

SCHEDULE 15 – INTEGRATED QUALITY ASSURANCE FRAMEWORK [2023]

1. INTRODUCTION

1.1 The vision set out in the NHS Long Term Plan, and the White Paper on Integration and Innovation all have a central theme of working together to improve health and social care. However, it is clear the NHS nor local government can address the challenges we are facing in isolation. The ambition to reduce inequalities, prevent ill health and support people to live longer, healthier and more independent lives demands cohesive efforts. As well as closer working at a local place and system level, the Care Act 2014 also require that citizens are able to choose from a diverse range of high quality care and support Services; to drive up the overall quality of care in the market; and put citizen needs and outcomes centre stage. The importance and the mandate for working together across our local health and social care system to improve care and support services has never been stronger.

1.2 The Integrated Quality Assurance Framework (IQAF) is designed to maintain the highest standards in care and support and is based upon the key principles of the National Quality Board Shared Commitment to Quality (2021).

1.3 The Integrated Quality Assurance Framework and the provisions of this **Schedule 15** aim to deliver or facilitate the following:

1.3.1 Continued transparency and information about the quality of care Services through the publication of Provider quality ratings.

1.3.2 Assist citizens and commissioners to make informed choices when purchasing care and provide peace of mind.

1.3.3 Drive up quality across the market.

1.3.4 Support market shaping activity through the acquisition of improved market information.

1.3.5 A coordinated approach to quality assurance across the Integrated Care System where duplication of effort is avoided.

1.4 This Schedule sets out the quality assurance framework which Birmingham City Council (the Council) and partners are putting in place for those organisations who contract with it through the relevant Framework Agreement or Flexible Contracting Arrangement within which this Schedule sits.

1.5 This Schedule sets out the key contractual elements of the IQAF:

1.5.1 A summary of the IQAF and its component parts.

1.5.2 The methodology and mechanism used to calculate the Overall Provider Quality Rating.

1.5.3 The process, conditions, expectations and responsibilities of the Parties.

1.5.4 How the Council will use the Provider quality ratings in its commissioning activity.

2. OVERARCHING PRINCIPLES

2.1 The IQAF is focussed on the delivery of outcomes to both citizens and providing assurance to the Integrated Care System (ICS) in relation to the Services under the overarching principles below:

2.1.1 The delivery of outcomes for Service Users and Citizens are at the forefront of care delivery.

2.1.2 Care Providers are responsible and accountable for ensuring they deliver good quality care.

2.1.3 The Council and our partners have a duty to provide assurance of and to drive up the overall quality of care we commission.

2.1.4 The Council aspires only to do business with good quality Providers. It does not intend to contract with those Providers that are unable to sustain consistently good quality Services.

2.1.5 The Council and our partners will provide a range of support to Providers to improve Services, but not indefinitely.

2.1.6 The Council will incentivise high quality provision.

2.1.7 The Council and our partners will measure the overall quality of provision by taking into account a range of opinions, to provide a balanced view of quality.

2.1.8 Quality will be measured against contractual terms and conditions, core standards and the delivery of outcomes.

2.1.9 The quality assurance framework mechanism and how it operates is transparent and clear.

3. OUTCOMES

3.1 The Integrated Quality Assurance Framework is focussed on the delivery of outcomes to both Citizens and commissioners of care and support. In order to ensure that the Quality Assurance Framework is consistent with the key priorities of national and local government, it has been aligned to the 4 outcome domains detailed within the Department of Health's Adult Social Care Outcomes Framework (ASCOF). These are:

3.1.1 Enhancing quality of life for people with care and support needs

3.1.2 Delaying and reducing the need for care and support

3.1.3 Ensuring that people have a positive experience of care

- 3.1.4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

4. THE OVERALL PROVIDER QUALITY RATING SYSTEM

- 4.1 The IQAF is part of a wider joint system of assurance across the Integrated Care System but aims to capture a range of views on the quality of services and use them to produce an Overall Provider Quality Rating for all Services and a Healthcare Quality Assurance Level for those services providing FNC/CHC/Section 117 health care and support.
- 4.2 The Council and or it's partners, may undertake a review of the Provider's performance of the Service (in whole or in part) at any time.
- 4.3 Where a focussed Quality Monitoring Visit and/or a focussed Healthcare Quality Assurance Level visit identifies elements of the Service that have fallen below the level required under the terms of this Contract or have fallen below the level achieved at the last CQC Rating, Quality Monitoring Visit and/or Healthcare Assurance Level visit, the Provider's rating may be adjusted accordingly.
- 4.4 In situations where a focussed Quality Monitoring Visit and/or a focussed Healthcare Quality Assurance visit judges the overall quality of the provision to be Bronze/Moderate Assurance or Inadequate/Inadequate Assurance then the Provider will be subject to the processes for managing provision judged to be Bronze or Inadequate quality detailed in clauses 10 and 11 of this Schedule 15.
- 4.5 The Overall Provider Quality Rating will be based on whichever is the most recent of the ratings set out in 4.5.1 – 4.5.2, this will act as a baseline of quality assurance for all commissioned services:
 - 4.5.1 The view of the regulator: the CQC Rating
 - 4.5.2 A baseline of all quality standards; the Quality Monitoring Visit Rating
- 4.6 In addition, the following elements may also be considered as set out below:
 - 4.6.1 An assessment of health care quality: the Healthcare Quality Assurance Level (for Services providing Funded Nursing Care, Continuing Health Care or Section 117 Aftercare)
 - 4.6.2 The view of the Provider: Provider Quality Assurance Statement (PQAS)
 - 4.6.3 The views of the Citizen: Citizen Feedback
- 4.7 Where a Provider has been rated as Gold, Outstanding or Very Good Assurance, the Service will receive a Quality Monitoring Visit and/or a Healthcare Assurance Level visit on a bi-annual frequency.
- 4.8 Quality of provision will be assessed by the Council and/or its Partners regularly, and each Service given an Overall Provider Quality Rating of 'Gold', 'Silver', 'Bronze' or 'Inadequate'. For services that provide Funded Nursing Care (FNC), Continuing Health

Care (CHC) and/or Section 117 Aftercare, an additional Healthcare Quality Assurance Level may be issued.

4.9 The statements contained in 4.9.1 – 4.9.4 below reflect what Services in the different Quality Monitoring Visit rating bands look like:

4.9.1 'Gold'

4.9.1.1 People describe the Service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes.

4.9.1.2 The Provider is striving to be a leader in their field.

4.9.1.3 The Provider exceeds the standards set down by the Care Quality Commission (CQC), and contractual terms and core standards.

4.9.1.4 The exceptional level of Service is delivered consistently over time.

4.9.2 'Silver'

4.9.2.1 People describe the Service as good and that it meets their needs and delivers good outcomes.

4.9.2.2 The Provider meets the standards set down by CQC, and contractual terms and core standards.

4.9.2.3 The good level of Service is delivered consistently over time.

4.9.3 'Bronze'

4.9.3.1 People describe the Service as not always good and that it does not always meet their needs or deliver good outcomes.

4.9.3.2 The Provider is not fully meeting all of the standards set down by CQC and contractual terms and core standards. Improvement is required.

4.9.3.3 A good level of Service is not consistent over time.

4.9.4 'Inadequate'

4.9.4.1 The Provider does not meet key standards set by CQC and contractual terms and core standards.

4.9.4.2 People using the Service are not safe and they are at risk of harm.

4.9.4.3 Significant improvement is required, the Service will be at risk of losing its Registration.

5 THE CQC RATING (PART OF THE OVERALL PROVIDER QUALITY RATING)

5.1 The CQC carries out inspections under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. They are the legal Regulator of the services within scope of this IQAF and rate

Services against a defined framework which asks whether the Service is safe, effective, caring, responsive and well-led.

5.2 The CQC rates Providers as 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate' – however these may be subject to change by the CQC under the above Regulations.

5.3 Where a Service has received a CQC Rating, this will provide sufficient assurances regarding contractual compliance and overall quality of services and the service will not receive a routine annual Quality Monitoring Visit or Healthcare Quality Assurance Level visit for 12 months (unless there are quality concerns in the interim that result in a reactive or focussed visit).

5.4 As set out in clause 4.5 of this Schedule 15, whichever is the most recent of the CQC Rating or the Quality Monitoring Visit Rating will be the Overall Provider Quality Rating.

6 QUALITY MONITORING VISIT RATING (PART OF THE OVERALL PROVIDER QUALITY RATING)

6.1 There will be a Quality Monitoring Visit (QMV) for all providers in scope, which will rate Providers against the requirements of this contract on an annual basis (except where a CQC Rating has been published within the last 12 months).

6.2 The Quality Monitoring Visit Rating will be based upon validation of the Provider Quality Assurance Statement (PQAS) response and will use a QMV Toolkit which sets out the core standards and the range of criteria by which delivery of these standards is measured.

6.3 The Quality Monitoring Visit Rating will be determined following an assessment against published standards and will rate Providers as 'Gold', 'Silver', 'Bronze', or 'Inadequate' and:

6.3.1 an overall Gold rating will be awarded if a minimum of 2 care domains are rated Gold and all other care domains are rated Silver;

6.3.2 an overall Silver rating will be awarded if a minimum of 4 care domains are rated Silver or above, no more than 1 care domain is rated Bronze, and no care domains are rated Inadequate;

6.3.3 an overall Bronze rating will be awarded if 2 or more care domains are rated Bronze and no more than 1 care domain is rated Inadequate; and

6.3.4 an overall Inadequate rating will be awarded if 2 or more care domains are rated Inadequate.

6.4 As set out in clause 4.5 of this Schedule 15, whichever is the most recent of the CQC Rating or the Quality Monitoring Visit Rating will be the Overall Provider Quality Rating.

7 PROVIDER QUALITY ASSURANCE STATEMENT (PQAS)

- 7.1 Providers will be required to submit a Provider Quality Assurance Statement (PQAS) at least annually (except in accordance with clause 12 of this Schedule 15.). The PQAS will represent the Provider's view of their Service and this will assist improvement planning ahead of a quality visit.
- 7.2 All Providers will use the PQAS to identify openly and transparently and on an evidenced basis, those core standards they are not fully meeting and what action is being taken to address this, as well as areas of good practice.
- 7.3 The PQAS will align with the Council's Quality Monitoring Visit Toolkit and the core care standards, and shall be published alongside the QMV Toolkit and associated guidance.
- 7.4 The Council may at any point make changes to the PQAS and will inform the Provider of these changes in advance of their next PQAS submission being due.
- 7.5 Quality Monitoring Visits will be used to validate evidence submitted by the Provider through the PQAS.
- 7.6 The following will be deemed a Breach of this Schedule 15 and may result in action being taken in accordance with Schedule 11 (Contract Management);
- 7.6.1 Falsification of a PQAS
 - 7.6.2 Failure to provide evidence to support a PQAS submission
 - 7.6.3 Failure to return the PQAS and/or consistent failure to submit the PQAS within the timescales requested.

8 HEALTHCARE CLINICAL QUALITY ASSURANCE LEVEL

- 8.1 For Services that provide Funded Nursing Care (FNC), Continuing Health Care (CHC) or Section 117 Aftercare (S117) an annual assessment of the quality of clinical care may take place and each service given a Healthcare Quality Assurance Level.
- 8.2 The Healthcare Quality Assurance Level will be assessed using a Healthcare Quality Toolkit which will give all Providers of healthcare under FNC/CHC/Section 117 with a Healthcare Quality Assurance Level.
- 8.3 The Healthcare Quality Assurance Level will be set by the NHS and may be changed from time to time. The below are the current Healthcare Quality Assurance Levels:
- 8.3.1 Very Good Assurance – with practice that could be replicated as exemplar.
 - 8.3.2 Good Assurance – Good practice identified and no immediate concerns or minor/low risk issues identified for improvement.
 - 8.3.3 Moderate Assurance – weaknesses and limited good practice have been identified and moderate areas for improvement required.

- 8.3.4 Inadequate Assurance – immediate concerns raised and many areas for improvement identified with significant failure to meet the requirements.
- 8.4 Providers contracted to the Council but also providing FNC/CHC and or Section 117 Aftercare are expected to participate fully in the Healthcare Quality Assurance Level assessment and any associated visits.
- 8.5 The Healthcare Quality Assurance Level assessment will consider the PQAS response from the Provider and will use a Healthcare Quality Toolkit which sets out the core standards and the range of criteria by which delivery of these standards is measured.
- 8.6 Commissioners from the Council and the NHS will work to coordinate monitoring activity and avoid duplication wherever possible.

9 CITIZEN FEEDBACK

- 9.1 Citizen feedback will be used by the Council and partners to evaluate what Citizens think about the Service they use, how the Service involves and consults with Citizens and how responsive the Service is. The Council and partners will take into account customer feedback using a range of methods including (but not limited to):
- 9.1.1 Assessing the Service delivery of Providers against the ‘Involvement and information’ and ‘Personalised care and support’ domain core standards of the QMV Toolkit.
 - 9.1.2 Using data gathered through the Council and NHS social work and clinical assessment and review processes about how well the Provider delivers outcomes for Citizens, including use of the Friends and Family Test.
 - 9.1.3 Requiring all Providers to use and promote the Healthwatch feedback tools and demonstrate how they use data collected to improve Services.
 - 9.1.4 Continuing to work with partners including the Care Quality Commission to obtain feedback on commissioned Services and ensuring coordinated action to support service improvement.
 - 9.1.5 Using feedback from compliments and complaints to identify and share good practice.
 - 9.1.6 Working with citizen groups and partners to ensure the Integrated Quality Assurance Framework and associated tools and documents reflect professional, contractual and regulatory compliance but also those issues that are important indicators of quality for citizens and potential citizens.
 - 9.1.7 Requiring all Parties to work with citizen groups to ensure feedback can be obtained from everyone who receives service in a way that meets their individual communication needs.

10 PROCESS FOR MANAGING PROVISION JUDGED TO BE BRONZE/MODERATE ASSURANCE

- 10.1 Where a Provider has an Overall Quality Rating, Quality Monitoring Visit Rating, CQC Rating and/or a Healthcare Quality Assurance Level of Bronze/Requires Improvement or Moderate Assurance, the Provider will be required to submit an Improvement Action Plan (IAP) in a format defined by the Council or partners, which describes the actions it will undertake to improve the Service. The Provider will submit its IAP within 7 days of the request.
- 10.2 The Council or its partners will approve the IAP when it is satisfied the actions and timescales identified are sufficient to deliver the requisite improvement. In approving the IAP the Council or partners shall act reasonably and in line with the terms and conditions of the contract. The Provider will share the approved IAP with the Council.
- 10.3 It is the Provider's responsibility to carry out the actions in the IAP within the approved timescales. When the Provider is satisfied that it has completed the actions identified in the IAP and sustained the necessary improvements, it will submit a request for a re-assessment of its Services by the Council or its partners.
- 10.4 A re-assessment will be carried out by the Council or its partners to validate that the IAP actions have been carried out and that the necessary improvements have been sustained.
- 10.5 Where the Council is able to validate, either through its own assessment or one carried out by the CQC or the NHS, that the Provider has made the necessary improvements, the Council shall amend the Provider's Overall Quality Rating, Quality Monitoring Visit Rating, CQC Rating and/or a Healthcare Quality Assurance Level accordingly.
- 10.6 If the Provider either fails to submit an acceptable IAP or fails to implement the actions within the timescales identified within an approved IAP, then the Provider may be deemed in breach of the contract terms and will be managed in accordance with Schedule 11 – Contract Management.
- 10.7 Similarly, if during the re-assessment of the Service, the Council or its partners are unable to validate that the Provider has implemented the actions identified within an approved IAP, then the Provider may be deemed in breach of the contract terms and will be managed in accordance with Schedule 11 – Contract Management.

11 PROCESS FOR MANAGING PROVISION JUDGED TO BE INADEQUATE/INADEQUATE ASSURANCE

- 11.1 Where an inspection has identified that the Provider has an Overall Quality Rating, Quality Monitoring Visit Rating, CQC Rating and/or a Healthcare Quality Assurance Level of Inadequate/Inadequate Assurance it will carry out and comply with the Council's, CQC's or NHS instructions and processes to ensure that the people in its care are safe and free from the risk of harm.

- 11.2 The Provider will be suspended (as detailed in Schedule 11 – Contract Management) immediately from bidding for and accepting new placements or care packages, until the Inadequate rating is removed by the original rating body.
- 11.3 In cases where the Council or its partners are confident that the necessary improvement in quality can be achieved in an acceptable timeframe, the Provider may be required to submit an Improvement Action Plan (IAP) in a format defined by the Council which describes the actions and timescales it will undertake to improve the Service. The Provider will submit its IAP within 7 days of the request or any other timescale acting reasonably.
- 11.4 The Council or its partners will approve the IAP when it is satisfied the actions and timescales identified are sufficient to deliver the requisite improvement. In approving the IAP the Council or its partners shall act reasonably and in line with the terms and conditions of this contract. The Provider will share the approved IAP with the Council.
- 11.5 It is the Provider's responsibility to carry out the actions in the IAP within the approved timescales. When the Provider is satisfied that it has completed the actions identified in the IAP and sustained the necessary improvements it will submit a request for re-assessment of its Services by the Council or its partners.
- 11.6 A re-assessment will be carried out to validate that the IAP actions have been carried out and that the necessary improvements have been sustained.
- 11.7 Where the Council or its partners are able to validate that the Provider has made the necessary improvements, the Provider's Overall Quality Rating, Quality Monitoring Visit Rating, CQC Rating and/or a Healthcare Quality Assurance Level of Inadequate/Inadequate Assurance shall be amended. The Provider shall then be subject to the process for managing provision judged to be Bronze detailed in clause 10 of this Schedule 15.
- 11.8 If the Provider either fails to submit an acceptable IAP or fails to implement the actions within the timescales identified within an approved IAP, then this may result in Termination of the Individual Agreement and/or Flexible Contracting Arrangement and/or the Framework Agreement in accordance with Schedule 10 (Non Take up of Service, Absence of the Service User, notice Periods and Termination and Related Payments).
- 11.9 Similarly, if during the re-assessment of the Service, the Council or its partners are unable to validate that the Provider has implemented the actions within the timescales identified within an approved IAP, then this may result in Termination of the Individual Agreement and/or Flexible Contracting Arrangement and/or the Framework Agreement in accordance with Schedule 10 (Non Take up of Service, Absence of the Service User, notice Periods and Termination and Related Payments).

12 ARRANGEMENTS FOR PROVIDERS LOCATED OUTSIDE OF THE BIRMINGHAM CITY COUNCIL TAX BOUNDARY

12.1 If the Provider's CQC registered location falls outside of the Birmingham City Council Tax boundary it will be determined to be an Out of City Provider.

12.2 The following quality assurance arrangements shall apply to Out of City Providers:

12.3 Out of City Providers of Home Support Sensory Loss shall be subject to the same quality assurance process as those Providers located within the Birmingham City Council Tax boundary.

12.4 Out of City Providers of Supported Living and Care Homes With and Without Nursing shall be subject to the following quality assurance process:

12.4.1 The Council will not routinely carry out Quality Monitoring Visits of the Service and will instead use the outcome of the most recent CQC inspection to determine the Overall Provider Quality Rating of the Provider.

12.4.2 The Council may rely on evidence from the CQC, the host Local Authority, or host ICB to determine the Overall Provider Quality Rating.

12.4.3 The Provider is required to complete the PQAS annually.

12.4.4 The Council may rely on feedback from practitioners visiting the individuals placed with the service, this may be social workers, clinicians and/or families.

12.4.5 For Providers operating in Wales, Scotland and Northern Ireland who are not regulated by the CQC, the provider will be asked to complete a PQAS before joining the Flexible Contracting Arrangement and every 2 years thereafter.

12.4.6 If the Council or partners receive negative intelligence about the Service it may carry out a Quality Monitoring Visit and/or a Healthcare Quality Assurance Level visit to the Service, but it may choose to rely solely on information received from the host local authority, host ICB or CQC.

12.5 The process for managing new Out of City Providers is as set out in the Invitation to Tender for the Flexible Contracting Arrangement.

13 INTEGRATION OF THE QUALITY RATING INTO THE MICRO-TENDERING AND WORK ALLOCATION PROCESS

13.1 The Overall Provider Quality Rating will be used when the Council evaluates individual offers for care packages received through its Micro-Tendering process.

- 13.2 Where multiple Providers bid for a care package the Provider with the highest quality rating will usually win the tender
- 13.3 However in some circumstances citizens have a legal right to choice, which will be facilitated and managed by the Council in accordance with Schedule 8 (Allocation of Work to Providers).

14 DATA SHARING

- 14.1 All information required to operate the IQAF will be shared in line with the Joint Working Protocol between CQC and ADASS ([20190219_cqc-adass_joint-working-protocol.pdf](#)). Any decision to share information will be compliant with relevant Data Protection and Care Act Safeguarding requirements.
- 14.2 Commissioners will work together to reduce duplication and the burden on providers wherever possible.

15 PUBLICATION OF THE OVERALL PROVIDER QUALITY RATING AND HEALTHCARE QUALITY ASSURANCE LEVEL

- 15.1 The Council will publish on its website or via any other suitable means - to support citizen choice and transparency - each Provider's:
- 15.1.1 Overall Provider Quality Rating;
 - 15.1.2 Where applicable their Healthcare Quality Assurance Level;
 - 15.1.3 A summary of any Breach Notice issued under the terms of the Flexible Contracting Arrangement or the Framework Agreement and;
 - 15.1.4 Any information about the Provider which it decides is relevant to the quality of the provision and in the public interest.
- 15.2 The Council may at any time share quality assurance data held about the Provider with other organisations and individuals in accordance with clause 14 of this Schedule 15.