**Quality Assurance Visits Policy**

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| Responsible Committee | Quality Committee |
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* Contractors engaged by the ICS Body
* Staff from other MSE ICS Partnership organisations (including those working within ICS Body facilities)
* Patients and members of the public (visitors)
 |
| Stakeholders engaged in development of Policy (internal and external)  | * Eleanor Sherwen, Interim Head of Nursing, Basildon and Brentwood CCG
* Karen Flitton, Senior Patient Safety and Quality Manager, Mid and South Essex CCGs
* Sue Cleall, Patient Safety and Quality Manager, Thurrock CCG
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* Vicky Cline, Lead Nurse Primary Care, Mid and South Essex CCGs
* Greer Philips, Interim Mid and South Essex Care Sector Lead
* Alfred Bandakpara-Taylor, Interim Head of Nursing & Quality, Thurrock CCG
* Hannah Calvert, Patient Safety & Quality Administrator, Mid and South Essex CCGs
 |
| Impact Assessments Undertaken *(State if not applicable)* | * Equality and Health Inequalities Impact Assessment
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**Version History**

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | 22/11/2021 | Steve McEwen, Patient Safety and Quality Manager | Initial draft |
| 0.2 | 24/11/2021 | Steve McEwen, Patient Safety and Quality Manager | Updated with changes requested by the Quality Assurance Visit Policy working group |
| 0.3 | 08/12/2021 | Steve McEwen, Patient Safety and Quality Manager | Updated with changes discussed and agreed during the Quality Assurance Visit Policy working group meeting |
| 0.4 | 26/01/2021 | Steve McEwen, Patient Safety and Quality Manager | Minor revision following feedback via Head of Nursing responsible for policy amalgamation |
| 0.5 | 05/04/2022 | Viv Barnes, Governance Lead | Update of policy format and identification of areas requiring further review |
| 1.0 | 13/07/2022 | Charlotte Tannett, Governance Support Officer | Final review of version 1.0 |
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## Introduction

Quality assurance visits are undertaken by commissioners to gain assurance about the quality and safety of services they commission.

As commissioners, Mid and South Essex Integrated Care Board (ICB) will expect providers to meet the Care Quality Commission (CQC) fundamental standards. See Appendix B.

The purpose of quality assurance visits is to provide the ICB with assurance that all fundamental standards are being complied with. These visits also improve local service provision, understanding and offer opportunities to discuss service developments.

Providers of health care services have a responsibility for make sure they are meeting fundamental standards of quality and safety. These are the standards that every client/patient should be able to expect when they receive care.

There are several types of quality assurance visits, announced, unannounced and in response to specific risk or information as part of the overall monitoring process.

## Purpose / Policy Statement

As part of overall contract management, quality monitoring should enable key risks to be better managed and is central to continuous improvement. It aims to ensure that service users receive the highest quality and safety of service, which meets contractual standards and is continuously improving.

The information gained from quality monitoring can both change and influence practice, from the special care for an individual service user to the ICB’s commissioning decisions.

This policy provides the framework for undertaking quality assurance visits within the ICB.

## Scope

**This policy applies to:**

* MSE ICB staff (including temporary/bank/agency staff/ individuals on work experience/volunteers).
* Contractors engaged by the ICS Body.
* Staff from other MSE ICS Partnership organisations (including those working within ICS Body facilities).
* Patients and members of the public (visitors).

## Definitions

**Care Quality Commission (CQC) -** the CQC is the regulator of health and social care in England.

**CQC Fundamental Standards - t**hese are the 13 standards below which patient care must never fail. These are detailed in Appendix B.

## Roles and Responsibilities

**Quality Committee**

The Quality Committee is responsible for monitoring outcomes from quality assurance visits to services for which the CCGs are the lead commissioner and escalating any concerns to the ICB.

The Quality Committee is also responsible for monitoring compliance with this policy.

**Chief Nurse**

The Chief Nurse leads the Clinical Quality Team and assumes a consultative and advisory role in the clinical aspects of all quality assurance visits. Operational management of the quality review visit process is delegated to the Patient Safety and Quality Team.

**All Staff**

The Patient Safety & Quality (PSQ) Team is responsible for developing and agreeing the schedule of quality assurance visits for the services for which the ICB is the lead commissioner.

The PSQ Team is responsible for leading the quality assurance visits, providing feedback to providers and providing reports following visits.

## Policy Detail

**Format of the Quality Assurance Visits – Planned Visits**

MSE ICB develops a schedule of planned visits throughout the year for the services that it commissions in agreement/conjunction with the relevant providers.

Prior to the scheduled visit, the PSQ Team would contact the relevant lead to confirm arrangements.

**Format of the Quality Assurance Visits - Extraordinary Visits**

These visits will be triggered from themes identified through triangulation of various information sources and data. This may include outcomes from CQC inspections, serious incident investigations, safeguarding alerts and other soft intelligence.

Careful consideration will be given by the PSQ Team as to the reason why an extraordinary visit or visits are necessary and the time span for them to be undertaken.

Limited notification would be given to the provider prior to this visit being undertaken.

## Monitoring Compliance

This policy will be monitored by the Quality Committee.

The Chief Nurse will have overall responsibility for monitoring the policy.

## Staff Training

Any staff attending quality assurance visits will receive in-house training from the PSQ team. A debrief will be held before and after each visit.

## Arrangements for Review

* + 1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

Standards of Practice:

* NMC - The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates <https://www.nmc.org.uk/standards/code/>.

**Associated Policies**

* Management of Serious Incident Process.
* Complaints Policy.
* Social Media Policy.
* Information Governance Policy.
* Safeguarding Adults.
* Safeguarding Children.

## References

* Care Quality Commission - <http://www.cqc.org.uk/>.

## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as Appendix A.

**Appendix A - Equality Impact Assessment**

**INITIAL INFORMATION**

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| --- | --- |
| **Name of policy and version number:** Quality Assurance Visits Policy V1.0  | **Directorate/Service**: Nursing & Quality |
| **Assessor’s Name and Job Title:** Steve McEwen, Patient Safety and Quality Manager | **Date:** 22/11/2021 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| This policy is to outline the reason for, and structure of Quality Assurance Visits undertaken by staff from the ICB to providers of services commissioned by the ICB. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| Nil. This policy outlines reason and structure only. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| None as described above.  |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Disability(Physical and Mental/Learning) |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Religion or belief |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Sex (Gender) |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Sexual Orientation |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Transgender / Gender Reassignment |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Race and ethnicity |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |
| Marriage or Civil Partnership |  |  | ✓ | No impact as applies to all staff and adjustments can be made upon request |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
|  Feedback from staff. |

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| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

**Appendix B – Care Quality Commission Fundamental Standards**

From April 2015, health and adult social care providers in England will be required by legislation to follow new regulations called the '[fundamental standards](http://www.cqc.org.uk/content/fundamental-standards)', which are more focused and clearer about the care that people should always expect to receive.

These changes mean *everybody* has the right to expect the following standards.

**Person-centred care**

You must have care or treatment that is tailored to you and meets your needs and preferences.

**Dignity and respect**

You must be treated with dignity and respect at all times while you're receiving care and treatment.

This includes making sure:

* you have privacy when you need and want it.
* everybody is treated as equals.
* you are given any support you need to help you remain independent and involved in your local community.

**Consent**

You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.

**Safety**

You must not be given unsafe care or treatment or be put at risk of harm that could be avoided.

Providers must assess the risks to your health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep you safe.

**Safeguarding from abuse**

You must not suffer any form of abuse or improper treatment while receiving care.

This includes:

* neglect.
* degrading treatment.
* unnecessary or disproportionate restraint.
* inappropriate limits on your freedom.

**Food and drink**

You must have enough to eat and drink to keep you in good health while you receive care and treatment.

**Premises and equipment**

The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly.

The equipment used in your care and treatment must also be secure and used properly.

**Complaints**

You must be able to complain about your care and treatment.

The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.

**Good governance**

The provider of your care must have plans that ensure they can meet these standards.

They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.

**Staffing**

The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards.

Their staff must be given the support, training and supervision they need to help them do their job.

**Fit and proper staff**

The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.

**Duty of Candour**

The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened provide support and apologise.

**Display of ratings**

The provider of your care must display their CQC rating in a place where you can see it. They must also include this information on their website and make our latest report on their service available to you.

**Appendix C – Standard Operating Procedure for Visits**

It is important that individuals authorised to collect data, audit or observe practice do so appropriately and without inadvertently disrupting patient care or routines and treat all patients they may come into contact with courteously.

As part of the visit arrangements, the PSQ Team will ensure that relevant members of staff attend.

**Prior to the visit, all visiting staff will ensure that they:**

* Always have with them their photographic ID badge and be prepared to have their identity checked. If appropriate this should be worn during the visit. If a name badge has been issued, then this should be worn also if appropriate.
* Dress appropriately and professionally for the environment being visited.
* In clinical areas, ensure they are bare below the elbow and enclosed shoes are worn. This includes hair being tied back, nails short, no excessive jewelry and only one plain band (ring) may be worn.
* ICB/CCG authorised uniform may be worn if appropriate and with the agreement of the provider being visited.

**During the visit all visiting staff will:**

* On arrival at a site, the visiting team will ensure they make their presence known to the duty manager or the most senior staff member on duty.
* Treat staff, service users, patients, their carers and their families fairly, courteously, and with sensitivity and respect;
* Ensure that the dignity and privacy of service users, patients, carers, families and staff are maintained at all times;
* Be as unobtrusive as possible, and inform staff on duty about what they are doing at each stage of the visit;
* Value people as individuals, respecting the different and diverse people they meet;
* Exhibit no discriminatory behavior;
* Introduce themselves to the patient and/or their visitors;
* Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine and urgent concern about the safety and wellbeing of a user or patient, or if the individual concerned consents to the sharing of the information;
* Comply with all operational or health and safety requirements;
* Avoid interrupting the effective delivery of health care provision;
* Refrain from making unreasonable demands on staff, users and patients or disrupting services outside the agreed visiting schedule;
* Recognise that user, resident or patient needs should always take priority;
* Be guided by staff where operational constraints may deem visiting activities are inappropriate or mean that staff are unable to meet the requests of the reviewer;
* Comply with all infection control procedures in place on the wards/services, particularly dress code policy and the hand hygiene procedures.
* The ICB visiting team must not record the patients’ names, dates of birth or NHS number unless there is prior written authority from either the organisation SIRO, Caldicott Guardian or Information Governance Manager .
* Where patient notes are being used for the purpose of your task, they must remain immediately available for patient care and must be replaced immediately once the information has been extracted.
* The visiting team may not take photocopies or scans of any patient identifiable information or photographs of patients whilst on the ward.
* Photographs of infrastructure etc for the purposes of illustrating concerns may only be taken using an ICB issued device and must not contain pictures of patients, staff or any personal identifiable information. Any mobile media, including, laptops, tablets, flash drives that are used for recording data must be encrypted.

**Feedback following visit**

* The lead reviewer will ensure that verbal feedback outlining the key findings of the team will be given on the day to the service lead.
* Any areas of immediate concern will be notified to the service provider as soon as they are identified. This includes immediate risk to service users, visitors or staff. The provider will be asked to take mitigating actions to rectify the situation immediately and provide assurance to the ICB.
* If any examples of good practice or initiatives are identified during quality assurance visits the ICB will take the opportunity to request from the provider that these be shared.

**After the visit**

* A draft written report will be sent to the provider 10 working days of the visit. The report will include identified areas of good practice and areas of concern, along with any recommendations.
* The provider will be given the opportunity to review the report for factual accuracy.
* A final copy of the report will be circulated to all relevant parties which may include regulatory bodies and other stakeholders.
* Copies of quality assurance visit reports may be requested as part of the evidence gathering process for regulatory visits.
* Areas for improvement will be reviewed at subsequent quality visits. This may be as part of the agreed schedule or earlier if deemed appropriate.

**Dealing with unforeseen circumstances**

* In the event that any organisation is on ‘critical alert’ (under extreme clinical pressures) the lead of the organisation will contact the Executive Director of Nursing & Quality of Mid and South Essex ICB (or their nominated deputy) to discuss an alternative format for the visit.
* It is anticipated that the visit will still continue, however the pre-meet and debrief will be cancelled and a smaller team will attend.
* The visit will be more of an observational format and not disrupt staff, it is felt that it is important to assess the quality in extreme pressures as well as less extreme pressures.
* Anything of immediate concern will be emailed to the Director of Nursing for the organisation.
* If a visit needs to be cancelled this must be done by agreement between Executive Director of Nursing & Quality of Mid and South Essex ICB (or their nominated deputy) and the organisational executive lead.

**Cancellations and rescheduling**

* In the unfortunate event that a visit is cancelled, this will be rescheduled within 20 working days.
* In the event that our visit clashes with the CQC, we will not visit.