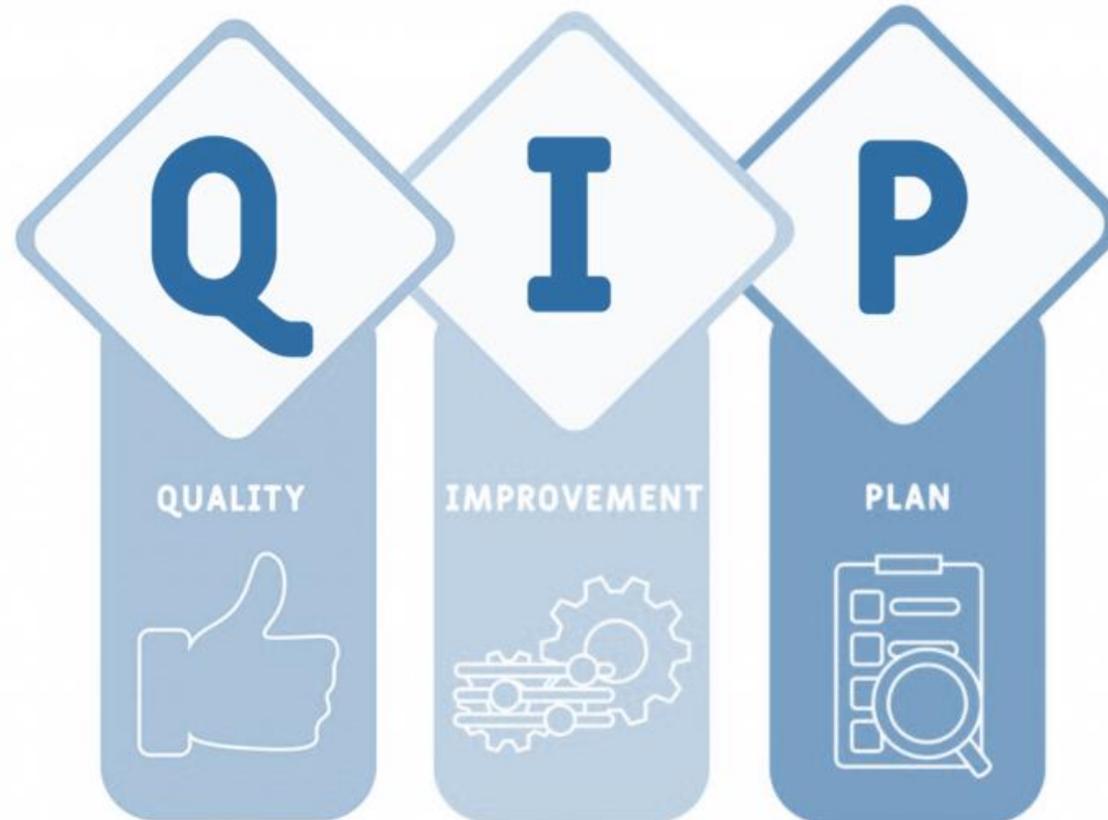


QUALITY IMPROVEMENT PLAN



PURPOSE OF THE DOCUMENT

The purpose of Quality Improvement Plan is to define the scope of work and the value the Quality Improvement Team adds to Social Care & Health Market across Wirral. The document is split into four sections:-



1. Context

- ✓ Statutory duty context | Care Act 2014
- ✓ Local Strategic Context | Wirral Plan 2026 | Care Quality Commission (CQC)
- ✓ Scale of the challenge across Wirral

2. Primary Outcomes and Guiding Principles

- ✓ Quality Improvement contribution to the primary outcome
- ✓ Guiding principles of Quality Improvement

3. Objectives, roles and responsibilities

- ✓ Objectives of Quality Improvement Team
- ✓ Roles and Responsibilities in scope and not in scope

4. Appendix

- ✓ Organisational chart of the Quality Improvement Team
- ✓ Care Concerns process
- ✓ What's not in scope of this plan
- ✓ Summary of meetings attending
- ✓ Contact details & Review date

Section 1

STATUTORY DUTY

The Care Act 2014



Care Act
2014



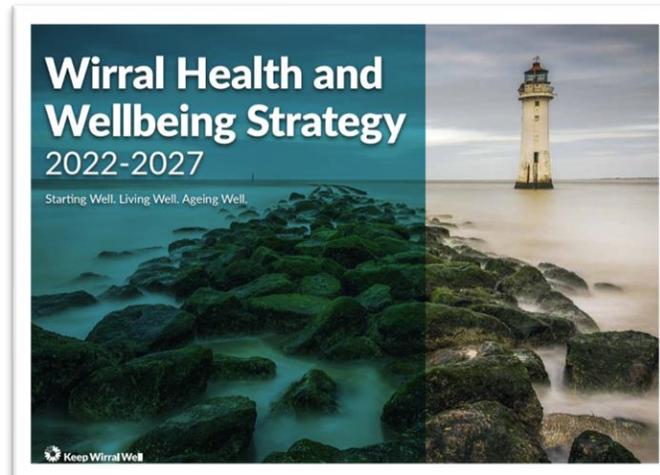
- ✓ It is the statutory duty of a Director of Adult Services to provide Social Care Services for people assessed under the Care Act - this duty has been delegated through Wirral Council Commissioning Services Team who commission services that are regulated by Care Quality Commission (CQC)
- ✓ In addition, Wirral Council has a Care Quality & Suspension Policy and a PAMMs practice guidance in place that sets out an approach for managing and ensuring compliance with terms and conditions of Wirral Council contracts and thereby providing assurance that commissioned services are safe and of good quality in accordance with its regulated body, CQC.

Regulated by

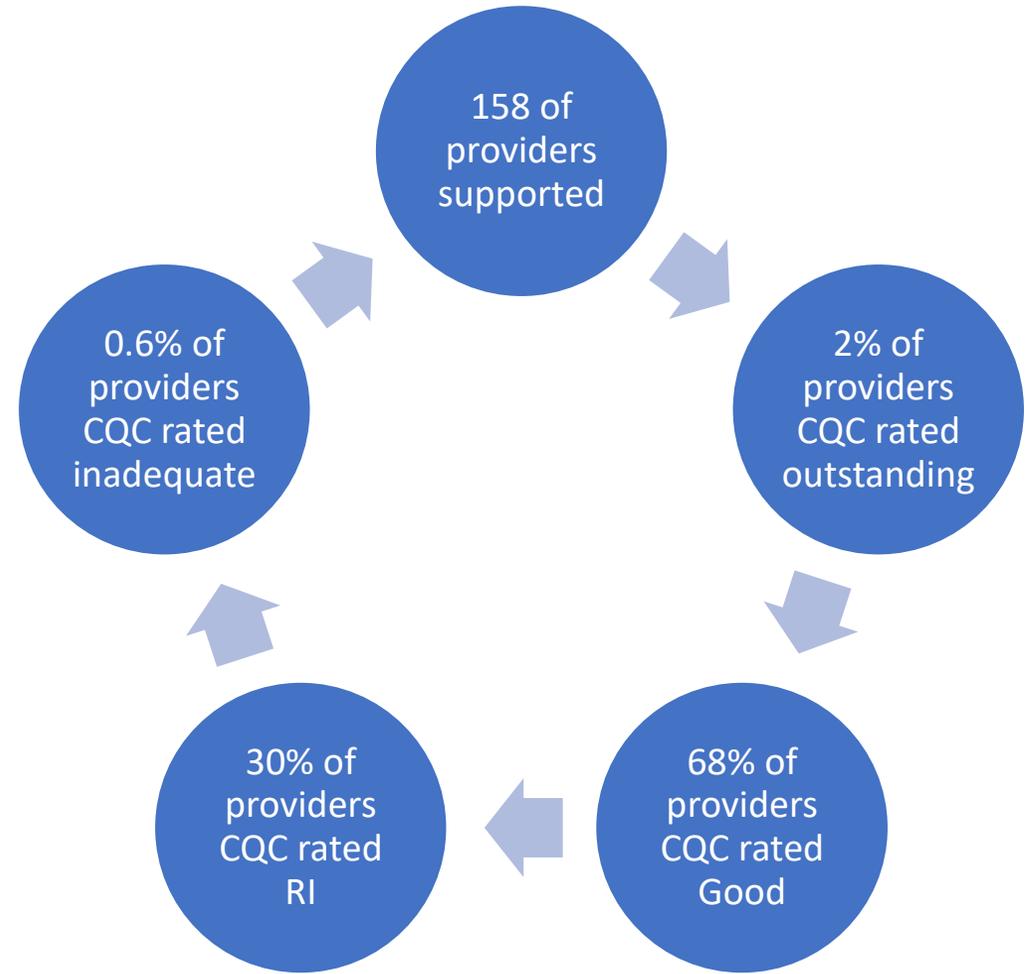


LOCAL STRATEGIC CONTEXT

The work of the **Quality Improvement Team** is aligned and contributes to the '*Wirral Plan: Equity for People and Place 2021-2026*' with particular focus to the key theme of '**Active and Healthy Lifestyle**', for people to live active and healthy lives with the right care, at the right time with the best possible outcomes for adults with care and support needs. It also underpins Wirral Health and Well-being Strategy 2022-2027 for people to live and age well and Wirral Health Protection Strategy 2023 – 2027.



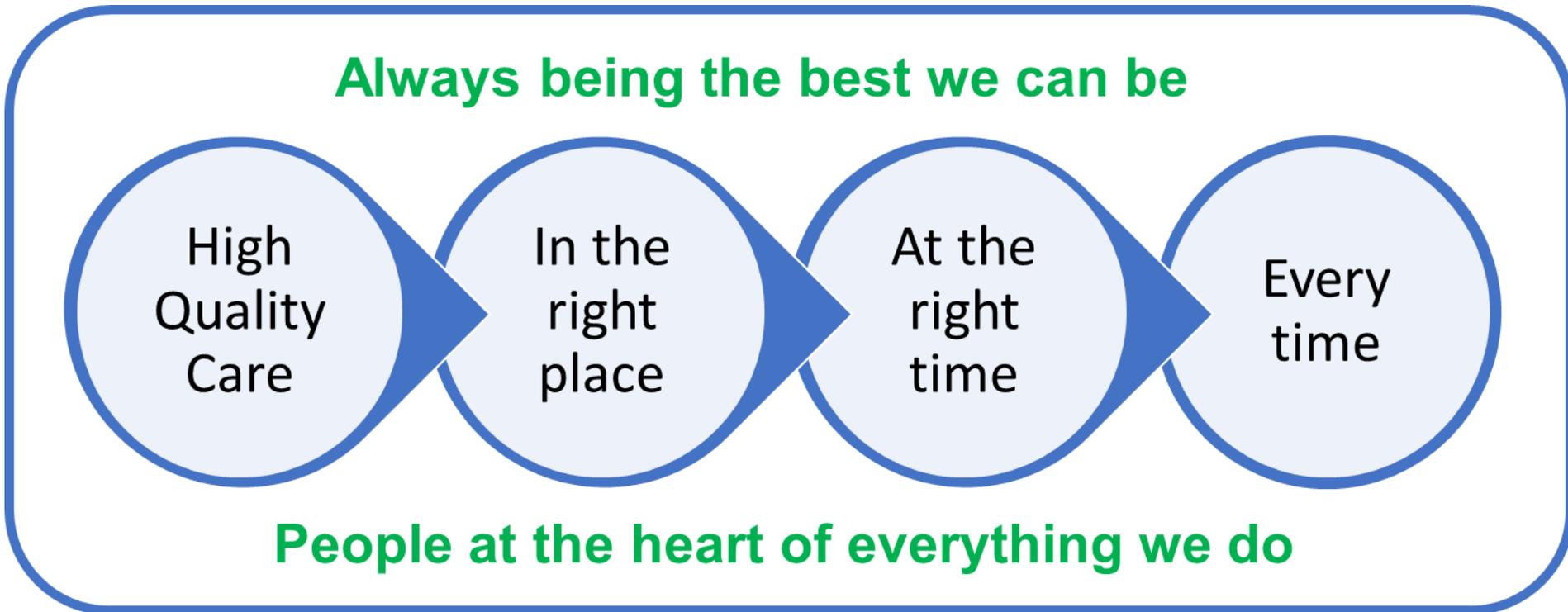
SCALE OF THE CHALLENGE ACROSS WIRRAL



Section 2

PRIMARY OUTCOME

The role of the **Quality Improvement Team** adds value and make a significant contribution to:-



GUILDING PRINCIPLES

The work of the **Quality Improvement Team** is guided by the a set of principles stated below:-



- Quality will be measured by how a service is experienced by those people who use it
- Acknowledgment that what good looks like will differ for each person receiving the service
- All providers and their services will be treated as individuals, acknowledgment to be given to each set of circumstances
- All providers will be supported to be the best they can be
- Information about quality will be shared with relevant partners and key stakeholders
- The Quality Improvement Team-work in the service delivery locations
- The Quality Improvement Team will work smarter not harder to support providers to deliver good quality care

Section 3

QUALITY IMPROVEMENT TEAM OBJECTIVES



Objectives	
1	To assess the quality of care services provided in Wirral using a recognised Provider Assessment Market Management System tool (PAMMs) supported by any care concerns received
2	To guide, support, and enable providers to produce a quality improvement action plan to raise and maintain good quality health and care standards across Wirral
3	To work collaboratively with key stakeholders and providers of care, to support, promote and sign post system-wide quality improvement interventions across Care and Health market
4	To understand and report on the quality of care and inform the process in place to manage reported risks and mitigations in relation to Providers of Community Care Services

QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

Objective 1 : To assess the quality of care services provided in Wirral using a recognised Provider Assessment Market Management System tool (PAMMs) supported by any care concerns received

CALL TO ACTION		WHO	Frequency
1	To identify and agree a PAMMs assessment schedule with the Commissioning and Contracts Operation Lead	TM	Quarterly
2	To work with key stakeholders to gather data and information on services to inform the PAMMs Assessment desktop exercise pre assessment	QIP	As per schedule
3	To support, guide and enable providers to undertake a full PAMMs assessment on the quality of their service and to report any immediate risks to the Registered Manager/Manager on site and to the Contracts lead	QIP	As per schedule
4	To attend PRIG to provide data and information to key stakeholders on the outcome of the PAMMS assessment	TM	Monthly
5	To self-manage a case load in line with the agreed scheduled with exception to PRIG risk services which will be allocated by the team manager for unscheduled PAMMs assessment in line with the PRIG process	QIP	As per schedule
6	To develop strong relationship with Registered Managers of providers to understand their service quality and how to achieve the quality rating of good in preparation for CQC regulatory inspections	QIP	As per schedule
7	To support Managers of all services that do not require registration to understand their service quality and how to achieve the quality rating of good in PAMMs	QIP	As per schedule
8	To gather qualitative feedback capturing individuals experience of the community care services they receive, via the PAMMs assessment to shape and to continually drive up the quality of the services they use	QIP	Weekly
9	Carry out Quality Assurance visits to Wirral residents in their own home who are in receipt of Community Care Services . (risk assessment process applied).	QIP	As required
10	To ensure that all PAMMs information, records of visits/involvement is recorded and stored on ControCC in a timely manner to allow for access by the contracts and commissioning team	TM	As required

QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

Objective 2 : To support, and enable Providers to produce a quality improvement action plan to raise and maintain good quality health and care standards across Wirral

CALL TO ACTION		WHO	Frequency
1	Where improvements have been identified, support will be provided to the Registered Manager/Service Manager to produce a quality improvement action plan	QIP	As required
2	To support, monitor and review the agreed implementation of the providers quality improvement action plan ensuring an accurate record of evidence of the providers improvement journey trajectory (PAMMs master spreadsheet)	QIP	As per schedule
	a. Providers rated 'requires improvement' will receive a review in 3 months		
	b. Providers rated 'inadequate' will receive a further full PAMMs assessment in 6 months		
3	To authorise and document evidence of quality improvement by the provider to support CQC reassessment request	QIP	As required
4	Actions that have not been completed by the provider at the time of review for suspended services, will need to be discussed at the PRIG for consideration on a case-by-case basis related to lifting the suspension	TM	As required
5	To ensure that all PAMMs information, records of visits/involvement is recorded and stored on ControCC in a timely manner to allow for access by the contracts and commissioning team	QIP	As required
6	To escalate if the team capacity becomes a barrier to any planned or unplanned quality improvement activity	TM	As required
7	To support any Ombudsman or Complaints action plans through investigation or collation of evidence.	TM	As required
8	To support the Safeguarding Adults process by ensuring when the QIP team are informed of an outcome of a safeguarding concern that identifies a need for a service to improve the provider implements the improvement required through an action plan	QIP	As per schedule
9	To monitor and review care concerns received through the agreed process and to use the intelligence to identify themes for quality improvement with the provider (s)	QIP	As required

QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

Objective 3 : To work collaboratively with key stakeholders and providers of care, to support, promote and sign post system-wide quality improvement interventions across Care and Health market

CALL TO ACTION		WHO	Frequency
1	To have visible presence and active membership of the Enhanced Health in Care Homes Development Group	TM	As per schedule
2	To have a visible presence and active membership of the NHS Cheshire and Merseyside Quality and Performance Group	TM	As per schedule
3	To be the advocate for providers on co-production principles when developing projects that effect them reducing duplication of processes and unmanageable expectations in relation to care support practice	TM	As required
4	To be up to date through appropriate training and meet on a regular basis with specialist operational clinicians and support services for Community Care to enable effective signposting/facilitation of care and health interventions that supports quality improvement in accordance with Wirral Health Protection Strategy and Wirral Health and Well-being Strategy	All	As per schedule
5	To liaise PAMM's system designer to further develop other modules that adds value to service quality	All	As required
6	To attend the Wirral Quality Improvement Practitioners' network meetings	All	As per schedule
7	To maintain a strong and positive relationship with the local CQC team	TM	As per schedule
8	Develop stronger links to other teams including (Social work , professional standards, complaints etc) to ensure intelligence gathered is clearly disseminated across the Directorate	All	As required
9	Engage and share best practices amongst key partners offering advice and support with issues relating to quality practices within all care settings	All	As required
10	Develop stronger links with Healthwatch Wirral to gain feedback from the public on the services of Wirral	TM	As required

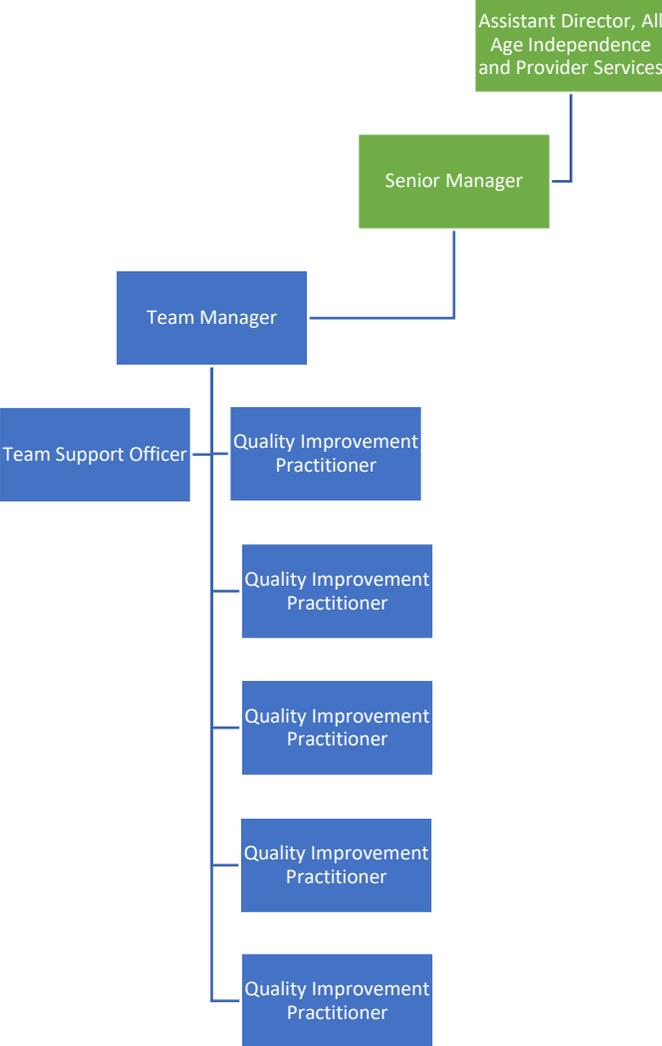
QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

Objective 4 : To understand and report on the quality of care and inform the process in place to manage reported risks and mitigations in relation to Providers of Community Care Services

CALL TO ACTION		WHO	Frequency
1	To report trends, themes and gaps in quality standards identified via the Provider Assessment and Market Management Solution (PAMMS) online assessment tool to support and influence system-wide improvements across the Health and Care System	TM	Quarterly
2	To report trends, themes and gaps in quality standards identified via the Section 42 Safeguarding Adults process	TM	Quarterly
3	To report trends, themes and gaps in quality standards identified via the Care concerns process	TM	Quarterly
4	To input into DMT and Adult Social Care and Public Health Committee on quality improvement outcomes and the uptodate position on providers CQC ratings via directorate performance report	TM	Quarterly
5	To meet the Commissioning and Contracts Operation Lead to report on trends, themes, lack of engagement from Providers in quality standards via the PAMMS online tool, including self-assessment and action plans	TM	Quarterly
6	To product a newsletter for Providers/ system wide clinicians on trends and themes relating to Quality	All	Quarterly
7	To report compliments received from providers to Complaints and Resolution Team and to use this information to share positive impact in appropriate reports, stakeholder meeting etc	All	As required
8	To report quality improvement progress against the schedule of providers and identity risks to the PRIG	TM	Monthly
9	To ensure robust QA and governance compliance around the quality of all Community Care Services, to ensure consistency and equity across the market	TM	As required

Section 4

QUALITY IMPROVEMENT TEAM STRUCTURE



CARE CONCERN PROCESS

- When a Provider identifies an incidents of poor practice, low-level care concerns, where the standard of care provided has fallen short of that expected but has not resulted in significant harm to the person and does not meet the threshold for a safeguarding referral a Care concern referral is made. The expectation is that any concerns have been addressed in a timely manner prior to the referral.
- Providers are to notify Wirral Council of any care concerns via Wirral Council 'citizens portal' along with measures taken to ensure that the risk of any repetition is minimised.
- All care concerns are shared with the Contracts, Commissioning and Quality Improvement Team. The Quality Improvement team will analyse and share themes or areas for improvement as part of planned quality improvement activity and the Quality Improvement networks.
- Any gaps or re-occurring themes are shared with key partners across the Health and Social Care system for consideration by the system-wide quality improvement group.

WHATS NOT IN SCOPE OF THIS PLAN

To avoid duplication of effort and ensure the Quality Improvement Team maximise their role identified in this plan the below is not in scope unless an absolute emergency or through an agreed prior discussion?

- X Carrying out PAMMs assessment not agreed through the scheduling or PRIG process. All PAMMs requests must follow agreed processes
- X Respond to requests for data stored in accessible E-Systems when a concern is received relating to a Provider. This information needs to be accessed by admin support for the team requiring the information.
- X Monitor or give updates on improvements plans implementation in between scheduled reviews unless an identified risk. The contract team have access to this information in PAMMs
- X Carrying out provider visits due to an information received that may identified risk or safeguarding concern raised through any systems. This is the role for Social work team or Health professional dependant on the risk identified.
- X Attend strategy meetings? The QIP team need to be informed of the outcome of Safeguarding investigations and any improvements identified for the provider from the process.
- X Collate information or provide a summary of information that is held in data bases or e-recoding system outside of the Quality Team
- X Be part of closure planning meetings post initial meeting?
- X Be part of Contract management processes or meetings other than those stated in objective 1
- X Carry out PAMMs assessment on Community care providers where an alternative LA is showing as carrying out a PAMMs Assessment
- X Carry out PAMMs assessment on Community Care services where their registered location (office base) is not on Wirral
- X Carry out audits and investigations relating to providers that are not part of an agreed Ombudsman or Wirral ASC Complaints outcome
- X Provide reporting outside of those detailed on in objective 4, unless requested by the assistant director
- X Have responsibility to lead on health or clinical quality improvement related initiatives. QIPs will act as conduit between Providers and Quality improvement group leads
- X Providing CQC with information outside of the agreed central WirralAdultdCQC@wirral.gov.uk

SUMMARY OF MEETINGS

Attendance at meetings		
1	PRIG and advise on any appropriate PAMMs outcomes.- Teams	Team Manager
2	Registered Managers Network and online support systems.- Face to face	All
3	Quarterly Contracts/Commissioning Joint meeting- face to face	All
4	Weekly team catch up-Teams	All
5	Monthly Team meeting- face to face	All
6	Quarterly-Wirral quality Improvement practitioners' group Teams/face to face	All
7	Quarterly CQC local team Teams	All
8	Directors catch up.- Face to face	All
9	Attendance at monthly knowledge /training sessions- Teams/face to face	All
10	Weekly PAMMs scheduling meetings – Quality/Contracts/Commissioning	Team Manager

CONTACT DETAILS AND REVIEW

For any further information please contact us on
Wirralqualityimprovementteam@Wirral.gov.uk

Contact Us

This Quality Improvement Plan will be reviewed annually by the Senior Manager in collaboration with the Team Leader and Quality Improvement Officers



**The next review is
April 2024**