification</li> </ul>	Associate Director of Nursing & Outcomes	Ongoing	Improve choice and personalisation, 35% of women receiving continuity of the person caring for them throughout their whole pregnancy pathway, access to digital records and information, a reduction in the rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020/21
Host and actively participate in the Transforming Care Partnership and associated work streams. This includes: <ul style="list-style-type: none"> <li>Reviewing placements and supporting everyone who is inappropriately in hospital to move to community based support.</li> <li>Agreeing local plans to ensure quality care and support services based on the model of good care.</li> </ul>	Associate Director of Nursing & Outcomes	Ongoing	Continued investment in community support so that by 2023/24 there is 7/7 specialist MDT service & crisis care to support people in their communities. Progress in implementing a full 'Building the Right Support' provision: by March 2023/24 whereby inpatient provision will have reduced to less than half of 2015 levels		
Roll out of Enhanced Health in Care Homes, working with PCNs to share best practice and learning	CCGs Strategic Quality & Transformation Manager		A fully mature system-wide EHCH model demonstrating collaboration with partners including Care Providers to enhance the wellbeing of those living in Care Homes		

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this
		Strengthen and support delivery of CCGs objectives through amendments to care homes quality monitoring data in relation to Falls, End of Life care and unplanned admissions	Associate Director of Personalisation / Associate Director of Nursing & Outcomes	31 March 2020	Implementation of a Quality Assurance Framework across Nottingham & Nottingham plus a supporting Improvement Plan
		Contribute and respond to the ICS Clinical Services Strategy Review	Associate Director of Nursing & Outcomes	Ongoing	Strategic & Clinical Engagement & Involvement throughout the review
	To continue to be a statutory partner and to ensure that safeguarding is integral to commissioning Continue to strengthen CCG response to safeguarding adults and children	Continued professional leadership and expertise for Safeguarding children, Safeguarding adults, managing allegations against staff, PREVENT, MAPPA, IICSA	CCGs Head of Safeguarding	March 2020	Consistent approach to safeguarding adults and children including the development and embedding of the new Mental Capacity Act Bill 2019 and Liberty Protection safeguards
		To continue to promote a culture across Nottingham & Nottinghamshire where staff are able to report concerns. Incidents will be reported and investigated demonstrating a culture of no blame, learning and appropriate action for the organisation	CCGs Head of Safeguarding	Ongoing	
<b>4. Ensure there is a shared view of quality</b>	Develop an integrated shared approach to quality assurance with our ICPs/PCNs	Work with NHS commissioned services/ICPs/PCNs to strengthen Quality Assurance & Oversight across Nottingham & Nottinghamshire CCGs aligning reporting processes. Including strengthening 3 <sup>rd</sup> Party Alert reporting mechanism	CCGs Head of Quality Assurance / Associate Director of Nursing & Outcomes	31 December 2019	Contractual agreements are aligned with national quality drivers and schedules reflect reporting mechanisms and requirements. Development of assurance process map. Inclusion in Quality QRSC report
		To work with ICPs, regulators, and partners to ensure continuous quality improvement	CCGs Head of Quality Assurance / Associate Director of Nursing & Outcomes	31 March 2020	QI Annual Programme aligned to the ICS Outcomes Framework
		To continue to facilitate quality monitoring of practices through the rollout of a Primary Care Quality Assurance and Improvement Framework and Dashboard across Nottingham & Nottinghamshire	CCGs Head of Quality Assurance	31 December 2019	Improvement and support plans for practices plus sharing of best practice across the PCNs/ICPs. Improvement in screening uptakes
		During 2019/20 the current Primary Care Quality Groups will be developed to establish a Primary Care Quality Group for each of the 3 Nottingham Integrated Care Partnerships (ICP)	CCGs Head of Quality Assurance	31 March 2020	Established Primary Care Quality Group for all ICPs working closely with the PCNs
		To work with ICS partners to build clinical leadership across ICPs and PCNs	Associate Director of Nursing & Outcomes	31 March 2020	Clinical Cabinets and Networks with active engagement and involvement
<b>5. Listen, involve and act on the views of the public and people who use services</b>	Continue to work with our public to assess and respond to quality	The CCG will monitor national surveys including maternity, acute inpatient, children and young people, Primary care and a range of service specific surveys such as cancer services. Providers will be requested to provide evidence of their response and subsequent action plans will be monitored by the appropriate quality review meeting.	CCGs Head of Quality Assurance	31 March 2020	Meeting minutes from provider / commissioner review meetings, action plans may form part of a contractual service development improvement plan
		The providers will demonstrate continued improvements over time from external inspections including CQC, PEAT reviews, healthwatch visits and CCG lead quality visits	CCGs Head of Quality Assurance	31 March 2020	Improvement in all areas based upon previous feedback / visits
	Ensure the public have the ability to engage, comment and design service responses	Ensure providers of services offer a wide range of tools to collect feedback from patients, carers and families, and have a robust process in place for using information to drive improvement	CCGs Head of Quality Assurance	31 March 2020	Providers will routinely report patient experience data, collate and demonstrate using intelligence to improve the quality of services. FFT scores and response rates are on or above the national average.