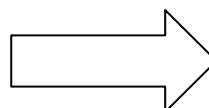


Summary Care Services Quality Assurance Framework

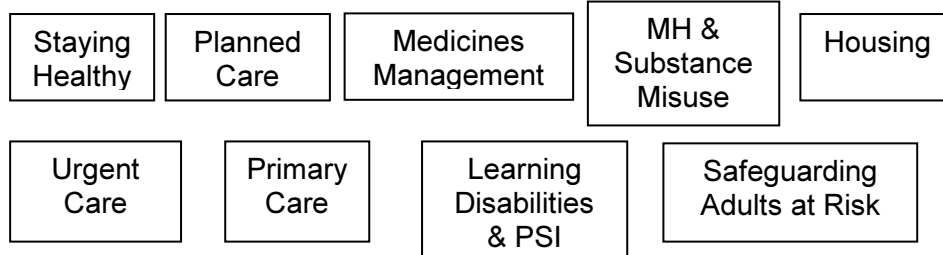
The Performance Infrastructure – “*Intervening for Success*”

During the first year of the Health & Wellbeing Partnership the infrastructure for adult health, social care and housing performance management was reviewed and a programme of organisational development put in place to move from performance reporting to one of proactive intervention for performance improvement. The ‘Intervening for Success’ model of performance management, which arose from this work, seeks, amongst other things, to provide assurance to decision makers and accountable bodies that the Partnership has a grip on performance and is proactively managing the system of care to deliver key performance indicators in order to meet our stated strategic objectives.

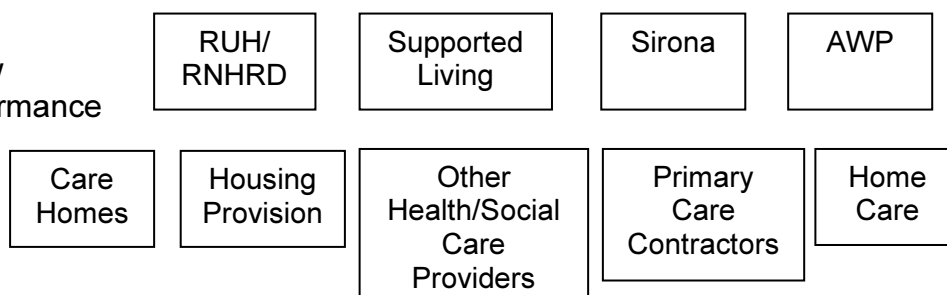
Level 3
Performance Assurance



Level 2
Intervening for
Success



Level 1
Contract Review
Meetings (Performance
Quality)



The Partnership runs three different types of performance meeting:

Level 1 Formal contract review against agreed plans and Key Performance indicators (KPIs) with clear contractual lines to align performance to plan on activity, finance and service quality

Level 2	The commissioned services are now organised into service lines, each of which has a lead Associate Director supported by named information support and management accountant:	
	Staying Healthy	Paul Scott
	Urgent Care (including Unplanned Care, Long Term Conditions, End of Life Care) and Adult Social Care	Corinne Edwards & Sarah Shatwell
	Planned Care (including Cancer, Specialist, Maternity)	Hester McLain
	Medicine Management	Joel Hirst
	Primary Care	Julia Griffith
	Mental Health& Substance Misuse	Andrea Morland
	Learning Disabilities	
	& Physical & Sensory Impairment	Mike MacCallam
	Safeguarding	Lesley Hutchinson
	Housing	Graham Sabourn

The initial focus in developing this approach was on each service theme articulating the system of care as we currently understand it, and representing this graphically while also identifying the drivers of performance and the levers available to commissioners to influence performance. Each service line then developed a performance framework setting out this information. Under the “intervening for success” process, each Associate Director brings together their support team of project managers and finance and IT support to review performance and to agree the priorities for some intervention necessary to deliver agreed targets, including the delivery of Key Performance Indicators and QIPP (Quality, Improvement, Innovation & Prevention)/ Savings plans. This process ensures that every Associate Director has a clear understanding of spend in their area and can therefore track the impact of their interventions, including the impact of delivering QIPP plans. Taken together this approach represents a very different way of working from the previous system requiring merely a monthly explanation of historic performance.

Once a month the team of Associate Directors and the Senior Management Team meet to present to the Clinical Commissioning Group (CCG) Accountable GP and Programme Directors the outcome and impact of their interventions and are held to account for the delivery of performance targets and savings plans. Each service line team provides a detailed report including trend data and in-depth analysis based on the components of the care system that have been identified as working at sub-optimal level and the proposed interventions, including those that need to be escalated to the accountable manager(s) and/or body for a decision or action. Over the coming months it has been agreed that the intervening for success process will be reviewed with a view to adopting it as the preferred approach to integrated performance management for the new People & Communities Directorate and B&NES CCG.

Care Services Intelligence Gathering

Information regarding the quality and safety of care services is collected through a number of sources including:

- service user feedback surveys, including those conducted when a service user’s needs and support plan are reviewed;
- complaints, including “lessons learned” from a formal complaint investigation;

- monitoring of safeguarding referrals and auditing of safeguarding processes, including improvement action plans;
- contract reviews;
- concerns raised by GPs, District Nurses and other health and social care staff either informally or formally, including through “Whistleblowing” processes;
- and Care Quality Commission (CQC) inspections of regulated services (both announced/planned inspections and unannounced inspections).

Information is collated on a database by members of the NASCC (Non-Acute & Social Care Commissioning) team, which enables analysis and the identification of particular facilities, services or providers that are the subject of a number of concerns identified from the above intelligence gathering may warrant further investigation including a “whole-service” review. Whole home reviews are more usually prompted by significant safeguarding concerns combined with cumulative intelligence.

Contract Review/Performance Management

Regular/routine contract reviews are undertaken by NASCC team members in accordance with a review “template”, which ensures that all elements of the service are reviewed including record-keeping, service user feedback, staff training, governance/policy & procedures and, in the case of an accommodation based service (care/nursing home or supported living scheme), the environment.

Unannounced reviews, especially those undertaken in response to an increased level of risk identified through intelligence gathering and often include specialist input. Specialist input has most usually been from the Safeguarding & Quality Assurance team in commissioning, Nursing and, in particular, the Tissue Viability Nurse (who is expert in pressure ulcer care), and the GP who leads on Quality Assurance for the Primary Care Trust/CCG. This specialist input has proved to be particularly helpful in both understanding the problem(s) and ensuring that improvement plans are rigorous and fully implemented. Action plans may include the temporary suspension of placements and, very occasionally, enhanced or alternative management of the service. Specialist input into a care home has also recently been funded by commissioners on the basis of a risk-assessment, which concluded that this specialist input was necessary and that the small provider would struggle financially to access such a resource.

For larger contracts there are regular formal contract review meetings. In the case of SironaCare & Health these contract review meetings are chaired by the Programme Director, Non-Acute Health, Social Care & Housing and include Sirona’s Chief Executive and Director of Finance. AWP contract review meetings also take place monthly and are chaired by the Associate Director, Mental Health & Substance Misuse. In addition to this specific safeguarding performance meetings take place on a monthly basis with Sirona Care and Health and AWP (as they are the two organisations responsible for the coordination of safeguarding cases), these meetings are chaired by the Assistant Director for Safeguarding and Personalisation.

Additional mechanisms have been developed following the launch of Sirona Care and Health to assure the LA that non delegated responsibilities are carried out these include but are not limited to:

- independent chairs for the safeguarding procedure

- auditing of safeguarding cases that are closed at the 'decision not to progress' stage
- auditing of 10% of assessments, reviews and support plans that fall below LA financial thresholds. (Note all cases above the LA financial threshold are presented at a single panel chaired by the commissioner – the panel scrutinises the support plan and costing proposal)
- mystery shopping, which is being implemented in 2012/13)

Communication and Liaison

Effective communication has an important part to play in assuring the safety and quality of care services. Liaison between commissioners assists with the “triangulation” of information/concerns across geographical or professional boundaries.

Commissioner/Provider Forums enable on-going dialogue about future commissioning intentions, service development and redesign; the sharing of good practice; and proposed or planned changes in national or local policy. Provider Forums also support the sharing of good practice and lessons learned as well as being an opportunity for providers to develop partnerships that can be a source of innovation.

Examples of meetings/forums include:

- Bi-monthly CQC Liaison meetings;
- Quarterly Care services Provider Forum meetings – independently facilitated by the Care Forum;
- Quarterly Domiciliary Care Strategic Partnership meetings;
- Quarterly Supporting People & Communities Provider Forums;
- Quarterly Safeguarding Adults Board and sub group meetings; and
- The “Care Home Task Force”, which brought together commissioners and practitioners/clinicians to review knowledge, information and intelligence across the health and social care system to ensure that care home quality and safety concerns are addressed in a “joined-up” way and that the full benefits of the integrated health and social care commissioning approach are realised in securing good quality and safe residential care home provision.