

Northern Care Alliance

Salford Care Organisation

Adult Social Care Market

Quality Assurance & Improvement

2024 to 2028

Version	Date	
1.0	July 2023	Original Version
1.1	July 2023	Updated to incorporate JN & AB feedback
1.2	August 2023	Updated to incorporate PW feedback
1.3	September 2023	Updated to incorporate feedback from ICB
1.4	February 2024	Incorporated feedback from ASC engagement
1.5	May 2024	Updated to reflect arrangements for out of area placements and Action plan added (to be further developed)
1.6	June 2024	Updated to reflect further input from SCC & ICB Directors.
1.7	July 2024	Updates to offer more clarity on Oversight Board role.

Salford Adult Social Care Market

Quality Assurance & Improvement

2023 – 2028

<u>1.</u>		<u>Introduction</u>
	1.1	Overview
	1.1.1	This document sets out Salford’s approach to assuring the quality of commissioned care and support services.
	1.1.2	This outlines the ambition, aims and key principles that underpin our approach for securing and maintaining a good level of quality in the delivery of care and support services by our providers to the people they support.
	1.1.3	<p>The Care Act 2014 places duties on the council towards adults with eligible care and support needs, and carers. It requires that local authorities help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities. The Care Act also states that when buying and arranging services, local authorities must consider how they might affect an individual’s wellbeing. We therefore have a duty to ensure that the care and support services it commissions support and promote the wellbeing of people receiving those services.</p> <p>Salford has a duty under the Health and Social Care Act 2012 to meet its responsibilities in the commissioning of care for the people for whom it is responsible. It has a duty, in exercising its functions, to seek continuous improvement in the quality of services. It also has a duty to promote patient and carer involvement in decisions about individual care and acting to enable patients to make choices about their care.</p>
	1.2	Ambition
	1.2.1	To ensure that all partners across Salford’s integrated system work together in an open and transparent way, with accountability for sharing information and intelligence routinely and consistently. So, that this can be effectively acted upon to seek assurance from or make improvements with our commissioned services.
	1.2.2	To embed a culture of high quality, safe and continuous improvement in all of our care and support services. This is a whole system approach where quality standards and expectations are clearly communicated, and the integrated Salford system works collaboratively to ensure that quality is delivered.
	1.2.3	This collaborative approach relies on positive and supportive relationships between the range of agencies, care providers and people using services.

	1.2.4	Through this supportive partnership-based working, continued improvement in quality can be delivered with better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.
	1.3	Aims
	1.3.1	To set out our expectations for meeting a good level of quality that focuses on the delivery of outcomes for individuals in receipt of care services.
	1.3.2	To establish a process for assuring quality that is consistent, clear and transparent for those delivering services.
	1.3.3	To outline our approach to assuring quality, how standards and outcomes will be monitored and actions that will be taken to improve standards and outcomes where required.
	1.3.4	To provide a consistent and coordinated means for reporting and responding to concerns where quality thresholds are not being met and where there is a clear need for service improvement to minimise or omit any risks to people who are receiving care and support.
	1.3.5	<p>This document will:</p> <ul style="list-style-type: none"> • Establish expected quality standards for services delivering commissioned care and support services. • Confirm the mechanism for assuring the quality of care based on a range of intelligence. • Clearly describe the processes for monitoring quality and for escalation and de-escalation between quality thresholds. • Enable appropriate action to be taken where areas of concern are identified and support providers need to improve and sustain good standards of care and support. • Provide a coordinated response across all agencies that is proportionate and consistent. • Proactively work to avoid escalation of provider quality concerns as well as responding to new guidance and statute. • Recognise, celebrate, and share good practice.
	1.4	Principles & values
	1.4.1	The key principles of this document reflect an approach that is person-centred, based on intelligent information, uses the strengths of Salford's integrated system, is supportive and proportionate.
	1.4.2	<p>The overarching principles are as follows:</p> <ul style="list-style-type: none"> • The delivery of outcomes for people who receive care and support are at the centre of decision making and care and support delivery. • People who are receiving care and support are actively involved in their care and support arrangements. • Care and support providers are responsible for ensuring they deliver good quality care. • Salford has a duty to assure the quality of care and support being provided and to promote a culture of continuous improvement.

		<ul style="list-style-type: none"> • Quality standards for delivering outcomes are established that promote individual wellbeing and independence and set out what good care practice looks like. • Quality assurance and monitoring is inclusive and supportive of care providers. • The quality monitoring process is clear, transparent, proportionate and based on informed action. • Quality monitoring processes are responsive to the individual organisation's requirements and based on a range of intelligence from different sources to provide a balanced view, including the views of people using services and their families/carers as well as professionals involved in people's care. • Quality will be measured against contractual terms and conditions, quality standards and the delivery of outcomes.
	1.4.3	<p>The following values underpin quality improvement:</p> <ul style="list-style-type: none"> • Supportive: We will involve Providers in decisions/changes and encourage them to co-design and co-produce improvements with input from those people they affect. We will ensure we have effective two-way communication channels. This process should be supportive and proportionate, not onerous or punitive. • Person-centred: People who use services and their families will be at the centre of everything we do. We will endeavour to view events from their perspective and involve them in decisions relating to their care. We will seek to prioritise the wellness of people in the work that we do. • Evidence-based improvement: We will take an innovative approach to improvement. Where possible, ideas will use the best available evidence (e.g. NICE guidance). We will take a robust approach to measurement and evaluation to facilitate sharing of learning and spread of successful pilots. • Asset/strength based: An assets-based approach will underpin how we learn from one another, focusing on what we do well rather than what we do 'wrong'. We will celebrate staff that challenge the status quo and deliver excellent care to people. • Learning: We will share learning from good practice as well as any identified themes/trends both from individual cases and statutory reviews.
	1.4.4	The Salford Provider Excellence Programme will provide opportunities for Providers to learn about improvement projects, share and support one another, build partnership working and engagement, and tackle system-wide problems.
	1.5	Who is the document aimed at?
	1.5.1	This applies to all commissioned care and support services for adults operating in Salford, as there is a contractual requirement in place; this includes jointly commissioned services with ICB Salford Locality.
	1.5.2	Partners across the Salford system aim to work together effectively in sharing intelligence as well as resource, skills and expertise to meet our aims of continuous improvement in quality.
2		<u>Quality Standards</u>

	2.1	Having a clear set of quality standards provides a framework and baseline for assuring the quality of commissioned care and support services. This allows for benchmarking, oversight, monitoring and support to be applied in a consistent way across all sectors and all service providers.
	2.2	At the time of writing, PAMMS is the quality outcomes framework utilised, in Salford. PAMMS (Provider Assessment and Market Management Solution) is an IT solution for the collection, analysis and reporting of quality information that is used to increase care quality and mitigate risks of provider failure. The criteria follow CQC domains and requires officers to gather a range of evidence via service visits. This then produces an objective result and an action plan for any identified areas of improvement.
	2.3	Using this framework gives everyone a clear set of standards to identify when things are being done well (so that good practice can be recognised and shared), as well as highlighting areas for improvement so that prompt and effective action is taken.
	2.4	Our approach is one of continuous improvement; so, whilst the aim is to eventually have all services at CQC Good/Outstanding, there is an acknowledgement that this takes time and therefore there is an expectation of improvement on the baseline quality assessment. Then, subsequently maintaining good practice and continuously seeking to innovate and further improve for the benefit of people supported.
	2.5	An annual planning cycle for PAMMS allows prioritisation of Providers based on risk; with flexibility to review and change as part of the oversight group processes.
<u>3</u>		<u>Assuring Quality</u>
	3.1	Collaborative approach
	3.1.1	<p>Quality is everyone's responsibility and the best way to ensure that good quality services are delivered is to involve all stakeholders in assessing how well those services are performing.</p> <p>Stakeholders include people who use the service, relatives, carers, providers, staff delivering the service, social care staff, health practitioners, safeguarding professionals, regulatory bodies e.g. CQC, and Healthwatch Salford.</p>
	3.1.2	Adult social care Market Management team are responsible for the delivery of quality assurance for social care commissioned care and support services to adults.
	3.1.3	Both the Adult social care and the ICB Salford Locality quality team will be jointly responsible for quality assuring those care and support services that are jointly commissioned / have health and social care elements. This may be by joint assessment or sharing assessments to avoid duplication and promote joint working.
	3.1.4	Oversight groups for each sector will have responsibility for gathering the full range of intelligence. (see appendix for oversight groups)

		<p>An effective approach to quality assuring care and support services will rely upon access to timely, accurate and robust data and intelligence from a range of sources. This information will be compiled and used to assess levels of concern and risk against the quality thresholds and to inform quality assurance activity.</p> <p>Details of the quality threshold levels and the monitoring and measures applied to each level at Appendix.</p> <p>The following information will be used in the assessment of quality thresholds:</p> <ul style="list-style-type: none"> - Intelligence gathered at Oversight Groups, including demand, referrals, barriers, environmental health/regulatory service reports, safeguarding referrals, complaints and other concerns/issues raised by professionals, by Providers at Forums and/or within engagement groups for people with lived experience. - PAMMS quality assessment. - Performance Returns - Bi-annual Provider risk self-assessment. - Service staff feedback - Outcomes for people* <p><i>(*People and their families are engaged as part of the PAMMS process and additional ad hoc engagement can be carried out to facilitate further investigation into quality, this includes the work of engagement officers working with us from SCC)</i></p>
	3.1.5	<p>For jointly commissioned services:</p> <ul style="list-style-type: none"> - Timetables for visits will be shared and managed to avoid duplication and to best support the service. - Quality assurance information and intelligence will be shared between organisations and where concerns are raised it will be agreed jointly who the lead organisation is in undertaking any quality monitoring. - Decisions at each stage of the quality monitoring process will be jointly agreed.
	3.1.6	<p>Proportionate contact/reviews/assessment:</p> <p>The minimum level of contact with all commissioned care and support providers will be mid contract term.</p> <p>The frequency of contact, meetings, reviews will be dependent on risk factors, size of Provider, concerns/safeguarding, action plans in place and can be defined by the Oversight Groups.</p>
	3.1.7	<p>Out of area placements offer limited opportunities for quality assessment and are limited to the following mechanisms:</p> <ul style="list-style-type: none"> - Pre placement checks - Social worker feedback on review of individual - Information sharing Protocol - CQC ratings and alerts - Enquiry with relevant local authority quality teams

	3.1.8	Information and Intelligence on the quality and performance of individual Providers, sectors and whole market is shared via assurance reports to the system.
	3.1.9	<p>The role of our NHS GM (Salford Locality) Quality and Safety Team is to ensure that services are safe, effective and in line with the needs of the population.</p> <p>The team work collaboratively with providers of nursing care to monitor and review information from a range of sources to ensure that safe, effective and high quality, caring health services are commissioned and delivered for local people.</p> <p>This is supported by the 2022 National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and Safeguarding Assurance and Accountability Framework where roles and responsibilities of the ICB is defined as:</p> <p>roles and responsibilities of the ICB is defined as:</p> <ul style="list-style-type: none"> - Identifying and acting on issues arising in the provision of NHS Continuing Healthcare. - Implementing and maintaining good practice. - Ensuring that quality standards are met and sustained. - Having clear arrangements in place with other NHS organisations and independent or voluntary sector partners to ensure effective operation of the National Framework. <p>The ICB Quality Assurance Framework provides a robust picture of service quality and gives greater insight into local service delivery.</p> <p>Open and transparent relationships allows collaborative working with partners to identify key areas of focus for quality improvement, share best practice across the system and ensure that learning from incidents, complaints, feedback and events, informs service improvements.</p> <p>The Quality Assurance Team work collaboratively on the quality and safety agenda in care homes across Salford. The team drives innovation, transformation, and improvement across the Care Homes, with key work streams focusing on improving quality and safety to protect vulnerable residents.</p> <p>It is important that Providers are aware that compliance with both ICB and ASC quality assurance is required.</p>
	3.2	Provider reporting, returns and visits
	3.2.1	<p>Monthly/quarterly/annual reporting and returns will be requested from Providers in key areas:</p> <ul style="list-style-type: none"> - Quality - Performance - Risk / Sustainability - Outcomes - Insurances - Social Value

	3.2.2	<p>Where appropriate, visits to commissioned services will be undertaken to assure quality and to support and work with providers to make improvements and share good practice.</p> <p>Activity will largely be proactive, and visits will be based on collaborative discussions with colleagues, stakeholders and other sources of intelligence collected as part of this process.</p>
	3.2.3	<p>Quality visits as part of the PAMMS process will consist of talking to people/families, staff working in the service, observation of the delivery of care and support and the interactions with customers, reviewing the environment, considering support plans and documentation and looking at the application of policies/processes.</p> <p>Providers will receive a rating following this visit as well as feedback about positive practice, any improvements needed, and any actions will be developed into an action plan for ongoing monitoring.</p>
	3.2.4	<p>Ad hoc visits may take place in response to concerns or to celebrate good practice. Where concerns have prompted a visit this will be in response to a specific issue and will include tasks deemed appropriate and proportionate by the oversight group.</p>
	3.2.5	<p>For a jointly commissioned service a joint visit may be required, and it will be agreed who the lead organisation is and who is undertaking the visit.</p>
	3.3	Response and action
	3.3.1	<p>If there are concerns following gathering of intelligence and/or quality visits that are likely to impact on the quality of the provision (and therefore people being supported) this may require additional visits to provider premises and the development of a service improvement plan with actions, which will be actively monitored by PMMT, to resolve specific issues.</p>
	3.3.2	<p>General quality concerns can be raised internally via the PMMT quality inbox (asc.providerquality@nca.nhs.uk) or using issues logs on Teams. External concerns may be reported to the team directly, or fed into Oversight Groups as intelligence, or come in via the safeguarding/complaints route.</p>
	3.3.3	<p>Individual concerns will need to be addressed at an individual level:</p> <ul style="list-style-type: none"> - Via the Provider to allow an opportunity for resolution. - Via Safeguarding, and this process completed. <p>Learning from individual safeguarding that is regarding quality improvement can be picked up by feeding this into Oversight Groups.</p>
	3.3.4	<p>Safeguarding concerns / Quality:</p> <p>Where there is a volume, theme, trend identified for a particular Provider, service and/or sector this can indicate an issue with service quality and these processes would be utilised.</p> <p>This should be highlighted to Oversight Groups and actions agreed as a group, so that improvements can be progressed.</p>

		<p>If the safeguarding concerns regarding a Provider are beyond the remit of Quality, the Oversight Group will escalate into the Oversight Board to consider further action. This may result in punitive action, such as contractual default, suspension and/or Organisational Safeguarding processes being triggered. (also at 3.3.10)</p>
	3.3.5	<p>It is expected that professionals are responsible for sharing intelligence / concerns from their own area at Oversight Groups.</p> <p>Actions should be agreed as a group and may require input from different professions/organisations in the integrated system.</p> <p>Members of the group will be responsible for communicating back to their own areas regarding actions being undertaken; though this information is not to be shared outside of the Salford system, unless agreed and appropriate to do so.</p>
	3.3.6	<p>Following a period of action and support within Oversight Groups, concerns that need to be escalated, will be identified and presented to Directors (SCO/SCC/ICB) via the Market Oversight Board.</p> <p>The Board have a role in ensuring that the right path is taken to promptly address concerns.</p>
	3.3.7	<p>Providers with low level concerns (Threshold Level 1) will be reviewed by the Oversight group and a decision will be made about whether to escalate to the next quality threshold level. This decision will be undertaken jointly where it is a jointly commissioned service.</p>
	3.3.8	<p>Providers with moderate and major concerns (Threshold Level 2 and Level 3) will be reviewed at oversight groups and a decision will be made on whether to escalate or de-escalate. Again, this decision will be undertaken jointly between where it is a jointly commissioned service.</p>
	3.3.9	<p>Where a major concern (or many smaller concerns not addressed) is identified the oversight group may escalate to the Quality & Safety Market Oversight Board for decision/action.</p> <p>This is a quarterly meeting, with the ability to use the group virtually or convene additional meetings as require for more immediate concerns.</p>
	3.3.10	<p><u>Oversight Board Escalation.</u></p> <p>Any one of the three directors can initiate an escalation to the group for a discussion and agreement on next steps.</p> <p>Head of Service Market Management can suggest an ad-hoc/urgent escalation outside of routine meetings; following intelligence at Oversight Groups as outlined in 3.3.7-3.3.9</p> <p>Discussion will take place regarding:</p> <ul style="list-style-type: none"> ➤ An inadequate CQC inspection or PAMMS assessment. ➤ Following the loss of the Registered Manager or change of ownership.

		<ul style="list-style-type: none"> ➤ Following any police related incident. ➤ Where there are serious staffing concerns – i.e. Compliance with sponsorship licence for international recruitment, knowledge of issues with poor staff Terms & Conditions/treatment. ➤ Any threat of or actual industrial action. ➤ Knowledge gathered that signals a critical business risk – potential Provider/market failure.
	3.3.11	Escalations to the Board will be made where a decision is required to enter Serious Safeguarding Concerns Process for organisational safeguarding , to suspend placements or implement a contractual default/penalty.
	3.3.12	Any concerns where information indicates that an adult(s) may be at risk of harm or abuse, Salford's Safeguarding Adults Policy will be adhered to.
	3.3.13	Market sustainability and Failure processes exist to support with concerns regarding a provider and may be the appropriate channel to follow in some circumstances.
4		Contractual Relationship
	4.1	Commissioned services are underpinned by a contract and specification detailing terms and conditions, including performance and quality measures. This document sets out how the quality of these services will be monitored.
	4.2	When assessing the quality of services through the quality assurance process, these will be considered in the context of contractual performance. Consideration will be given to whether the terms and conditions of the contract have been breached and appropriate action taken in accordance with the contract.
	4.3	Salford seeks to be proportionate and appropriate in its response to quality concerns and will firstly aim to work with providers to address areas of concern and utilise the Salford system to support this where appropriate.
	4.4	Sanctions will be considered, if there are major grounds for concern which prejudice the effective operation of the provider or are so serious as to prejudice the provider's future viability as a contractor.
5		Continuous Improvement
	5.1	Salford's ambition is for all Care Quality Commissioned adult regulated services to be rated as Good or Outstanding with CQC. Also, for non-CQC adult regulated services to be Good or Excellent
	5.2	Our services should ensure that people feel safe, supported, live meaningful lives and are involved in decisions about the care they receive.
	5.3	<p>Our quality improvement priorities are summarised in three key headings:</p> <ul style="list-style-type: none"> • Quality of life • Improved health outcomes • System enablers. <p>We will intentionally target these areas as priorities and align resources to deliver quality improvement.</p>

	5.4	<p><u>Quality of Life</u></p> <p>Quality of life is described in many ways by different people.</p> <p>This can include remaining active with access to activities of preference/interest and ensuring that care is personalised by listening to people and their families.</p> <p>Care should meet diverse needs and be culturally appropriate. And we should ensure that learning is taken from people with lived experience, and especially when things go wrong.</p> <p>Salford are currently working on a way to measure quality of life outcomes with our commissioned services; this information is also captured with individual's at annual reviews.</p>
	5.5	<p><u>Improved Health Outcomes</u></p> <p>People who access care can have a a number of health issues and we want to ensure that care is delivered holistically to target improved health outcomes for people. This will involve collecting data, looking at trends and putting in place interventions to drive improvement.</p> <p>Salford is an integrated system and will utilise this to support providers across a number of disciplines such as oral health, nutrition/hydration, wound care, infection prevention and control as themes are identified.</p>
	5.6	<p><u>System Enablers</u></p> <p>Salford is an integrated health and social care system with partners across a vast array of agencies. Care and support providers are an integral part of this system, and we encourage two-way communication channels and promote good working relationships.</p> <p>The Salford system will work together to identify and understand issues and establish appropriate pathways to resolving these.</p>

Appendices

Appendix No.	Description
1	Quality Assurance Threshold Levels
2	Organisational Safeguarding (to follow)
3	Quality Governance Structure
4	Action Plan

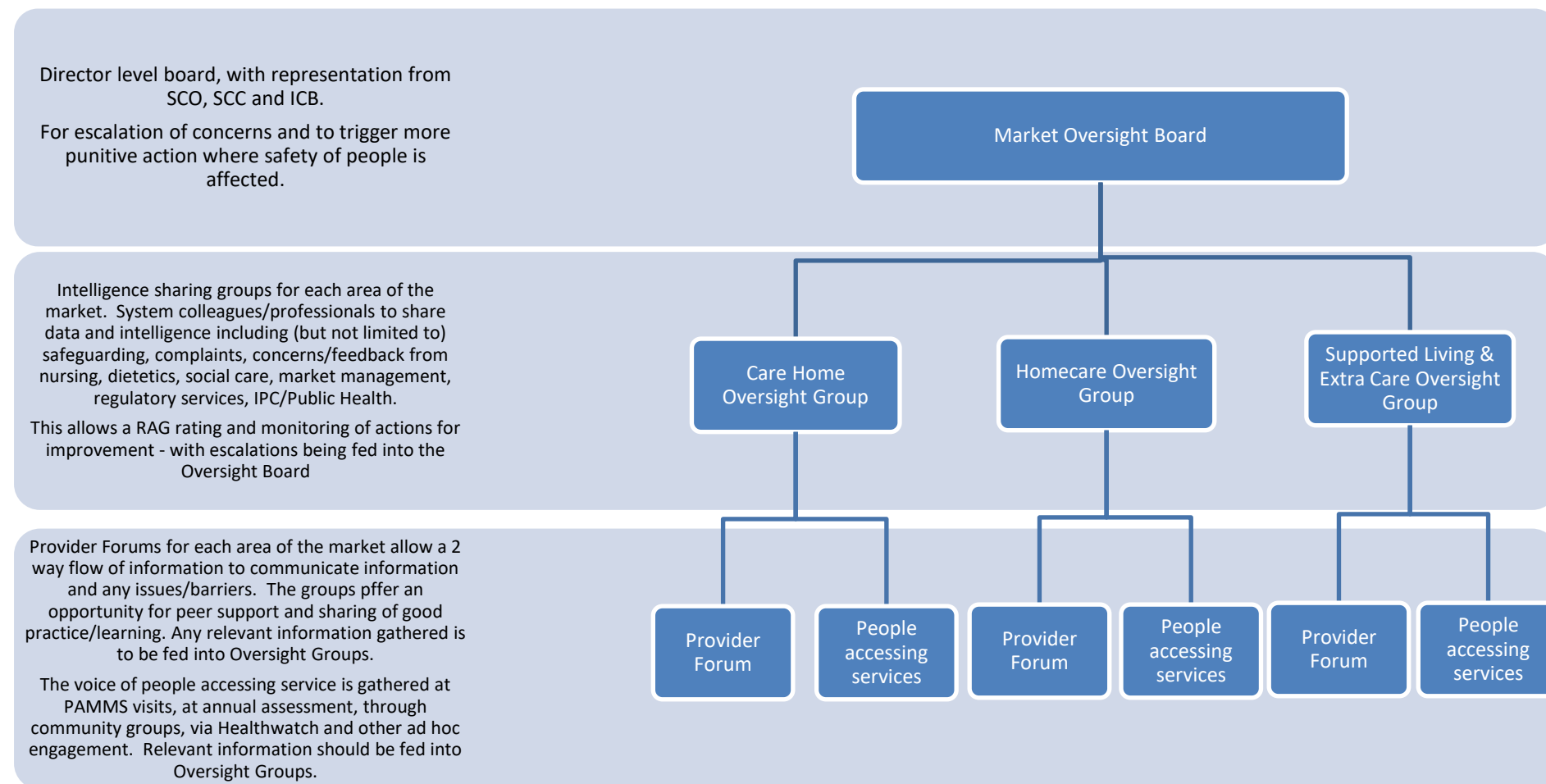
APPENDIX 1: Risk Thresholds – this is intended as a guide of things to consider for Oversight groups and is not definitive – the groups must make decisions together based on all factors presented.

Level	Thresholds	Description	Intervention
1	Low No concerns / Minor concerns	<p><u>Contractual compliance:</u> Good, documents signed etc</p> <p><u>Quality/Performance:</u> Overall CQC rating is Good / Outstanding. PAMMS is Good / Outstanding. Provider is submitting monitoring information as requested: Risk assessment, performance info. Provider responsive / engaged: attends forum, has relationship with PMMT. Provider is delivering service improvement recommendations and actions to timescales.</p> <p><u>Intelligence:</u> Demand for service is well managed, no referral issues / barriers. Regulatory services not reporting concerns. Safeguarding reports at level expected with no specific emerging themes/trends of concern. Feedback received about the provider is generally positive. Minor and relatively isolated quality concerns; or level of concerns are as you would expect for a service of its size.</p>	<p>Low priority for PAMMS.</p> <p>No further action.</p> <p>No additional monitoring.</p>
2	Medium Moderate concerns	<p><u>Contractual compliance:</u> May be some issues</p> <p><u>Quality/Performance:</u> Overall CQC rating is Requires Improvement. CQC warning notices / compliance actions / conditions are in place. PAMMS is Requires Improvement. Monitoring information not being submitted by provider, as requested. Provider not responsive / engaged: not always attending forum, changes in personnel, not established good relationships with PMMT. Action plan not being delivered within timescales / not progressing as well as expected.</p>	<p>Medium priority for PAMMS</p> <p>Consider at oversight group, what appropriate and proportionate actions may be needed:</p> <ul style="list-style-type: none"> • Meeting with Provider. • Service visit for specific issue(s). • Action plan. • Additional monitoring.

		<p><u>Intelligence:</u> Issues with demand not being met effectively, some barriers to referrals. Regulatory services report some concerns. Repeated safeguarding reports, levels that are outside what you would expect for a service of its size. Feedback about the Provider is often negative. A number of concerns are being raised that are more widespread and/or more serious in nature and/or show a significant theme/trend.</p>	
3	High Major concerns	<p><u>Contractual compliance:</u> Previous contract breaches, serious or recurring,</p> <p><u>Quality/Performance:</u> Overall CQC rating is Inadequate or Requires Improvement. CQC notices of proposal / decision to cancel registration / conditions imposed on registration. PAMMS is Poor or Requires Improvement. Monitoring information not being submitted by provider, as requested. Provider not responsive / engaged: not attending forum, frequent changes in personnel, no established relationship with PMMT. Action plan is not being delivered within timescales / little or no progress being made. Improvements are repeatedly not made / sustained. Issues with leadership of service have been identified. Issues with staff recruitment/training/supervision, or rotas that indicate staff are overworked are identified. Safeguarding/whistleblowing/complaints processes not in place. Processes in general and documentation/record keeping are f a poor standard. There is evidence that people supported lack choice and control over their own lives / blanket decisions are being made by the Provider. This includes restrictions on seeing friends/family and/or access to their own funds.</p> <p><u>Intelligence:</u> Concerns flagged with operation of service re: referrals and demand. Regulatory services reporting multiple concerns. Repeated safeguarding reports, levels that are outside what you would expect for a service of its size. Feedback about the Provider is mostly negative. Large number of concerns are being raised that are widespread and/or more serious in nature and/or show a significant theme/trend.</p>	<p>High Priority for PAMMS.</p> <p>Consider at oversight group, what appropriate and proportionate actions may be needed:</p> <ul style="list-style-type: none"> • Meeting with Provider. • Service visit for specific issue(s). • Action plan. • Additional monitoring. <p>For escalation Quality & Safety Market Oversight Group if need to consider taking further action(s):</p> <ul style="list-style-type: none"> - Contract default notice(s) served in the event of timescales for delivering service improvements not being met / achieved and/or non-engagement. - Advisory notice or placement suspension - If organisational safeguarding / serious safeguarding processes need to be followed. <p>** Immediate concerns to be escalated</p>

APPENDIX 2: Organisational Safeguarding Policy (to follow)

APPENDIX 3: Quality Governance Structure



Action Plan:

Area of development	Steps / Milestones	Responsible	By When	Update
Outcomes data to be developed and standardised across the market	<ol style="list-style-type: none"> 1. ASCOT tool to be trailed 2. Work with Aqua to be concluded 3. Trail of additional Qs in PAMMS questionnaire 4. Review of trial and subsequent actions to be added 	KP/JN	Q3 22/23 Q4 22/23 Q2 23/24 Q2 23/24	
Organisational safeguarding	<ol style="list-style-type: none"> 1. policy and process to be developed 	MS		
Performance data to be developed and implemented across all sectors	<ol style="list-style-type: none"> 1. Homecare development of data and meetings 2. Roll out to Supported Living 3. Roll out to Extra care 4. Develop for care Homes 5. Roll out 			
Collaboration with ICB on nursing homes quality	TBD			
Work with commissioners to develop a meaningful set of KPI's annually.	<ol style="list-style-type: none"> 1. Hold KPI workshop 2. Develop main KPI's for each sector 3. Work with Providers to implement 4. Gather data and review 			