



Calderdale Integrated Quality Strategy and Quality Assurance Framework for Care Providers

2023-2027

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1. Introduction

The Calderdale Wellbeing Strategy (2022-2027) aims to optimise the health and wellbeing of people in Calderdale throughout the entire course of their lives which includes a focus on Ageing Well, covering people 50 and older.

<https://www.calderdale.gov.uk/v2/sites/default/files/Health-and-wellbeing-strategy-2022-2027.pdf>

Adult care providers are an essential part of the health and social care economy and provide care and support to some of the most vulnerable people in Calderdale either in peoples' existing homes or their new ones. It is essential that the provision of care in all settings is safe, of high quality and meets the unique needs of the individuals. It is also important that responsible commissioning organisations have robust processes to receive assurance, share intelligence, manage concerns whilst supporting innovation, quality improvement and contributing to ongoing market demand review with system oversight and clear strategic direction.

The Care Act (2014) places responsibility on Local Authorities for local market shaping to encourage quality, choice, and sufficiency of provision. The Care Act also gives responsibilities to the NHS, to work with local authorities to help support contingency planning, sustainability, and quality of care services; this has been further strengthened by the progression to Integrated Care Systems (ICS) and Integrated Care Boards (ICB).

Calderdale Cares Partnership as part of West Yorkshire Integrated Care Board values existing integration and commits to build on that to ensure the care market offers high quality options and is resilient, with the aim of increasing the number of providers rated good or outstanding by the CQC.

This Integrated Quality Strategy links to the wider strategic vision for Calderdale Vision 2024 which is currently being revised and the Market Position Statement, which sets out the ambition we want to achieve for our care provision.

We want to:-

- Achieve great outcomes for people, so they can lead the lives they want.
- Help people to remain independent and play an active part in their community.
- Offer support to give people control and builds on their strengths.

2. Aims of the Integrated Quality Strategy

This Quality Strategy explains the integrated principles and mechanisms which will help ensure that Calderdale adult health and social care providers are delivering safe, effective services which meet population need. We want people to be confident that the care and support they receive will be of high quality and that they will be safe, their needs are met, and they are treated with dignity and respect.

The strategy sets out the strategic plans for quality within the adult care sector as well as containing associated frameworks which explain how those plans will be enacted including the governance, the processes, measurable actions, and related outcomes.

It contains an Integrated Quality Assurance Framework (IQAF) which sets out the processes for obtaining assurance against sector specific quality standards, quality monitoring systems and processes, plus an intention to progress the co- design and implementation of Quality Improvement and Quality Charters which will enact the ambition and provide the mechanisms to empower providers to achieve sustained quality assurance and

improvement. It also describes the roles, responsibilities and processes which will be enacted when concerns are identified and the correlating system interventions.

The NHS National Quality Board Shared Commitment to Quality (April 2021) has been refreshed to align with the two quality frameworks for Public Health and Adult Social Care Quality Commission, the NHS Patient Safety Strategy and the People Plan. It places pivotal importance on integration, and how quality must be central to planning and decision-making within health and care systems. It also states commissioners and funders have responsibilities to: -

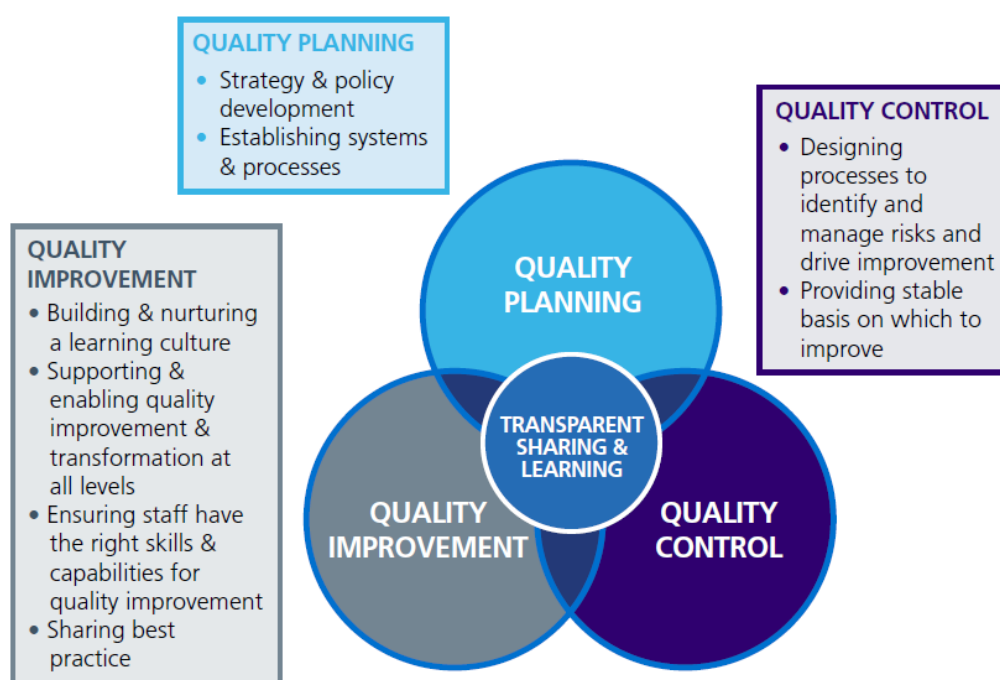
- Set clear quality standards and expected outcomes when commissioning, which are considered as part of performance management.
- Have clear governance and accountability arrangements for quality.
- Work together to ensure seamless pathways between commissioned services, including identifying and managing quality issues.
- Develop a just culture which is open, transparent, and continuously improving.
- Work with local communities to shape the design and delivery of services.

Ensuring that users of services receive safe, high quality care provision relies on a complex set of interconnected roles, responsibilities, and relationships between the partners in Calderdale Care Partnership, provider organisations, other commissioners, system and professional regulators, and other national bodies. This strategy sets out the commitment of the combined health and social care partners in Calderdale to monitor, support and hold providers to account to maintain and improve care provision, as well as the interface with regulators. We will ensure the people who use services are actively involved in their care arrangements and that regular opportunities for people and their families to co-produce services and give feedback are offered.

The NHS National Quality Board Shared commitment to quality considers there are three core quality functions which need to be delivered by systems - Quality planning; Quality control; Quality improvement ([2.1 Delivering Quality Care in Systems diagram below](#)), and the strategy explains in detail below how the functions will be delivered.

This strategy is formulated on those functions with the integral framework and charter to contribute to achieving the delivery of quality care in systems.

2.1 Delivering Quality Care in Systems, the Juran Trilogy (NQB 2021)



3. Implementation of the Strategy

3.1 Quality Planning

Effective collective management of quality requires clear systems, processes, and governance mechanisms. The Boards and groups within the health and care system in Calderdale include forums with mechanisms to share intelligence, oversee and manage quality and safety as well as ensuring adequate resilient sector provision as well as provision of strategic oversight and progression.

3.2 Quality oversight and governance

The processes including the governance structure which oversees delivery against this strategy, and the Integrated Quality Assurance Framework is summarised below.

Provider Quality Monitoring meetings (PQM) are monthly multi-disciplinary meetings which share intelligence to assess risks to quality within individual providers. PQM identifies and agrees appropriate collaborative responsive approaches which plan to provide early intervention to address concerns in services. PQM identifies themes and trends to inform quality improvement priorities as well as identifying areas of good or outstanding practice that can be shared.

PQM escalates a summary of quality concerns or issues to the Governance and Quality Assurance Board where there is significant risk including potential provider failure.

PQM is accountable to the Governance and Quality Assurance Board for-

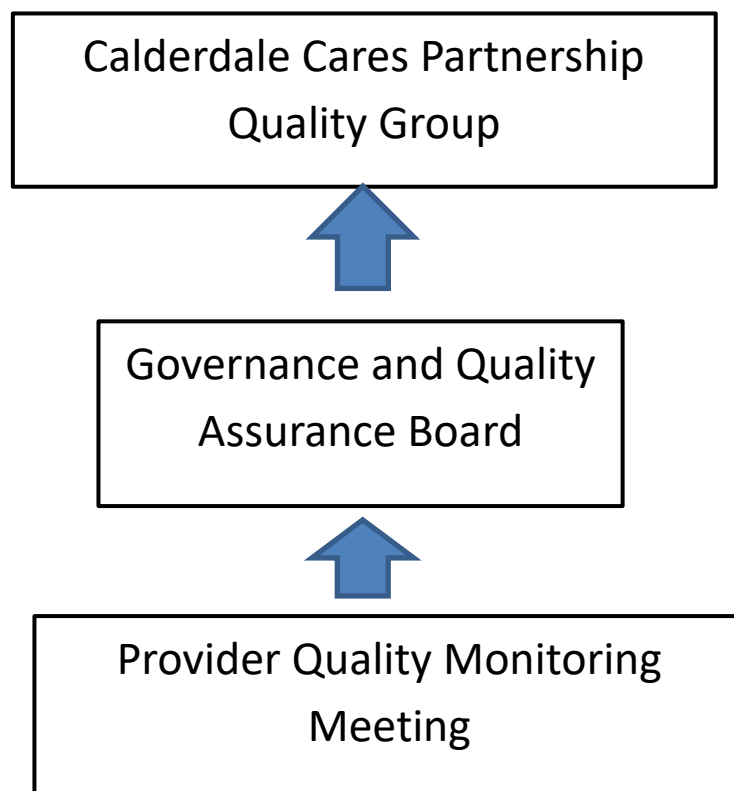
- escalation of barriers or issues impacting on the quality of a service,
- services which are not improving as expected,

- issues which cannot be resolved,
- escalation of concerns where people or a provider is deemed at significant risk including those of a safeguarding nature.
- provision of an overview of the quality of services as a system
- a summary of quality improvement actions instigated from themes and trends.

Governance and Quality Assurance Board maintains a strategic overview of provider quality of care provision and is responsible for the quality assurance and quality oversight of provider services as well as market oversight of provider services through Adult Services. It holds the PQM to account for the operational monitoring and quality interventions to support providers and provides strategic overview of the quality of the sector. It receives an assurance summary from Provider Quality Monitoring meeting to support the ambition to achieve an increased number of services rated and remaining low risk on the Multi-Disciplinary Risk Assessment and rated as good and outstanding by CQC. The Governance and Quality Assurance Board has CQC as part of its membership to receive and share information and collates a risk log with the risks being managed through a variety of mechanisms and processes. The Governance and Quality Assurance Board provides updates and assurance reports to the Calderdale Cares Partnership Quality Group.

Calderdale Cares Partnership Quality Group provides the collective focus on quality outcomes (including, safety, experience, effectiveness) for the Calderdale Place and has responsibility for setting and having oversight of the monitoring of quality standards, priorities and agreeing the broad quality objectives for the local system, as well as having oversight of the quality of all system business,

Through Quality reports and information sharing the Quality Group will deliver on its collective responsibility for its partnership wide focus on quality, surveillance, improvement, and assurance which includes updates on progress on the vision for quality improvement, monitoring, and assurance activity in adult care provision as pledged in this strategy.



3.3 Quality Assurance/Control

Quality Assurance is the systematic and transparent process of determining whether a product or service being developed is meeting specified requirements through a variety of measures.

Quality assurance is an integral part of the Calderdale system approach to managing quality, which is based on agreed standards enacted collectively. This includes active inclusion of service user and family feedback and experience.

The Integrated Quality Assurance Framework (IQAF) sets out the principles and approach that Calderdale Council, West Yorkshire Integrated Care Board, Care Providers, and other key system partners will take to ensure local care and support services achieve high quality care, providing services which meet the needs of individuals.

(For more detail see Appendix 1)

3.4 Processes for the identification and management of concerns

The health and social care sector is an integrated system and requires robust processes to identify, share and act on early warning signs; monitor, manage and escalate risks; plan and co-ordinate ongoing improvement of quality, experience, and outcomes.

Concerns or risks in the quality-of-care provision can be identified from a variety of sources and require robust integrated processes to respond appropriately to ensure the well-being and safety of residents and individuals receiving care in their own homes and other community settings.

The Calderdale processes for multi-agency quality risk management are set out in the Integrated Quality Assurance Framework, Appendix 1.

3.5 Safeguarding

Whilst quality processes and safeguarding procedures are interconnected, they follow differing processes when provider safeguarding concerns are evident.

The Council is the lead agency for safeguarding and coordinates safeguarding enquiries. The Calderdale Safeguarding Adults Board has established a Large-Scale Enquiry process for managing allegations of institutional / organisational abuse. Safeguarding concerns are raised by any professional or member of the public through the Council's Gateway to Care team as per the Multi-agency Safeguarding Adults Policy and Procedures. The ICB safeguarding team provides advice and support on complex health safeguarding issues to the Council team investigating safeguarding concerns as requested.

The safeguarding teams meet regularly with the quality teams to share information and provider concerns and work together to plan and implement appropriate actions.

Where there are a collection of quality concerns indicating a risk of abuse or neglect, the Calderdale Thresholds Guidance document should be used to determine whether a safeguarding referral needs to be made. Where there are significant safeguarding concerns the Large-Scale Enquiry process may be instigated.

The safeguarding teams attend the Provider Quality Monitoring meetings and Governance and Assurance Board and provide relevant updates and escalation of safeguarding issues to the Calderdale Cares Partnership Quality Group.

3.6 Quality Improvement

The Calderdale health and social care system is committed to working in partnership with providers to implement a robust proactive programme of quality improvement and to embed improvements as part of a continuous cycle of learning and improvement. This approach will ensure identification of measures to improve quality, safety, and experience and these are systematically implemented and sustained, with the aim of strengthening provider internal processes, ensuring improved provider resilience and better outcomes for individuals receiving care.

Providers will remain accountable for delivery of care standards, meeting the legal frameworks under which they are registered and contractual requirements. The Quality Strategy will however help to achieve a consistent and shared view of 'what good looks like', with the associated teams and mechanisms, increasing the system focus to empower providers to assure themselves of their quality and safety as part of their service delivery to their residents and their families.

Quality improvement opportunities will be identified from PQM meetings and other forums, data, and intelligence from other health and social care professionals as well as feedback from care providers themselves, residents, or families.

A philosophy of open sharing and learning between partners and providers is pivotal and is supported by the Provider Network Forum and the planned proposed development of Quality Charters which will embrace the principles of a system commitment to quality and system support. This will support continuous improvement, lasting change and reduce variation in practice standards.

3.7 Provider Network Forums

Calderdale is committed to building on established robust forums for sharing quality expertise and excellence with providers and offering active quality support and improvement.

There is an established Provider Forum in place which is owned by Providers and facilitated by the Council and ICB with contributions by all system partners.

The newly launched Clinical Network Forum provides an opportunity for our nursing and senior care team to network with colleagues in similar roles across Calderdale.

The Forums offer peer support, promote sharing of good practice, contribute to quality and safety initiatives, and support continuous quality improvement.

Appendix 1

Integrated Quality Assurance Framework for Care Providers*

Introduction

This Integrated Quality Assurance Framework (IQAF) sets out the approach that Calderdale Council, West Yorkshire Integrated Care Board, Care Providers, and other key system partners will take to ensure local care and support services achieve high quality care, providing services which meet the needs of individuals.

*(*Care Providers refers to the following provision for adults: Nursing and Residential Care Homes for Older People and Adults with Learning Disabilities; Domiciliary Care; Supported Living; Supported Accommodation; Extra Care; Outreach**; Day and Night Sitting**; Community Based Day Opportunities.)*

*(**This Framework is also applicable to those providers who are delivering all-age services under relevant contracts.)*

Principles

We believe that Quality is everyone's business, and it is achieved through supportive partnership-based working. We have a whole system approach, and all stakeholders work collaboratively to make sure quality is effectively delivered and monitored and clear action is taken where quality is not meeting standards. We believe that the experience of service users is fundamental to measuring and assessing the quality of services.

The key principles of the IQAF: -

- We aim to create an integrated culture which supports high standards of care, reflecting an approach that is person-centred, supports equality and diversity, is challenging, supportive and proportionate.
- We aim to enable people who use services to be actively involved in their care arrangements and that regular opportunities for people and their families to co-produce services and give feedback are offered.
- We want to ensure a whole systems approach to Quality Assurance processes based on holistic approaches, supported by professional partnerships, as well as robust processes, and to include active experience of service users and their families.
- Our Quality Assurance monitoring is inclusive and supportive of Care Providers and challenge and support is responsive and proportionate to the individual organisation's requirements, being based on a range of intelligence from different sources, including service users and their family and friends.
- We work in partnership with providers to challenge and support them to meet their responsibilities to their residents and their families and the legal frameworks under which they are registered.

- We plan to develop opportunities for quality improvement including the co-production of sector specific Quality Charters, which include aspirational goals for excellence in quality and the achievement of an outstanding level of care.

Context and national and local drivers

- Calderdale Vision 2034
- Calderdale's Market Position Statement
- Adult service and Wellbeing Directorate Vision
- Care Quality Commission Fundamental Standards of Care
- Association of Directors of Adults Social Care Services, Quality Matters,
- NHS England's Quality Assurance Frameworks, Quality Improvement Methodology and the principles of The Fifteen Steps Challenge ([england.nhs.uk](https://www.england.nhs.uk)),
- Making it Real, Think Local Act Personal

The IQAF consists of,

- 1. Sector Specific Quality Standards**
- 2. Quality Monitoring systems and processes**
- 3. Provider Admissions and Suspension Procedure**
- 4. Provider Support and Engagement**
- 5. Quality Improvement**
- 6. Out of area monitoring**

1. Sector Specific Quality Standards

- 1.i There are six **Quality Standards** which are underpinned by interlinked sector specific assessment question sets, setting out a holistic overview of quality. The Standards also incorporate CQC regulatory requirements, Council and ICB Contract Specification requirements, NHS Quality Categories of Welcoming, Safe, Caring and Involving, Well Organised and Calm; thereby reducing duplication and reporting for providers.

The Quality Standards

- Standard 1- Person Centred Planning, Assessment and Review.
- Standard 2- Lived Experience.
- Standard 3- Employee Understanding and Knowledge.
- Standard 4- Recruitment, Induction, Learning and Development.
- Standard 5- Environment, Equipment, Health, and Safety.
- Standard 6- Governance, Oversight and Quality Assurance.

1.ii Quality Standard Assessment Questions are used as a means of benchmarking and measuring provider achievement against the Quality Standards. Each standard is assessed through the application of a range of quality assessment questions. The Council Quality Team use the QA questions to assess provider quality through their QA assessment visits and then support the provider to implement an action plan to address any gaps and areas for development. The question sets are applicable to all care provider services including where providers deliver packages of care for children and young people as part of all-age contracts.

2. Quality Monitoring Systems and Processes

2.i. A Multi-Disciplinary Risk Assessment (MDRA) which includes contributions from key system partners has been established to enable a holistic overview of the provider market. Key partners contribute their own risk rating for providers based on a range of considerations. Some partners provide information which then contributes to the LA Quality Team risk ratings. The overall risk for each provider is collated as a rating of High/Red, Medium/Amber, or Low/Green and forms the basis for discussion in the monthly Provider Quality Monitoring meeting (PQM). This in turn informs further action for multi-disciplinary teams to work with providers to achieve quality improvements. The MDRA is updated monthly prior to the Provider Quality Monitoring meeting.

2.ii. Provider Quality Monitoring meetings (PQM) take place monthly and act as a forum for multi-disciplinary partners to bring together and share intelligence regarding providers of concern and agree interventions and proactive measures to challenge and support providers to address these concerns and implement improvements in quality. Partners also identify areas of good or outstanding practice amongst providers and these are shared to support the embedding of quality improvement practices.

The group identifies and agrees collaborative approaches that best supports providers to improve the quality of their service(s) and escalates to Governance and Quality Assurance Board where there is significant risk including potential provider failure. The group identifies themes and trends and encourages a sustainable local market in line with the Care Act 2014.

2.iii. PQM is accountable to the **Governance and Quality Assurance Board** for the sharing of information relating to barriers or issues around the quality of a provider, or matters that can't be resolved, including escalation of concerns where people or a provider is deemed at significant risk including those of a safeguarding nature. It holds PQM to account for the operational monitoring and quality interventions to support providers and provides strategic direction. It receives an assurance summary from the PQM meeting to support the ambition to achieve an increased number of services rated and remaining low risk on the MDRA and rated as good and outstanding by CQC. The Governance and Quality Assurance Board provides updates and assurance reports to the Calderdale Cares Partnership Quality Group.

2.iv. Multi-disciplinary Provider Concern meetings are held on both a scheduled monthly basis between Safeguarding and Quality (LA and WYICB) alternate to PQM and on an ad hoc basis to focus on individual providers as concerns are escalated. They support the work of PQM to ensure oversight is regular and responsive and that intelligence is shared and results in appropriate timely action. Partners will agree the approach and timescales as part of the meetings and feedback will be presented at PQM.

2.v. The Provider Quality Monitoring Visit Schedule is primarily informed by the outcome of the MDRA and subsequent discussions at PQM. The work of the LA and WYICB Quality Team to challenge and support providers is directed according to the level of risk.

2.vi. Quality Assurance Monitoring visits are undertaken by both Council and WYICB Quality Officers within an ethos of collaboration and partnership working. Officers engage with providers as a 'critical friend' and offer both challenge and support to improve areas for development and further embed areas of good practice. Approaches are differentiated according to the individual circumstances of the Provider, their rating on the MDRA and actions agreed in the PQM meetings. Visits will be conducted utilising a variety of methods e.g., in-person observational walkabouts, focussed and audit visits or virtual meetings where

required. Visits will be either scheduled and planned with providers or un-announced where quality concerns trigger this approach.

Where appropriate the Council and WYICB Officers will work in partnership to support the Provider to develop a Quality Assurance action plan to address any gaps identified and this will form the basis of follow up visits. Where appropriate the action plan will also include actions from the Safeguarding team and a multidisciplinary approach will be used to monitor progress.

Visits will also recognise areas of good and outstanding practice that can be celebrated and shared with permission.

2.vii. Provider Monitoring Returns provide information which is integral to ensuring providers are fulfilling their contractual obligations, in addition to other Quality Assurance requirements. Returns will be submitted according to the provider sector specific schedule, analysed by the Quality Team and any issues are identified and raised as necessary, either directly with the Provider or escalated to PQM.

2.viii. Provider Quality Assurance Meetings will be arranged with Registered Managers and led by the Senior Quality Officer as part of the IQAF monitoring processes, to seek reassurance and discuss and agree actions for quality improvement. These may be prompted by the outcome of a QA visit or requested as an action in PQM or a Provider Concerns meeting. The response to quality concerns will be proportionate and we will aim to work in partnership with providers to address areas of poor performance.

2.ix. Provider Contract Review Meetings will be requested with providers', Regional/Senior management where there are significant quality and or safeguarding concerns which are not being addressed with sufficient pace or imperative and the service is potentially unsafe and or the provider is not fully compliant with the requirements of the contract.

A relational approach will still be maintained wherever possible; however, the Provider will be challenged to meet their contractual obligations within a clear timescale and sanctions may be imposed on admissions or packages of care until there are sufficient quality improvements put in place. A contract meeting will also be held when a termination of contract is under consideration.

3. The Provider Admissions and Suspension Procedure will be implemented as required as part of the Integrated Quality Assurance Framework. When a Provider is assessed as failing to meet Quality Standards under the Integrated Quality Assurance Framework, this will also be considered in the context of contractual performance. Consideration will be given to whether the Terms and Conditions of the contract have been breached and appropriate action will be taken.

The Admissions and Suspension Procedure will only be initiated where continued implementation of challenge, support and interventions have been unsuccessful and where the provider is consistently unable to, or demonstrates an unwillingness to meet Quality Standards.

Admissions can be paused or placed on a phased basis in agreement between the Council/WYICB and the Provider on a voluntary basis, or a suspension may be enforced, where there is clear concern around contract compliance.

Where there are a collection of quality concerns indicating a risk of abuse or neglect, the Calderdale Thresholds Guidance document should be used to determine whether a Safeguarding referral needs to be made.

This Procedure links to the Large-Scale Event Procedure (LSE) where action is instigated due to Whole Service Safeguarding. Where there are significant safeguarding concerns the Large-Scale Enquiry process may be instigated. (Please see the LSE policy.)

4. Provider Support and Engagement. The principles of the IQAF promote a partnership approach with providers and other mechanisms are also in place to encourage provider involvement and co-production.

- Attendance of the Director/Assistant Directors of Adult Services and Wellbeing at the monthly Registered Managers Network meetings on request from providers.
- Provider engagement in a range of relevant Task and Finish groups to enable co-production of work.
- Quality Team coordination of Provider Network Forums.
- WYICB Quality Team coordination of Clinical Network Forums.

5. Quality Improvement. We want to work together with system colleagues and providers to achieve outstanding levels of care. Our ambition is to develop a quality improvement offer alongside our robust quality assurance monitoring processes, which can support providers in their journey to achieve outstanding care. The Quality Improvement offer is optional and focussed on identified good practice and performance in specific areas of care delivery and will support providers to develop and embed their own in-house quality improvement.

6. Out of Area Monitoring. Pre-placement contract/quality checks are made before an out of area placement can be put in place by the allocated social worker. The placement is then reviewed according to the Reviewing Officer schedule (prioritised according to need following an initial 6-week check) and any quality or safeguarding concerns are raised with the Host Authority who hold responsibility for the monitoring of providers within their area.

Any significant concerns found by the host authority are communicated to our Gateway to Care and the service will be made unavailable for further placements until the host authority provides assurances that improvements have been made and embedded. Quality and Social Care teams are made aware of concerns and the pause in placements.

The Host Authority may invite Social Care teams to undertake welfare visits and Quality to attend review meetings with the provider. These may result in the decision to support people residing in the home to move to alternative settings if the provider is unable to maintain the safety and wellbeing of the residents. Reciprocal arrangements are in place for providers based in Calderdale where there are out of area placements.

If CQC take enforcement actions to close a home in another Authority, Social Care teams will work with the Host Authority, people residing in the home and relatives to find suitable alternative placements.

We have recently reviewed our monitoring for out of area placements and Quality will be implementing desk-top monitoring from April 2025. We are also considering how we can work more closely with Host Authorities to undertake onsite QA assessments for providers where we have more than 5 placements.

(Copies of the following documents are available on request at ICCQT@calderdale.gov.uk)

- *IQAF 'At a Glance'*
- *Quality Assurance Standards question sets-sector specific.*
- *Terms of Reference: - Provider Quality Monitoring meeting*
- *Terms of Reference: - Governance and Quality Assurance Board*
- *Multi-disciplinary Risk Assessment criteria*
- *Quality assurance monitoring visit schedule summary*
- *Provider Monitoring Returns summary of requirements*
- *Provider Admissions and Suspension Procedure*

