

## Directorate of Quality and Clinical Leadership

The Q&CL Directorate objectives include to develop an assurance framework for the Board and embed a quality culture across the organisation. The Directorate consists of the following teams to support this work as outlined below.



## Quality Schedule

A standard Quality Schedule has been developed and is applied as an integral part of relevant provider contracts as they are reviewed. It sets standards by which quality should be evidenced and will be monitored in all contracts. Each contract will clearly set out those aspects of the quality schedule that apply to that contract so the full schedule is required of larger providers such as hospitals but less for smaller providers such as care homes.

## Quality Review Forums

Quality Assurance is monitored through the Clinical Quality Review Forums (sub group of the Performance Monitoring Committee) held with:

- Hereford Hospitals Trust on a monthly basis
- Herefordshire PCT Provider Services on a monthly basis
- Kington Court on a monthly basis
- Primecare on a 6 weekly basis

The forum receives assurance and raises questions and concerns based on the data and reports requested and provided by the service. It considers all the key performance indicators within the contract, including the Quality Schedule.

## CQUIN (Commissioning for Quality and Innovation) schemes

The CQUIN payment framework makes a proportion of NHS providers' income conditional on quality and innovation. Its aim is to support the vision set out in *High Quality Care for All* of an NHS where quality is the organising principle. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere. The CQUIN framework requires commissioners to make 1.5% of contract value (2010/11) available for Hereford Hospitals Trust and PCT providers, community and mental health, achieve either national, regional or locally agreed quality improvement and innovation goals.

The CQUINs are formally monitored by the Clinical Quality Review Forums.

## **Assurance Visits**

As part of our ongoing monitoring of contracts and quality assurance processes we are undertaking periodic announced and unannounced visits to providers.

The visits allow services to demonstrate quality assurance processes and will identify areas of good practice and any areas where improvements need to be made.

The visiting team is lead by one of the Quality & Clinical Leadership directorate heads of service who draws together appropriate members of the directorate to form a team of representatives from Clinical Governance, Contracting team, Public Experience, Infection Control, Medicines Management, Safeguarding, Non Executive Director and additional expertise as required.

The team undertake a series of safety, quality, case note and observational audits throughout the day, including discussions with staff and patients. A formal report, including action plan if appropriate, is sent to the provider within 2 weeks of the visit and a formal response to the recommendations requested. The results of the visits, including action plans, are reported through the Quality Assurance Committee and Performance and Quality to the Board. Since April 1<sup>st</sup> 2010 there have been:

- One visit to Hereford Hospitals Trust
- Three Visits to PCT Community Services
- Two Visits to PCT Mental Health Services
- Two visits to Care Homes
- 1 visit to GP led Health Centre

In addition a number of other visits have been undertaken to Care Homes and GP practices in response to specific issues. These visits are normally done in conjunction with the safeguarding, contracting or / and other teams as appropriate.

## **External Reviews**

All providers are required to inform NHS Herefordshire about any external review that has taken place and to provide the report received. There is an expectation by many external reviewers including the SHA and CQC that NHS Herefordshire will monitor action plans following such visits. External Reviews that have taken place in services are included in this report.

## **CQC Reviews**

The CQC carry out a number of reviews of individual services including announced and unannounced visits. These are detailed in the service reports below. They also carry out a number of health economy reviews:

- In February and March 2010 NHS Herefordshire were asked to provide information with regard to health care provided to Care Homes. No feedback as to this self assessment has been received as yet.
- During June and July a review of NHS Local Authority services for stroke patients was undertaken. NHS Herefordshire and Herefordshire Council were required to complete a self assessment template; a case file tracking exercise and Transfer Home Information Analysis, formal feedback will be received in due course.
- On the 9<sup>th</sup> June 2010 CQC undertook an unannounced visit to PCT Community Hospitals at Leominster, Ross and Bromyard. A report has been received. The initial feedback was generally positive but action was required to address concerns with Laundry processes. An action plan was developed and implemented.
- A CQC adult safeguarding inspection is currently in process at the time of this report.

### **West Midlands Quality Review Service (WMQRS)**

The WMQRS is part of the quality institute at the SHA. They have developed standards for a number of services and pathways which organisations are asked to self assess. A series of peer review visits are planned across the region.

The quality review visits have four main purposes:

- To support organisations in their work to improve the quality of local services
- To provide an external, peer-led view of the quality of local services to support local quality assurance processes
- To provide comparative information on the quality of services
- To provide development and learning for all involved

The WMQRS undertook a visit to Herefordshire on 16<sup>th</sup> and 17<sup>th</sup> June to look at Unscheduled Care, Stroke Services (acute phase), TIA and critical care. Reviewing services at HHT, GP Walk In Centre and Out of Hours, and the MIUs in Community Hospitals. A formal report has been received and action plans developed and implementation commenced.

### **Quality Assurance Committee (previously Clinical Risk Committee)**

The Quality Assurance Committee purpose is to monitor quality assurance processes and identify any risks and take actions to mitigate those risks within commissioned services. The committee meets on a bi monthly basis to discuss quality assurance activities undertaken and /or required actions at an operational level. Reports with regard to service user safety, clinical effectiveness and customer experience are considered in detail. The Quality Assurance committee reports to the Performance and Quality (P&Q) Committee which is a sub group of the Board. The notes of the meetings and a full quality assurance report goes to each P&Q committee.

### **Support and Training**

As part of our quality assurance process support is offered to providers who have less formal governance systems than the NHS. This has included:

- Infection prevention and control audit and training to care homes, dental surgeries, GP practices, other care agencies and council staff.
- Clinical audit training and invitations to participate in health economy audits to care homes
- Clinical Skills training audit to identify barriers to accessing timely and appropriate training - support to care homes with training already given where required
- Engagement of nurses across the health economy in quality initiatives eg High Impact Actions events.
- A PCT funded community pharmacy care homes service provides Pharmaceutical support to care homes
- Additional medicines management support to the walk in centre which has included the purchase of prescribing decision support software to help ensure local prescribing guidance is available at the point of prescribing

### **Infection Prevention and Control**

The Infection Prevention and Control Team consist of Specialist nurses who support a wide range of services, eg PCT provider, independent contractors, care homes, through providing up to date information & advice, specialist education for staff, patients and carers, support staff in the prevention, management and control of infection, risk assessment &

management, development and implementation of guidelines, policies & procedures & review, assistance in monitoring and auditing Infection control standards & practices, surveillance of alert organisms and infections that have the potential to spread and cause harm, outbreak recognition and management. This has been relevant since the introduction of national legislation relating to infection prevention – The Health Act 2006 and Health and Social Care Act 2008 where organisations have to register with the care Quality Commission and evidence compliance against standards set out in the Code .NHS organisations have registered since 2009 but all other providers of healthcare are now required to register.

### **Public Experience Feedback Committee (PEFC) see Appendix 2**

The purpose of the PEFC is to monitor the range and quality of public/patient engagement across health and social care, to review the action plans resulting from public/patient feedback and to identify areas for joint engagement work across statutory and 3rd sector organisations.

Regular reports are provided by the Public Experience Team and Customer Insight Unit covering national, regional and local feedback on customer experiences. This enables 'hot spots' or areas of concern so that engagement work can be effectively targeted.

PEFC reports through the Quality Assurance Committee to the Performance and Quality Committee.

The public experience reporting arrangements are set out on the diagram below – this is being extended to include the Integrated Commissioning Work Streams.

### **Medicines Management**

Medicines management is a system of processes and behaviours that determines how medicines are used by patients and by the NHS. Effective medicines management will place the patient as the primary focus, thus delivering better targeted care and better informed individuals. The use of medicines is the most common therapeutic intervention carried out in the NHS, so the majority of services provided or commissioned by a Primary Care Trust will involve medicines. Over 15% of NHS Herefordshire resources are spent on medicines.

Quality assurance for medicines management touches on all the Darzi 3 domains ie patient safety, patient experience and clinical effectiveness. The increasing pressures to fund more innovative high cost medicines whilst maintaining zero growth will ensure medicines have an increasing profile across the local health and social care economy. The PCT Medicines Management Team lead four key Committees or Groups (see Appendix 1) which raise medicines management issues, such as, compliance with good practice/ regional/ national guidance, incident reporting, local medicines management audits, developing local medicines policies, and feed into other groups across the local and wider health economies.

The Prescribing Committee develops strategies and policies for good practice and cost effective prescribing and medicines management issues across primary care, commissioning and PCT provider services. The Committee includes representation from relevant interfaces to ensure continuity across the local health economy and has worked with the local authority on a joint medicines policy for domiciliary care.

Herefordshire Medicines Management Committee leads on interface issues working with PCT providers, taking a strategic and advisory approach to medicines management issues,

utilising the central principles of rational prescribing in medicine use, namely clinical and cost effectiveness, appropriateness and safety, to inform the clinical network in Herefordshire.

Controlled Drugs (CDs) Local Intelligence Network allows local agencies to share information and intelligence about the use of CDs in the Herefordshire health and social care sectors. Local agencies required to share information include healthcare organisations, the police, social service authorities and relevant inspectorates Care Quality Commission (CQC).

The Community Pharmacy Contract Group assures the effective development, implementation and monitoring of the contract (nPhS) as required by national policy but ensuring local needs are served. It is important that pharmaceutical services and the use of medicines are not seen in isolation, but as part of a holistic approach within a safe, clinically appropriate and cost effective treatment pathway.

### **FHS Independent Contractor Services**

All four of the FHS Independent Contractors ie GP practices, dental practices, community pharmacies and optometry practices work under nationally negotiated contracts which do not have a fixed duration, however local negotiated agreements such as PMS, APMS, PDS contracts map across core requirements of the national negotiated contracts do allow the PCT greater local flexibility.

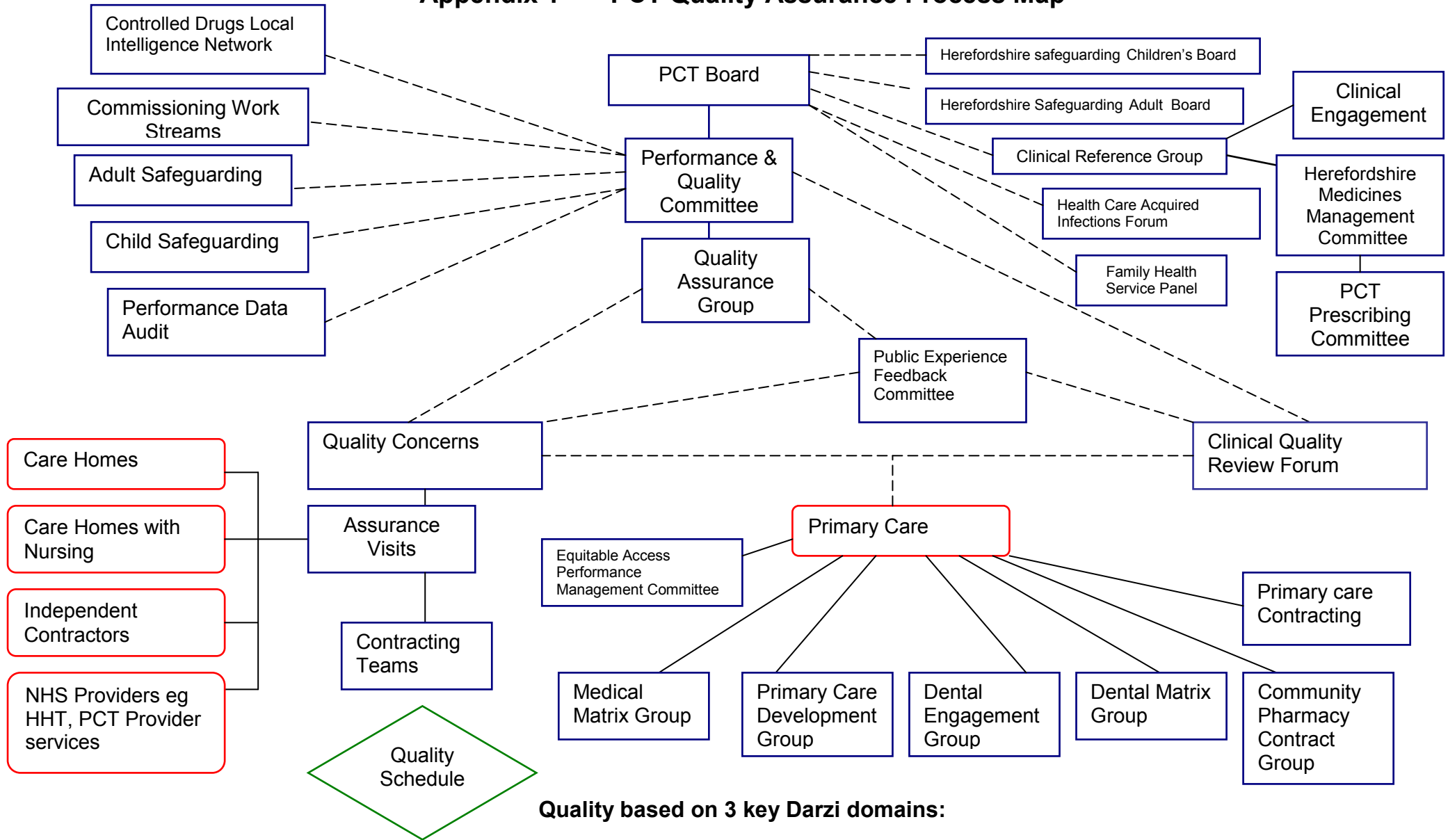
There are a mixture of contract monitoring and support processes for each primary care contract for example the QOF Quality and Outcomes Framework for GPs is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004. QOF awards surgeries achievement points for: managing some of the most common chronic diseases e.g. asthma, diabetes, how well the practice is organised, how patients view their experience at the surgery, the amount of extra services offered such as child health and maternity services. Assessment of QOF is both quantitative via clinical system data and also qualitative through an assessment of a sample of practices.

### **Summary**

This paper outlines the robust systematic process for assuring appropriate quality services are commissioned by NHS Herefordshire.

Theses processes have demonstrated this year that appropriate quality services are being commissioned by NHS Herefordshire and this has been supported by external reviews by Care Quality Commission CQC. However there have been some areas with room for improvements which have been supported through various means locally and action plans have been agreed with providers which will be monitored closely throughout contract monitoring processes during the coming year.

# Appendix 1 PCT Quality Assurance Process Map



Quality based on 3 key Darzi domains:

### 1. Patient Safety

- Infection Control
- Medicines Management
- Safeguarding
- Incident and Serious Incident Reporting

### 2. Public Experience

- Complaints
- PALS
- Feedback

### 3. Clinical Effectiveness

- Audit
- NICE
- Professional Development

## Appendix 2 Public Experience reporting arrangements

