

**NHS County Durham and Darlington
Clinical Governance Assurance Framework for Independent Contractors
Version 1.0 January 2010**

Key to assurance	
High -	Key policies, systems and procedures in place, audit and feedback mechanisms and improvement plans, and clear evidence of implementation and effectiveness within the practice
Medium -	Key policies, systems and procedures in place, with audit and feedback mechanisms and some evidence of implementation and effectiveness.
Low -	Key policies, systems and procedures not in place, and/or no effective audit and feedback mechanisms or evidence of implementation and effectiveness.

Safety Issue	Evidence to support assurance (This may include evidence in reports relating to the annual healthcheck, NHSLA standards and other external reviews)	Relevant current commissioner surveillance data
The Board sets out a clear, ambitious vision and strategy for clinical governance arrangements with Independent Contractors.	<ul style="list-style-type: none"> • NHS CDD has a Patient safety and quality (clinical governance) strategy, aligned to broader strategies. • Communication and engagement with independent contractors • Progress in implementation of patient safety strategy. • Assessment of/action related to safety climate • NHS CDD seeks assurance from independent contractors of their vision and strategy for patient safety 	SUI and overall incident reporting rates, complaints data, patient surveys, QOF achievement
Patient safety is highest priority at Board level and is afforded an equal focus of attention with finance and performance issues.	<ul style="list-style-type: none"> • NHS CDD Governance and assurance processes. • Quantity/quality of Board discussion and action on safety issues and risks in independent contractor services. • Seek assurance of engagement of independent contractors with regional and national safety developments. 	SUI and overall incident reporting rates, patient survey and QOF achievement
The Board and sub committees provide a real opportunity for challenge and discussion involving Non Executive Directors	<ul style="list-style-type: none"> • Seek assurance of lead for clinical governance named in each practice. • Quality Review Group with independent contractors • Benchmarking of safety indicators where possible. • Scrutiny of patient safety issues via audit committee 	SUI and overall incident reporting, HCAI rates, implementation of safety alerts, patient surveys and QOF achievement

<p>The Board, supported by its sub committees, has a clear analysis of and response to key risks for patient safety within independent contractor services</p>	<ul style="list-style-type: none"> • Risk management policy and procedures. • NHS CDD has agreed processes for escalating and responding to issues from independent contractor services, clinical staff or service users. • Collect and monitor appropriate information from independent contractors to allow Identification of/action on key patient safety risks. 	<p>Assuring High Standards of Professional Performance Policy and PARG processes. Incident reporting, HCAI rates, implementation of safety alerts, patient survey and QOF achievement,</p>
<p>Rigorous systems are in place in practice clinical teams for monitoring quality and safety of care, with reference to a range of indicators.</p>	<ul style="list-style-type: none"> • Monitor clinical governance and performance management processes of independent contractors • Ensure independent contractors review indicators and actions at clinical team level in relation to safety risks and issues. • Assessment of/action related to safety climate 	<p>SUI and incident reporting, HCAI rates, implementation of safety alerts and QOF achievement</p>
<p>There is a system in place to ensure adequate staffing and skill mix.</p>	<ul style="list-style-type: none"> • Seek assurance from independent contractors of their systematic process for assessing adequacy of staffing and skill-mix. • Ensure independent contractors have a process for review and escalation of issues or concerns. 	<p>Practice workforce plans, QOF achievement</p>
<p>Real time feedback from clinical audit, service user and patient experiences are used to complement 'hard' indicators.</p>	<p>Clinical audit policy and support mechanisms. Seek assurance of:</p> <ul style="list-style-type: none"> • action on national clinical audit priorities. • clinical audit within practice teams and safety improvement arising from this. • policies/procedures relating to service user feedback. • escalation of feedback on safety issues to appropriate management levels within NHS CDD. • triangulation of clinical audit data and patient feedback to inform monitoring and action. 	<p>Clinical audit reports, complaints, PALS reports, patient survey and QOF achievement</p>
<p>The practice has rigorous systems in place to manage safeguarding issues</p>	<ul style="list-style-type: none"> • NHS CDD clinical governance and audit arrangements cover safeguarding children and vulnerable adults. • Seek assurance from independent contractors that there is a clear chain of responsibilities for child protection from the front line through to the most senior level in the practice. • Nominated doctor lead in practice • Regular meetings with HV re at risk children 	<p>QOF achievement Attendance at Safeguarding training Attendance at case conferences</p>
<p>There is a clear process for early warning, communication and response when quality of</p>	<ul style="list-style-type: none"> • Monitoring of independent contractor clinical governance systems, policies and procedures. 	<p>SUI and other incident reporting, HCAI rates, implementation of</p>

care falls below acceptable standards.	<ul style="list-style-type: none"> • Issues highlighted at contract QOF performance review meetings and subsequent action specified. • Perceptions of staff and service users within the organisation. 	safety alerts, patient surveys and QOF achievement
Safety and quality information is discussed openly in the practice meetings.	<ul style="list-style-type: none"> • NHS CDD has a vision and strategy for openness. • Patient and public perceptions understood. • Independent contractors are expected to have: <ul style="list-style-type: none"> ➢ patient information on how to make a complaint ➢ engagement of patients, carers and public in safety and quality discussions. 	QOF achievement Open incident reporting Being open with patients Complaints reports
The practice has clear, regularly audited protocols and pathways for patient management – e.g. for emergency patients	<ul style="list-style-type: none"> • NHS CDD promotes multi-disciplinary and cross-organisational working relevant to the pathway. • Independent contractors are expected to have: <ul style="list-style-type: none"> ➢ defined pathways and clinical protocols for priority patient groups. ➢ regular audit by practice teams, review and action as required at team level. 	Evidence based patient pathways Emergency protocols Clinical audit reports.
There is a systematic process to ensure that all staff are trained in key clinical procedures relevant to their sphere of accountability	Independent contractors must provide assurance of : <ul style="list-style-type: none"> ➢ policy for mandatory and essential clinical training. ➢ indicators and monitoring processes for training provision and attendance. ➢ numbers/proportion of relevant staff trained. ➢ staff and service user perceptions. 	Attendance at mandatory training Staff appraisal and development of PDPs Patient survey

Reporting and review process

1. NHS County Durham and Darlington will collate an annual RAG report for the IBB on assurance issues and exception report on significant variance in relevant surveillance measures for independent contractors, together with a summary of any actions on areas of concern.
2. NHS County Durham and Darlington will convene a clinical quality review group for independent contractors to ensure quality and safety in services provided are addressed
3. NHS County Durham and Darlington will send a report on emerging issues in relation to assurance issues and significant variance in surveillance measures to the Quality Committee

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