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Quality Assurance Strategy For Commissioned Care and Support (Adults) Services

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1. Introduction

1.1 Overview

- 1.1.1 The quality assurance strategy sets out Herefordshire Council's and Herefordshire Clinical Commissioning Group's (HCCG) approach to assuring the quality of commissioned care and support services in Herefordshire.
- 1.1.2 The strategy outlines the vision, 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.

1.2 Vision

- 1.2.1 In Herefordshire we want to ensure that the quality of our care and support services becomes everyone's responsibility, where information and intelligence is routinely and consistently shared and effectively responded to so that service users, family members and carers can be confident that the support and care being delivered is of a good quality.
- 1.2.2 The quality assurance strategy focuses on fostering and embedding a culture of high quality and continuous improvement in our care and support services across Herefordshire. It fully embeds a whole system approach where quality standards and expectations are clearly communicated and owned; and key stakeholders work collaboratively to ensure that quality is delivered.
- 1.2.3 Central to this is the need for a collaborative approach in the way quality is driven and delivered in our care and support services, where positive and supportive relationships are built between the range of agencies, care providers and people using services in order to foster a culture of continuous improvement.
- 1.2.4 It is through supportive partnership-based working that 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 The aim of the strategy is 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.
- 1.3.2 It establishes a framework for assuring quality that is consistent, clear and transparent for those delivering services.

- 1.3.3 The strategy outlines our approach to assuring quality, how standards and outcomes will be monitored and the action that will be taken to improve standards and outcomes where required.
- 1.3.4 It provides a consistent and coordinated means for responding to concerns where quality thresholds are not being met and where there is a clear need for service improvement to minimise any risks to service users.
- 1.3.5 The quality assurance strategy will:
- Establish the quality standards for delivering outcomes for individuals in receipt of commissioned care and support services.
 - Provide a mechanism for assuring the quality of care based on a range of intelligence.
 - Clearly describe the quality standards for delivering outcomes, the quality thresholds and 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 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.
 - Recognise, celebrate and share good practice.

1.4 Key principles

- 1.4.1 The key principles of the quality assurance strategy reflect an approach that is person-centred, based on intelligent information, supportive and proportionate. The principles indicate a shift away from planned activity towards informed activity.
- 1.4.2 The overarching key principles are as follow:
- The delivery of outcomes for service users are at the centre of care and support delivery and reflect the principles and values as outlined in [Herefordshire's Safeguarding Adults Policy](#).
 - The people who use services are actively involved in their care and support arrangements.
 - Care and support providers are responsible for ensuring they deliver good quality care.
 - Herefordshire Council and HCCG have a duty to assure the quality of care and support being provided and to promote a culture of continuous improvement.
 - 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.

- Quality assurance processes are based on holistic approaches supported by collaborative professional partnerships.
- The quality monitoring process is 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.
- Quality will be measured against contractual terms and conditions, quality standards and the delivery of outcomes.
- Quality assurance processes are transparent and clear.

1.5 Who is the quality assurance strategy aimed at?

1.5.1 The strategy applies to commissioned care and support services for all adults in:

- residential and nursing homes jointly commissioned by HCCG and Herefordshire Council; or in receipt of
- care and support services commissioned by Herefordshire Council

1.6 Legal context

1.6.1 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. Herefordshire Council therefore has a duty to ensure that the care and support services it commissions support and promote the wellbeing of people receiving those services.

1.6.2 Herefordshire Clinical Commissioning Group 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.

2. Setting standards

2.1 Having a clear set of quality standards (quality outcomes) provides a framework and baseline for assuring the quality of commissioned care and support services in Herefordshire. They ensure that the degree of oversight, monitoring and support is applied in a consistent way across all providers.

- 2.2 The quality outcomes framework (as at Appendix 1) sets out what 'good' looks like, putting the person in receipt of care and support at the centre and is based on achieving outcomes for those individuals. They affirm our expectations in terms of quality as well as what customers can expect from the care and support services that they are in receipt of.
- 2.3 Having a clear set of standards will 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. The quality standards provide a sound basis for supporting organisational development and learning and for embedding a culture of continuous improvement.
- 2.4 The quality outcomes framework underpins our approach to assuring and monitoring the quality of our care and support services in Herefordshire and has been developed in line with changes made by the Care Quality Commission (CQC) and their assessment framework, which focuses on five key areas (called key lines of enquiry) – safe, effective, caring, responsive and well-led.

3. Assuring quality

3.1 Collaborative approach

- 3.1.1 Quality is everyone's business 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. 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.
- 3.1.2 The quality team at Herefordshire Council are responsible for the delivery of quality assurance for council commissioned care and support services to adults. The quality teams at Herefordshire Council and HCCG will be jointly responsible for quality assuring those care and support services that are jointly commissioned.
- 3.1.3 The quality of these services will be monitored based on the range of intelligence received, assessing the level of risk and concerns to determine which quality threshold level providers are at and the level of monitoring and intervention that will be applied (see Appendix 2 for details of the quality threshold levels and the monitoring and measures applied to each level).
- 3.1.4 For jointly commissioned services quality assurance information and intelligence will be shared between organisations (Herefordshire Council and HCCG) 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.

3.1.5 There are three keys approaches in the quality assurance process:

- Intelligence gathering
- Monitoring and review
- Response and action

3.2 Intelligence gathering

3.2.1 Our 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 used to assess levels of concern and risk against the quality thresholds and to inform quality assurance activity.

3.2.2 This range of intelligence received is compiled to form our quality assurance dashboard which will help to make an informed decision regarding risk and where more intensive quality monitoring and improvement work should be focused to ensure good levels of care are being met.

3.2.3 This intelligence includes provider monitoring returns, feedback from stakeholders (including service users, their families and/or carers), quality concerns raised by professionals, safeguarding concerns and regulatory information such as CQC ratings and related information (see Diagram 1).

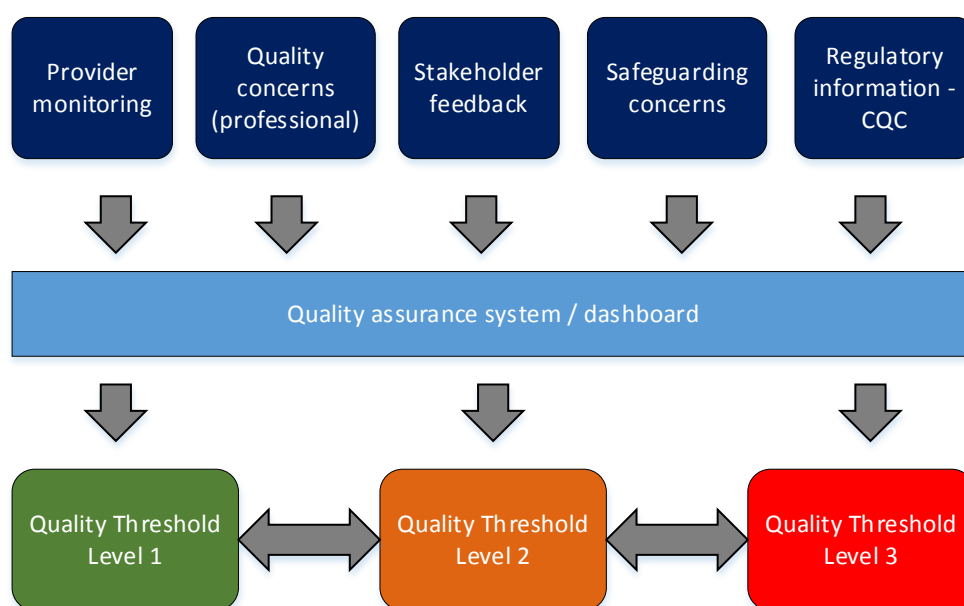


Diagram 1

3.3 Monitoring and review

3.3.1 The level of monitoring will be based on the range of intelligence received and will be proportionate according to what the intelligence is telling us. There will

be a minimum level of contact with all commissioned care and support providers on an annual basis.

- 3.3.2 Monthly reporting will be requested on key areas of delivery and impact and service development plans / self-assessment profiles will be requested annually (or on request) from providers.
- 3.3.3 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. Activity will largely be proactive and visits will be based on collaborative discussions with colleagues, stakeholders and other sources of intelligence collected in the quality assurance dashboard to give a balanced and holistic view.
- 3.3.4 Where visits are undertaken these will consist of talking to customers and carers, observing the delivery of care and support and the interactions with customers, reviewing the environment, considering support plans and documentation and talking to staff about their role in facilitating outcomes. Providers will receive feedback about improvements needed and improvement actions developed if required.
- 3.3.5 For a jointly commissioned service it may be a joint visit and it will be agreed between Herefordshire Council and HCCG who the lead organisation is and who is undertaking the visit.
- 3.3.6 The range of intelligence received, including information from visits, will inform the quality threshold level that providers are considered to be at; and will determine the response and action to be taken (as at Appendix 2).

3.4 Response and action

- 3.4.1 Based on the intelligence received if concerns are highlighted that are likely to impact on the quality of the provision this may require additional quality review visits to provider premises and the development of a service improvement plan with actions, which will be actively monitored, to resolve specific issues.
- 3.4.2 The quality thresholds criteria and the monitoring and measures for each threshold level (Appendix 2) enable a structured and consistent approach to monitoring the quality of care and support being delivered and the level of risk. It will identify where concerns with providers need to be escalated to the next quality threshold level and initiate a referral either to a quality review team meeting or a multi-agency meeting for review.
- 3.4.3 Providers with low level concerns (Threshold Level 1) will be reviewed by the quality team and the team manager will make a decision about whether to escalate to the next quality threshold level. This decision will be undertaken jointly between Herefordshire Council and HCCG where it is a jointly commissioned service.

- 3.4.4 Providers with moderate and major concerns (Threshold Level 2 and Level 3) will be reviewed at a monthly multi-agency quality review meeting and the panel will make a decision on whether to escalate or de-escalate. Again, this decision will be undertaken jointly between Herefordshire Council and HCCG where it is a jointly commissioned service.
- 3.4.5 Where a major concern is identified a multi-agency quality review meeting will be convened sooner if necessary.
- 3.4.6 Any concerns where information indicates that an adult(s) may be at risk of harm or abuse, [Herefordshire's Safeguarding Adults Policy](#) will be adhered to.

4. Tools and processes

- 4.1 Our approach to quality assurance is supported by a person-centred approach and a range of processes and tools that will help us gather information on the quality of commissioned care and support services. This provides us with confidence that we have a good picture of the quality of commissioned services, and where additional support and monitoring oversight is required. An overview of the quality assurance process can be seen at Appendix 3.
- 4.2 The quality assurance system and dashboard for collating and presenting the range of intelligence submitted is the tool used for monitoring quality. It is managed by Herefordshire Council and data inputted and shared by both quality teams (at the council and HCCG) to support quality assurance and monitoring processes.
- 4.3 Robust processes will underpin each quality threshold level (as at Appendix 4) and appropriate processes implemented to support and encourage feedback and sharing of intelligence from professionals, stakeholders (including service users, their families/carers) and others who may have contact with customers.

5. Contractual relationship

- 5.1 Services commissioned by HCCG and/or Herefordshire Council are underpinned by a contract and specification detailing terms and conditions, including how the service should be provided, with performance and quality measures. The quality assurance strategy sets out how the quality of these services will be monitored.
- 5.2 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.
- 5.3 At all times Herefordshire Council and HCCG will seek to be proportionate and appropriate in its responses to quality concerns and will aim to work with providers to address areas of concern and support them to improve.

- 5.4 HCCG and/or Herefordshire Council will consider suspension of placements 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.

6. Conclusion

- 6.1 The quality assurance strategy sets out how Herefordshire Council and HCCG will assure the quality of the providers they commission, but also actively support those providers to improve and maintain the quality of their services.
- 6.2 It outlines how everyone has a role in this and by working collaboratively we can embed quality and develop a culture of continuous improvement through collaborative and partnership based working. Through this approach we will ensure that all those who receive care and support from a commissioned service can be confident that good levels of care are being met in Herefordshire.

7. Appendices

Appendix No.	Description
1	Quality Outcomes Framework
2	Quality Assurance Threshold Levels
3	Quality Assurance Process Overview
4	Quality Assurance Monitoring Processes

APPENDIX 1

Quality Outcomes Framework:

Supporting care providers to achieve “outstanding” through continual evidence based improvement program

Strategic Aim 1	Individual Outcome	Measure	KLoE
To improve the health and wellbeing of everyone in Herefordshire by enabling people to take greater control over their own health and the health of their families and helping people to remain independent within their own homes and communities	Facilitates and empowers people to make choices about health and wellbeing and how it should be monitored and managed	All care assessments and care planning, service delivery and reviews is based on: <ul style="list-style-type: none"> • Respecting service user's strengths and abilities (before need). • Care plans being person centred and reflect the individual's aspirations. • Care delivery supporting service users to build, maintain their skills, abilities identity, religious and spiritual needs, cultural beliefs and autonomy. • Supporting service users to retain control of their health and wellbeing. • End of life care needs and wishes are known and respected. 	Effective Responsive Caring
		Service users are: <ul style="list-style-type: none"> • Confident that they are listened to and that their views are taken into consideration when making arrangements for their own care and support. • Enabled to improve beyond their base line abilities, supported to facilitate choice and control over their own outcomes and goal setting. 	Effective Responsive Caring
		Service user's care has: <ul style="list-style-type: none"> • A continuum of enabling independence through the use of assistive technology i.e. aids, adaptations, textures, flash cards. 	Effective Responsive Caring Safe
		<ul style="list-style-type: none"> • Services support and encourage service user's with positive management of health conditions to engage and promote and support healthy lifestyles i.e. nutrition, hydration, exercise, immunisation programs, sensory checks, mental health, socialisation. 	Effective Responsive Caring

		<p>Where the service is responsible for medicines, staff work creatively with service user's:</p> <ul style="list-style-type: none"> • To closely involve them in the management and administration of their medicines, including non-prescribed medication and; • To evidence regular medication reviews that is appropriate and effective. 	Effective Responsive Caring Safe
		<p>Supporting and encouraging service users to:</p> <ul style="list-style-type: none"> • Maintain relationships that are important to them within their own familiar groups and the wider community. • Continually engage with the wider community and actively encourage service users to access local support. • Look for new ways to promote independence and work closely with other agencies and advocates and in doing so service users participate in hobbies, activities and meaningful occupation with the experiences being recorded and evaluated. 	Effective Responsive Caring

Strategic Aim 2	Individual Outcome	Measure	KLoE
To reduce inequalities in health (both psychical and mental) across and within communities in Herefordshire, resulting in additional years of life for citizens with treatable mental and physical health conditions.	I have access at the right time to services that supports my needs and conditions.	Service users have: <ul style="list-style-type: none"> Choice in how and where their care is supported and delivered. Access to the information they need in the most appropriate medium to support an informed choice. Supported access to appropriate health professionals. 	Safe Responsive Effective
		<ul style="list-style-type: none"> The environment in which care is delivered is appropriate to the needs of the individual and reasonable adjustments are in place to support service users to access health and wellbeing services. 	Safe Responsive Effective
		Service providers: <ul style="list-style-type: none"> Facilitate and support service users to have regular opportunities to access health and leisure facilities. Engage in proactive and supportive key professional relationships to enhance care delivery. 	Caring Responsive Effective
		<ul style="list-style-type: none"> The service user is the decision maker with appropriate access to information through a planned and collaborative (MDT) approach to ensure health, emotional, psychological and social care needs are supported. 	Caring Responsive Effective
		<ul style="list-style-type: none"> Communication and information sharing is safe, appropriate and timely. 	Caring Responsive Effective Safe
		<ul style="list-style-type: none"> Staff are competent with all relevant legislation e.g. MCA, and use innovative ways to make sure that service users are involved in decisions about their health and wellbeing so their human and legal rights and protected characteristics are respected and protected but best interests decisions are undertaken where appropriate. 	Caring Responsive Effective Safe Well led
		<ul style="list-style-type: none"> Services recognise that everyone is different and everyone has the right to be treated with dignity and respect. 	Caring Responsive Effective Safe Well led

Strategic Aim 3	Individual Outcome	Measure	KLoE
To improve the quality and safety of health and care services thereby improving their positive contribution to improve wellbeing and enhancing the experience of service users	It's safe to be me. I am valued as an individual, for the experiences I have and for the person I am	<p>Service Providers:</p> <ul style="list-style-type: none"> • Have appropriate and robust security systems in place including but not limited to environment, information governance, health & safety policies. • Have preventative measures in place to minimise risk for service users, staff, visitors and location. There is overall awareness of everyone to promote quality and safety with an enabling culture and ethos. • Where appropriate, service providers use “champions” to promote good practice in all areas. These champions will be proactive and put into practice new and emerging guidelines. • Build, support active engagement and value relationships including those with advocates and volunteers and has a shared learning ethos. • Involve external professionals and experts to support interactive sessions with service users and groups to enhance and improve service delivery, quality and safety e.g. mealtime experience. Outcomes are continually evaluated • Have an effective audit process that leads to a continuous improvement plan for service delivery. • Have service improvement plans aligned with and go further than the regulatory framework. • Have a care management system that gives a comprehensive overview of the care provided. • Ensure that service users have a clean, safe and homely environment for people to live in free from risks. • Actively involve service users in contributing, designing creating and refurbishing the environment they are living in. 	<p>Safe Effective Caring Responsive Well led</p>

		<ul style="list-style-type: none"> The service actively monitors incidents and events and facilitates shared learning to enhance care delivery. 	Safe Effective Responsive Well led
		<ul style="list-style-type: none"> Measures are in place and information is accessible to support service users to make informed decisions about health and wellbeing and keeping safe. 	Effective Responsive Caring
		<p>Staff:</p> <ul style="list-style-type: none"> Are highly skilled at recognising when people are at risk of abuse or feel unsafe and are comfortable and proactive when challenging and reporting unsafe practice. Organisations have an “Identify, act, report” ethos. Have time to build respectful and trusting relationships with individuals. Participate in being “a resident for a day” or “a day in the life of...” Evaluate the experience to make improvements to service delivery. 	Safe Effective Responsive Well led
		<ul style="list-style-type: none"> The service culture actively encourages and empowers service users to raise concerns, acts positively to manage the risk and opportunities. These activities include whistleblowing policies, key worker meetings and supportive staff performance processes and training. Service users have autonomy and knowledge to raise concerns when practices are not right / inappropriate. 	Safe Effective Responsive
		<ul style="list-style-type: none"> Individual opportunities are optimised using proactive, creative thinking to enable a balance between safety and positive risk taking through activity plans, 1:1’s with service users, risk assessments. 	Caring Safe Effective Responsive

		<p>Service users are:</p> <ul style="list-style-type: none"> • Supported to understand what keeping safe means, • Encouraged to keep themselves safe and are empowered to raise any concerns. • Supported to keep safe with services using proactive ways to involve service users e.g. through accessible information, training and promotion with staff. 	<p>Safe Effective Responsive Well led</p>
		<ul style="list-style-type: none"> • Assistive technology is made available to enable opportunities, reduce risk and maximise safety for individuals. Evidenced in care plans and observation of its use in practice a used for the service users as well as with them approach. 	<p>Safe Effective Responsive Well led</p>

Strategic Aim 4	Individual Outcome	Measure	KLOE
To ensure that we have sufficient workforce that is appropriately trained to provide the services our population require.	Confidence and trust that my support is provided by people who understand my health and care needs and are able to deliver through a “look after me for me” approach. Value based.	<p>Services have:</p> <ul style="list-style-type: none"> • An active platform to share appropriate and relevant information with service user e.g. meetings, forum. • Effective communication systems and current information (e.g. leaflets) is in a medium that is understandable to individuals and staff i.e. visual, audio, appropriate to level of understanding, sit down with time – inclusivity. • Have a “valuing staff with a proud to care” ethos: Through safe recruitment practices, induction programs, retention incentives, that promote wellbeing of staff, ongoing training over and above core requirements, well informed and committed teams. • Invest in workforce development through proactively promoting a career pathway progression, recognising individuals and team who go over and above their role, succession planning using a variety of methods including mentoring and shadowing, nurturing and Continuing Professional Development. Evidence how this improves the quality of service provision. 	Caring Safe Well led Responsive Effective
		<p>Staff are:</p> <ul style="list-style-type: none"> • Trained and supported to be compassionate, caring, creative and responsive. • Seen, visible, approachable and responsive to needs of service users, evidenced through feedback and observation. 	Caring Responsive Well led Effective Safe
		<ul style="list-style-type: none"> • Within the staff group there are specific and designated thematic “champions” i.e. dignity champions, infection control champions, dementia champions, EoL, nutrition champions. 	Caring Responsive Well led

		<ul style="list-style-type: none"> Services support staff and individuals through change and transitional programs. 	Well led Effective Responsive Safe Caring
		<ul style="list-style-type: none"> Leaders ensure that staff in all roles are highly motivated and offer care and support that is exceptionally compassionate and kind. Services have a strong visible person centred culture. 	Well Led Safe Responsive Effective Caring
		<ul style="list-style-type: none"> Service providers proactively engage with and contribute to local and national forums, recognised industry standards associations, educational events, other associated organisations, relevant guidance, legislation and resources: and use this to inform best practice and evidence based care and support delivery. 	Well led Effective Responsive Safe Caring
		<ul style="list-style-type: none"> Specialist services link into and access external professionals and experts and your practice is endorsed by them. 	Well led Effective Responsive Safe Caring
		<ul style="list-style-type: none"> Service recognises good practice, supports improvements of things that aren't working so well. 	Well led Caring Safe Effective Responsive
		<ul style="list-style-type: none"> Organisations have an open culture, constantly adopt and adapt best practice guidance throughout systems and processes to ensure that all individuals are safe and achieve best outcomes for them. 	Well Led Safe Responsive Effective Caring

		<ul style="list-style-type: none"> • Service provider enables service users and staff to push boundaries and effect change. 	Well led Caring Safe Effective Responsive
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APPENDIX 2: Quality Assurance Thresholds

Level	Description	Thresholds	Intervention
1	No concerns / Minor concerns	<ul style="list-style-type: none"> Overall CQC rating is Outstanding or Good Feedback received about the provider is generally positive Little or no quality concerns; or level of concerns are as you would expect for a service of its size and nature Minor and relatively isolated quality concerns Levels of safeguarding concerns are broadly what you would expect for a service of its size and nature Provider is delivering service improvement recommendations and actions to timescales Provider is willing to engage with commissioners to improve the quality of service provision Provider service development plan / self-assessment profile does not give rise to additional concerns Provider is submitting monitoring information as requested 	Business as usual or light touch monitoring
2	Moderate concerns	<ul style="list-style-type: none"> CQC rating is "Requires Improvement" in some areas CQC warning notices / compliance actions / conditions imposed on registration Repeated safeguarding / quality concerns, levels that are outside what you would expect for a service of its size and nature Quality concerns are more widespread and/or more serious in nature Feedback received gives rise to additional concerns Little or no progress being made against service improvement actions - timescales not achieved Provider service development plan / self-assessment profile gives rise to additional concerns Monitoring information not being submitted by provider as requested Contract default notice served Advisory notice or placement suspension issued 	Active monitoring
3	Major concerns	<ul style="list-style-type: none"> Overall CQC rating "Inadequate" or "Requires Improvement" in all areas CQC notices of proposal / decision to cancel registration / conditions imposed on registration Repeated safeguarding / quality concerns Timescales for delivering service improvements not being met / little or no progress against service improvement plan Provider is unwilling to engage with commissioners to improve the quality of service provision Further contract default notice(s) served in the event of timescales for delivering service improvements not being met / achieved Advisory notice or placement suspension has been in place for >3 months 	Large scale intervention

Quality Assurance Monitoring and Measures

Level	Threshold Description	Monitoring and Measures
1	No concerns / Minor concerns	<ul style="list-style-type: none"> • Annual service development plan / self-assessment profile • Annual quality assurance visit or contact • Monthly provider monitoring returns • Feedback / questionnaires • Monthly quality team meetings • Case review with team manager • Focused visit / support • Recommendations / actions for provider • Recognising / sharing best practice
2	Moderate concerns	<ul style="list-style-type: none"> • Service development plan / self-assessment profile may be requested • Quality review meeting with provider undertaken • Unannounced visit undertaken • Focused visit / support • Service improvement and action plan is developed • Monthly multi-agency quality review meetings to discuss concerns and review progress • Monthly quality team meetings • Contract default notice served in the event of timescales for delivering service improvements not being achieved • Advisory notice or placement suspension issued at the discretion of commissioners
3	Major concerns	<ul style="list-style-type: none"> • Large scale intervention process implemented • Monthly (or as required / as agreed) multi-agency quality review meetings to discuss concerns, agree actions and review progress • Monthly (or as required / as agreed) contract monitoring meetings with provider and senior representative(s) from HCCG and/or Herefordshire Council • Regular (as required / as agreed) quality review meetings with provider • Automatic contract default notice served • Further contract default notice(s) issued in the event of timescales for delivering service improvements not being achieved • Automatic advisory notice or placement suspension considered • Ceasing to commission services / termination of contract may be considered

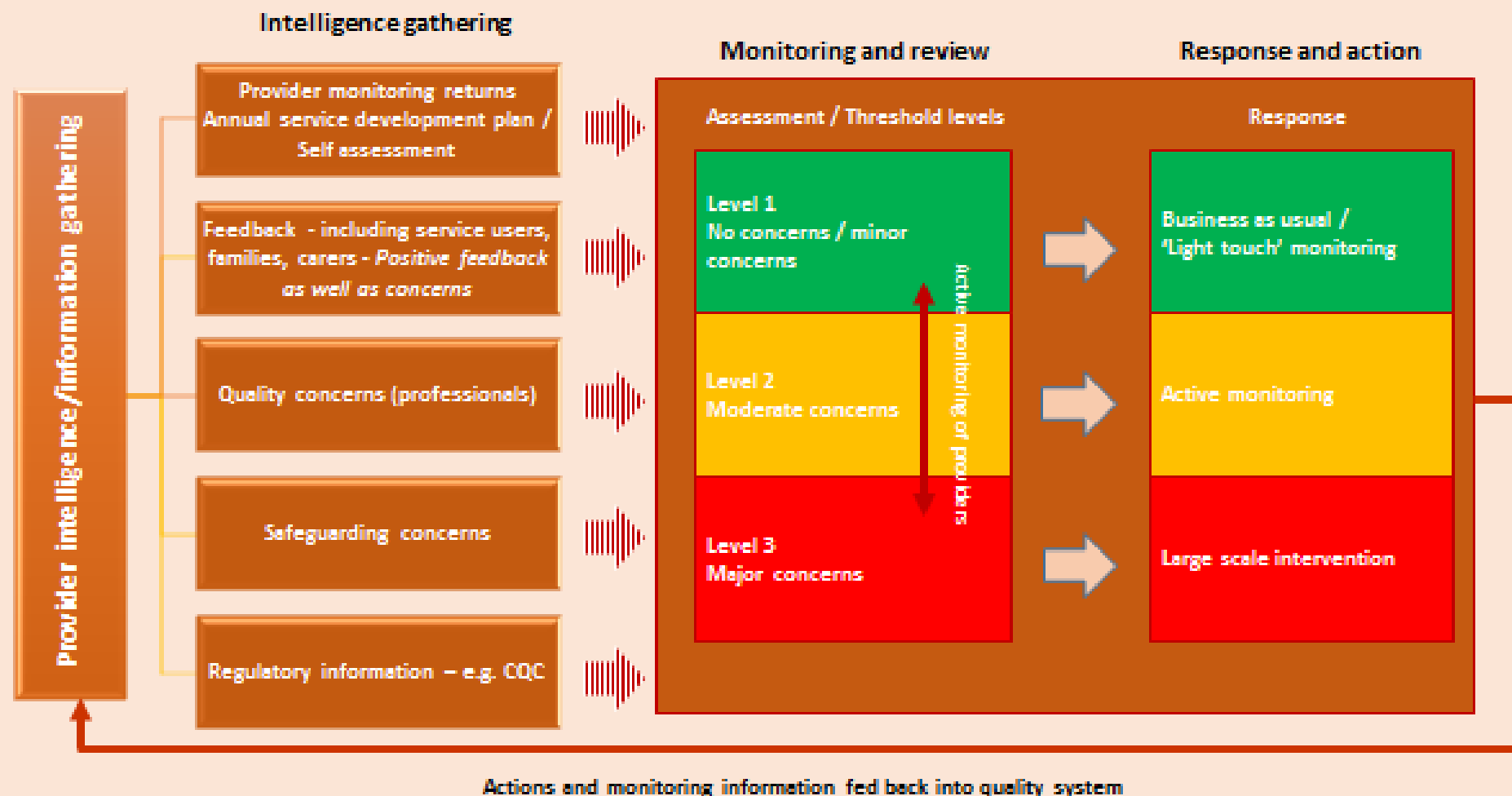
APPENDIX 3: Quality Assurance Process Overview



Herefordshire
Council



Herefordshire
Clinical Commissioning Group



APPENDIX 4

Quality Assurance Monitoring Processes

