**Quality Assurance Visits Policy**

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| Author / Lead | Vicky Cline Senior Nurse, Acute/ Community, Ross Keily-Cracknell, Senior Nurse Mental Health |
| Responsible Executive Director | Executive Chief Nursing Officer |
| Responsible Committee | Quality Committee |
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| Target Audience | * 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) |
| Stakeholders engaged in development of Policy (internal and external) | * Stephen Mayo, Director of Nursing * Eleanor Sherwen, Deputy Director of Nursing Mid and South Essex ICB (MSEICB) * Vivienne Barker, Director of Nursing * Karen Flitton, MSEICB * Ross Keily-Cracknell, Head of Nursing Mental Health, Learning Disabilities & Autism. * John Swanson, Consultant Nurse IPC, MSEICBs |
| Impact Assessments Undertaken  *(State if not applicable)* | * Equality and Health Inequalities Impact Assessment |

**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 |
| 1.1 | 16/05/2024 | Vicky Cline, Senior Nurse, Acute/Community  Ross Keily Cracknell, Senior Nurse, Mental Health | Policy being reviewed |
| 2.0 | 28/06/2024 | Helen Chasney, Corporate Services & Governance Support Officer | Final – Approved version |

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## Introduction

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

1.2 As commissioners, Mid and South Essex Integrated Care Board (ICB) will   
expect providers to meet the Care Quality Commission (CQC)   
fundamental standards, in addition to wider guidance from NICE, the   
Royal Colleges etc. See Appendix B.

1.3 The purpose of quality assurance visits is to provide the ICB with   
 assurance that all fundamental standards are being met. The visiting  
 team will feedback their observations which can be utilised to enable  
 providers to make targeted improvements.

1.4 Providers of health care services have a responsibility to 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.

1.5 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

2.1 As part of overall contract management, quality monitoring should enable  
 key risks to be effectively managed and is central to continuous   
 improvement. It aims to ensure that service users receive a positive  
 experience in line with the highest quality and safety of service.

2.2 This policy provides the broad framework for undertaking quality  
 assurance visits across the contracts held by MSE ICB, noting that there  
 may be service specific requirements.

## Scope

**3.1 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

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

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

## Roles and Responsibilities

**5.1 MSE ICB Quality Committee**

5.1.1 The Quality Committee is advised of areas of concern following provider  
 quality assurance visits.

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

**5.2 Directors of Nursing**

5.2.1 The Directors of Nursing have responsibility to oversee the quality   
 assurance obtained by the Clinical Quality Team (Physical and Mental  
 Health), Primary Care Quality team, Safeguarding and the Infection   
 Prevention and Control team.

**5.3 All Staff**

5.3.1 The respective team, as outlined above are responsible for developing  
 and agreeing the schedule of quality assurance visits for the services for   
 which the ICB is the lead commissioner.

5.3.2 The Team is responsible for leading the quality assurance visits, where  
 appropriate with wider stakeholders such as Local Authority, other ICBs  
 and patient participation, and to provide written and verbal feedback to the   
 provider.

## Policy Detail

**6.1 Format of the Quality Assurance Visits – Routine Visits**

6.1.1 MSE ICB develops a schedule of routine visits throughout the year for the  
 services that it commissions.

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

**6.2 Format of the Quality Assurance Visits - Enhanced Visits**

6.2.1 These visits will be triggered from themes identified through the  
 triangulation of information, as an example outcomes of incident   
 investigations, CQC inspections and other external agencies such as the  
 Police, Ambulance Service, Social Care, safeguarding alerts and other soft  
 intelligence.

6.2.2 Enhanced visits will be in direct response to risk identified through the  
 quality risk dashboard, associated narrative, provider escalation and in  
 line with the emerging concerns protocol.

**6.3 Format of the Quality Assurance Visits- Intensive Visits**

6.3.1 These visits will be triggered following recognition that there is a potential  
 high risk and additional scrutiny from regulators. Visits will be arranged at   
 short notice and in a direct response to the risk raised.

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

6.3.3 The report may be used as part of the information pack required for any  
 subsequent risk summit.

## Monitoring Compliance

7.1 This policy will be monitored by the Quality Committee.

7.2 The Executive Chief Nursing Officer will have overall responsibility for  
 monitoring the policy.

## Staff Training

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

## Arrangements for Review

9.1 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.

9.2 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 (Nursing and Midwifery Council) - 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/Patient Safety Incident Response Framework
* Complaints Policy.
* Social Media Policy.
* Information Governance Policy.
* Safeguarding Adults.
* Safeguarding Children.
* Infection prevention and control policy

## References

* Care Quality Commission
* Health and social care Act 2008: Code of practice on the effective prevention and control of infection

## Equality Impact Assessment

12.1 The EIA has identified no equality issues with this policy.

12.2 The EIA has been included as Appendix A.

**Appendix A - Equality Impact Assessment**

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy and version number:** Quality Assurance Visits Policy V2.0 | **Directorate/Service**:  Nursing & Quality |
| **Assessor’s Name and Job Title:**  Vivienne Barker  Director of Nursing | **Date:** 12/06/2024 |

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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.

| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Disability  (Physical and Mental/Learning) |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Religion or belief |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Sex (Gender) |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Sexual  Orientation |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Transgender / Gender Reassignment |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Race and ethnicity |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | ü | No impact as applies to all staff and adjustments can be made upon request |
| Marriage or Civil Partnership |  |  | ü | 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**

The fundamental standards are the standards below which your care must never fall.

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.

**Visiting and accompanying**

If you're in hospital, a care home, or a hospice, you should be able to have visitors. If you're living in a care home, you should be able to go out on visits without difficulty. And if you need to go to hospital or a hospice for an appointment, you should be allowed to have someone with you.

**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're 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.

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**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 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.
* 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 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.
* MSE ICB staff visiting a Mental Health and/or Learning Disabilities unit, must ensure that they are issued with a PinPoint safety alarm, and have its use and function explained prior to entering the clinical environment.
* 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.
* Whilst on a visit to a mental health or learning disabilities ward, if a psychiatric emergency alarm is sounded or if there is an incident of violence or aggression, MSE ICB staff are to immediately leave the area to a safe location, when safe to do so, the visiting team will discuss with the most senior person in the clinical area in regard to continuing the visit or postponing.

**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, with EPUT services the report will be drafted by the trust with input by the ICB and the visiting team. The report will include identified areas of good practice and areas of concern, along with any recommendations.
* The provider will be given an period of 10 working days 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, this will be done within 10 working days of the draft report being received back by the ICB.
* 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 ‘internal critical incident’ the lead of the organisation will contact the named lead for the ICB to discuss an alternative format for the visit, which could include the agreement to reschedule.
* If the visit continues this will likely take a more observational format to reduce disruption to the staff.
* Anything of immediate concern will be immediately escalated to the appropriate team or person within the organisation, this could include Director of Nursing, safeguarding team or service lead. All issues discussed will be followed up via email, and shared internally, as appropriate, within the ICB.
* If an intensive visit needs to be cancelled this must be done by agreement between 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.