Quality Assurance Framework for Commissioned NHS Services

2010-2012

Jim Connolly Deputy Director of Quality

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Executive Summary

Quality in Northamptonshire is everybody’s business with ownership and understanding of both the challenges and the solutions shared across all organisations, professions and with the public. Our aim is that everyone in Northamptonshire will be able to access safe care, which is evidence based and provides a personalised and responsive service.

The publication in July 2010 of ‘Equity and Excellence: Liberating the NHS’ has identified the strategic priority of the NHS as being “to ensure that health services in England achieve quality and outcomes which are among the best in the world”.

In addition the white paper ‘Liberating the NHS: Transparency in outcomes – a framework for the NHS’ identified a need to move away from simply measuring process outputs to ensuring the measurement and subsequent improvement of clinical outcomes. This encompasses clinical effectiveness, patient safety and patient experience – the cornerstones of quality and the proposed NHS outcomes framework.

This document sets out a framework for quality assurance and shows how NHS Northamptonshire intends to develop the quality assurance process to achieve the best possible care for patients, carers and the public.
1. Introduction

NHS Northamptonshire (NHSN) is committed to improving the quality of care commissioned for the population of Northamptonshire; therefore assuring quality remains a core priority of the Trust.

The changes to the NHS proposed in ‘Equity and Excellence: Liberating the NHS’ published in July 2010 affirmed the desire to ensure that health services in England “achieve quality and outcomes which are among the best in the world” and identified a number of further changes that will effect the quality agenda in the NHS such as:-

- The development of local GP consortia as commissioner
- A strengthened role for the Care Quality Commission as a quality inspectorate
- Developing the role of Monitor
- Developing a stronger partnership with Local Authorities through the establishment of the Health and Well Being Board and Healthwatch who will offer scrutiny to the quality of services provided.

In addition the white paper ‘Liberating the NHS: Transparency in outcomes – a framework for the NHS’ identified a need to move away from simply measuring process outputs to ensuring the measurement and subsequent improvement of clinical outcomes and effectiveness. The consultation paper identified a role for the National Institute for Clinical Excellence in developing quality standards for services. It also highlighted the clinical/health outcomes that GP consortia would be held accountable for by the NHS commissioning board

These changes are shown diagrammatically below:-
2. Quality Framework

It is our intention that this framework will describe the approach to the assurance of quality within the commissioning process and with commissioned services. As we make the transition to GP Commissioning Consortia NHSN has a window of opportunity to further develop the quality assurance process in conjunction with GPs. This will ensure that quality is at the core of all service and pathways improvements and that quality is assured within commissioned services.

This framework will also enable us to work with the emerging GP Commissioning Consortia to achieve a seamless transition in accountability for quality outcomes. It will demonstrate to external stakeholders including NHS providers, patients and the public the approach we are taking to fulfil our statutory duties with regard to quality both now and in the future.

Our work plan to support this framework is outlined in appendix 1.
3. **Vision for Quality**

Quality in Northamptonshire is everybody’s business with ownership and understanding of both the challenges and the solutions shared across all organisations, professions and with the public. Our aim is that everyone in Northamptonshire will be able to access safe care, which is evidence based and provides a personalised and responsive service.

Lord Darzi’s report High Quality Care For All (DH 2009) made clear that quality is the organising principle of the NHS and is a key responsibility of every member of staff. The white paper Equity & Excellence: Liberating the NHS (DH 2010) emphasises that the focus of care providers and commissioners must be on achieving and measuring high quality clinical outcomes not processes.

**What exactly do we mean by quality?**

Being clear about what we mean by the term ‘quality’ is essential to developing a common purpose and language to inform our strategies and the actions that will put quality at the heart of all we do. High Quality Care for All describes quality as spanning three themes:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

**Patient Safety**

The first dimension of quality is that we provide safe services to our patients. There are three key building blocks to this:

- Prevention of healthcare associated infection
- Safeguarding vulnerable children and adults
- Learning from clinical incidents to reduce future risk and improve services
- Monitoring of Standardised Mortality Rates (SMRs)

**Clinical Effectiveness**

The importance of improving the quality of clinical treatment and care is well understood. It is equally important to improve the effectiveness of interventions designed to prevent disease. This helps the public to stay healthy for longer, to improve their current health and well being and to prevent ill health.

We will demonstrate clinical effectiveness by measuring performance in relation to:

- Implementation of NICE guidance
- Reduction of variation in practice (commissioning for quality)
- Clinical outcomes
- Value for money
- Achievement of Vital Signs (national key performance indicators)
Patient Experience

Core to understanding the quality of services provided, is to understand the experience the patients/service users/carers have had of that service. The impact that a services has on patients is probably the most important thing a provider or commissioner, needs to know. Patient interests will be a priority for NHSN.

We will assess this by setting standards and measuring performance in relation to:

- Patients being treated professionally, by qualified and experienced staff in safe, high quality organisations
- Patients having the right to make choices about the healthcare they receive
- Patients being treated with dignity and compassion
- Improving the standards of care provided to individuals
- Improving the quality of services available and sharing best practice in quality of care and treatment

NHSN is committed to ensuring that high standards of safe, effective and person centred care are delivered to the population of Northamptonshire and to demonstrating this through measurement of clinical outcomes. This commitment applies whether the local population accesses health services at home, at school, at their GPs surgery, from Dentists/ Pharmacists/Optometrists or in hospital.

This commitment extends to patients having their care delivered within a care home or via NHS funded domiciliary care. It is the intention of NHSN to embed the principles and approaches outlined in this document within care homes and domiciliary care providers.

We will know we have achieved our vision when:

- Quality parameters and metrics are built into all clinical pathways and service improvements
- Quality metrics in all contracts are set using national and locally defined indicators
- Soft intelligence on quality is triangulated with hard data to build a picture of quality achievement
- Demonstrable action is taken to address poor quality providers

4. Delivering the Vision: Themes and Priorities

Quality is a complex area influenced by a number of co-existing factors. Our approach is threefold. We need to consider the effect of a clinical service on each individual; be assured that organisational systems and process to monitor and improve quality exist for each provider and that our assurance processes utilise both soft and hard intelligence and appropriate contract levers to improve quality.
As such we have four core themes:

**Patient Safety**- Ensuring that care is safe  
**Clinical Effectiveness**- Ensuring that care is effective and outcomes focused  
**Patient experience**- Ensuring that care is personalised and responsive  
**Assurance**- Ensuring that our quality assurance systems are robust and effective so that the other three themes are demonstrated during the commissioning cycle and by outcomes from provider organisations.

5. **Priorities**

**Patient Safety**

Everyday more than a million people are treated safely and successfully in the NHS. However, the evidence tells us that in complex healthcare systems things will and do go wrong, no matter how caring and professional the staff. When things do go wrong, patients are at risk of harm. There can be significant emotional and physical consequences for patients and their families. This personal impact and the cost to the NHS in terms of poor quality outcomes and extended length of stay for patients and potential litigation makes it imperative that in our commissioning role we proactively manage the patient safety agenda alongside providers and regulators.

We also know that healthcare associated infections (HCAIs) are a key issue for public confidence in the NHS and in conjunction with the associated issues of cleanliness, greatly affect patient’s experience and perception of care. We are working in partnership with all of our healthcare providers through a county wide HCAI Board to drive improvements and to set standards for management of HCAI. We will also monitor the performance of all our healthcare providers to ensure that the environments that services are provided from and that staff work in, are safe and clean.

In recent years investigations such as Mid-Staffordshire NHS Foundation Trust and Maidstone and Tunbridge Wells NHS Trust have highlighted the risk to quality of care and outcomes if local commissioners do not identify and act on patient safety issues to safeguard patients and the public.

Patient Safety Priorities:

1. **Prevent healthcare associated Infection**

*Delivered Through*

NHSN has an approved Infection Control and Prevention Strategy 2010-13 (ICPS) with associated work plan

*Measurement*

- Year on year reduction in MRSA and C Difficile cases
- All providers with be fully compliant with Care Quality Commission infection control and prevention standards by 2012
- Full achievement of actions identified within ICPS within timeframe
2.  Safeguard Vulnerable Adults and Children

Delivered Through
NHSN has an approved Safeguarding Strategy 2010-2013 with associated work plan

Measurement
• Full achievement of actions identified within safeguarding strategy within timeframe

3.  Learning from clinical incidents to reduce risk and improve services

Delivered Through
Provider’s compliance with the NHSN policy on the Reporting and Investigation of Serious Incidents. In addition we will further develop the assurance process to ensure that demonstrable changes in practices can be identified as a direct result of organisational learning from incidents.

Measurement
• A reduction in the number of incidents with the same contributory factors from 2011
• An increased range of patient safety indicators included in the contracts for 2011-12 and beyond such as incidence of violence and aggression, self harm, slips trips and falls and hospital acquired pressure ulcers

4.  Monitor and act on variations in Hospital Standardised Mortality Rates (HSMR)

Delivered Through
NHSN has an established Acute Trust Mortality review group that reviews Dr Foster mortality data and raises concerns as appropriate with providers.

Measurement
• HSMR rate for providers remains within expected limits.
• Any variance is escalated as appropriate for further investigation.
• Where appropriate action plans developed and performance managed

Clinical Effectiveness

Clinical effectiveness is a measure of the extent to which a particular intervention or treatment works. The measure on its own is useful, but decisions are enhanced by considering additional factors, such as whether the intervention is appropriate and whether it represents value for money.

Improvement of the quality of care and treatment depends on using a range of evidence based clinical information. There is a suite of national guidance and evidence based (researched) pathways available to help commissioners and clinicians to design and deliver the best clinical care.
The effectiveness of this is measured through national Key Performance Indicators that demonstrate changes in health status and outcome. We use all of this data and locally derived indicators, where applicable, to assess quality of care and care providers, identifying and acting on any performance that is outside of the expected range.

NHSN needs to ensure that commissioning decisions regarding service improvements are based on clinical evidence that enables the outcome of the change to be appropriately measured.

This will ensure that we commission services that are effective in terms of positive patient outcome, represent value for money and ensure consistency of approach.

5. **Ensure services are commissioned and delivered using the available evidence base, reduce variations and are outcomes focused**

**Delivered Through**

The business case/specification development process for service changes/improvement will clearly articulate the evidence base for the change. In addition the clinical outcomes for the service will be identified as performance indicators.

Providers will be expected to ensure that they comply with all appropriate NICE clinical guidelines/technology appraisals. This ensures that services are constantly reviewed against evidence based to ensure effectiveness.

Performance of an organisation and those of its peers is constantly changing. Regular comparison and benchmarking against others is a critical tool in understanding what is being done well and where improvements can be made. As a commissioner we will use this benchmarking data and encouraging our providers to participate in benchmarking activities.

We will actively seek information from the East Midlands Quality Observatory and service comparison data from the NHS Information Centre to benchmark providers, and where possible, specific services to enable us to identify areas for improvement.

**Measurement**

- Business cases/service specifications can demonstrate that the proposed service meets NICE guidelines/quality standards
- Business cases/service specification have clear performance metrics that identify the service outcomes
- All business cases/service specifications have a Quality Impact Assessment (appendix 2) completed prior to approval
- Implementation of appropriate NICE clinical guidelines/quality standards by providers

**Patient Experience**

Improving quality requires an increased focus on ensuring patients are treated with compassion, dignity and respect and recognising that the delivery of personalised care must assess and address a patient’s individual needs. This includes having regard for race, gender, disability, age and social-economic factors that may themselves be barriers to accessing services.


Delivered Through

We will monitor a range of data available regarding patient experience including the results of national and local surveys, feedback from patient websites, media reports, and results of patient engagement /involvement exercises. In addition NHSN will access patient experience data as part of the regional patient experience project correlated with patient reported outcome measurement (PROMS) for 4 surgical interventions to enable a more complete review of a patient episode.

We are committed to ensuring that patient are treated in environments that protect and enhance their privacy and dignity, that includes ensuring providers meet the requirements for same sex accommodation where it is in the patients overall best interest.

The contract for NHS commissioned services allows for the development of a quality schedule, which places quality improvement responsibilities on the providers. NHSN intends to develop the quality schedules for 2011-12 contracting utilising the commissioning for quality headings identified in appendix 3.

We will continue to use the range of contract levers available to us, such as the quality schedule and Commissioning for Quality (CQUINs) to ensure that providers constantly improve the experience for patients

Measurement

- A year on year improvement in patient experience within provider organisations
- A reduction year on year in the number of non clinically justified breaches of same sex accommodation requirements
- 2011-12 CQUIN schemes in agreed and in place by 31 December 2010
- Quarterly review of current CQUIN indicators reported to Quality and Risk Committee
- Quality Schedules for all contracts agreed prior to contract sign off date
- Quality reports to Quality and Risk Committee/Board monitor delivery of the quality schedule

Assurance

The starting point for the quality assurance of commissioned services is ensuring that all providers have met the standards for registration with the CQC. This is a standard requirement for new providers as well existing providers.

Key to strengthening the quality agenda with providers is the proactive development and inclusion of quality indicators within business cases/service specifications and contract schedules and the resultant monitoring and relationship management. This ensures that quality is treated with the same level of importance as activity and finance.

We recognise that improving partnership working is core to managing the relationship between commissioners and providers. This partnership, often across the whole health community, can deliver additional benefits that isolated contract levers may not. We will further develop our partnership approach with providers whenever possible.
Dental services are required to be registered with CQC by March 2011 with General Practice s registering by March 2012.

### 7. Ensure that all providers are appropriately registered Care Quality Commission (CQC)

**Delivered Through**
NHSN will ensure that robust checks will be made of a providers CQC registration prior to the commencement of service and will ensure that registration remains a contract requirement.

**Measurement**
- All Providers will be appropriately CQC registered within the required timeframe

### 8. Ensure effective quality input into the commissioning cycle

**Delivered Through**
NHSN has already established a robust process for business case development and provider procurement with input from the quality team as outlined in appendix 4. In order to improve this further and to ensure that quality is a core element the quality team will strengthen its involvement with this process (see appendix 5).
In addition a quality toolkit for programme leads will be developed that identifies core quality requirements for all specifications and tenders therefore ensuring consistency of quality across all providers.

**Measurement**
- All business cases to have a completed quality impact assessment prior to approval

### 9. Strengthen the quality evaluation of commissioned services

**Delivered Through**
The process of quality assurance of commissioned services in NHSN has a number of component parts which are interdependent. These include Contractual Quality elements (Quality Schedule, Nationally Specified Events and the Information Schedule) and CQUINs. In addition there is a range of soft data such as complaints, media reports; patient stories that added together form a picture of quality of care for each provider.

It is important for NHSN to triangulate all available data to inform the quality review process for each provider. This helps us to ensure that we are consistent and robust in our scrutiny and challenge of service quality. As such we will establish an internal Clinical Quality Review group that provides triangulation and challenge for all of the quality information we collect.
In addition we will strengthen the Clinical Quality review meetings with providers to ensure a focused approach to quality that both celebrates the quality improvements and provides challenge to the provider. Where appropriate concerns that have potential contract implications will be directed into the contract review mechanism.

This process is identified below:

**Measurement**
- Internal Clinical review group established by end of October 2010
- Assurance regarding the quality of services provided is reported to Quality and Risk Committee and NHSN Board

**Conclusion**

We believe that this framework will help us to deliver our vision that everyone in Northamptonshire will access safe care, which is evidence based and provides a personalised responsive service. This will assure the public, patients and commissioners of the quality of the services provided.

The framework as described is dynamic and will develop over time as greater understanding of quality in the new NHS develops. We know that quality assurance from a commissioning perspective is becoming more sophisticated nationally and at a regional level and we will continue to learn from best practice.
## Quality Assurance Framework – Work Programme

<table>
<thead>
<tr>
<th>Quality Element</th>
<th>Quality Theme</th>
<th>Timescale</th>
<th>Priority</th>
<th>Assurance Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>Infection control</td>
<td>On going</td>
<td>Year on year reduction in MRSA and C Difficile cases</td>
<td>NHSN Board report</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>Infection control</td>
<td>By 31 March 2012</td>
<td>All providers with be fully compliant with CQC infection control and prevention standards by 2012</td>
<td>NHSN Board report</td>
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<tr>
<td>Patient Safety</td>
<td>Infection control</td>
<td>31 March 2013</td>
<td>Full achievement of actions identified within ICPS within timeframe</td>
<td>Reporting to Quality and Risk Committee</td>
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<tr>
<td>Patient Safety</td>
<td>Safeguarding</td>
<td>31 March 2013</td>
<td>Full achievement of actions identified within safeguarding strategy within timeframe</td>
<td>Reporting to Quality and Risk Committee</td>
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<tr>
<td>Patient Safety</td>
<td>Incident reporting</td>
<td>31 March 2011</td>
<td>A reduction in the number of incidents with the same contributory factors for 2011-12</td>
<td>Reporting to Quality and Risk Committee</td>
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<tr>
<td>Patient Safety</td>
<td>Contractual Patient Safety Indicators</td>
<td>31 March 2011</td>
<td>An increased range of patient safety indicators included in the contracts for 2011-12 and beyond</td>
<td>Reporting to Quality &amp; Risk Committee</td>
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<tr>
<td>Patient Safety</td>
<td>HSMR</td>
<td>Monthly</td>
<td>HSMR rate for providers remains within expected limits.</td>
<td>NHSN Board report</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>HSMR</td>
<td>As required</td>
<td>Any variance in HSMRs is escalated as appropriate for further investigation.</td>
<td>NHSN Board report</td>
</tr>
<tr>
<td>Quality Element</td>
<td>Quality Theme</td>
<td>Timescale</td>
<td>Priority</td>
<td>Assurance Mechanism</td>
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<tr>
<td>Patient Safety</td>
<td>HSQR</td>
<td>As required</td>
<td>Where appropriate action plans developed and performance managed</td>
<td>NHSN Board report</td>
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<tr>
<td>Clinical Effectiveness</td>
<td>NICE Guidance</td>
<td>As required</td>
<td>Business cases/service specification can demonstrate that proposed service meets NICE guidelines/quality standards</td>
<td>Cooperation and Competition Panel sign off</td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>NICE Guidance</td>
<td>Quarterly through the year</td>
<td>Business cases/service specification have clear performance metrics that identifies the service outcomes</td>
<td>Reporting to Quality &amp; Risk Committee</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Quality Impact Assessment</td>
<td>As required</td>
<td>All relevant providers identify compliance with appropriate NICE clinical guidelines through their quality report to NHSN at Quality Review Meetings</td>
<td>Cooperation and Competition Panel sign off</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Patient Survey</td>
<td>Annually</td>
<td>A year on year improvement in patient experience within provider organisations</td>
<td>NHSN Board report</td>
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<tr>
<td>Patient Experience</td>
<td>Privacy &amp; Dignity</td>
<td>Annually</td>
<td>A reduction year on year in the number of non clinically justified breaches of same sex accommodation requirements</td>
<td>NHSN Board report</td>
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<td>Composite Quality Element</td>
<td>CQUIN</td>
<td>31 December 2010</td>
<td>2011-12 CQUIN schemes in agreed and in place by 31 December 2010</td>
<td>Reporting to Quality &amp; Risk Committee</td>
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<td>Composite Quality Element</td>
<td>CQUIN</td>
<td>Quarterly</td>
<td>Quarterly review of current CQUIN indicators reported to Quality and Risk Committee</td>
<td>Reporting to Quality and Risk Committee</td>
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<tr>
<td>Quality Element</td>
<td>Quality Theme</td>
<td>Timescale</td>
<td>Priority</td>
<td>Assurance Mechanism</td>
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<td>Composite Quality Element</td>
<td>Contract Quality Schedule</td>
<td>Feb 2011</td>
<td>Quality Schedules for all contracts agreed prior to contract sign off date</td>
<td>Reporting to Quality and Risk Committee</td>
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<td>Composite Quality Element</td>
<td>Quality Reports</td>
<td>Quarterly</td>
<td>Quality reports to Quality and Risk Committee/Board monitor delivery of quality schedule</td>
<td>Reporting to Quality and Risk Committee</td>
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<td>Quality Reports</td>
<td>October 2010</td>
<td>Internal Clinical review group established by end of October 2010</td>
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<td>Quality Reports</td>
<td>Quarterly</td>
<td>Assurance regarding the quality of services provided reported to Quality &amp; Risk Committee and NHSN Board</td>
<td>Reporting to Quality and Risk Committee</td>
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## Business Case

<table>
<thead>
<tr>
<th>Title</th>
<th>RAG Rating</th>
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**Short Description of intended change:**

<table>
<thead>
<tr>
<th></th>
<th>Yes 'But' /No 'But'</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
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### Q ELEMENT

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>Comment</th>
<th>RAG Rating</th>
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<tbody>
<tr>
<td><strong>Context</strong></td>
<td></td>
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<tr>
<td>Is the quality driver for change clearly identified</td>
<td></td>
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<tr>
<td>If cost saving is the primary driver is the quality of the clinical outcomes being assured?</td>
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<tr>
<td>Has any impact on the strategic partnership between health and Social Care been identified??</td>
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<tr>
<td>Has this impact been assessed and mitigated if required</td>
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<td></td>
</tr>
<tr>
<td><strong>Clinical Outcomes/Effectiveness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there evidence that clinicians have been involved in the service redesign</td>
<td></td>
<td></td>
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<tr>
<td>Have the appropriate evidence been used in the redesign including:-</td>
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<tr>
<td>Research /Audit evidence/ NSFs etc</td>
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<tr>
<td>NICE Clinical Guidelines</td>
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<td>NICE TAGs</td>
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<tr>
<td>NICE Quality Standards</td>
<td></td>
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<tr>
<td>Are Clinical Outcomes measures clearly identified</td>
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<tr>
<td>Are KPIs focused on outcomes rather than process</td>
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<tr>
<td>Are the data collection tools available and in place</td>
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### Patient Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Does the service maintain or improve patient safety</td>
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<tr>
<td>Has the impact of change been considered on:</td>
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<tr>
<td>Patient Safety/Avoidable harm</td>
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<tr>
<td>Infection Control and Prevention</td>
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<tr>
<td>Safeguarding Vulnerable Adults and Children</td>
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<tr>
<td>Have risks been identified and mitigated</td>
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### Patient Experience

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Is there evidence that patients/service users/carers have been involved in the redesign</td>
<td></td>
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<tr>
<td>Does it support people to stay well?</td>
<td></td>
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<tr>
<td>Does it promote self-care for people with long term conditions?</td>
<td></td>
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<tr>
<td>Does it tackle health inequalities, focusing resources where they are needed most</td>
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<tr>
<td>Does it lead to improvements in care pathway?</td>
<td></td>
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</tbody>
</table>
## COMMISSIONING FOR QUALITY FRAMEWORK

<table>
<thead>
<tr>
<th>Clinical Effectiveness Experience</th>
<th>Patient Safety</th>
<th>Patient Experience</th>
<th>Assurance Approach</th>
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<tr>
<td>National Strategies</td>
<td>CQC Registration of Providers</td>
<td>National Patient Survey</td>
<td><strong>Monitoring Mechanisms:</strong></td>
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<td>National Service Framework</td>
<td>Mental Capacity Act &amp; DoLS</td>
<td>PROMs</td>
<td>Contract Information Schedule</td>
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<td>NICE guidelines</td>
<td>Patient Safety programmes</td>
<td>Local Patient Survey</td>
<td>CQUIN Schedule</td>
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<td>NHS Quality &amp; Outcome Framework</td>
<td>Cleanliness &amp; HCAI</td>
<td>Complaints &amp; PALS data</td>
<td>Quality Monitoring Meetings</td>
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<td>National Clinical Audits</td>
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<td>Same Sex Accommodation</td>
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<td>CQUIN Contract Schedule</td>
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<td><strong>Development Mechanisms:</strong></td>
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<td>High Impact Interventions</td>
<td>Independent Practitioner Performance Concerns</td>
<td>Carer Projects &amp; Involvement</td>
<td>Serious Incident Review Meetings</td>
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<td>Standardised Mortality Ratios (SMR)</td>
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<td>Quality Impact Assessments</td>
<td>Countywide HCAI Group</td>
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**National Mechanisms:**
- CQC Review Reports
- CQC Risk Profiles
- National Audit Reports
Project Management Process

Definition

Implementation

Transition ‘Go Live’

Operational

Post Project Review

Project Life Cycle

Project Implementation Documentation:
- Project Plans
- Communication Plan
- Risk & Issues Log
- Specification / Contract Details

Appendix 4

X Project Evaluation Review
Formal Stage Gate Review

GATEWAY A1 Statement of Need
GATEWAY A2 Initial Change Proposal
GATEWAY B Formal Change Proposal
GATEWAY C Change Approval
GATEWAY D Transition Approval
GATEWAY E Formal Handover

Need → Concept 

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Project Management Process

Quality Review Process

Definition

X

Implementation

X  X  X  X

Designer  Build/Procure

Transition ‘Go Live’

Operational

Post Project Review

No questions

Appendix 5