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<b>Document name:</b>	Quality and Continuous Improvement Policy
<b>Date created:</b>	21 April 2017
<b>Author:</b>	Jane Smellie
<b>Approved by:</b>	Jane Smellie

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## **Primary Eyecare Cheshire Ltd: Quality and Continuous Improvement Policy**

**Primary Eyecare Cheshire Ltd** ("the Company") has been established to specifically act as the lead for a network of local optical practices ("subcontractors") dedicated to deliver excellent eye care in the local community. The Company will also utilise a non-clinical subcontractor, Webstar Health.

The Company's clinical governance and performance lead will be the coordinating commissioner's main point of contact within the Company.

The Company will implement a Continuous Quality Improvement (CQI) approach in the delivery of community services and will strive to make ongoing improvements throughout the duration of the contract. CQI will be the responsibility of the clinical governance and performance lead. The Company will identify a deputy clinical governance and performance lead to act as cover for the lead in the event they are unavailable.

The Company will meet all local and national quality and continuous improvement policy requirements in delivering a culture of quality. The Company recognises the objectives of the NHS' Quality, Innovation, Productivity and Prevention programme to make the NHS more efficient and less bureaucratic, the role of the National Quality Board established to champion quality and ensure alignment in quality throughout the NHS, the Commissioning for Quality and Innovation Framework enabling commissioners to reward excellence by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals as well as other quality and improvement health care initiatives.

### **Continuous Quality Improvement (CQI)**

- Quality is defined as meeting and/or exceeding the expectations of our customers – Key Performance Indicators (KPIs).
- Success is achieved through meeting the needs of those we serve – patient experience.
- CQI does not seek to blame, but rather to improve processes.
- Unintended variation in processes can lead to unwanted variation in outcomes, and therefore we seek to reduce or eliminate unwanted variation.
- Continuous improvement is most effective when it becomes a natural part of the way everyday work is done.

### **Responsibilities of the clinical governance and performance lead:**

- Monitor outcomes and subcontractor performance against the KPIs set by the commissioner.
- Review patient feedback monthly.
- Oversee a regular cycle of clinical audits.
- Constantly seek to improve patient outcomes and process improvement.

- Report to each board meeting of the Company on patient feedback and outcomes reports, identifying areas to target for improvement.
- Share patient feedback, outcomes reports and improvement plans with subcontractors.
- Liaise with commissioners, reporting on KPIs at a pre-agreed frequency.

## Online IT platform and data:

Activity and outcomes data, as well as the results of patient satisfaction questionnaires and other quality data, will be collated via the OptoManager IT platform provided by Webstar Health. Webstar Health is a well-established company based in England and is a registered data processor with the ICO. Webstar Health meets the requirements of Level 2 of the NHS Information Governance Toolkit. They provide similar systems for pharmacy, optometry and general medical services to NHS organisations in England.

OptoManager will have a key role in enabling the Company to pursue quality and continuous improvement. Its functions include:

- Referral receipt and logging
  - Referral assessment and triage
  - Assessment and outcome
  - Onward referral
  - Patient satisfaction questionnaire/feedback form and outcome recording
  - Provider claims management
  - KPI reporting.
- **Expected standards and driving outcomes:** As the contract holder, the Company will require all subcontractors to meet all associated quality and safety requirements in order to deliver services to patients:
    - All clinicians must be registered with the General Optical Council, meet the compulsory Continuing Education and Training (CET) requirements and maintain professional indemnity insurance.
    - All individual practices must complete Quality in Optometry GOS and NHS Standard Contracts levels. Evidence of this will be held by the Company.
    - All individual practices will have to adhere to premises and equipment requirements, along with requirement to dispose of clinical waste as appropriate.
    - All individual practices must request patient satisfaction feedback/questionnaires and provide this data on OptoManager.
  - **Complaints and serious incident management:** the Company has a Complaints Policy (Appendix 1) and a Serious Incident Management Policy (Appendix 2) in place to ensure lessons from specific situations are used in order to improve our overall service and patient outcomes in particular.

The Company's Quality and Continuous Improvement Policy will be reviewed annually with the commencement date of January 2014.

## Appendix 1

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**Document name:** Complaints Policy  
**Date created:** 21 April 2017  
**Author:** Jane Smellie  
**Approved by:** Jane Smellie

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### **Primary Eyecare Primary Eyecare Cheshire Ltd Ltd: Complaints Policy**

**Primary Eyecare Primary Eyecare Cheshire Ltd Ltd** ("the Company") has been established to specifically act as the lead for a network of local optical practices ("subcontractors") dedicated to delivering excellent eyecare in the local community.

The Company's clinical governance and performance lead will be the coordinating commissioner's main point of contact within the Company.

The Company will endeavour to deliver a service whereby the likelihood of complaints being made is very low. However, if complaints do occur, the Company is well placed to address these and implement lessons learned (lessons learned meaning experience derived from service provision leading to an improvement in quality of our service provision) in the interests of patients. This review/analysis mechanism allows the Company to identify areas for improvement.

The Company will hold overall responsibility for complaints handling management and compliance. The Company adheres to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and all local requirements on complaints management. The clinical governance and performance lead is responsible for the Company's compliance with the regulations, and is the designated complaints manager. The Company will identify a deputy to the clinical governance and performance lead, who will act as the deputy complaints manager in the event that the lead is unavailable for any reason.

Central to the Company's complaints policy is an emphasis on transparency for all parties.

For the purpose of this policy, a complaint is not a complaint, if it is made orally and is resolved to the complainant's satisfaction within 24 hours. A complaint may not refer to a failure to comply with the Freedom of Information Act (dealt with by a separate procedure). Nor may a complaint relate to a subject which has already been dealt with as a complaint and been resolved.

A complaint may be made orally, in writing or electronically. If it is made orally, a written record will be made of the complaint if 24 hours have elapsed since the complaint was made and if the complaint has not been resolved. A copy of the written record will be provided to the complainant.

The Company and its subcontractors will make information available to the general public about their arrangements for dealing with complaints about NHS services.

The complaints manager will ensure:

- Complaints are dealt with efficiently and are properly investigated.

- Complainants are treated courteously, fairly, expeditiously, appropriately and are informed of the outcome of the investigation of their complaint.
- Action is taken in the light of the outcome of the investigation if any is necessary.
- Complaints are reported to the Board quarterly, and to the commissioner as required by the contract.

A service improvement plan is produced and implemented where appropriate, in accordance with the Company's quality and continuous improvement policy. The Company requires subcontractor practices to:

- Report any complaints relating to the community services immediately to the complaints manager via OptoManager (or telephone in emergency).
- Provide information as the complaints manager deems appropriate to manage the complaint or to report to the board for learning points to be gained.
- Seek input from the complaint manager before responding to any complaint (except for attending to any urgent clinical care needs of the individual affected).

### **The Company's Procedure for Managing Complaints**

1. All complaints will be acknowledged by the complaints manager within 3 working days.
2. When acknowledging receipt of a complaint, the complaints manager will offer to discuss with the complainant how and when he/she intends to investigate and resolve the complaint. If the complainant refuses this offer, the complaints manager will advise the complainant in writing how long it is likely to take him to respond concerning the substance of the complaint (the 'response period').
3. The complaints manager will endeavour to keep the complainant informed of the progress of the investigation. As soon as possible after completing the investigation, the complaints manager will advise the complainant in writing how he has considered the complaint and what he proposes to do to resolve the complaint and any consequent action. This will be done within 10 working days where possible. He will also inform the complainant of their right to pursue the complaint with the Health Service Commissioner (the 'health ombudsman').
4. The Company will endeavour to resolve the complaint within six months after receiving the complaint or, if it cannot be resolved, the complaints manager will tell the complainant why they have not managed to do so.
5. The Company and its subcontractors will make information available to the general public about their arrangements for dealing with complaints about NHS services.
6. The Company will keep a record of each complaint received, the subject matter and outcome of each complaint, each response period where applicable, and, in the cases of a response period being applicable, whether the complainant was informed of the outcome of the investigation.

The Company will report complaints to the commissioner as per the terms of the contract for this service. This information will also be used within annual reports from the board.

In situations where a complaint develops into a serious incident - particularly when a patient becomes harmed or otherwise deemed at risk - the Company's serious incident policy will be activated.

The Company's Complaints Policy will be reviewed annually.

## Appendix 2

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**Document name:** Serious Incidents Policy  
**Date created:** 21 April 2017  
**Author:** Jane Smellie  
**Approved by:** Jane Smellie

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### **Primary Eyecare Primary Eyecare Cheshire Ltd Ltd: Serious Incidents Policy**

**Primary Eyecare Primary Eyecare Cheshire Ltd Ltd** ("the Company") has been established to specifically act as the lead ("prime contractor") for a network of local optical practices ("subcontractors") dedicated to delivering excellent eyecare in the local community. The company will also utilise a non-clinical subcontractor, Webstar Health.

The Company's clinical governance and performance lead will be the coordinating commissioner's main point of contact within the Company.

The Company will respond to serious incidents in a timely, comprehensive and systematic manner in order to reassure concerned parties and improve future service. This Serious Incidents Policy has been developed in accordance with the NHS Serious Incident Framework March 2015.

The Company's policy incorporates full support for its subcontractors in ensuring they are part of the overall process, while seeking to avoid focus on particular individuals. Subcontractor practices must have in place and maintain staff suitably trained and competent in emergency preparedness, resilience and response. The Company's Incident Response Plan below demonstrates the process for subcontractor practices to notify the company in the event of a serious incident occurring.

The Company has incorporated transparency for all parties as a core theme in its serious incidents policy as the Company considers this is the only way to understand how serious incidents occur and how these can be mitigated in the future. The Company fully subscribes to the 'duty of candour' requirement in order to promote openness and honesty in raising early warning signs and demonstrate evidence of learning from incidents. The Company will ensure that patients are informed when things go wrong, why they have gone wrong and what steps the Company is taking to mitigate any issues, both immediately and in the future.

A mechanism for apology as part of duty of candour will also be implemented. The Company will notify the person concerned (and their GP where appropriate) when a reportable Patient Safety Incident occurs or is suspected to have occurred involving moderate to severe harm.

As the prime contractor, the Company recognises its accountability to the commissioning body.

The Company's Serious Incident Policy becomes activated when its complaints policy is not adequate for managing a particular situation. A separate safeguarding policy exists for children and vulnerable adults.

Serious incidents may take the form of:

- Avoidable or unexpected death
- A never event
- A serious incident whereby the Company's ability to deliver the service is compromised
- Data loss
- Allegations of physical misconduct or harm.

The response to these events will vary depending on the particular issue (e.g. the serious incident grading chart below for the appropriate response). If there is a suggestion that a criminal offence has been committed, the Company will contact the police as soon as made aware of the incident.

The Company will appoint a named accountable emergency officer. The accountable emergency officer will be responsible for patient safety, incident management and reporting to all appropriate bodies. The Company will work collaboratively with other bodies in managing serious incidents. It will:

- Publish data (excluding information affecting patient confidentiality).
- Support and train staff in communicating information to patients.
- Communicate with commissioners and all relevant bodies as appropriate.
- Implement actions as required.
- Close cases in a timely manner.
- Review and analyse incidents and responses in order to learn key lessons and embed systemic improvements, in accordance with the Company's Quality and Continuous Improvement Policy.

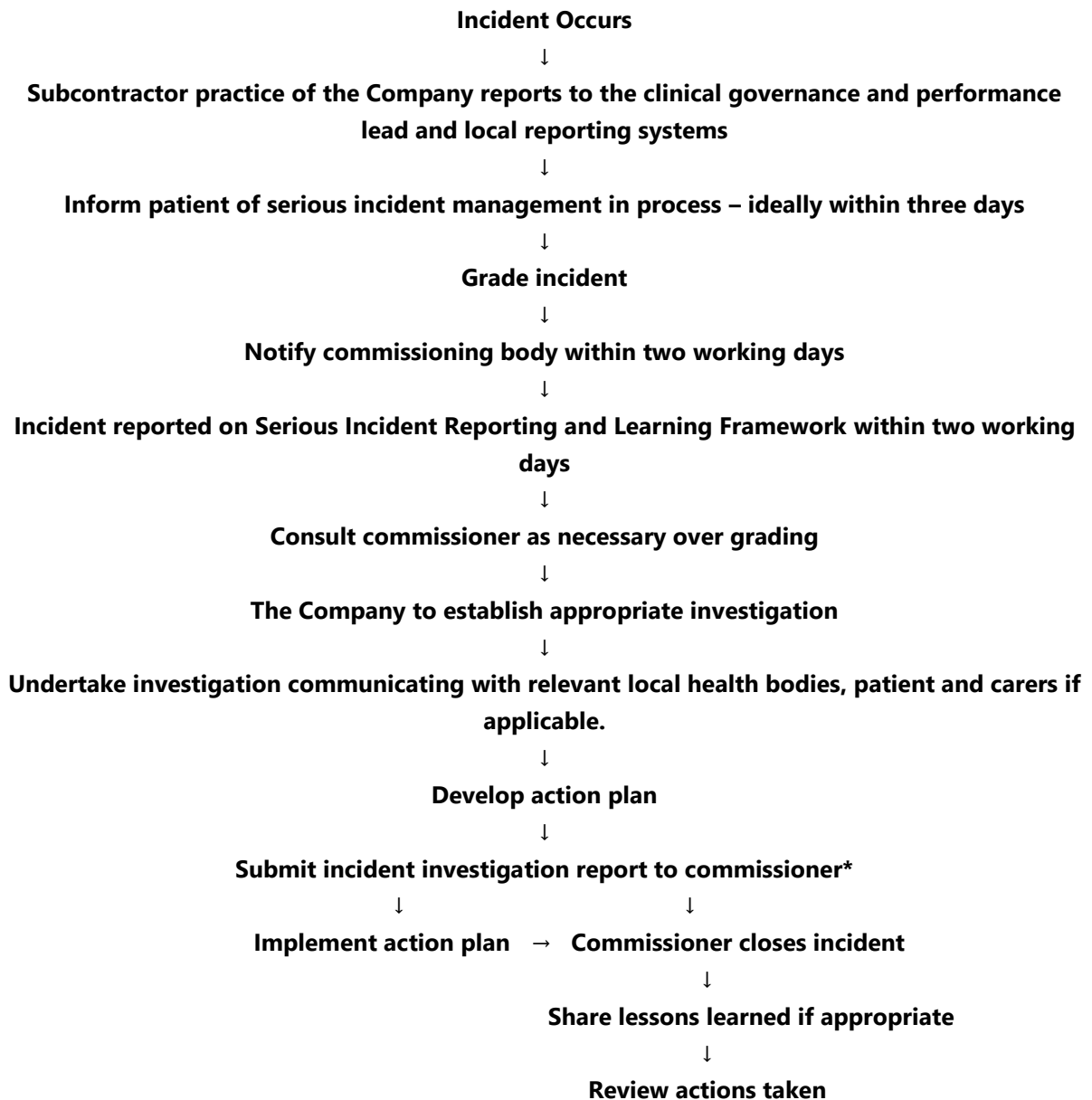
The Company will implement a root cause analysis protocol as a methodical and systematic process to identify the specific factors that contributed to an incident. The Company's root cause analysis protocol seeks to understand the underlying causes and environmental context which led to a serious incident occurring, strengthening systems in place for meeting the objective of fully securing patient safety.

The Company's subcontractor practices do not have access to Strategic Executive Information System (STEIS). The Company will therefore build in reporting via the appropriate commissioning body for incident logging.

The Operations Centre of the Company's subcontractor, Webstar Health, will be the Incident Coordination Centre.

The Company operates the following serious Incident Response Plan for driving an appropriate learning experience to improve patient outcomes. This will enable the Company to ensure quality issues are raised in order to make improvements as required:





See below for the Company's **grading/threshold charts** of serious incident levels, their impacts/consequences and root cause analysis model we will use to continuously improve the overall quality of service.

Serious incident grading chart

Incident Grade	Example Incidents	Investigation Grade and action	Timeframe
<h1>1</h1>	<p>Avoidable or unexpected death.</p> <p>Healthcare associated infections.</p> <p>Adult safeguarding incidents (see the Company's Safeguarding Policy for more information).</p> <p>Data loss and information security.</p>	<p><b><u>Investigation Level 1:</u></b></p> <p>Concise root cause analysis (RCA) for both No Harm and Low Harm and/or where the circumstances are very similar to other previous incidents.</p> <p>A concise RSA will enable the Company to ascertain whether unique factors exist, thus focusing resources on implementing service improvement.</p> <p><b><u>Investigation Level 2:</u></b></p> <p>Comprehensive RSA for incidents causing moderate to severe harm or death. The Company's policy is this will be the default investigation level for grade 1 incidents.</p> <p>Investigations will be carried out by directors of the Company and led by the clinical governance and performance lead who may seek advice and services from specialist external sources as required.</p>	<p>The Company to submit initial report within two working days.</p> <p>The Company will submit completed investigation within 45 working days.</p>
<h1>2</h1>	<p>Child protection incidents (see the Company's safeguarding policy for more information).</p> <p>'Never events'</p> <p>Accusation of physical misconduct or harm.</p> <p>Data loss and information security (DH Criteria level 3-5).</p>	<p>Comprehensive RCA.</p> <p><b><u>Investigation Level 3:</u></b></p> <p>Independent RCA.</p>	<p>Initial report within 2 working days. The Company will submit a completed investigation within 60 working days.</p> <p>Initial report within 2 working days. Independent investigators should be commissioned to complete an investigation within 6 months</p>

## Root Cause Analysis Investigation Model

The Company will ensure it has sufficient expertise in root cause analysis. The clinical governance and performance lead will lead this process and report to the coordinating commissioner on progress and with the outcome. A model we will use is below:

	Action 1	Action 2	Action 3	Action 4	Action 5
<b>Root CAUSE</b>					
<b>EFFECT on Patient</b>					
<b>Recommendation</b>					
<b>Action to Address Root Cause</b>					
<b>Level for Action</b> (Org, Direct, Team)					
<b>Implementation by:</b>					
<b>Target Date for Implementation</b>					
<b>Additional Resources Required</b> (Time, money, other)					
<b>Evidence of Progress and Completion</b>					
<b>Monitoring &amp; Evaluation Arrangements</b>					
<b>Sign off - action completed date:</b>					
<b>Sign off by:</b>					

This Serious Incidents Policy will be reviewed annually.