

Introduction

The quality of services delivered to patients remains a critical issue within the NHS. In recent years there have been a number of high profile quality failures in the NHS and Care Systems. Each of these failures has been subject to investigations and formal inquiries.

In the last 18 months these investigations have resulted in the publication of several reports focussed on a variety of quality issues within the NHS, ranging from the Winterbourne View report in late 2012 to the Government's formal response to the Francis Report in November 2013.

Each of the quality reports identified common themes as being contributory factors in the failures:



There is a clear need for commissioners to be proactively monitoring the quality performance of their providers. Amongst the several control mechanisms in place to monitor providers' performance, a reflection on the issues and recommendations arising from national reports on quality will be necessary.

During 2013/14, 360 Assurance undertook a number of reviews of governance arrangements that CCGs had established to assess the impact of what some have referred to as 'The Big 4' reports (Francis, Keogh, Berwick & Winterbourne View), in order to identify actions that needed to be taken in response to the reports' findings.

This paper provides a summary of some of the best practice identified during completion of those reviews, as well as an initial analysis of themes appearing in Action Plans.

Best Practice

We have grouped best practice into 3 broad categories as follows:

The process for assessing the CCGs' position against the reports development of formal Action Plans

Partnership working with providers and other local CCGs on responding to the reports

Engaging with patients and other stakeholders to inform and involve them in the CCGs' response to the reports

Emerging Outcomes

Analysis of action plans obtained demonstrates that CCGs' responses to recommendations made in national quality reports are having a real positive impact on the quality of care being provided to patients. This paper cites a number of examples of action being taken, which for ease of reference have been grouped into the five headings used by the Government in its initial response to the Francis Report:

- ✚ Preventing problems;
- ✚ Detecting problems;
- ✚ Taking action promptly;
- ✚ Ensuring robust accountability; &
- ✚ Ensuring staff are trained and motivated.

Future Considerations

This paper concludes with a series of questions that CCGs can use as a self-assessment mechanism to evaluate their own performance against the best practice highlighted.

Acknowledgements

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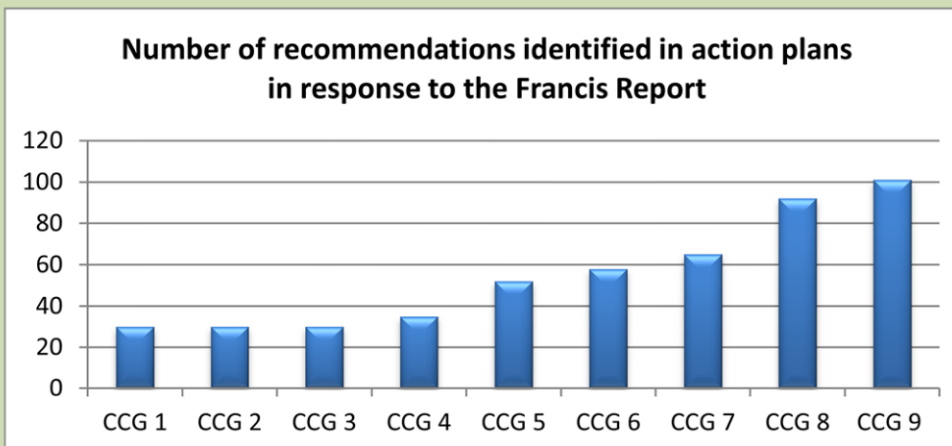
We would also like to acknowledge the contributions of Michelle Turner, Director of Quality from the Bradford City and Bradford Districts CCGs, who, whilst not a client of 360 Assurance, agreed to share their action plan and process for inclusion in the preparation of this paper where appropriate.

Assessing CCGs' Position Against Reports; Developing & Monitoring Robust Action Plans

- ☑ The most effective assessments of CCGs' positions against recommendations made in national quality reports were those that were undertaken by a team of several staff
- ☑ The most effective Action Plans required the following information to be recorded: -
 - Clearly identified lead officers for implementing the action, with a number of members of staff having been given responsibility for required tasks;
 - 'RAG' ratings for progress being made in implementing action, facilitating the monitoring process;
 - Clearly identified timescales for implementation of action; and
 - Referencing of actions in the Plan back to recommendations/paragraphs in the national quality reports. This was undertaken primarily for the Francis report.
- ☑ We noted occasions where action plans originally developed in response to the Francis report had been revised to include assessments against the Keogh, Berwick and Winterbourne View reports;
- ☑ Effective monitoring arrangements found to be in place included the setting up of a formal Task & Finish group, initially to respond to the Francis report, though assessment of more latterly published reports were added to the Group's responsibilities. This Group included Governing Body members and clinicians from across the CCG; &
- ☑ Detailed monitoring of actions taking place at a nominated Committee, with the best processes also including a formally agreed periodic update at the Governing Body in the public session.

Outcome of Assessments Against Francis Report Recommendations

Where action plans included reference to original recommendations made in the Francis report, we have undertaken some comparative work on the numbers of recommendations that CCGs have been identifying that action is necessary (further analysis of recommendation types is available on request):



Partnership Working with Providers & Local CCGs on Responding to Quality Reports

- ☑ One CCG health community employed an external consultant to review the individual responses of CCGs and providers in the area to the Francis report and develop a community wide and a commissioner specific action plan;
- ☑ Another health community has established a Nursing Cabinet where both providers and commissioners are represented. The Cabinet, which was set up in 2012, has considered a variety of quality issues, including the response to the Francis report;
- ☑ One Local Area Team hosted an event attended by both commissioners and providers where the Francis report was considered and the necessary responses discussed and agreed; &
- ☑ Issues arising from implementing Francis recommendations being raised at Quality Surveillance Groups.

Engaging With Wider Stakeholders & Patients on Response to Francis & Other Reports

- ☑ Responses to the Francis report being shared with Patient Participation Networks and Groups;
- ☑ One CCG prepared a 2 page summary of the report's key issues and how the CCG was responding, which was issued to all stakeholders;
- ☑ Another CCG is developing a 'Quality Newsletter,' which will be issued to all stakeholders and staff, that will include updates on action the CCG has taken in response to reports such as Francis, Berwick etc;
- ☑ CCG websites have been used to provide information on the local impact of Francis, with statements being prepared by both commissioners and providers on action being taken; and
- ☑ Presentations made to Health & Wellbeing Boards on responses being made to the Francis report.

In the section below, we have provided examples of actions being taken by CCGs in response to Francis, presented in the 5 categories the Government used to prepare its initial response to the Report. Further examples are available on request.

Preventing Problems

- ☑ Quality Improvement Strategies and associated implementation plans have been reviewed and strengthened to include reference to actions arising from the 'Big 4' reports.
- ☑ Compassionate Care (CC) - the 6 'Cs' associated with providing compassionate care have been included in the Quality Schedule with providers. A Nursing Cabinet established in one health community developed a CC CQUIN for 2014/15.
- ☑ There has been an increase in monitoring patient feedback on quality of care provided, which is being used as an early warning system to identify concerns with service delivery before serious incidents take place. In one instance a CQUIN on patient experience has been agreed with a provider to increase the level of reporting on how patients feel about the care they receive.

Detecting Problems

- ☑ Close links being developed with HealthWatch to increase the opportunity to identify concerns being raised by patients and carers.
- ☑ More robust monitoring arrangements for providers' handling of complaints have been included within the Quality Schedules for this current contract year. Complaints have also been the subject of a quality visit to a provider and a CQUIN for one provider.
- ☑ All provider quality impact assessments in relation to QIPP, CIP and service reconfiguration schemes are to be approved by commissioners. This requirement is included in the Quality Schedule.

Taking Action Promptly

- ☑ Information sources and general contract monitoring arrangements have been reviewed (including Quality Schedules), leading to an increase in the amount of data being collected and reviewed in areas such as workforce metrics (staffing levels, sickness and turnover rates, mandatory training & appraisals), serious incident reporting, complaints and patient experience.
- ☑ Deep dives into particular areas have been introduced across the provider contracts on a rolling basis.
- ☑ In response to concerns, quality visit programmes have been enhanced, introducing more focused visits using hard & soft intelligence, unannounced visits & using visits to follow-up CQC inspections.

Ensuring Robust Accountability

- ☑ Contract sanctions are now being used more routinely and more robustly employed within contracts with providers.
- ☑ Patient stories are being submitted to Governing Body meetings.
- ☑ CCGs have reviewed and strengthened their Quality Assurance Frameworks in response to Francis, Berwick and Keogh recommendations. The frameworks have been refreshed to reflect the quality assurance mechanisms in place with providers.

Ensuring Staff are Trained and Motivated

- ☑ Provider requirements for workforce information including sickness absence, turnover, appraisals and training have been strengthened and included in the Quality Schedules for providers.
- ☑ Provider staff survey results reviewed in detail as part of the contract monitoring arrangements.
- ☑ Leadership for CCG staff developed through NHS Leadership Academy courses and Leadership Improvement in Safety & Quality programmes from the NHS Institute.

Future Considerations

Our work has identified a number of questions that CCGs should reflect upon when considering their response to national quality reports:

Have we involved all appropriate staff in both the assessment process and in allocating responsibility for implementing action?

Are we confident that where actions have been identified, we have mechanisms in place to ensure that these are reviewed regularly and reported within the CCG (Governing Body and/or a formally nominated committee)?

Does our action plan have clearly identified timescales for implementation, and RAG ratings for progress in implementation?

Are we satisfied that our action plan appropriately covers all key reports that have a national and public profile?

Do we have a process for communicating the actions being taken in response to the National Quality Reports more widely than the CCG, for example to the GP practices, stakeholders and members of the public?

Are we making full use of our website and social media to communicate our actions in response to national reports to our patients and public?

Where one CCG leads on a national quality report, do we receive regular updates and have mechanisms in place to report these updates through our own governance structure?

Are we confident that we are working effectively with our local CCG partners and colleagues in secondary care in responding to all appropriate national reports that have a focus on quality?

Where appropriate, are actions that we have identified following assessment of the reports reflected in the CQUINs and Quality Schedules we have agreed with our providers?

Are we satisfied with the level of monitoring information we are receiving, particularly in areas such as patient experience and staffing levels & workforce information from our providers?

If you would like any further information in respect of the content of this paper, please do not hesitate to contact either Ruby Deo, Principal Auditor, on 0115 8835309, ruby.deo@360assurance.nhs.uk, or Kevin Watkins, Associate Director, on 0115 8835308, kevin.watkins@360assurance.nhs.uk