

Bromley CCG Quality Framework: Procurement/ Contracting/ Contract monitoring – Nov 2014

This framework has been developed within the *Quality, Patient Safety and Governance* directorate to support staff working within commissioning. The framework is designed to ensure that specific quality issues are included within procurement and contracting processes.

The document is in two parts:

Part 1 – Generic quality, patient safety and governance table; includes domains which must be considered within all procurement processes and which can support the development of service specifications.

Part 2 - Detailed sections for safeguarding, Mental Capacity Act (2005) Deprivation of Liberty Safeguards and reasonable adjustment, for use within all procurement processes, contracts and contract monitoring.

Part 1. Quality, Patient Safety & Governance

Quality, Patient Safety & Governance Domain	Issues	Evidence of Compliance/ Safety	Review/ Sign off by Quality, Governance and Patient Safety Directorate – Date
Infection control	Has infection control policy and guidelines which complies with requirements as set out in the Health And Social Care Act 2008, Code of Practice on Infection Prevention and Control, table 3, page 43: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151965/dh_123923.pdf.pdf		
	Monitoring of infection control compliance and reporting arrangements.		
	Infection control indicator identified.		
Safeguarding Adults and Children Note <u>child safeguarding is also statutory for adult focused services.</u>	Compliance with: NHS Contract Service Condition 2014/15 re-Safeguarding Bromley Safeguarding Children and Adults Boards Polices, Procedures, Protocols and Guidance www.bromley.gov.uk/adultsafeguarding <ul style="list-style-type: none"> NHS Commissioning Board Safeguarding Vulnerable people Accountability and Assurance Framework March 2013 (revised in May 2015) 		

	<ul style="list-style-type: none"> • Bromley CCG Safeguarding Policy • Pan London Child Protection Procedures (2010). • Working Together to Safeguarding Children (2013). • Pan London Protecting Adults at Risk Multi-Agency Policy & Procedures Safeguarding Adults from Abuse Procedures published in (2011) revised 2015 • Care Act 2014 Department of Health Care and Support Statutory Guidance (Chapter 14 Safeguarding) June 2014 • Mental Capacity Act 2005/ Deprivation of Liberty Safeguards • HM Government Prevent Strategy (2011) • Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively 2014 NICE public health guidance 50 • Satisfactory completion of Safeguarding Children and Adult's framework (part 2) 		
Consent	<p>Compliance with NHS Contract Service Conditions 2014/25 re-Consent</p> <ul style="list-style-type: none"> • Department of Health Reference Guide to Consent for Examination or Treatment (second edition 2009) • Mental Capacity Act 2005 /Deprivation of Liberty Safeguards 		

	<ul style="list-style-type: none"> Relevant standards, protocols and guidance on consent applicable to relevant professional bodies <p>Note By having appropriate: patient information, policies, workforce knowledge, competencies and training. Which should include addressing the needs of vulnerable groups who may lack capacity</p>		
Mental Capacity Act / Deprivation of Liberty Safeguards (MCA/DoLS)	Evidence of MCA/DoLS policy which should include mental capacity assessments, best interest decision making documentation and DoLS authorisation procedures, recognising the rights of those who lack capacity		
	Evidence showing access to legal services familiar with MCA/DoLS legislation		
	Evidence demonstrating service responsibility to effective working arrangements with the Local Authority for reporting and processing DoLS applications for authorisation		
	Evidence demonstrating how staff ensure patients, family members, carers and other relevant parties are involved in the best decision making process		
	Evidence of relevant policy staff guidance training and record keeping /care planning covering safeguards, in cases where restriction and restraint might be required in the patients best interest		
	Evidence of Executive lead accountable to the Board together with a named lead responsible for the delivery of MCA/DoLS		
	Evidence showing how the MCA/DoLS code of practice key principles are linked into governance systems and audit processes relating to improving quality of patient care /treatment and service users experience		
	Evidence detailing staff MCA/DoLS induction training and refresher training		

	Evidence demonstrating how staff are familiar with MCA/DoLS codes of practice		
	Evidence showing how the Board assure that the service is compliant with MCA/DoLS		
	Evidence how the service will accesses independent Mental Capacity Advocate Services		
Medicines Management	Will patients need to access medicines as part of this service/project? If so, how?		
	Has a budget been allocated for the medicines and any related equipment/consumables?		
	Does the supply of Prescription Only Medicines comply with the current legal framework e.g. by prescription (doctor/ NMP), PGD, PSD?		
	Is there clear demonstration that medicines use is evidence based, licensed for this use, safe and reflects local/national guidance/formularies? Will a formulary be required?		
	Is there a robust policy for the transfer of information, about current medicines use between practitioners and care settings?		
	Is there clear demonstration how the medicine be taken/administered? If training/supervision of the patient is required, is there a policy to support this?		
	Is there a protocol for the review and monitoring of medicines, including support for medicines adherence?		
	Is there evidence that all staff who prescribe, administer, supply and/or handle medicines are competent and supported to do so (e.g. use of PGD, NMP scope of practice)?		
	Do the KPIs reflect the desired therapeutic outcomes and compliance with NICE guidelines/TA for medicines including reporting adherence to commissioners and publication?		
	Drugs are initiated by appropriate clinicians in accordance with RAG list. Transfer of prescribing responsibilities to GP in accordance with SEL interface prescribing policy and shared care agreements.		

Equality and Diversity	Compliance with Equality and Diversity Act 2010.		
	Equality impact assessments		
	Monitoring of compliance and reporting.		
	Satisfactory completion of reasonable adjustment framework , for Vulnerable Groups (part 2)		
	Equality and Diversity performance indicator identified.		
Clinical Effectiveness	Has reference to up to date relevant national guidance and research been made in the design of this project?		
	Clear demonstration that relevant NICE Quality Standards, Public Health Guidance and Clinical Guidelines are being taken into account / followed.		
	Are local audit of outcomes built into reporting and monitoring of project? If so frequency and scope of audit and reporting arrangements?		
	Be able demonstrate and apply standards, competencies issued by applicable professional body		
Patient experience	Does the business case include patient involvement or has it acted on patient/carer experience in its development?		
	Which patient/carer groups have been consulted/involved in development of this project?		
	Monitoring of complaints to include numbers/themes/whether timeframes are met/whether upheld/action arising.		
	Compliance with 2009 NHS Complaints Regulations + PHSO (Ombudsman) principles.		
	Ensure audit of patient experience + evidence learning from feedback to be included.		
	Evidence of CQC registration and previous inspection reports reviewed and satisfactory		
	Evidence of chaperoning policy/procedures based on professional guidance for the specific specialty/ service offered.		
	Proposed access and waiting times.		
Organisational culture	Compliance with the duty of candour and being open guidance.		

	Bulling and Harassment policy in place		
	Whistleblowing policy in place.		
	Procedures for reporting of incident/concerns including feedback to staff and patients of actions taken and outcomes.		
	Safer recruitment arrangements and procedure for dealing with allegations against staff including to inform the Local Authority Designated Officer, Professional Bodies , Disclosure & Barring Service		
	Staff training policy and compliance with this.		
	Arrangements for staff development, supervision and appraisals		
	Where providing clinical/nursing services implementation of “6Cs” agenda in accordance with NHS Compassion in Practice “Our Vision Strategy”		
	Staff vacancy rate including sickness, the use of temporary staff e.g. locum, agency and bank		
	Differentiation in staff uniform/ ID badges clearly show qualified and support staff.		
Business Continuity	The organisation has attained ISO 22301 or is actively committed to achieving Business Continuity Management System (BCMS) as set out in ISO 22301.		
	Business Continuity Policy has been signed off at top management/director level.		
	There is a robust Business Continuity Plan clearly setting out the organisation’s response to a disruptive incident and its ability to recover and/or maintain critical services in the shortest possible time.		
	All staff are working under the organisation’s BCP has been tested to ensure consistency with its business continuity objectives.		
	Maintains regular audits and review of the BCMS.		
Serious Adverse Incidents	Compliance with National Framework for Reporting and Learning from SIs Requiring Investigation		
	Policy and Procedure for reporting and investigating adverse and serious Incidents.		

	Evidence of ability to undertake RCA including staff trained/plan to train staff.		
	Clear escalation procedure to include immediate reporting to commissioners.		
Risks	What additional risks to quality/ patient safety have been identified and how are these mitigated? i.e. calibration of kit used in the service.		
Indicators	What are the identified quality indicators?		
	How will Indicators be reported?		

Part 2. Assurance Framework for Safeguarding, Mental Capacity Act /Deprivation of Liberty Safeguards, and Reasonable Adjustment for Vulnerable Groups to be linked with Quality Patient Safety and Governance Domains

Standard Safeguarding	Evidence of Compliance	How the organisation meets the standard	Action/ support required	Date of evidence/ review
<p>The service provider can demonstrate that there are governance systems and processes in place for ensuring:</p> <ul style="list-style-type: none"> • the safeguarding of children • the safeguarding of adults 	<ul style="list-style-type: none"> • Clear accountability structure within the organisation for safeguarding adults and children. • Named service lead for safeguarding children. • Named service lead for safeguarding adults (which should include Prevent). • Executive lead accountability to the Board for safeguarding (which should include Prevent) 			
<p>The service provider can demonstrate that there are clear policies and procedures in place to ensure that all staff are fully aware of their responsibilities in relation to safeguarding children and adults.</p>	<p>Policies/Procedures should include;</p> <ul style="list-style-type: none"> • Safeguarding children • Safeguarding adults (including Prevent) • Domestic abuse (including forced marriage, FGM) • Safe staff recruitment • Managing allegations against staff • Sharing information <p>All of the above should include procedures for dealing with allegations, seeking advice, escalating concerns & sharing information for both safeguarding children & adults</p>			
<p>The service provider can demonstrate there are procedures in place to ensure safer staff recruitment/selection.</p>	<ul style="list-style-type: none"> • DBS checks are routinely undertaken for eligible staff. • Statement of responsibility for safeguarding children and adults should be included in all job descriptions. • Staff involved in recruitment, are trained in safer recruitment procedures. 			

<p>The service provider can demonstrate that staff are trained on safeguarding children, according to the levels set out in the Intercollegiate Document: Safeguarding Children Roles and Competencies for Health Care Staff 2014.</p>	<ul style="list-style-type: none"> • Induction of new staff includes safeguarding children. • % of staff trained at Level 1-3 safeguarding children, minimum target 80% • % of clinical staff trained at Level 3 safeguarding children, minimum target 80%. 			
<p>The service provider can demonstrate that staff are trained on safeguarding adults according to the levels set out in the National Competence Framework for Safeguarding Adults 2010 which form part of the London Borough of Bromley, Multi-Agency Safeguarding Training Programme or be able to demonstrate the use of a compatible staff training programme.</p>	<ul style="list-style-type: none"> • Induction of new staff includes safeguarding adults. • % of staff trained at Level 1 safeguarding adults, minimum target 80% • % of clinical staff trained at levels 2-3 safeguarding adults, minimum target 80% • % clinical staff should receive training on domestic abuse awareness minimum target 80% • % named safeguarding service lead and executive lead trained at level 4 minimum target 80% • Clinical staff in frontline services should undertake Prevent WRAP 3 training, all other staff to receive Prevent Awareness Training. • All Sub contracted staff working in a NHS Commissioned service should receive Safeguarding alerters awareness training / information. Additional training may be required were applicable to certain roles. 			

Standard Mental Capacity Act / Deprivation of Liberty Safeguards	Evidence of Compliance	How the organisation meets the standard	Action/ support required	Date of evidence/ review
<p>The service provider can demonstrate that there are governance systems and processes in place to ensure compliance with the Mental Capacity Act 2005 , Deprivation of Liberty Safeguards (MCA/DoLS)</p>	<ul style="list-style-type: none"> • Clear accountability structure within the organisation for MCA/ DoLS • Named service lead for MCA/DoLS • Executive lead accountable to the Board for MCA/DoLS • Policies/Procedure's for Consent MCA/DoLS • Accessible patient /carer information on MCA/DoLS 			
<p>All staff responsible for providing patient care and treatment must understand their roles and responsibilities according to the MCA/ DoLS</p> <p>All clinical staff should have the knowledge and understanding of applying the key principles identified within the MCA/DoLS Code of Practice whilst delivering patient care and treatment</p> <p>All clinical staff should be trained in MCA/DoLS at a competent level relevant to their role , in accordance with London Borough of Bromley Multi-Agency Safeguarding Training Programme (MCA/DoLS) or be able to demonstrate the use of a compatible staff training programme.</p>	<ul style="list-style-type: none"> • A statement of responsibility to be included in their Job Descriptions • MCA/DoLS features in staff development plans/reviews • Induction training which includes MCA and DoLS. • A clear understanding of the organisations policy/procedures for Consent, MCA/DoLS. • 80% of clinical staff to attend the MCA/ DoLS Awareness & Introduction Training, minimum target 80% • 80% of clinical staff to attend the 'Process for Decision Making' Training for MCA/DoLS, minimum target 50% 			

Standard Reasonable Adjustment for Vulnerable Groups	Evidence of Compliance	How the organisation meets the standard	Action/ support required	Date of evidence/ review
<p>Commissioned services should be designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities and ensure patient safety. (Please note this section only applies to CCG Commissioners)</p>	<p>Vulnerable groups are involved in service development, service design, delivery and monitoring</p>			
	<p>Vulnerable groups' health needs are assessed, when service planning, to deliver a person centred approach to care.</p>			
	<p>Vulnerable groups are represented at Patient Involvement Groups, the CCG Governing Body and local Healthwatch.</p>			
	<p>All information provided by the CCG for the public domain has an accessible version.</p>			
	<p>Commissioned services are quality impact assessed for their accessibility for vulnerable groups</p>			
	<p>The Governing Body and Executive Leads should ensure that Equality and Diversity is embedded throughout the organisation in accordance with the NHS Equality and Diversity Competence Framework</p>			
<p>Commissioned services should ensure reasonable adjustments are made to deliver safe and effective health care to meet the needs of vulnerable Groups</p>	<p>Vulnerable groups, when accessing services are listened to and respected and their dignity prioritised.</p>			
	<p>Vulnerable groups' complaints about services should be handled respectfully and efficiently.</p>			

	Vulnerable groups are supported so they can understand their diagnosis and consent to their treatments.			
	A range of engagement options are available which are not reliant on the written word, Systems support the production of materials in a range of formats.			
	Clinical staff use the information supplied in personal health records to deliver safe, effective and person-centred care. for vulnerable groups			
Commissioned services are committed to provide strong leadership, skills and knowledge to ensure Equality and Diversity is everyone's business.	The Service Board and Executive Leads should ensure that Equality and Diversity is embedded throughout the organisation in accordance with the NHS Equality and Diversity Competence Framework.			
	Managers should support and motivate their staff to work in cultural environment free from discrimination.			
	Communication aids, guidelines etc. are available and used by staff. Pre-admission/appointment visit are routinely offered to minimise unnecessary concerns to alleviate stress. The views of people who know the person (where necessary) are sought and taken into consideration. Advice and support is sought from partner agencies, specialist health practitioners to assist a vulnerable person to accesses services and treatment where necessary or appropriate.			
	People are routinely signposted on to other health and social care services,			

	where vulnerability has been assessed which reflects current or future needs.			
	Onward referral and discharge letters include requirements for reasonable adjustments and information pertinent to safe and effective care.			
	Vulnerable groups can readily access services and should not be denied access on unreasonable grounds			
	Information systems are used effectively to manage health outcomes for vulnerable groups			