**Quality Assurance Framework (QAF)**

Lancashire Rehabilitation and Detoxification Services (2024)

**Purpose**

The purpose of the quality assurance framework is to set out assurance that a quality service will be delivered in line with the service specification, legal requirements and standards of practice are adhered to. It will also set out assurance for any subcontracted arrangements under this contract.

**QAF Outline**

The provider will develop in consultation with Lancashire County Council (LCC) a

Quality Assurance Framework (QAF). The QAF will encompass the following:

* Assurance of safe and effective delivery of the service.
* Assurance of safe and effective delivery of the service through any subcontracted arrangements.
* Management and mitigation of any risks to the delivery of the service.
* Management, investigation and lessons learnt from any incidents relating to the contracted or subcontracted services.
* Provide the information in table 1 below.

Table 1 – QAF reporting requirements

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| **Theme and Applicability** | **Applicability**  | **Description** | **Reporting**  | **Examples of Evidence****(this it not an exhaustive nor is it prescriptive)** | **QAF Dimension**Safety, Effectiveness, patient-centredness, efficiency, equity |
| **Service** | Detox and Rehab | Organisationaldevelopment portfolio | Annual / Q4reporting | For example Residential/day programs, buildingsdevelopment,organisationalchange, IT/ system initiatives.  | All |
|  | Detox and Rehab | Registered with theCare QualityCommission | Annual | Certificate of Assessment displayed in buildings.All Providers should comply with the relevant CQC regulations and outcomes which relate directly to quality and safety regardless of registration status | All |
|  | Detox and Rehab | Staff satisfaction survey  | Annualreporting | On-going process embedded and reported on | patient-centredness |
|  | Detox and Rehab | Interagency/system engagement | Quarterlyevidence | Meetings attended,Networks linked into community groups supported. Provider forums, work with OHID.  |  |
|  | Detox and Rehab | Evidence of linking with Mutual Aid groups | Quarterly  | Mutual aid groups e.g., AA, NA  | Patient-centredness |
| **Delivery / Model**  | Detox and Rehab | Trauma informed approach to treatment including adverse child experiences & PTSD | Quarterly management report | Case studies, description of model,  | Effectiveness,patient-centredness |
|  | Detox and Rehab | Support individuals to develop and build their recovery capital (social, physical, human & cultural) | Quarterly management report | Activities, group & individual sessions, agency drop-ins, case studies, distance travelled tools. | Effectiveness,patient-centredness |
|  | Detox and Rehab | Recreational activities | Quarterly management report | Description of type and range of physical exercise & leisure activities | patient-centredness, |
|  | Detox and Rehab | Building personal resilience skills | Quarterly management report?/ annual? | Activities, group & individual sessions, agency drop-ins, case studies, self-assessment tools, surveys, meeting recovery objectives. | Effectiveness,patient-centredness |
|  | Detox and Rehab | Assessment and care planning | Annual audit | Case file audit, service user survey/feedback, survey of referrers, audit of pre and after care plans. | All |
|  | Rehab | Core and enhanced provision | Annual report | Description of model (noting any developments), case studies, service user feedback. | All |
|  | Detox and Rehab | Evidence of supporting people to integrate into local recovery & wider communities  | Quarterly management report | Case studies, annual survey of people post treatment, audit of discharge plans | All |
| **Workforce** | Detox and Rehab | Staffing structure:Annual refreshProvided tocommissioners   | Annual - Q4reporting  | Full staffing structure  | Safety, Equity  |
|  | Detox and Rehab | Roles mapped toNational Health Education England (HEE) Occupational Standards  | Annual - Q4reporting | All roles including volunteers | Effectiveness  |
|  | Detox and Rehab | Workforce development portfolio | Annual - Q4reporting | Team training undertaken (including mandated organisational training/professional registration)  | Patient-centredness, Safety  |
|  | Detox and Rehab | VolunteerRecruitment | Annual - Q4reporting | Numbers recruited and trained.   | Efficiency |
|  |  | Mental Capacity Act & Deprivation of Liberty | All staff should receive appropriate level training in relation to the Mental capacity Act and Deprivation of Liberty | All existing staff and new staff within 6 months of commencement of employment. | Patient-centredness, Safety |
|  |  | Sickness levels  | Quarterly  | Report if this impacts on service delivery | Safety |
|  |  | Staff Turnover Rates | Quarterly | Report if this impacts on service delivery | Safety |
| **Partnerships** | Detox and Rehab | Evidence of engagement with wider partnershipsand their understanding ofservice delivery  | Annual summary -Q4 Reporting | Summary ofContacts andpathways, anychanges made as a result E.g. links with the Authority's social workers and/or the local community treatment provider,  | Effectiveness, Efficiency, Patient-centredness  |
|  | Detox and Rehab | Evidence of links with local recovery communities and access to post rehabilitation community support | Quarterly reporting | Case studies, list of groups/organisations engaged/linked to.E.g. the Recovery Infrastructure Organisation (RIO) and Lancashire based Recovery Housing.  | Patient-centredness, Equity  |
| **Service Information** | Detox and Rehab | Promoting recovery and marketing their model | Annual review | Promote recovery via various accessible means such as social media, virtual tours, clear description of model, physical mediaService user/referrer feedback  | Effectiveness, patient-centredness,equity |
| **Diversity** |  | Engagement withunderrepresented groups/ communitiesnine protected characteristics | Quarterly | Evidence of meeting the needs of diverse communities and people with protected characteristics (accessibility, facilities, welcoming, respective environment)  | Equity, Patient-centredness  |
|  |  | EMSA (Eliminating Mixed Sex Accomodation) Plan | If mixed sex accommodation is an issue a robust EMSA plan should be in place and progress reported to commissioners  | If a breach occurs this should be reported by exception | Equity, Patient-centredness |
|  |  | Reducing Inequalities | Equality Impact Assessment (EIA) Process of all new Policies and review of existing ones | 100% of Policies to be EIA | Equity, Patient-centredness |
|  |  | Reducing Barriers | Minimum Data Set | 100% mandatory data completed | Equity, Patient-centredness |
| **Social value** | Detox and Rehab | Evidence ofApplication of social value (see service specification)  | Annually  | E.g. Promote equity and fairness. Promoting training and employment opportunities for people in Lancashire.  | Equity |
|  |  | Volunteer HoursCosted  | Quarterly - PMF  | Hours x living wage evidenceEconomic contribution.  | Equity |
| **Making Every****Contact Count** |  | Evidence of making every contact count | Quarterly | Brief interventions, empowering health choices | Patient-centredness, Effectiveness |
| **Quantitative Reporting**  |  | 100% NDTMS data compliance | Quarterly |  | Effectiveness |
|  |  | TOPs compliance 80% (where relevant) | Quarterly  |  | Effectiveness |
| **Qualitative****reporting** |  | Qualitative report to enhance the understanding ofservice delivery  | Quarterly | Report to be submitted alongside quantitative data | Effectiveness |
|  |  | Service User Experience | Quarterly | Survey offered to all service users and return rate of at least 25% should be achieved. | All |
|  |  | Experience Improvement Plan | Local Action Plan to be developed and updated in line with survey findings, comments boxes and any other intelligence gathered from service users / patients and /or carers | Improvement plan shared with commissioners and progress demonstrated | All |
| **Finance** | Detox and Rehab | Financial breakdown | Quarterly | Format as agreed with Lancashire County Council | Efficiency |
| **Governance** | Detox and Rehab | Contract Management Compliance Assessment and Quality Assurance Checklist | As Agreed with the Authority | Provider to work with Contract Management to undertake Detox and/or Rehab compliance visits and/or remote Quality Compliance Assessments and/or quality assurance checklist.  | All |
|  | Detox and Rehab | Quality audits: to be agreed at year start with Lancashire County Council  | Quarterly | As indicated in this QAF | All |
|  | Detox and Rehab | Policy and procedurereview | Quarterly and annual summary | Assurance from the provider that there is an annual review of processes and practices for governance see section 10 of service specification. | All |
|  | Detox and Rehab | Complaints andcompliments | Quarterly | All compliments and complaints will be reported to Lancashire County Council and demonstrated that the process embedded and acted upon | Safety, Effectiveness, Equity  |
|  | Detox and Rehab | NICE Guidance | Annual | A robust process should be in place for the dissemination of NICE Guidance | All |
|  | Detox and Rehab | Compliance with The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. | Quarterly review of Compliance with the Code of Practice. | Need to provide assurance of compliance with all the relevant criteria of the Code | Safety, Effectiveness, Equity |
|  | Detox and Rehab | Clinical Audit | A robust clinical audit process should be in place which includes a process for dissemination of results | No threshold | All |
|  | Detox and Rehab  | Site visits  | Annually/Bi-annually  | Standard reviews taken place by contract management team  | All  |
| **Safeguarding** | Detox and Rehab | Provider complies with requirement to take part in Serious Case Reviews | Annual | Evidence ofParticipation where required  | Safety, Effectiveness, Patient-Centredness  |
|  | Detox and Rehab | Provider must follow the policies, practices and guidance issued by the Lancashire Safeguarding Board | As required | Safeguarding referrals as required. | Safety, Effectiveness, Patient-Centredness |
|  | Detox and Rehab | Safeguarding Vulnerable Adults & Children | All staff should receive appropriate level training in the Safeguarding of Vulnerable Children and Adults | All existing staff and new staff within 6 months of commencement of employment | Safety, Effectiveness, Patient-Centredness |
| **Serious****Reportable****Incident (SRI)** | Detox and Rehab | Serious Reportable Incident procedureFollowed (see specification)  | As required | See Lancashire County Council policy | All |
|  | Detox and Rehab | Serious incidentreview  | As required | Lessons learnt,Good practice,patterns seen  | All |
|  | Detox and Rehab | Death in service\*Definition to be agreed  | Quarterly | Known deaths in service -SRI and not SRI  | All |
|  | Detox and Rehab | Serious Untoward Incidents | Numbers reported, themes, actions and lessons learned |  | All  |