Health and Wellbeing Board

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Monitoring Provider Quality in the NHS

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Purpose of the Report

1. To provide the Health and Wellbeing Board with an overview on how the new NHS architecture supports the monitoring of provider quality.

Background

2. Quality is systemic; a patient's journey often cuts across primary and secondary care, health and social care, and involves multiple professionals. It is a collective endeavour that requires collective effort and collaboration at every level of the system in order to safeguard patients and drive continuous quality improvement.

3. The appalling failures at Mid Staffordshire NHS Foundation Trust and at independent hospital, Winterbourne View, provide stark reminders that when the NHS fails in its responsibilities in respect of quality that the consequences for patients, service users and their families can be catastrophic. As a result of these failings the NHS has organised itself around a single definition of quality; care that is effective, safe and provides as positive an experience as possible.

4. This simple yet powerful definition is now enshrined in legislation and is embedded within the NHS Outcomes Framework.

5. The NHS Outcomes Framework sets out the national outcomes that all providers of NHS funded care should be contributing towards. The framework builds on the definition of quality through five overarching domains which capture what the NHS should be striving to achieve for patients. It is a catalyst for driving quality improvement.

6. The fundamental culture change that is required is not just across health but also the social care economy. The second Francis report (Mid Staffordshire NHS Foundation Trust) highlights that excellence should be at the heart of all actions taken. The report proposes the following 5 point plan to revolutionise the care that people receive from the NHS with the aim of:

7. **Preventing problems:** by creating a culture of compassion and caring and embedding a safety culture. A Chief Inspector of Hospitals will be appointed to drive change through fundamental standards and national ratings. The measures such as radical transparency, excellence in leadership, clarity of accountability, consequences for failure and rewards for the very best – will together put in place the action needed to revitalise the culture of the NHS around a consistent focus on the needs of the patients.

8. **Detecting problems quickly:** through the availability of timely and accurate information, publication of speciality outcomes, expert inspections and penalties for disinformation. There will be a statutory duty of candour on providers to inform people if they believe treatment of care has caused death or serious injury. There will be a new Chief Inspector of Social Care who will be charged with rating care homes and other local care services, promoting excellence and identifying problems. A review of best practice on complaints will ensure that when problems are raised, they are heard, addressed and acted upon, and seen as vital information for improvement.

9. **Taking action promptly:** with simpler fundamental standards which make explicit the basic standards beneath which care should never fall. Commissioners will have oversight of improvement regimes and there will be a failure regime if no improvement is seen. A methodology will be developed for assessing hospital to ensure a single set of expectations on hospitals of what is required of them.

10. **Ensuring robust accountability:** by introducing clarity of responsibility, criminal sanctions, implementation of faster professional regulation and the introduction of a national barring list for unfit managers.

11. **Ensuring staff are trained and motivated:** by exploring introduction of requirement to have HCA training before nursing and other qualifications and a code of conduct and minimum training for HCAs. A nursing revalidation will be introduced to ensure all practising nurses are up to date and fit to practise. The Chief Inspector of Hospitals will assure, as part of inspections, that all hospitals are meeting their legal obligations to ensure that unsuitable healthcare assistants are barred from future patient care by properly and consistently applying the Home Office's barring

regime. The NHS leadership academy role will be expanded to attract professional and external leaders to senior management roles.

12. All NHS Foundation Trust members of the Health and Wellbeing Board, have ensured that reports have been presented to their Board meetings in relation to outlining their response to the Francis Inquiry and detailed action plans have been developed.

13. In addition, NHS Foundation Trusts as providers of services are also required to publish an annual 'Quality Account' to report their performance on the quality of care and services they provide, this is a useful tool for commissioners as it highlights the key areas that providers will focus on and outlines their commitment to some key quality improvements.

14. Both CCGs are also statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect.

15. North Durham and DDES CCGs are members of the Local Safeguarding Children Board (LSCB) and local Safeguarding Adults Board (SAB), working in partnership with the local authority and the Health and Wellbeing Board to ensure that safeguarding responsibilities are met and that robust processes are in place. NDCCG host both the safeguarding adult and children CCG teams, managed through a memorandum of understanding, to ensure they each meet their statutory requirements.

16. The 'Monitoring of Quality' is also supported by the introduction of HealthWatch whose role ensures that the CCGs and partner organisation are made aware of the views and concerns that patients have about their local health and social care services, in order that improvements to services can be made if so required.

Next Steps

17. The Health and Wellbeing Board are requested to note the following as part of this process:

    - All NHS organisations are required to implement the recommendations of the Francis 2 report
    - All NHS hospital trusts are required to set out how they intend to respond to the Inquiry
    - An annual progress report will be produced by the government
    - Locally the oversight of quality to be coordinated by Quality Surveillance Groups hosted and coordinated by NHS England Area Teams and on which the CQC will have an increasingly prominent role

- CCG quality teams to be fundamental in the local determination and assessment of quality

18. Appendix 2 provides further detail into how Clinical Commissioning Groups in County Durham, as commissioners of services, are monitoring providers to ensure that care is safe and effective and that patients receive a positive experience during their episode of care.

Recommendations

19. The Health and Wellbeing Board is recommended to:

- accept this report for information.

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Appendix 1: Implications

Finance: Not applicable

Staffing: CCGs have identified staff to monitor and take forward the quality agenda with support from the local commissioning support unit.

Risk: Failure to have effective quality monitoring systems in place may compromise patient safety and the effectiveness of the services being delivered.

Equality and Diversity / Public Sector Equality Duty: There are no implications to equality and diversity

Accommodation: This report has no implications on accommodation.

Crime and Disorder: Not applicable

Human Rights: This report has no implications on human rights.

Consultation: Public and patient engagement and wider stakeholder feedback is part of this process.

Procurement: Not applicable

Disability Issues: Not applicable

Appendix 2: Quality Report

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS
North Durham
Clinical Commissioning Group

Monitoring Provider Quality in the NHS

1.0 Introduction

A single definition of quality for the NHS was first set out in 'High Quality Care for All' in 2008, following the NHS Next Stage Review led by Lord Darzi. It set out three three dimensions to quality, all three of which must be present in order to provide a high quality service:

- Clinical effectiveness : quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- Safety: quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and
- Patient experience: quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

2.0 Francis 2

In February 2013, the second Francis Report was published on the subject of the catastrophic failure of care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009. The report presents a picture of profound systemic failure at Mid Staffordshire Hospital: failure that produced, above all, appalling care for patients and service users, but that also represented a wholesale failure of 'checks and balances' within the NHS and wider care system and questioned the NHS approach to Quality.

In the words of Francis a 'fundamental culture change is required, one "that will put patients where they are entitled to be - the first and foremost consideration of the system and everyone that works in it." The NHS has been absorbing and acting on the failures:

- a culture which focused on the system, and not on the patient;

- a culture which preferred to focus on positive information about services not that which perhaps would have highlighted problems;
- the methods utilised to measure compliance and service provision failed to focus on the experience of patients;
- high tolerance of poor standards and risks to patients;
- failure of communication between and within organisations;
- assumptions that monitoring, performance management and intervention were the responsibility of someone else;
- a failure to tackle the imperative and challenges of building a positive clinical culture;
- a failure to acknowledge and mitigate the risks of multi-level reorganisations, and the impact on services.

This fundamental culture change that is required is not just across health but also the social care economy. The report's recommendations provided a framework that supports the NHS and stakeholders in promoting a culture that puts patients, and quality of care, first.

As a result NHS England, Durham Dales Easington and Sedgefield clinical commissioning group (DDES CCG) and North Durham CCG (NDCCG) have established a number of quality systems and processes that are open, transparent, accountable, and in which fundamental standards of care are understood and upheld. However in order for these systems to be effective and sustainable they need to be monitored.

3.0 CCG approach to Quality

Strategically both DDES CCG and North Durham CCG have a shared objective; that of ensuring patients have access to high quality clinical care, delivered in a timely and effective way. Assurances are sought from providers to ensure that they place quality at the heart of their systems and processes to support patient and public engagement, enable clinical leadership and focus, promote equality and diversity and reduce inequality.

The CCGs have put in place a Clinical Quality Strategy, supported by a quality framework that ensures systems and processes are in place across the CCGs to monitor, maintain, improve and safeguard the quality of care commissioned and that this is encouraged and supported by all members of the CCGs. The strategy outlines clear lines of responsibility and accountability for the overall delivery of the quality of clinical care, and supports a comprehensive programme of quality improvement activity across the CCG.

As DDES CCG and ND CCG commission a significant volume of care from the same providers a collaborative arrangement has been put into place

(along with Darlington CCG), to enable and support the monitoring of the quality of services. This arrangement is effectively supported by a joint Quality Forum, held monthly to assist with the combined monitoring arrangements, sharing of hot spots and perceived risks and to avoid unnecessary duplication.

Across DDES CCG and ND CCG clinical leadership has firmly been embedded within the quality governance structure. In order to ensure that clinical quality and accountability is clearly understood CCG wide clinical quality groups have been established. In DDES CCG this is known as the clinical quality working group (CQWG), in NDCCG, it is entitled the quality research and innovation sub-committee (QRI). Both meetings are held monthly and bring together key representatives of the health and social care economy to discuss pertinent quality issues across the CCGs and commissioned providers, and also retain a focus on improving quality in primary care.

Due to the geographical localities within DDES CCG, locality clinical quality meetings are held bi-monthly and are steered by GP locality quality leads. These groups are pivotal to DDES CCG in monitoring what is happening in commissioned services as GP practices are very much the “eyes and ears” of the system. Meetings promote the need to report incidents and soft intelligence and to share good practice, ideas and innovations.
In ND CCG a similar role is carried out by the GP Constituency Leads who attend the QRI Meetings and report back to and accumulate quality ‘intelligence’ from their local general practices.

Both CCGs are also statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect.

North Durham and DDES CCGs are members of the Local Safeguarding Children Board (LSCB) and local Safeguarding Adults Board (SAB), working in partnership with the local authority and the Health and Wellbeing Board to ensure that safeguarding responsibilities are met and that robust processes are in place. NDCCG host both the safeguarding adult and children teams, managed through a memorandum of understanding, to ensure they each meet their statutory requirements.

The CCGs have purchased elements of commissioning support, from the North of England Commissioning Support Unit (NECS). Through a service level agreement, NECS provide a support service for the CCGs in the area of quality and facilitate efficient working on the development, maintenance and monitoring of clinical quality systems and processes.

4.0 Monitoring Quality

Overall the monitoring of quality is achieved through a variety of means; contracts, reports, commissioner assurance visits and investigations, audit and self assessments all of which are reviewed carefully through the Clinical Quality Review Group (CQRGs) meetings.

The CQRG meetings are held bi-monthly for both the local acute and mental health trusts. For independent providers a combined Quality / Contract meeting is held based on the aims and objectives of the quality review groups.

The CCGs have very recently established a similar CQRG for the North East Ambulance Service, which includes 111 services, in collaboration with other CCGs in the region.

CQRGs are pivotal to the monitoring processes for providers, their purpose is to:

- Monitor and seek assurances regarding the safety, patient experience and clinical effectiveness of services provided.
- Monitor and agree the direction for clinically led continuous quality improvement in the health and wellbeing of the populations providers serve.
- Challenge areas of poor performance
- To monitor discuss and agree actions to address quality and patient safety issues raised through the CQRG, and/or brought to the attention of the Commissioners; for example: concerns around the management and treatment of Learning Disability patients, high incidence of falls resulting in serious harm.
- To provide assurance to CCG Boards.
- To develop, monitor and review progress of CQUINs

To support the monitoring of quality within commissioned providers, the CCGs together with NECS have ensured that provider contracts fully reflect CCG requirements for clinical quality. The 2013/2014 contracts now contain a list of indicators centred at measuring clinical quality and patient safety requirements from the service. These indicators are monitored through agreed systems and processes and require providers to supply information on a regular basis.

This information is presented to the CCGs through a variety of methods including dashboards, performance scorecards and relevant and timely quality reports which provide transparency as to the quality of care being delivered.

Running alongside the contract is a penalty scheme, which enables the commissioner to be able to apply financial penalties to areas of poor performance, such as the occurrence of a Never Event or delays in discharge information to primary care.

Assurances; regarding the quality of care that is being delivered by providers is also monitored through monthly and quarterly reports prepared by NECS. The CQRGs receive the monitoring information for discussion and action; however the reports are also shared with CCG wide quality fora, governing bodies and boards.

Mindful of the lessons learned from Mid Staffordshire DDES and ND CCGs have also introduced a process to capture and collate soft intelligence; this includes patient experience data, from practices, public and patient engagement forum and wider stakeholder feedback. The intelligence is triangulated with other information for example complaints, litigation, incidents to identify any theme or concerns that may point to failings within a providers service so that action can be taken to minimise any risks to patient safety.

Regular information sharing meetings with partners, such as CQC and local authority, are in place to ensure that our patients are safe regardless of the care setting they are in. these meeting also benefit from input from the safeguarding adults team.

Commissioner assurance visits have been common practice across County Durham and Darlington for some time. This year, we have extended the programme to include community nursing and NEAS; members of the CCG governing bodies will participate in the visit programme.

The learning from complaints, litigation, claims and incidents is systematically monitored and analysed by NECS as part of the ‘early warning systems’ and is fed back into the commissioning process to support the effectiveness of patient pathways and drive continuous quality improvements.

Other methods of monitoring are that of announced and unannounced visits to providers. These are attended by representatives of the CCG and NECS and are key too observing first-hand, the quality of the services the CCG commissions.

In relation to clinical effectiveness, CCGs also monitor and seek assurances from providers on the implementation of national guidance from NHS England, National Institute for Health and Care Excellence (NICE) including the Quality Standards, the Care Quality Commission (CQC) and other national bodies.

In conjunction, the CCGs together with NECS have developed a 'clinical audit forward plan' that audits provider's compliance against good practice and is also used to monitor and assess any system failings.

Providers are also required to publish an annual 'Quality Account' to report their performance on the quality of care and services they provide, this is a useful tool for commissioners as it highlights the key areas that providers will focus on and outlines their commitment to some key quality improvements.

The 'Monitoring of Quality' is also supported by the introduction of HealthWatch whose role ensures that the CCGs and partner organisation are made aware of the views and concerns that patients have about their local health and social care services, in order that improvements to services can be made if so required.

5.0 Incentives

The monitoring of quality is further supported by the introduction of a number of payments / incentives structured at encouraging quality improvement. The most significant being the Commissioning for Quality and Innovation (CQUIN) framework. This national framework commenced in 2009 with the purpose of rewarding excellence and encouraging a culture of continuous quality improvement in all providers and promoting clinical engagement.

Each provider of acute, ambulance, care home, community and mental health and learning disability services on the NHS standard contract is entitled to earn the nationally specified percentage of contract value subject to agreeing and achieving goals in a CQUIN scheme. CQUIN payment is currently worth 2.5% of the value of the contract. Performance against the schemes is monitored quarterly.

In addition, both CCGs have local quality improvement schemes that relate to primary care, encouraging reporting and proactive management of issues and incidents that arise in the primary care setting, and that raise concerns about our provider services. This is a new approach aimed at driving up quality in primary care.

6.0 Quality Surveillance Groups

The CCGs are also members of the newly established acute Quality Surveillance Groups, chaired by the NHS England Area Team, which bring together organisations from across the health and social care economy and review respective information and intelligence gathered on providers through

performance management, commissioning, and regulatory activities, to maintain quality in the system. One group is dedicated to overseeing mainly secondary care providers and a second group is just being established to oversee Primary Care. These are imperative to obtaining the holistic view on what is occurring within a provider organisation and ensures that quality is everyone's business.

7.0 Conclusion

This paper provides some insight into how CCGS are monitoring quality directly within providers. However it is vital that CCGs in County Durham continue to engage with partner organisations and agencies such as the local authority to monitor quality across both the health and the social care system so that patients remain safe and free from harm.