

Appendix 1

QUALITY SURVEILLANCE & IMPROVEMENT PROCESS



Quality Domains



Assurance Evidence



Routine Monitoring

Routine monitoring usually takes place informally through everyday interaction with providers, and formally through regular quality contract review meetings. Monitoring includes an analysis and review of the following quality metrics:

Patient safety indicators: including monitoring of HCAI, safeguarding reviews, patient safety incidents, never events, complaints, prescribing, mortality rates, workforce numbers, skills and training

Clinical Effectiveness indicators: including the implementation of the National Institute of Clinical Excellence guidance, delivery of CQUINS, key performance indicator monitoring, learning from audit and peer reviews and using benchmarking resources, pathway compliance and NHS health checks to improve clinical outcomes.

Patient Experience indicators: including patient reported outcomes measures, Friends and Family test, patient survey results, respecting privacy and dignity, mixed sex accommodation monitoring, complaints, CQC inspection results, access to services, patient advisory and liaison service, Healthwatch

Further details of the routine surveillance processes that are in place within the CCG:



Primary Care Routine Surveillance

Information

CQC reports and concerns, audits, incident reporting, prescribing initiatives, whistleblowing, complaints, contract breaches, local intelligence(member practices and NHS England)

Assessment of Resilience

Threat to operational delivery and business continuity, leadership/partnership issues, contractual issues, major workforce or premises issues, professional isolation.

Review Process

Quarterly desk top review of all practices Midyear and annual Reviews, Medicine Optimization prescribing reviews

Intelligence

Primary Care Quality Dashboard (PCQD), patient surveys (national and local), QOF, Datix, NHS choices, C&M QSG

Practice Level Quality Surveillance Group

Review primary care data including soft intelligence to identify outlying practices and/or practices which may be struggling with a view to early intervention, quality improvement planning and support and where necessary escalation when progress is less than required.

Primary Care Operational Group

Addresses variation and approves actions plans and next steps for providers that are in enhanced surveillance. The group reports to Primary Care Commissioning Committee with recommendations or escalation of concerns.

CCG Quality Committee

Receive a detailed review of the primary care PCQD and associated action plan and has requested several 'focussed' reports to assure the governing body on the quality of general practice services

Primary Care Commissioning Committee

Ultimate responsibility sits with the committee which reviews the CCG aggregate position with regard to quality indicators and a periodic update on the primary care web tool

CCG Governing Body Meeting

Gain assurances regarding the quality and performance of providers

Care Homes Routine Surveillance

Information

CQC reports and concerns, audits, incident reporting, complaints, contract breaches, local intelligence (member practices and Local Authority)

Assessment of Resilience

Threat to operational delivery and business continuity, leadership issues, contractual issues, major workforce or premises issues

Review Process

Quality visits
Medication reviews
Placement suspensions

Intelligence

LA Care Home Dashboard, ADASS Dashboard, Healthwatch Enter & View Visits, C&M QSG (oversight role). Care Home Forum

CQC Quarterly Joint Meeting

CQC/LA/PH/CCG

Review care home data including soft intelligence to identify any concerns with a view to early intervention, quality improvement planning and support

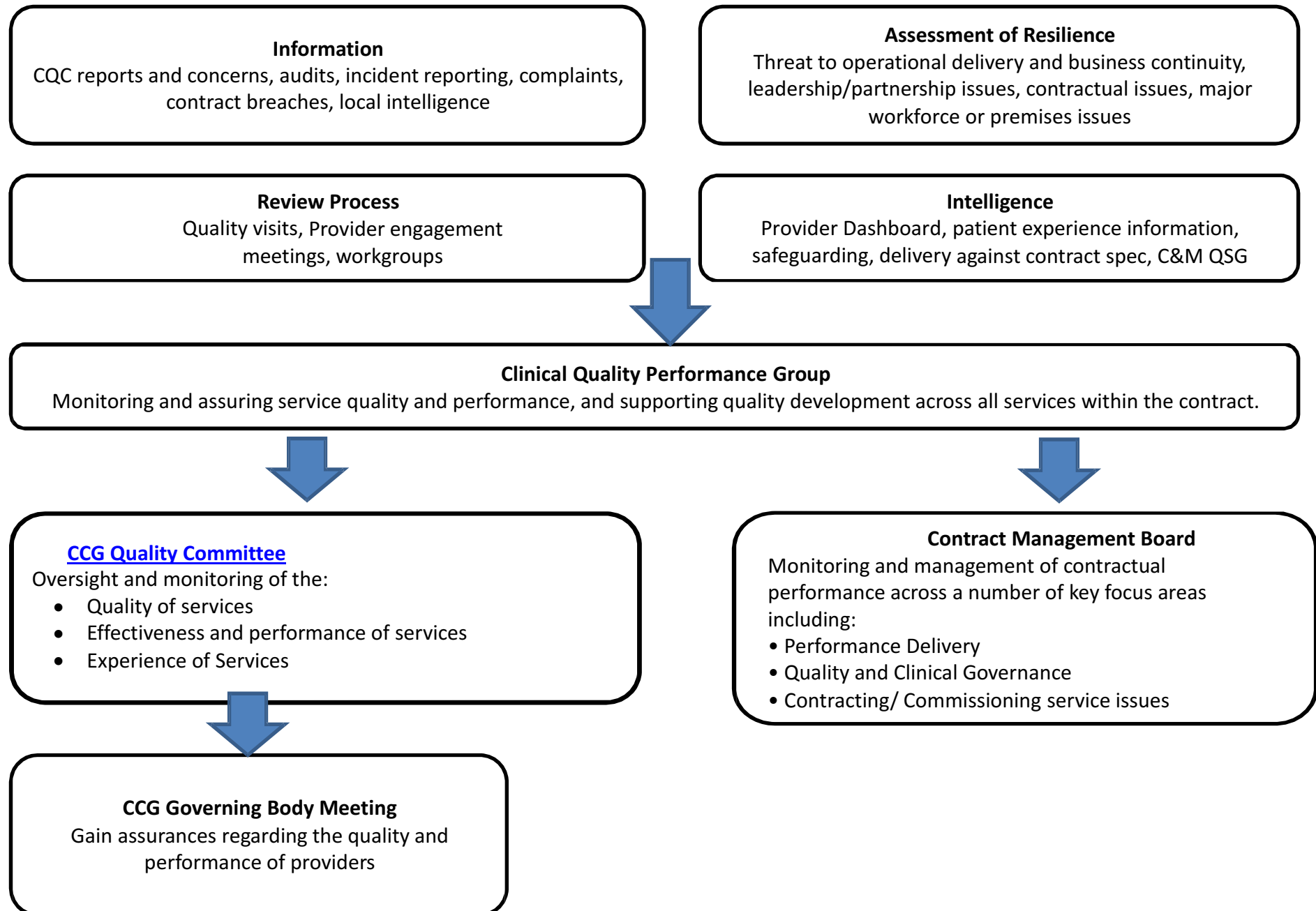
[CCG Quality Committee](#) Receive a detailed review of the care home intelligence and associated action plans and has requested several 'focussed' reports to assure the governing body on the quality of Care Homes

C&M Enhanced Health in Care Homes Network

CCG Governing Body Meeting

Gain assurances regarding the quality and performance of Care Home providers

NHS & Host Commissioner Providers Routine Surveillance



Enhanced Surveillance

A Provider will be placed within enhanced surveillance if there have been persistent and/or increasing quality, safety or patient experience concerns identified through routine surveillance or there has been a trigger i.e. safeguarding concern, incident, CQC inspection outcome.

A provider will be within enhanced until a quality review meeting has been held to determine the level of risk and whether there are any other concerns identified. Following the quality review meeting the provider will remain within routine surveillance or escalate to enhanced surveillance for a continued surveillance period.

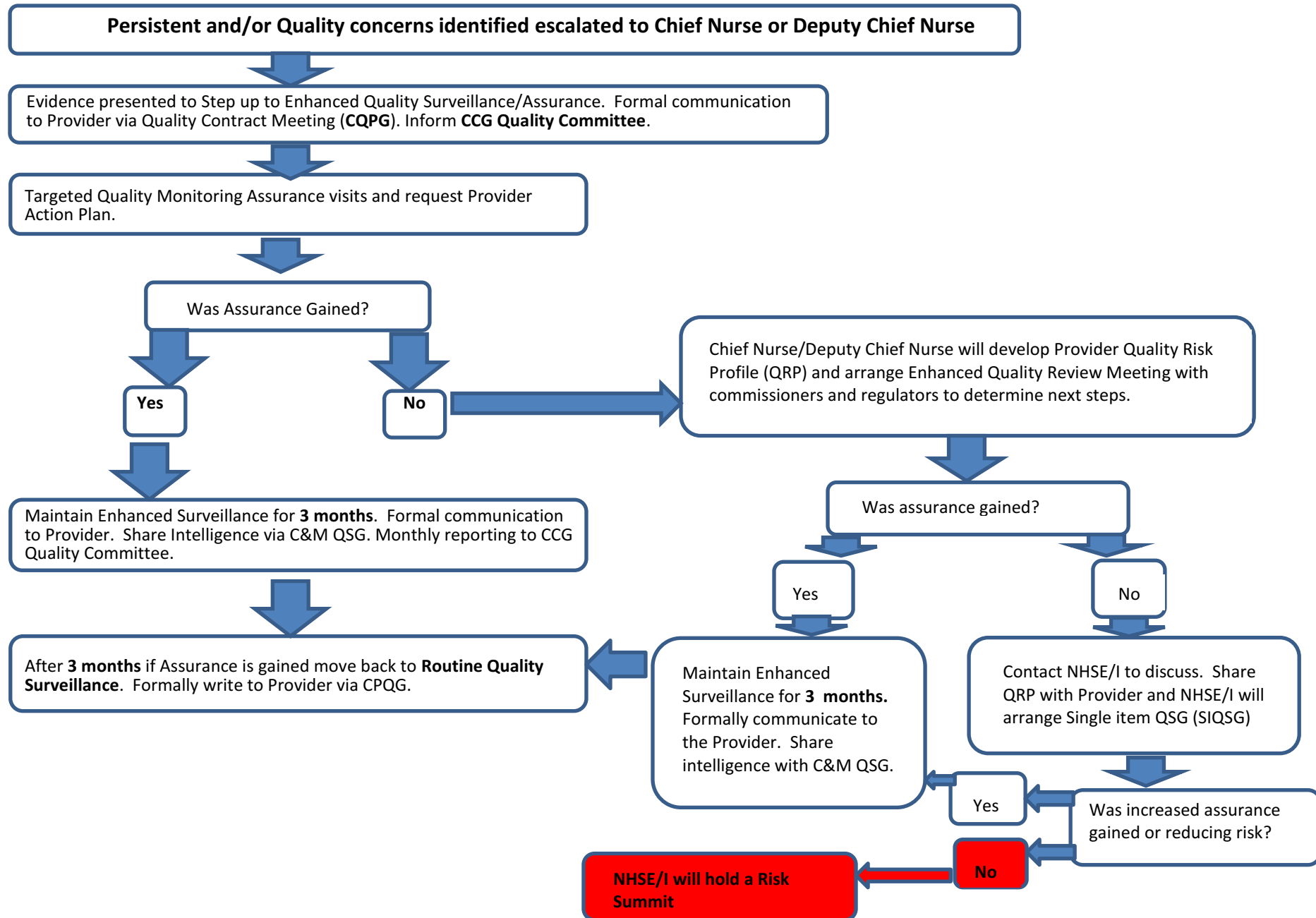
All providers that are within enhanced will be entered onto the surveillance tracker and actions recorded.

The Head of Quality & Safety will be responsible for completing the appropriate documentation and to work together with the provider, as appropriate.

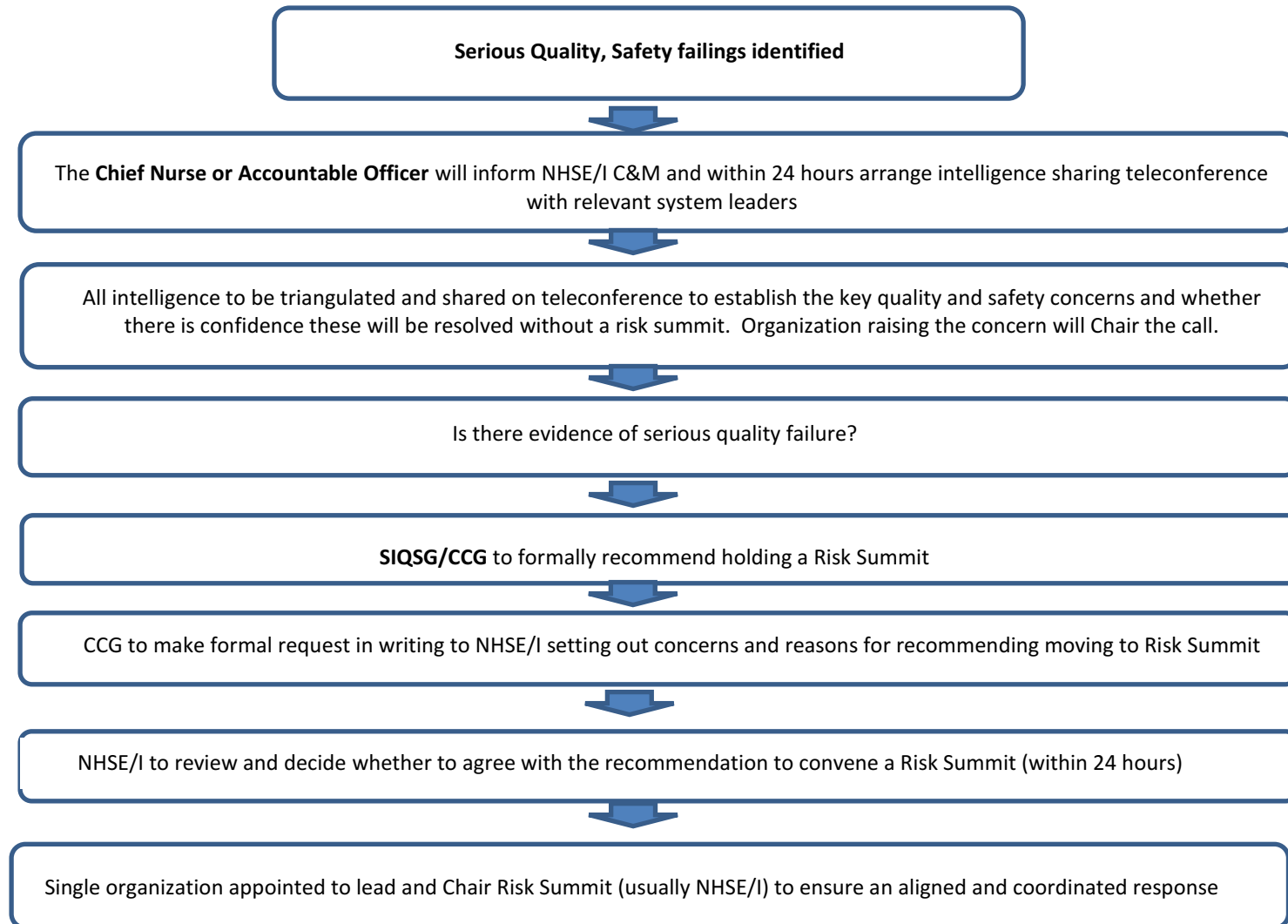
Further details regarding the Enhance Surveillance process:



Enhanced Surveillance



Risk Summit Process



What is a Risk Summit?

A mechanism to bring the system together very quickly when there is a serious, specific risk to quality and should only be used very occasionally.

Risk may manifest in one provider, both the causes and the solutions are usually system wide and therefore risk summits should be approached by all parties.

A risk summit enables organisations which make up local health and care system to:

- 1) Give specific, focused consideration to the concern raised, share information and intelligence, including with the provider where a quality risk has been identified
- 2) Facilitate rapid collective judgements to be taken about quality within the provider
- 3) Agree any actions required

Risk Summit Chair (usually NHSE/NHSI Region) responsibility:

- Ensuring the decision to hold a risk summit is communicated to the provider, attendees and other stakeholders
- Determine the time and location of the risk summit meeting
- Chair and support the meeting
- Provide a record of discussion and agreed actions

Membership

- NHSE & NHSI DCO and/or Regional Team (Director, Medical and Nurse Directors)
- Care Quality Commission
- Relevant CCG (Accountable Officer/Chief Nurse and nominated Director level representation)
- Local Authority (joint commissioned services)
- Relevant Provider (Chief Executive and any provider board representatives)
- General Medical Council
- Nursing and Midwifery Council
- Health Education England
- Secretariat (senior manager within the 'Chair' organisation)

Throughout the process the chair organisation will need to recognise other parties' roles and responsibilities i.e. that one party cannot direct any other party in the exercise of their statutory functions

Quality Surveillance Group

QSGs systematically bring together the different parts of the system to share information. It is a proactive and supportive forum for collaboration and information sharing. By triangulating intelligence from different organisations, QSGs provide the health and social care economy with a shared view of risks to quality, and opportunities to coordinate actions to drive improvement. There are 28 local QSGs and 4 regional QSGs. NHS Halton and NHS Warrington CCG's are part of the Cheshire & Merseyside QSG.

The aim of the QSG is to identify risks to quality as early as possible and to ensure action is taken to mitigate these risks, resolve issues locally where possible and drive quality improvement.

The Quality Risk Profile Tool

The purpose of the risk tool is to systematically assess the risks to quality of provision at a point in time. The tool should be used where persistent/increasing quality concerns have been identified. This will give focus which may need further exploration e.g. a targeted quality visit. As the development of the quality profile is part of the enhanced quality surveillance measures this should be reported and agreed at the next available QSG however there may be a requirement to undertake a profile in between meetings and therefore this should be reported at the next available QSG. There is an acknowledgment that relevant stakeholders will be members of a local QSG and therefore would be actively involved in the development of the profile. The profile can be re-run at any time to demonstrate an increasing or decreasing level of assurance.

It is acknowledged that a number of stakeholders will have data that informs the profiling process therefore it is important that the scoring is moderated and agreed with commissioners, regulators and other relevant stakeholder e.g. NHS England & NHS Improvement, CCG, CQC, Local Authorities and HEE. If required the profile can then be shared with the provider to enable them to understand and agree the perceived risks. The provider may be able to provide assurance to the risks that have been identified.

The lead commissioner will take responsibility for the development of the draft profile and ensuring all the relevant stakeholders have the opportunity to contribute. It is helpful if all stakeholders come together to discuss and debate and agree the profile prior to sharing with the provider. If assurance is gained at this point then the provider should be maintained on enhanced surveillance for three months to ensure that the assurance is sustained through QSG.

The Quality Risk Profile Tool can be obtained from NHS England via the CCG Quality Team.

Routine Plus

Key documents

- Quality Surveillance Groups, National Quality Board Third Edition, July 2017
- Risk Summits National Guidance, National Quality Board Third Edition, July 2017
- Framework for Responding to CQC Inspections of GP Practices, NHS England
- Shared commitment to quality from the National Quality Board, Five Year Forward
- Five Year Forward View, 2017
- NHS England Quality Surveillance Programme, 2019
- NHS England and Health Education England, System response to quality concerns in providers Learning from North Middlesex University Hospital NHS Trust, October 2018
- NHS Halton and NHS Warrington Quality & Safeguarding Strategy 2020 - 2022