

1.18.2 Quality & Governance Approach

Please provide details of how quality and clinical governance will be central to the delivery of this Contract and how your management processes and policy systems will operate to ensure successful delivery.

(Maximum Word Count 1000 words)

Words used = 1000

Vocare will manage Staffordshire GP-OOH quality through the three contract leads (Operations Manager, Medical Lead and Clinical Services Manager), who report to the Staffordshire Operational Director (point of contract accountability). Accountable for the contract's quality/governance will be the Staffordshire Clinical Director, reporting to the Regional Clinical Director, who reports to Director of Nursing & Quality at Executive level. Leads at contract/area/regional level are supported by a Quality & Governance Manager.

These roles ensure all contract elements are delivered in line with the contract and the CQC key-lines-of-enquiry/outcomes framework.

1.18.2.1-Quality/governance structures

a)-Contract level

Figure 1 shows how we will manage quality at contract level, with use of policies/procedures to guide service delivery measured against KPIs and quality requirements. Clinical Shift Leads and Team Leaders will monitor shift quality. Reporting will be into weekly Governance Meetings for all elements of quality and integrated governance with monthly Quality Reports from the Clinical Services Manager. The Staffordshire Operational Director will report on quality to the CCGs. The Quality & Governance Manager will ensure daily risk meetings highlight any governance concerns for resolution in a timely manner.

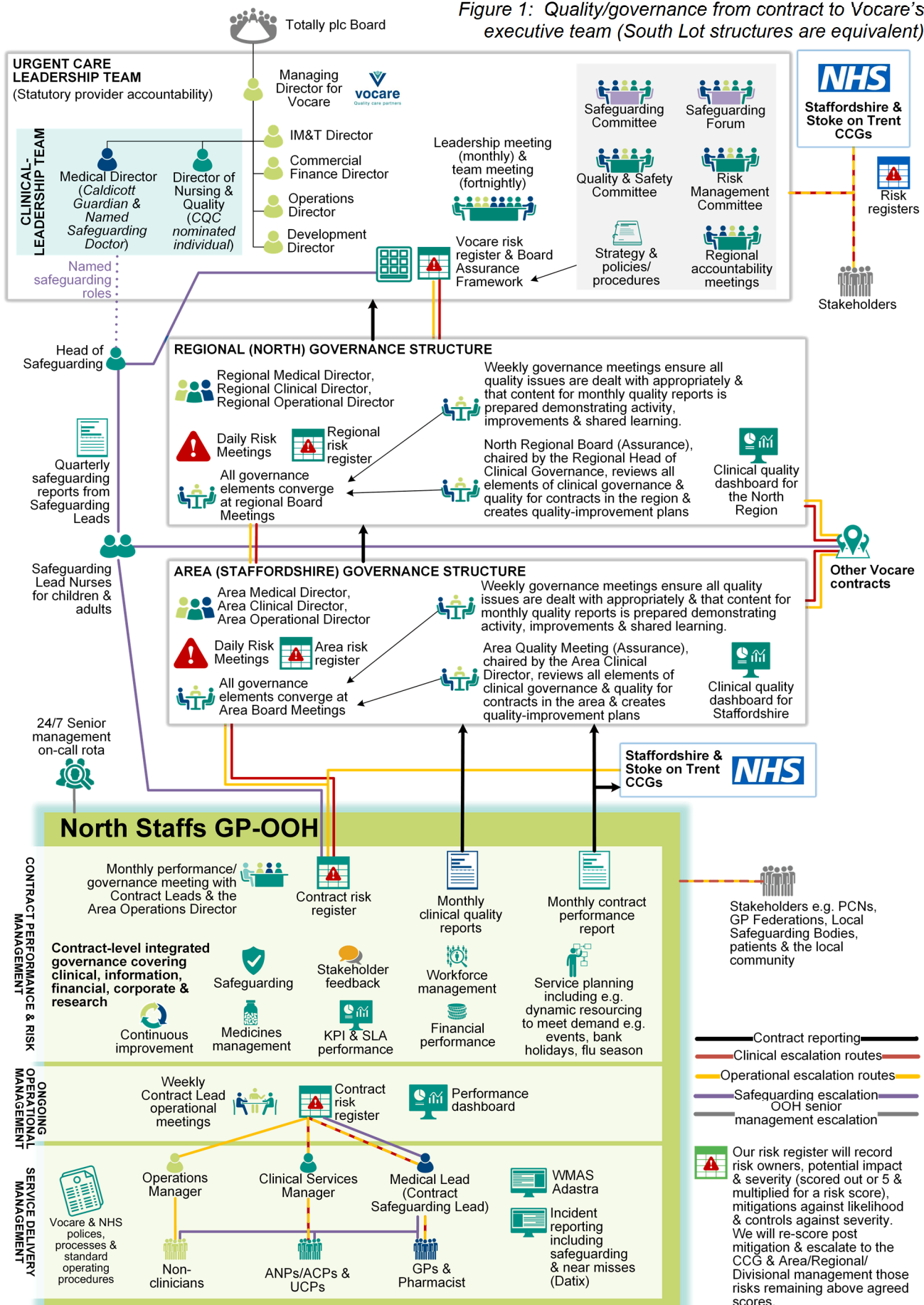
b)-Staffordshire area

The area team reviews horizontal governance/quality. Monthly Quality Meetings discuss integrated governance and quality for all Staffordshire contracts. These meetings deliver support/guidance and develop actions/objectives for the GP-OOH team and enable learning for onward cascade horizontally/vertically across Staffordshire. GP-OOH Quality Reports will inform this meeting and feed into monthly Area Quality Reports. Daily Risk Meetings review incidents/issues from the previous 24 hours.

c)-Region/division

Regional quality/performance meetings receive vertical assurance from area teams on quality, capturing best practice and identifying risks. This strategic meeting acts as an assurance meeting, collating activity to formulate the Regional Board report for quality/governance across the region.

Figure 1: Quality/governance from contract to Vocare's executive team (South Lot structures are equivalent)



The Director of Nursing & Quality is accountable for quality/governance, alongside the Medical Director. Following organisational change, the urgent-care division's (Vocare and Greenbrook Healthcare) new Board Assurance Framework (BAF) is in development for Executive Board assurances, with key committees/meetings in place, e.g. Quality & Safety Committee. Strategies (e.g. Patient Experience/Engagement, Quality-Improvement) are encompassed by a clinical-quality dashboard for vertical reporting on evidence/outcomes/standards.

d)-National resilience

The Group Head of Resilience is accountable for planning/delivery of business resilience. Plans were invoked in the pandemic to support capacity. We undertake full 'deep dives' to review lessons learned, celebrate what went well and share best practice.

e)-Governance/quality with other organisations

Our Staffordshire team attends local CCG and service-provider meetings e.g. ED delivery boards, safeguarding forums and palliative-care network meetings where discussions include governance across services, clinical models of care, joint investigations and sharing learning across organisational boundaries.

1.18.2.2-Quality/governance tools

a)-Strategy/policies/procedure

Our Quality-Improvement Strategy has various strategic actions for the next three years in our Quality-Improvement Plan with project-initiation documents under monthly review. Governance-related policies/procedures include:

- IG.
- (Serious) Incident Management.
- Complaints/Duty of Candour.
- Safeguarding adults/children.
- Risk management.

b)-Risk registers

Registers at contract/area/region are in line with our risk-management policy (Figure 1). Risks scoring ≥ 12 are reviewed/monitored by the Risk Committee (reporting to the Executive Board). Risks for this contract will be reviewed daily/weekly and reported on monthly.

c)-Learning/development

Vocare's Competency Framework, aligned to the IUC Workforce blueprint, is the basis of all job descriptions. New staff are assessed against the framework within 6 months of service. Staff have monthly 1:1s with line managers to review objectives, receive audit feedback, discuss concerns and identify development. Shared learning sessions support staff learning/development. Our Practice Educators deliver rapid interventional education in response to local/organisation-wide needs.

d)-Clinical supervision

Clinical supervision positively impacts quality of clinical practice and patient care by promoting clinical safety and improving clinical efficiency/effectiveness. We use 1:1 observed practice that is responsive to personal performance and audit data and a group approach using an action learning format.

1.18.2.3-Quality-management approach

Vocare's approach essentially follows a PDSA cycle. We plan for quality (policies/procedures/standards), including engaging/training appropriate numbers of suitably qualified and competent staff with fit-for-purpose equipment and capturing quality standards in the contract schedule. Our quality-reporting structure enables improvement at each level of service delivery, with local quality-improvement plans feeding into area/regional/divisional ones where common themes/trends are addressed.

We triangulate our quality/performance measures, collated from performance data to evaluate how well we are delivering e.g. CQC inspection reports that identify improvement areas. We identify/review unwarranted variation.

Quality improvement is the next step, using e.g. PDSA cycles, lean processes and marginal gains to understand and action changes. We have clear processes to plan/implement improvement initiatives at contract level, feeding into the Clinical-Audit Group and the Clinical-Audit & Effectiveness Subcommittee.

The final step is embedding successful improvement following review/audit cycles that confirm change is an improvement, with associated training and amendments to policies/procedures/practice.

1.18.2.4-Governance arrangements

This contract's key governance themes include safety; effective care/service infrastructure; caring/compassionate patient-focused delivery; employee support/engagement and management-team visibility.

Clinical	<p>Vocare delivers services in line with NHS England's Clinical-Governance Framework. Key criteria, overseen by the divisional Quality & Safety Committee include:</p> <ul style="list-style-type: none"> • Organisational/clinical leadership, with support from governance structures. • Performance/quality review. • Contract-level clinical risk management with vertical assurance processes. • Clinical audit. • Education/training/CPD. • Complaints management • Sharing best practice. • Seeking/responding to user/patient views. • Using clinical information about patient experience to inform training and clinical models of care. <p>This framework puts quality at the core of the GP-OOH contract/area/division.</p>
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1.18.2

Quality & Governance Approach

Information	Vocare has been ISO 27001 certified for three years. We have IG policies, Datix reporting, shared learning using IG incidents themes/trends and annual IG training. Our Quality & Governance Manager is a Cyber Champion with Staffordshire Police and receives alerts/tips to share with colleagues.
Financial	Our arrangements focus on delivering value for money e.g. monthly internal reviews at contract/area/regional levels, regular review of all consumables for the GP-OOH services and adherence to local CCG/prison formularies. We ensure innovation enables the contract to remain within the financial envelope.
Corporate	Processes/structures established by the Board inform, direct, manage and monitor activities toward achievement of objectives. Totally plc has adopted the QCA Corporate Governance Code where we comply or explain non-compliance against 10 principles.