SCHEDULE 4 – QUALITY REQUIREMENTS

A. Local Quality Requirements

A. Local Quality Requirements: Compliance annual (CA)

Ref	Quality Requirement	Measure and context
CA1	Quality Accounts	Assessment of received reporting requirements Inclusion of Stakeholder feedback in Annual publication
CA2	CQC and Compliance. Alert commissioners of any visits, reports and action plans in real time. Compliance with new CQC reporting framework	Assessment of received reporting requirements Communication with commissioners when visits occur – in real time and subsequent feedback, publication of reports and any action plans in place as a result of findings Actions to assess compliance with new inspection framework including 'Fit and Proper Person' assessment
CA3	Compliance within deadline for all NPSA Safety Alerts and CAS reporting	Assessment of received reporting requirements Quarterly update on closure and response rate within timescales. Information to support any unclosed alerts should be included.
CA4	NICE Implementation of Technical Appraisals, Interventional Procedures & Clinical Guidelines	Assessment of received reporting requirements Quarterly update via CQRM. Requirement to escalate via CQRM any risk of non-compliance
CA5	Compliance with Central Learning System Safety alerts	Ensure alerts are disseminated and acted on as instructed by the alerting system 6 monthly audit of the process and compliance against timescales. Report to CQRM
CA6	EMSA	Ensuring the CCG are made aware of any breaches and action plans put in place as a result – in real time and then via CQRM. To include impact on patients

B. Audit and Compliance (AC) – rolling programme

Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach
A&C1	Specific clinical audit and compliance programme to be provided to commissioners	All clinical audit programmes to be integral to quality contract meetings Feedback on external audits and action plans	Bi-annual rolling programme in place and 6 monthly updates on performance against plan including reported outcomes and actions taken to CQRM As required	N/A	N/A	As per General Conditions Schedule 9
A&C2	Effective and robust Provider wide governance arrangements in place		Initial review of governance arrangements and actions in place In line with internal reporting, Provider to provide rolling programme of presentations/ deep dives/ improvement programmes to CQRM Rolling programme of CCG quality visits and agreed ad hoc visits to areas of concern	N/A	N/A	As per General Conditions Schedule 9
A&C3	Complaints (Francis report recommendations): Providers to produce to commissioners on a quarterly basis access to a sample of complaints letters and responses.	Representative sample reviewed quarterly Sample to be agreed as a percentage of total number of complaints received,.	Representative sample to be made available to commissioners for review, to include evidence of internal self assessment, on a quarterly basis	N/A	N/A	As per General Conditions Schedule 9
A&C4	Complaints (Francis report recommendations): Providers will present in part one of their board meetings, and publish on their website, non-patient identifiable summaries of complaints reflective of themes for the organisation and improvement priorities.	Compliance	As part of the Bi-annual Quality Performance report the following should be reported	N/A	N/A	As per General Conditions Schedule 9
A&C5	Complaints (Francis report recommendations): Providers will immediately (within one working week)-notify commissioners of any independent external investigations commissioned.	100% Compliance	As part of the Monthly Quality Performance report the following should be reported	Number of notifications made to commissioner within one week	Total number of independent external investigations commissioned	As per General Conditions Schedule 9

Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach
A&C 6	Workforce Planning: Provider will be compliant with national guidance and reporting requirements in line with HEE and the LETB. The plan should include but need not be limited to the following: •the transition of staff to a new "whole system approach" • increases in workload/ changes in referral pathways •sickness, vacancies and annual leave •rate of agency staff •recruitment, staff training and development/ succession planning/ appraisal and revalidation • competent and capable workforce for delivering the service in line with the service specification develop and deliver opportunities for innovative staffing models across the health and social care system	100% Compliance	Provider workforce plans to be shared with all commissioners Annual review of plans to be carried out and progress against plan to be shared with all commissioners Specific workforce metrics to be reported as part of the QRs (as indicated) Provider to participate in any workforce development work with HEE and the LETB Provider to work with the commissioner to support development and achievement of STP	N/A	N/A	As per General Conditions Schedule 9
A&C 9	Workforce Assurance Reviews	Compliance with CCG assurance review framework and process	Participate in 6 monthly CCG workforce assurance reviews in line with agreed framework and GC5 provider requirements	N/A	N/A	As per General Conditions Schedule 9
A&C 10	Staffing	Compliance with submission and sharing of data as per DH and any new national guidance and General Conditions Section 5 of the Standard Contract	Monthly report on workforce as outlined in the provider workforce plan and QRs. Reporting requirements to be agreed in Q1 and monthly submission thereafter	N/A	N/A	As per General Conditions Schedule 9
A&C11	People with learning disabilities and/or autistic	Provider to have in place policies on enabling patients with a learning disability or	Learning disability peer reviews carried	N/A	N/A	As per General Conditions

Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach
	spectrum conditions (ASC) should be able to access mainstream services when necessary Reasonable adjustments are made to services to allow access to mainstream mental health and other services as necessary	ASC to access services.	out annually Easy Read feedback to service users and their families audited quarterly Annual review of notes of people with LD who have used our services to see if reasonable adjustments are made during their treatment and if they are referred to LD liaison nurse for support. Review of any actions required against the NHSE Response to the Bubb Report			Schedule 9
A&C12	Local & National Dementia Strategy	Provider to feedback in addition to any National Dementia CQUIN on other reporting and delivery required on National Dementia Strategy.	Provider to report progress bi-annually against Dementia Strategy in line with National Strategy via CQRM.	N/A	N/A	As per General Conditions Schedule 9
A&C13	Completeness and updating of 111 Directory of Services (DOS): must notify of the following: • Planned service change within 72 hours of service change • Service down within 30 minutes of the service failure	100% for service changes 98% for service failures	**Definition**: As per Audit **Data Source:** Audit **Frequency**; Monthly	Number of planned service changes notified within 72 hours of change Number of service failures notified within 30 minutes of the failure occurring.	Total number of planned service changes Total number of service failures	As per General Conditions Schedule 9
A&C14	Support the delivery of the CCG Quality Strategy	Contribution to achievement of CCG ambitions for Quality	Participation and achievement of goals in relevant improvement programmes across the whole system – Sign up to Safety Campaign/ KSS Patient Safety Collaborative/ Safety. Thermometer: Achievement of internal targets set to be shared via CQRM in Q1	N/A	N/A	As per General Conditions Schedule 9

C. Quality requirements (QR)

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Safety – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety;								
ALL	QR1	Safeguarding Vulnerable Adults Safeguarding Vulnerable Adults Standards for all providers of health services: 2016 -2017	100% implementation of Clinical Standards recommended by Surrey Safeguarding Adults Board and compliance with specific thresholds set	Reports to SSAB as requested Initial baseline assessment and plan against goals to be presented to CQRM in Q1 Quarterly update to CQRM against plan **Exception report** of risks and concerns to **CCG monthly**	N/A	N/A	As per General Conditions Schedule 9	
ALL Page 53	QR2	Safeguarding Vulnerable Children Safeguarding Children Standards for all providers of health services: 2016 -2017	100% implementation of Clinical Standards recommended by Surrey Safeguarding Children Board and compliance with specific thresholds set	Reports to SSCB as requested Receipt of 6 monthly dashboard as per appendix 2. of the standard document. The standard 6 monthly reporting time frames for 16/17 are: • Dashboard will be sent out 1st April. Providers submit dashboard to CCG 16th April. • Dashboard will be sent out 1st October. Providers submit dashboard to CCG 16th October. • Initial baseline assessment and plan against goals to be presented to CQRM in Q1 • Quarterly update to CQRM against plan • Exception report of risks and concerns to CCG monthly An annual report is to report work undertaken for the period between 1st April and 31st March16/17	N/A	N/A	As per General Conditions Schedule 9	Completed dashboard to include narrative of finding s, any actions to improve or address declining trends. The 6 monthly and annual reports will contribute to the provider's performance reporting to their Local Safeguarding Children Board.
ALL	QR3	Regulation 28/29 of Schedule 5 of the Coroners Rules outlines the Coroner's risk management role and provides the	Provider will: - Ensure full cooperation by the Provider with HM Coroners in respect	Letter from Coroner requesting Regulation 28/29 actions by the Trust: - Carry out an effective investigation using SIRI procedures. - Submit the action plan showing the steps	N/A	N/A	Enforceable by Law under Coroners Regulation 28/29, 2008; Ministry of	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		power to make reports to a person or organisation where the Coroner believes that action should be taken to prevent future deaths.	of the implementation of Regulation 28/29. NB: This is a legal requirement. The contractual requirement in addition to this is to consider what reporting and review mechanisms are required to monitor adherence.	taken with realistic deadlines. - Nominate a senior clinician or manager to be accountable for lessons learned. - Ensure that the report and lessons learned are shared with everyone involved. - Monitor change has taken place. http://www.justice.gov.uk/downloads/burials-and-coroners-reports-future-deaths.pdf			Justice, Guidance for Coroners on changes to Rule 43: Coroner reports to prevent future deaths, 2008. Contractually the failure to report these incidences or to follow process and outcomes will lead immediately to entering into the consequences as set out in the General Condition 9 of the contract (GC9) and in line with statutory requirements.	
ALL	QR4	Serious Incidents	Serious incidents including Never Events reported in accordance with National Reporting and Learning from Serious Incident Guidance 2010 and additional new guidance published in 2015 commissioner procedure and as per schedule 6 Part D.	Provide evidence of: • Compliance with threshold requirements • General themes of SI's and lessons learnt to be included in the provider's monthly Quality Performance Report and shared via CQRM. • SI action plans to be monitored and closed by the CCG (SI Panel) when there is evidence of actions being completed. • Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report	N/A	N/A	As per General Conditions Schedule 9 In accordance with Never Events Policy Framework, recovery by the Commissioner of the costs to that Commissioner of the	

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
							procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	
ALL	QR5	All Incidents	The provider must operate an internal system to record, collate and implement learning from all incidents	Monthly reports to include; Numbers by service/department and category General themes of all incidents, including lessons learnt and actions taken to be reported quarterly.	N/A	N/A	As per General Conditions Schedule 9	
Community Hospitals	QR6	In the absence of Standardised Hospital Mortality Indicators (SHMI/RAMI) used for acute trusts, to understand death rates compared to total discharges from inpatient care	Number of expected or unexpected deaths in inpatient community hospital beds during the month, compared to the total number of discharges (alive and deceased) in the month, reported as a percentage	Monthly Quality and Performance Report	Total number of community hospital in-patient deaths in reporting period	Total community hospital discharges in reporting period	As per General Conditions Schedule 9	
Community Hospitals	QR7	Zero Tolerance to avoidable healthcare Acquired	No avoidable Stage 4 healthcare acquired	Provider to report incidents as Serious Incidents (SI). Review through CQRM	Number of avoidable Stage 4 healthcare acquired pressure ulcers		Rebate at cost of average IP episode (at emergency –	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		Pressure Ulcers – stage 4 Expressed as per 1000 bed days	pressure ulcers	Where the root cause analysis finds the assessed risk was not met with appropriate intervention or assessed in the first place, penalty will apply			circa £2,500 or EL rates – circa £3,500) for incident of avoidable healthcare acquired stage 4 As per General Conditions Schedule 9	
Community Hospitals	QR8	Zero Tolerance to avoidable healthcare Acquired Pressure Ulcers – stage 3	No avoidable Stage 3 healthcare acquired pressure ulcers.	Provider to report incidents as Serious Incidents (SI). Review through CQRM Where the root cause analysis finds the assessed risk was not met with appropriate intervention or assessed in the first place, penalty will apply	Number of avoidable Stage 3 healthcare acquired pressure ulcers		Value of £1250 per case rebated where the rootcause analysis finds that the assessed risk was not met with appropriate intervention. As per General Conditions Schedule 9	
Community Hospitals	QR9	Reducing new stage 2 through early identification of damage to contribute to a reduction in the total number of new pressure damage	20% Reduction in the number of new stage 2 and above pressure ulcers occurring in year when compared with the previous years outturn.	Basline to be agreed during Q1 against previous annual activity. Provider to report as internal incidents. Review through CQRM	Total number of new stage 2 pressure ulcers occurring in 2017/18	Baseline – number of new stage 2 pressure ulcers occurring in 2016/17	As per General Conditions Schedule 9	
Community Hospitals	QR	Provider to demonstrate Reducing falls resulting in injury	Rate of injurious falls in the reporting period per	Basline to be agreed during Q1 against previous annual activity Provider to demonstrate Reducing falls resulting in injury in Community inpatients	Number of falls in reporting period	Bed days occupied in reporting period	As per General Conditions	Express as per 1000 bed

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
	10	in Community inpatients settings	1,000 occupied bed days	settings			Schedule 9	days
ALL	QR 11	Infection Prevention and Control	Notification of infectious outbreaks (e.g norovirus) including reports on management & learning points	Reporting of any ooutbreaks in real time and summary of key findings and learning Annual infection prevention and control audit and report	N/A	N/A	As per General Conditions Schedule 9	
Preventative care	QR 12	Provider to demonstrate that patients on the ILT caseload receive a holistic assessment using the agreed assessment tool on or before their 2nd visit	85 % of patients who had a holistic assessment undertaken within two clinically relevant contacts	Monthly report	Number of new patients receiving a holistic assessment in the audit period	Number of new patients receiving two or more clinically relevant contacts in the audit period	As per General Conditions Schedule 9	
ILT Preventative care	QR 13	Provider to develop and maintain a plan of care for each patient on the caseload.	85% of patients with a plan of care (to include 7 central elements)	Monthly report	Number of patients with a plan of care.	Number of patients on caseload	As per General Conditions Schedule 9	*Cross reference Local Local IRs no. 26*
Community Diabetic Service	QR 14	All initiations of insulin therapy for people with Type 2 Diabetes will adhere to NICE guidance on the use of Neutral Protamine Hagedorn (NPH) versus insulin analogues. All recommendations to primary care on insulin initiation should also reflect this guidance.	Compliance	Spot check audit of case load	N/A	N/A	As per General Conditions Schedule 9	Monitoring of proportional prescribing of NPH insulin

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Community Diabetic Service	QR 15	Compliance with NW Surrey CCG formulary on the issuing of blood glucose meters	Compliance	Quarterly Quality and Performance Report Reporting of any non-compliant meters supplied	N/A	N/A	As per General Conditions Schedule 9	
Workforce	QR16	Workforce update to include: • Breakdown of staff by professional groups • Equality Monitoring reports (Workforce race Equality Standards) • annual Appraisals and PDPs by staff group • medical and nursing compliance with appropriate revalidation processes • Statutory and mandatory training compliance by staff group • DBS Checks completed prior to staff delivering patient care services at service level • Professional registrations checks by	Compliance with national guidance and thresholds to be determined	Quarterly - Workforce Report Review as part of the six monthly workforce assurance review process	N/A	N/A	As per General Conditions Schedule 9	

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		professional group and at service level						
Workforce	QR 17	Workforce dashboard to include: 1. Sickness level at service level 2. Staff Turnover rates at service level 3. Agency expenditure as a proportion the pay bill and breakdown at service level 4. Vacancy rates by professional group and service level to include a granular list of vacant posts and salary bands and details of the like for like cover in place	Threshold for total number 3.50% less than 12% <8% Ongoing monitoring	Monthly Quality and Performance Report	1. Total number of days affected by staff sickness absence at service level. 2. . Total number of WTE in post as at reporting period 3. Monthly agency expenditure at service level 4. N/A	1. Total number of working days (at service level) multiplied by WTE establishment in reporting period 2. Total number of WTE establishment at service level in reprting Period 3. Total monthly pay bill at service level 4. N/A	As per General Conditions Schedule 9	Defined as rolling 12 month
Workforce	QR 18	Provider to demonstrate Ward Rota fill rates in accordance with safe staffing levels as per national guidance	90% compliance	Monthly Quality and Performance report Providers are required to display nurse staffing numbers and skill mix on in-patient areas on a daily basis and these are publicly visible. Audit compliance as part of any commissioner visits to provider	Level of staff on shift during reporting period (monthly)	Safe staffing levels	As per General Conditions Schedule 9	
Workforce	QR 19	Provider required to demonstrate progress on the development of a	Satisfactory/	6 montthly report on staff training delivered, advance care inputs delivered by worksforce as a consequence of training received, additional	N/A	N/A	Improvement plan required subject to monthly	Training plans and training records shared with

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		high standard of enhanced generalist expertise across the community nursing workforce, capable of managing a high level of frailty and multiple comorbidities including respiratory illness, heart failure, risk of falls, continence problems, wound care, dementia and cognitive disorder	Unsatisfactory	capacity and revisions to model of care delivery, revisions to case loads for example, impact upon patient feedback and satisfaction levels Review as part of the six monthly workforce assurance review process			review As per General Conditions Schedule 9	the CCG on a regular basis. To be reviewed and deemed satisfactory by an appropriate Clinical Committee.
Patient experience – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect".								
Patient Experience Feedback	QR 20	NHS National Survey Program Improvements in patient satisfaction and engagement through delivery of integrated working model of care.	Aim for overall improvement on previous survey on all national surveys. Provider to undertake a baseline assessment survey of patient satisfaction and engagement during mobilisation of the contract. Improvement trajectory to be agreed between provider and commissioner for Q2 –	As per National programme Initial staff survey to be performed by an independent party. Repeat of survey - including **defined question** to be agreed with commissioner at Q2 and Q4.	TBC	TBC	As per General Conditions Schedule 9	To agree a programme of receiving reports and audits for all

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		Improve Friends and Family feedback across services (Patients and Staff)	Q4. To exceed the national average “recommended rate” across all services.	Monthly Quality and Performance report to include improvement action plans				
Staff Experience Feedback	QR 21	NHS National Survey Program Improvements in staff satisfaction and engagement through delivery of integrated working model of care. Improve Friends and Family feedback across services (Patients and Staff)	Aim for overall improvement on previous survey on all national surveys. Provider to undertake a baseline assessment survey of staff satisfaction and engagement during mobilisation of the contract. Improvement trajectory to be agreed between provider and commissioner for Q2 – Q4. To exceed the national average “recommended rate” across all services	As per National programme Initial staff survey to be performed by an independent party. Repeat of survey - including **defined question** to be agreed with commissioner at Q2 and Q4. Monthly Quality and Performance report to include improvement action plans	N/A	N/A	As per General Conditions Schedule 9	
Preventative Care	QR 22	Proportion of patients and carers who report that they felt those involved in their care worked as a team, including communicating well together, sharing	Improving trajectory following establishment of baseline at Q1	Provider level patient and carer experience questionnairres.	N/A	N/A	As per General Conditions Schedule 9	Patient and Carer PREM development plan

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		information and coordinating care						
Preventative Care	QR 23	Provider to demonstrate that each patient on the Integrated Locality Team /Locality Hub case load have a named care coordinator or single point of contact	85% of patients are provided with their care coordinator's name and contact details.	Quarterly Quality and Performance Report	Total number of patients on caseload assigned a care coordinator	Total number of patients on caseload with an active plan of care	As per General Conditions Schedule 9	
ILT Preventative Care	QR 24	Provider required to demonstrate mechanisms in place for involving community mental health professionals in the holistic assessment of patients and care planning process; provider to demonstrate plans and practices to engage and involve a named link mental health professional(s) to support service delivery.		Quarterly – evidence of engagement, services delivered, interventions and outcomes Quality and Performance Report	N/A	N/A	As per General Conditions Schedule 9	
ILT Preventative Care	QR 25	Provider required to demonstrate mechanisms in place for involving social care professionals in the holistic assessment of patients and care planning process;	Commisisoner assessment of Satisfactory/Unsatisfactory	Quarterly – evidence of engagement, services delivered, interventions and outcomes Quality and Performance Report	N/A	N/A	As per General Conditions Schedule 9	

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		to be deemed satisfactory by the commissioner e.g. identification of named link social care professionals to each ILT or social care attendance at ILT care planning meetings etc.						
Preventative Care	QR 26	Patient reported experience measures (PREM) to determine if patients had a good experience of their services.	% of patients who complete a PREM questionnaire at point of discharge from care - target of 50%	Quarterly Quality and Performance Report	Total number of PREM questionnairres completed	Total number of patients discharged from care in reporting period	As per General Conditions Schedule 9	Patient and Carer PREM development plan shared with the CCG on a regular basis subject to review This will be through the use of PREMS for each main pathway e.g. People with long term conditions experience improved control and reduced complications, and should include what matters most to people locally
ILT Intermediate Care	QR 27	Proportion of rapid domiciliary interventions or definitive clinical assessments delivered within 2 hours of request being received by	98%	Monthly Quality and Performance Report	Number of rapid domiciliary interventions delivered within 2 hours of referral	Total number of referrals for rapid domiciliary intervention received by the Intermediate Care Team	As per General Conditions Schedule 9	To be broken down by locality and practice level

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		Intermediate Care Team						
ILT EOLC	QR 28	People who are identified as being in the last year of life have a personalised advance care plan in a format agreed with the CCG	Target 90% - Number of people who have a personalised advance care plan	Quarterly Quality and Performance Report	Number of people identified as being in their last year of life with an advanced care plan in place within reprting period	Total number of people identified as being in their last year of life within reporting period	As per General Conditions Schedule 9	NICE Guidelines (NG31) 2015
ILT EOLC	QR 29	People identified as at the end of life who die in their preferred place of death	Target 75% in year 1	Quarterly Quality Performance Report	Number of people dying in their preferred place of death within the reporting period	Total number of people dying in reporting period	As per General Conditions Schedule 9	
Response Times- IAQS001	QR 30	Provider to demonstrate that patients referred to **all** services are seen and assessed within the specified timeframe in accordance with the relevant specification	Emergency (where applicable) 90% Urgent 90% Routine / non-urgent 90%	Monthly - Quality and Performance report	Number of emergency referrals addressed within 2 hours Number of urgent referrals addressed within 48 hours Number of routine referrals addressed within 7 days Number of patients identified as requiring rehabilitative therapy receive a first full assessment within 10 days Number of requests for urgent bloods to be taken where bloods are taken within 24 hours Number of requests for non-urgent bloods to be taken where bloods are taken within 7 days	Total number of emergency referrals Total number of urgent referrals Total number of routine referrals Total number of people identified as requiring rehabilitative therapy Total number of urgent requests for bloods to be taken Total number of non-urgent requests for bloods to be taken	As per General Conditions Schedule 9	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Response Times IACS002	QR 31	Provider to demonstrate that all services specified within IACS002 are meeting the specified response times	Emergency (where applicable) 90% Urgent 90% Routine / non-urgent 95%	Monthly - Quality and Performance report	Number of requests for specialist service advice prioritised as emergency addressed within 2 hours (split by service)	Total number of requests for specialist service advice prioritised as emergency		
					Number of requests for specialist advice prioritised as urgent addressed within 48 hours (split by service)	Total number of requests for specialist service advice prioritised as urgent		
					Number of requests for specialist advice prioritised as non-urgent addressed within 7 days	Total number of requests for specialist advice prioritised as non-urgent		
					Number of requests for face to face assessment or visit prioritised as emergency addressed on the same operational day (or next operational day for services not operating at weekends)	Total number of requests for face to face assessment or visit prioritised as emergency		
					Number of requests for face to face assessment or visit prioritised as urgent addressed within 48 hours (excluding weekends for services not operating at weekends)	Total number of requests for face to face assessment or visit prioritised as urgent		
					Number of requests for face to face assessment or visit prioritised as non-urgent addressed within 2 working weeks	Total number of requests for face to face assessment or visit prioritised as non-urgent		
Complaints	QR 32	Complaints: Compliance with Complaints, response	Compliance with Complaints regulations	As part of the Monthly Quality Performance report the following should also be reported:	a)Total number of complaints acknowledged within 3	a) Total number of complaints received	As per General Conditions	

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Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		timescales and evidence of learning.	Timescales: a) 100%: Acknowledged within 3 days b) 95%: Response within agreed timescale with complainant including extensions. c) Reporting required on the number of follow-ups post complaint.	Quarterly review regarding progress and actions taken on areas of below tolerance achievement and also demonstrating learning from complaints via a summary of themes and trends and actions taken/changes to practice as a result of complaints.	days b)Total number of responses made within agreed timescale (as per agreement with complainant) c) Total number of follow-ups received in reporting year (cumulative)	in reporting period b) Total number of responses in reporting period c) Total number of complaints received in reporting year (cumulative)	Schedule 9	
PALS Service	QR 33	Timely response to PALS – percentage of concerns of all categories responded to as set out in provider complaints policy.	90%	Month Quality and Performance Report	Total number of concerns responded to as per policy timescales within reporting period	Total number of concerns raised in reporting period	As per General Conditions Schedule 9	Threshold to be reviewed and confirmed
Clinical effectiveness – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes								
All	QR 34	Dissemination of all relevant NICE guidance	100%	Monthly status reports	Number of NICE guidance publications disseminated as appropriate within reporting period	Number of NICE guidance publications within reporting period	As per General Conditions Schedule 9	NICE guidance database.
All	QR 35	Implementation of NICE Technology appraisals	100% within the mandatory 3 month deadline	Monthly exception reporting against compliance with rationale for non-compliance. And resulting action plans	Number of NICE technology appraisals completed within the mandatory deadline.	Number of NICE technology appraisals within reporting period	As per General Conditions Schedule 9	NICE guidance database.
All	QR 36	Implementation of relevant NICE clinical guidelines	Provider will be expected to implement all guidelines. Where the guidelines are deemed inappropriate or irrelevant,	Monthly status reports on progress against implementation of adopted guidelines. All reasons for non-compliance to be identified. Remdial actions plans to be created and shared for	N/A	N/A	As per General Conditions Schedule 9	NICE guidance database.

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
			provider to tender their rationale.	ongoing monitoring.				
All	QR 37	Implementation of relevant NICE Interventional Procedures	Provider will be expected to implement all relevant procedures. Where procedures are deemed inappropriate or irrelevant, provider to tender their rationale	Monthly status reports identifying introduction of new interventional procedures by the provider with clinical audit to evidence safe practice. and resulting action plans where appropriate.	N/A	N/A	As per General Conditions Schedule 9	NICE guidance database.
All	QR 38	Monitoring of clinical outcomes - NHS Outcomes Framework - Community based outcome measures	Provider to outline appropriate service pathways and list /outcome measures for each pathway. National validated tools must be used where available	Provider to report detailing appropriate outcome measurements methodologies to demonstrate clinical effectiveness of therapeutic approaches	TBC	TBC	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
All	QR 39	Monitoring of Recognised Service / Specialty Specific Patient reported outcome measure (PROM) using validated quality of life indicators	The % of patients discharged from the service who report an improvement score in their condition between assessment and discharge	Provider to report detailing appropriate outcome measurements methodologies to demonstrate clinical effectiveness of therapeutic approaches and PROMS	TBC	TBC	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
All	QR 40	Participation in external best practice reviews / statutory requirements: national audits, confidential enquiries	100% for confidential enquiries and statutory requirements	Quarterly reports on progress of participation. and resulting action plans	N/A	N/A	As per General Conditions Schedule 9	Monitoring by the Clinical Effectiveness and National Audit Review Group.
All	QR 41	Response to external best practice reviews /	100% for confidential enquiries and statutory	Quarterly identification of reports, provider review of recommendations and implementation. and	N/A	N/A	As per General Conditions	Monitoring by the Clinical Effectiveness

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		statutory requirements e.g. confidential enquiries DH published reports, national audits	requirements	resulting action plans			Schedule 9	and National Audit Review Group.
All	QR42	Compliance with internal A&E /MIU Professional Standards	100% of standards to be included	Baseline audit against compliance and trajectory for improvement	TBC	TBC	As per General Conditions Schedule 9	
Community Hospitals	QR 43	Estimated Date of Discharge (EDD)	100% of patients to have an EDD within 24hours of admission.	Monthly Quality and Performance Report	Total number of patients given an EDD within 24hrs of admission	Total number of patients admitted in reportin period	As per General Conditions Schedule 9	
Community Hospitals	QR 44	Adherance to Estimated Date of Discharge (EDD)	Threshold to be developed in line with achievement of treatment goals and interventions.	Monthly Quality and Performance Report	TBC	TBC	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
Community Hospitals	QR 45	Reducing delayed transfers of care	Less than 5% of total bed base due to provider attributed delays. Reporting all delayed transfers of care by category e.g. medical deterioration, awaiting health PoC, awaiting social care PoC etc. Report all unproductive bed days pertaining to delayed transfer of care	Monthly report of all delayed transfers by category and bed days lost to CQRM	Total number of delayed discharges in reporting period	Total number of disharges in reporting period	As per General Conditions Schedule 9	
Community Hospitals	QR 46	Reduce length of stay for people admitted to Community Hospital	80% of patients discharged from community hospitals	Monthly Quality and Performance Report	Number of people in a community hospital for sub-acute step-up care discharged within 7 days	Total number of people in community hospitals for sub-acute, step-up care	As per General Conditions Schedule 9	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		inpatients beds; both step down and directly admitted	within: 7 days for sub-acute step-up care 24 Hours for day treatments 7 days for care package breakdown or decline in functional status 21 days for acute step-down care		Number of people in community hospitals for day treatment discharged within 24 hours Number of people in community hospitals as a result of a care package breakdown or deterioration of social care status discharged within 7 days Number of patients in community hospitals for step-down care following an acute episode discharged within 21 days	Total number of people in community hospitals for day treatment Total number of people in community hospitals as a result of care package breakdown or deterioration of social care status Total number of patients in community hospitals for step-down care after an acute episode		
Community Hospitals	QR 47	Report on numbers of Bed days lost to closures; split by cause e.g. infection control, staffing , refurbishment	Compliance	Provider to ensure that the commissioner is made aware of any bed closures in near real time (within 24 hours) with daily updates during period of closure. Summary of bed closures to be reported in Monthly Quality and Performance Report	N/A	N/A	As per General Conditions Schedule 9	
Community Hospitals	QR 48	CHC – processes for identification of individuals potentially eligible for CHC or funded nursing care in line with Surrey CHC Framework	100% completion of assessment processes and referral within timescales as per framework. There are rare occasions when this is not possible. Exceptions to be discussed between provider and CCG	Exception reporting (where applicable) through the monthly Quality and Performance Report Commissioner will validate against Surrey Downs CHC activity report and Delayed Transfers reporting.	Number of CHC assessments completed within relevant timescale	Total number of CHC assessments completed	As per General Conditions Schedule 9	
ILT Wound	QR 49	Provider to demonstrate improvement in Venous leg ulcers	Baseline and improvement trajectory to	Quarterly Quality and Performance report	TBC		As per General Conditions	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Management		healing rates in accordance with Best Practice Guidance	be agreed in Q1.				Schedule 9	
Independence & Activities of Daily Living	QR 50	Provider to demonstrate that patients with Long Term Conditions have agreed goals and measures in place to monitor outcomes	100% of patients on the active caseload who have a plan of care in place. This must include an action plan for exacerbation/deterioration of condition	Monthly Quality and Performance reports	Number of patients on the active ILT or Locality Hub caseload with a care plan in place as detailed within the relevant specification /	Total number of patients on the active ILT or Locality Hub Caseload	As per General Conditions Schedule 9	
Independence & Activities of Daily Living	QR 51	% of people that are or have been managed on the active caseload that have a baseline score against a recognised ADL assessment tool	80%*	Monthly Quality and Performance reports	Number of people on that have been managed on the ILT or Locality Hub active caseload with a baseline score against a recognised ADL assessment tool /	Total number of people that have been managed on the ILT or Locality Hub active caseload	As per General Conditions Schedule 9	
Independence & Activities of Daily Living	QR 52	% of people that scored in each quartile (least independent to most independent) following an ADL assessment that have maintained or improved upon their score following a repeat assessment	ADL assessment tool and improvement trajectories to be agreed during mobilisation.	6 monthly reporting within Quality and Performance Report	Number of people in each quartile that demonstrate improvement following a repeat ADL assessment	Total number of people in each quartile following baseline ADL assessment	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
Intermediate Care	QR 53	Proportion of patients for whom a package of care is agreed that will enable discharge to be facilitated before 12:00	60%	Monthly Quality and Performance Report	Number of patients discharged from acute hospital via the Intermediate Care Team before 12:00 noon	Total number of patients discharged from acute hospital via the Intermediate Care Team	As per General Conditions Schedule 9	Exception required for hospital delays, PTS delays, medical deterioration, <24hrs

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		noon.						advance notification of referral.
ILT Care Home Support	QR 54	Provider to demonstrate; Number of North West Surrey Care Homes with a Care Home Support Plan in place	100% of care homes to have a plan in place by end of year 3 - 33% per year over 3 years.	Quarterly through Quality and Performance reports	Number of care homes with a care home support plan defined by the relevant ILT /	Total number of care homes in NW Surrey	As per General Conditions Schedule 9 As per General Conditions Schedule 9	Broken down by care home, exceptions required for non-engagement from care homes
ILT Care Home Support	QR 55	Provider to demonstrate Reduction in the number of admissions to hospital from NW Surrey Care Homes against 2016/17 baseline	10% reduction in year 1, 15% reduction in year 2, 20% reduction in year 3, 25% reduction in year 4. Ongoing maintenance	Reviewed quarterly, report produced via CCG based on SUS data	Number of admissions from North West Surrey Care homes within operational year /	Number of admissions from North West Surrey Care homes in 2016/17	As per General Conditions Schedule 9	
ILT Care Home Support	QR 56	Provider required to provide evidence of training and development of care home staff with regards to key clinical skills and competencies e.g. management of dementia and challenging behaviour, continence conditions and urinary infection, respiratory illness, falls and mobility, wound care, nutrition and swallowing etc.	Training programme to be agreed with CCG Provider to report delivery of agreed programme and nos of staff attending sessions	Improvement plan required. Subject to monthly review.	N/A	N/A	As per General Conditions Schedule 9	Record of training activities delivered to be reviewed and deemed satisfactory by an appropriate Clinical Committee.

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Specialist Nursing	QR 57	% of patients beginning pulmonary rehabilitation within 6 weeks	80%	Quarterly Quality and Performance reports Exception criteria required, e.g. to reflect patient choice	Number of patients beginning pulmonary rehabilitation within 6 weeks	Number of people referred for pulmonary rehab	As per General Conditions Schedule 9	
Specialist Nursing	QR 58	% of patients completing a defined course of pulmonary rehabilitation	75%	Quarterly Quality and Performance reports	Number of patients completing a course of pulmonary rehab	Number of people beginning a course of pulmonary rehab	As per General Conditions Schedule 9	
Specialty Outpatients	QR 59	Do Not Attend Rates. Demonstrate lost clinical capacity within adult services	Provider to deliver action plans to address failed attendance rates, detailed by service area and cancellation reason.	Quarterly review of action plans through CQRM - Quality and Performance reports	N/A	N/A	As per General Conditions Schedule 9	
Transition	QR 60	2017/18 CQUIN indicators	Transition of CQUIN indicators into business as usual	Following review of Q4 and year end achievement of 2016/17 CQUIN, indicators to be agreed for 2017 onwards	TBC	TBC	As per General Conditions Schedule 9	
Transition	QR 61	In year Service Specifications reviewed and associated indicators	Agreement of indicators and route of monitoring and reviewing	To agree as any service specifications are developed or reviewed.	N/A	N/A	As per General Conditions Schedule 9	To ensure that when we review or develop any service specifications, we have a mechanism for monitoring and reviewing them
WIC	QR 62	Proider to demonstrate the ability for walk-in centres to meet demand within specified timescales	95%	Monthly Quality and Performance Reports	Number of patients seen within the required response time (priority 2, 3 and 4)	Total number of patients attending walk-in centres (priority 2, 3 and 4)	As per General Conditions Schedule	