**North Lincolnshire CCG CTR & CETR Quality Assurance Framework**

1. **Introduction**

A framework has been developed to provide NHS England with assurance that Commissioners have Quality Assurance (QA) minimum standards for Care Education Treatment Reviews (CETRs)/Care Treatment Reviews (CTRs) in place; and to provide people who are having CTR/CETRs and their families with reassurance, that Commissioners are consistently aiming to provide a high quality experience for them every time.

North Lincolnshire CCG has developed this framework for local implementation.

1. **Background**

The NHS England North region has developed a Quality Assurance framework to:

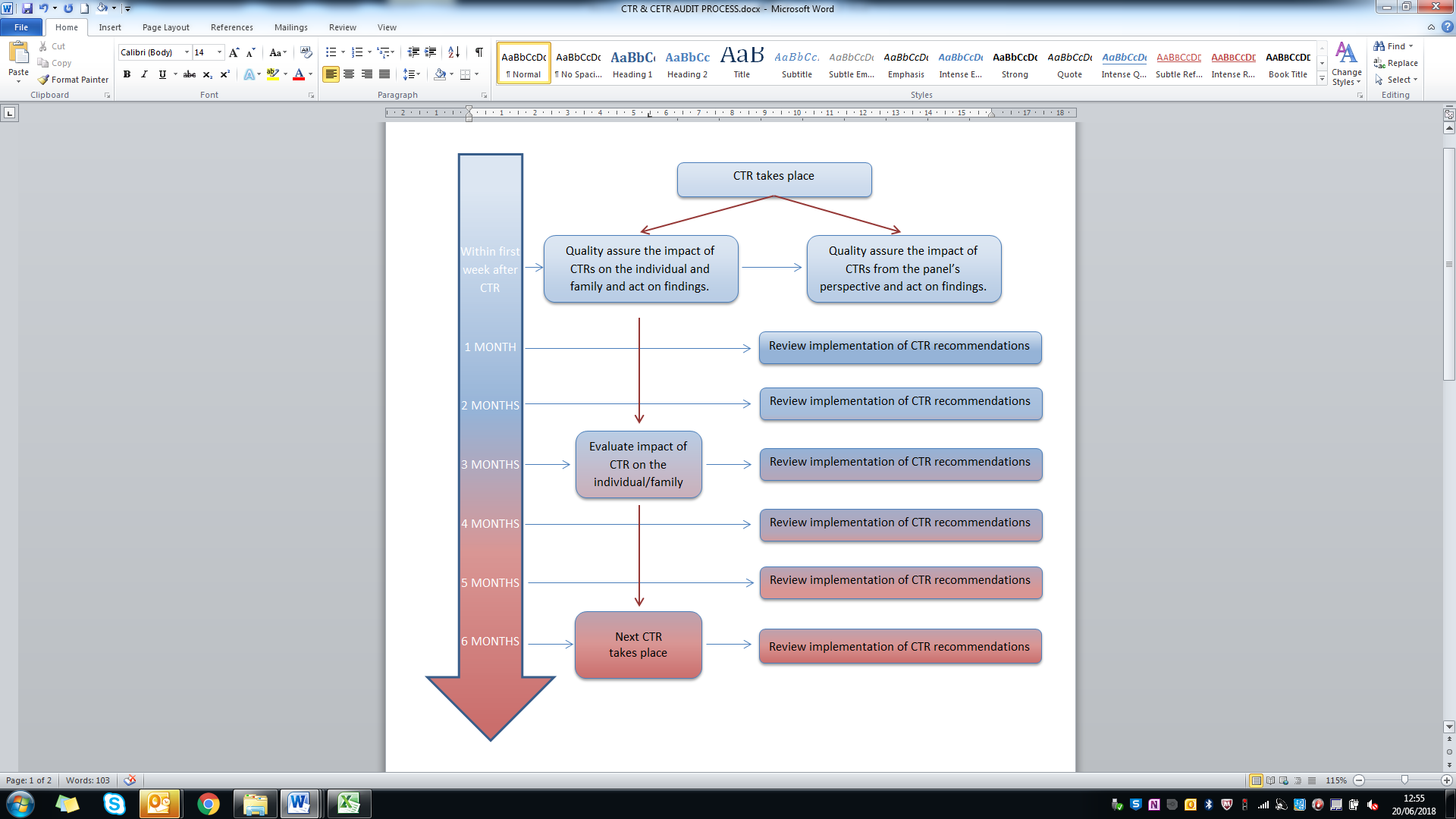
* Respond to feedback from people who have had a CETR/CTR and their family/carers concerns
* To ensure consistent regional QA practice and strengthen the escalation process for QA issues raised via CTR/CETR within commissioner’s existing QA governance systems.
* To provide assurance to the national public accounts committee that the QA raised in the report ‘Local support for people with a learning disability’ are being addressed.
* To ensure that NHS England and Commissioners have a commitment to a Quality Assurance process that measures the impact of transformation through the lens of people with a learning disability, autism or both.

1. **Framework Outline**

The central principles of the QA framework are that it will:

* Focus on evaluating if CTR/CETR’s are making an impact and difference to individuals and their families
* Needs to be able to demonstrate to individuals whom are having CTR/CETR that their feedback and concerns have been addressed
* Identify quality issues and be able to demonstrate that improvements have been addressed e.g. consent
* Focus on improving the quality of CTR/CETR’s outcomes
* Ensure NHS England CTR/CETR guidance is being followed and meeting the timescales outlined within it
* Be embedded into Commissioners existing QA systems and surveillance
* It needs to show continuous improvement, and be a framework, that can identify and address wider issues that are impacting on the delivery of the Building the Right Support Strategy and the commissioning cycle.

1. **Framework Standards**
2. QA the impact CTR/CETR on the individual and family on the day or shortly afterwards and act on the findings.
3. QA the CTR/CETR from the panels perspective on the day or shortly afterwards and acting on the findings.
4. Evaluate impact of CTR/CETR on individual /family 3 months after it has taken place.
5. To have a formal QA process, that evidences the implementation of the CTR recommendations, at a minimum monthly.
6. To have a process to review a representative sample of CTR/CETR’s via a deep dive/action learning approach. To focus on the standards above.
7. To have a process in place to escalate concerns, that has arisen from CTR/CETRs.
8. **Implementation of Quality Assurance Framework in North Lincolnshire**

Commissioners from North Lincolnshire CCG have developed a CTR/CETR Quality Assurance Process:

CTR/CETRs are multi-agency and therefore a number of different individuals or organisations may be responsible for certain recommendations from the review, or for acting on the feedback collected throughout the QA process.

A designated member of the CCG Commissioning team will be responsible for the administration, monitoring and coordination of the QA process between the relevant organisations and individuals involved, and will be named ‘QA Process Coordinator’ throughout this document.

* 1. ***During the CTR/CETR***

The NHS England ‘Key Lines of Enquiry’ (KLOE) document is populated (Appendix 1, page 6). This document includes recommendations and deadlines that will be used in the quality assurance review element of the process.

The Chair will:

* Inform those responsible for recommendations that the QA Process Coordinator will seek progress updates until completion, and will raise concerns via escalation processes if required.
  1. ***After the CTR/CETR - Feedback***

QA Process Coordinator will:

* Collate feedback from the CTR/CETR attendees, and individual via ‘My CTR Feedback Form’
* Provide/escalate feedback summary to the CTR/CETR Chair and individual organisations if required
* Three months after the review, feedback from the individual/family will be collected.
  1. ***After the CTR/CETR - Review***

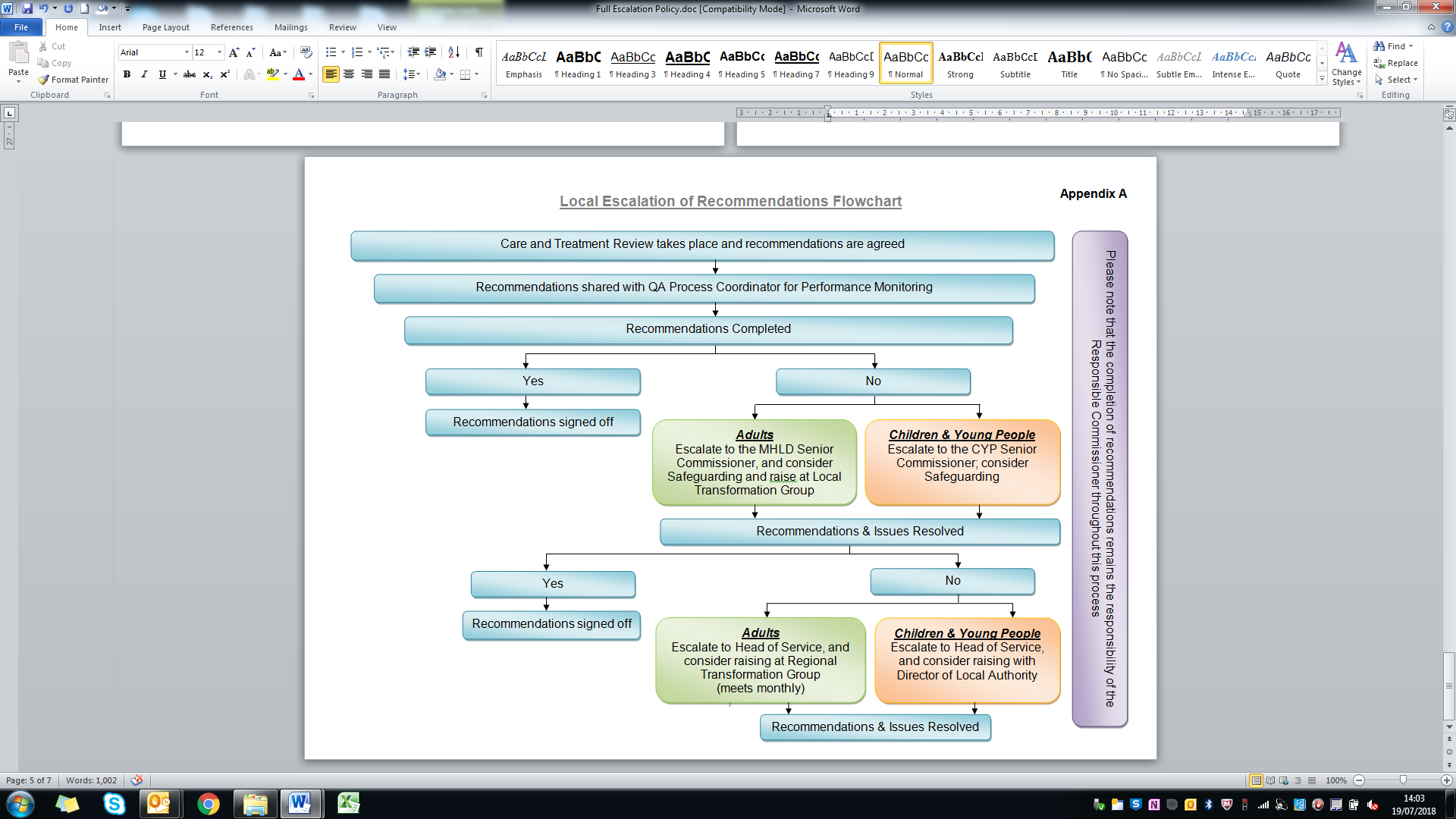
Following the CTR/CETR, progress made on the recommendations will be reviewed on a monthly basis.

QA Process Coordinator will:

* Circulate the KLOE ‘Action Plan’ written during the review meeting.
* Contact individuals responsible for recommendations for update with RAG rating on likelihood of completion by the given deadline.
* Where deadline may be/has been missed, request reason and new completion date.
* Collate responses and send progress report to Chair (Appendix 2, page 6)
* Use QA Process Tracker to demonstrate compliance with process requirements (Appendix 3, page 6)
* Raise any concerns regarding incomplete recommendations via escalation policy.

1. **Escalation Process**

North Lincolnshire CCG has developed a ‘Local Escalation of Recommendations’ process, seen below



QA Process Coordinator will monitor the progression of the concern throughout the process until resolution and will include update in progress report to the relevant CTR/CETR Chair.

For full CTR/CETR Escalation Process, see Appendix 4, page 6).

1. **Consent, Data Protection and Confidentiality**

As per the standards of NHS England guidance on CTRs/CETRs, before a review meeting the responsible commissioner will ensure that the person has given consent, or if the person lacks capacity, that a Best Interests Decision has been made.

During the CTR/CETR, the panel will have access to contemporaneous documentary evidence of the assessments, the care planned and the care delivered. The CTR panel do not take any of these documents away nor make copies to take away. The CTR/CETR chair will be responsible for ensuring that all written and verbal information provided will be kept private and confidential within the CTR/CETR.

The content of the documents used during the CTR/CETR meet the principles of the Data Protection Act (2018), whereby it is:

* used fairly, lawfully and transparently
* used for specified, explicit purposes
* used in a way that is adequate, relevant and limited to only what is necessary
* accurate and, where necessary, kept up to date
* kept for no longer than is necessary
* handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

The QA Process Coordinator will maintain strict confidentiality regarding the feedback and information collected and held following each individual review meeting when carrying out the QA review process.

The full KLOE document from each CTR/CETR will not be shared. The QA Process Coordinator will only circulate the ‘Action Plan’ sheet from the KLOE, which will include a reference number to identify each case, the recommendations and the responsible individuals to action said recommendations.

1. **Audit**
   1. **Local**

In line with the NHS England QA Framework, North Lincolnshire CCG will undertake separate Deep Dive Audits of CTRs and CETRs every 6 months, to ascertain and ensure compliance with QA requirements.

The outcome of the local Deep Dive Audits will provide evidence to inform responses on compliance at a regional level.

* 1. **Regional**

To gain assurance that Commissioners have a QA framework in place NHS England will undertake regional audits to:

* Gain a progress position and a sense check of how the standards are being currently met
* Identify areas of QA good practice, that can be shared across the region
* Identify areas of support or improvement
* Provide evidence to the national Public Accounts Committee, that NHS England, Commissioners and Transforming Care Partnership are addressing the concerns they identified.

All emails and documentation will be securely stored in the patient’s C(E)TR folder to provide auditable trail to evidence meeting the Quality Assurance and general C(ETR) requirements in accordance with NHS England guidance.

**Appendix Contents Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Attachment** | **Description** | **Page** |
| 1 |  | KLOE Action Plan |  |
| 2 |  | Recommendation Progress Report |  |
| 3 |  | QA Process Tracker |  |
| 4 |  | Escalation Process |  |