NHS
Warrington
Clinical Commissioning Group

NHS
Halton Clinical Commissioning Group

Quality Surveillance & Improvement Framework 2020 - 2024

1. INTRODUCTION

There will always be demand for health and social care services. In Clinical Commissioning Groups (CCGs) across Halton and Warrington geographical areas we aim to always commission a high level of service provision and delivery. The quality of services received by our local population is an important factor in how we operate. With increasing pressure on health and social care services nationally, there is need to ensure high standards of care are maintained, and that improvements are evidenced.

Where providers experience quality concerns, our CCGs will be responsive in how they work with partners to support positive outcomes. CCGs must ensure that Frameworks are in place to safeguard people who use services where there is disruption to service provision or where significant quality concerns are identified. As well as framing the process for routine quality assurance and improvement, this paper describes the process for managing escalating quality concerns and risks, usually associated with decreasing assurance. The paper also outlines the necessary steps to follow where providers of concern are identified.

Recognition to the work undertaken by Sussex and East Surrey Sustainability and Transformation Partnership (STP) Clinical Commissioning Groups (CCGs) and NHS Leeds CCG's for sharing their surveillance

3.0 CCG Quality Surveillance & Improvement Framework aims:

- To proactively safeguard people who use health and social care services from avoidable harm
- To provide guided and consistent approach to managing escalating quality concerns
- To ensure effectiveness in the assessment and management of risk
- To ensure effective decision making, supported by strong governance systems and escalation routes
- To promote communication and collaboration with providers and system partners, ensuring effective coordination with clarity of accountability
- To include and embed the statutory duty as to the improvement in quality of services
- To provide a single process for quality assurance and improvement and to complement existing assurance processes with renewed focus on quality improvement
- To evidence an audit trail of actions and rationale for decisions made
- To evidence learning from management of quality concerns in provider services

The overall objective is to support services in ensuring that the everyday delivery is of consistent quality, is safe, effective and people who use the services find the experience satisfactory. In the event this is not the case further support maybe required for those providers experiencing quality challenges to effectively deliver care and treatment while making improvements to resolve concerns, and that these improvements can be evidenced through the implementation of an agreed quality improvement plan, with progress updates and sign off of completed actions.

4.0 Drivers

CCGs have a statutory duty to secure continuous quality improvement in services they commission[1]. Additionally, the quality premium makes clear the expectation for CCGs to respond to quality concerns with partner agencies[2]

4.1 CCG duties: In the form of amendments to the NHS Act 2006, the Health and Social Care Act 2012 introduced duties regarding how CCGs work. The specific duty covered in this framework is:

Duty as to the improvement in quality of services

- Each CCG must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.
- A CCG must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved and, in particular, outcomes which show the effectiveness of their services, the safety of the services provided, and the quality of the experience of the patient.

Duties are statutory "must dos". An additional duty in relation to quality of primary medical services requiring each CCG to assist and support NHS England (NHSE/I) in discharging their duty, so far as relating to securing continuous improvement in the quality of primary medical services, is reflected in a separate Quality Assurance Framework for primary care services.

4.2 Quality Premium – Quality Gateway 2017/19 states:

"CCGs are responsible for the quality of the care and treatment that they commission on behalf of their population. NHS England reserves the right not to make any quality premium payments to a CCG in cases of serious quality failure, i.e. where it is identified that:

- *a local provider has been subject to enforcement action by the Care Quality Commission; or*
- *a local provider has been flagged as a quality compliance risk and/or has requirements in place related to breaches of provider licence conditions; or*
- *a local provider has been subject to enforcement action based on a quality risk; and*
- *it has been identified through NHS England's assessment of the CCG, in respect of the quality and governance elements of the Improvement and Assessment Framework, that the CCG is not considered to be making an appropriate, proportionate response with its partners to resolve the above quality failure; and*
- *this continues to be the position for the CCG at the end of year assessment".*

4.3 Patients' rights - The NHS Constitution gives patients a right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they

[1] https://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted

[2] https://www.england.nhs.uk/wp-content/uploads/2018/04/annx-b-quality-premium-april-18.pdf

commission or provide. This includes improvements to the safety, effectiveness and experience of services[3].

4.4 NHS standard contract general conditions[4] – They include structures for contract performance management.

4.5 Relevant CCG Quality Team objectives

Provider assurance – The approach revises the current Quality Surveillance & Improvement Framework with a view to strengthening it, as well as incorporating improvement focus and also includes NHSE/I/I host commissioner expectations.

4.6 Relevant Aims

- **Streamlining processes and stopping duplication** – This process unifies assurance and improvement processes into a single approach
- **Accelerate the pace of delivering transformation** – The approach sets a framework for supporting improvements in quality of services
- **Single commissioning voice** – The aim is to apply the approach to all collaborative commissioning forums
- **Share and spread clinical service improvements through collaboration** – The proposal is for a framework that provides coordination and collaboration
- **Stronger traction with healthcare providers** - Strengthening quality assurance

4.7 **Relevant CCG Strategic Objectives:**

- **Halton CCG**
  - **Objective one:** To commission services which continually improve the health and wellbeing of Halton residents
  - **Objective two**: Continually improve the quality of the services we commission ensuring compliance with NHS constitutional requirements
  - **Objective three**: To deliver our statutory duties in respect of commissioning, quality, equality, safeguarding, consultation and engagement and finance including QIPP
  - **Objective four**: To create a high performing organisation that seeks to create excellence in its skill base enabling the building of effective partnerships with our staff and key stakeholders.

- **Warrington CCG**
  - **Objective One:** Improve healthy life expectancy for all
  - **Objective Three:** All Commissioned Services support delivery of the NHS Constitution for our population

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

[4] https://www.england.nhs.uk/wp-content/uploads/2018/01/3-nhs-standard-contract-1718-1819-general-conditions-full-length-v2.pdf

- **Objective Four**: Continually improve quality of commissioned and GP member practice services
- **Objective Six**: Ensure sound governance arrangements are in place

5.0 Quality assurance and improvement framework

There is strong NHS England & NHS Improvement (NHSE/I) driven, strategic oversight of quality assurance, with a clear process for top level management of quality concerns, where the focus is primarily on quality assurance. There is therefore need for quality improvement driven focus at CCG operational level, putting the top level NHSE/I led plans into action and translating actions into improvements. Additionally, this approach would ensure that the statutory duty for CCG's as to the improvement in quality of services is fulfilled. This quality assurance and improvement framework connects the strategic and operational levels for shared goals and outcomes, ensuring that processes for assurance and improvement are unified.

For simplicity, the framework has two parts;

- Routine quality assurance and improvement monitoring (Appendix 1)
- Enhanced quality assurance and improvement monitoring (Appendix 1)

The main emphasis of the framework is on maintaining high levels of quality, safety and experience, preventing deterioration in quality and supporting quality improvement in providers of concern, which may be experiencing elevated and escalating levels of risk to quality, safety and experience of services. The structured approach for supporting such providers is through enhanced quality assurance and improvement monitoring. A key part of preventing concerns from escalating is early warning and detection through routine monitoring, and proactive responses which do not require ongoing enhance monitoring.

5.1 Routine quality assurance and improvement monitoring of Acute, Community and Mental Health Providers

5.1.1 Activity

The widely accepted definition of quality centres on the three domains of patient safety, clinical effectiveness and patient experience[5]. At the end of 2016, the National Quality Board (whose membership is drawn from NHS England & NHS Improvement (NHSE/I), The Department of Health and Social Care (DOH), Health Education England (HEE), the National Institute for Health and Care Excellence (NICE), the Care Quality Commission (CQC) and Public Health England (PHE)) published the single shared view of quality, which adds the well led and sustainable use of resources domains[6]. Please refer to the CCGs quality strategy for a detailed definition of quality.

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf

[6] https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf

Through routine monitoring, the CCGs will assess and monitor indicators linked to the quality domains described above which may be in the form of a quality dashboard agreed with providers, provider reports, national and local contractual quality metrics within schedule 4 of the standard NHS contract including any linked to contract variation, and all other locally agreed arrangements and incentive schemes. At this level, monitoring is essentially through routine internal contractual processes of reviewing information supplied as part of the contractual understanding to provide information and assurance to commissioners and regulators.

The table below, adapted from NHSE/I's examples, gives examples of indicators (not exhaustive) for routine monitoring;

Patient Safety
Incidents/Never Events
Mortality rates
Safeguarding, for example, Serious Case Reviews
Vaccination and Immunisation uptakes
Healthcare associated infection rates
Workforce
Training
Central Alerting System (CAS) Alerts
Preventing Future Deaths actions
Clinical Effectiveness
NICE
Hospital Guide
Health Checks
Audit Reports/Peer Review
Commissioning for Quality and Innovation (CQUINs)
Referral To Treatment (RTT) performance
Emergency Admissions
Benchmarking
Clinical outcomes
Research and development
Patient Experience
Patient Reported Outcome Measures (PROMs) and Patient Surveys
Eliminating mixed sex accommodation monitoring
Friends and Family Test (FFT) scores
Complaints and compliments
Access to services

A parallel component of routine monitoring activity is in the form of quality assurance and improvement visits. These provide a beneficial opportunity to enter and view, an element that is crucial for effective appraisal and triangulation of quality intelligence. As with all monitoring activity, feedback should be reviewed at Clinical Quality Performance Groups (CPQGs) and also at Quality Committee meetings, to ensure proactive detection and management of quality concerns. Heads of Quality & Safety will ensure that programmes of visits are in place, at a frequency agreed between CCGs and providers. Providers are expected to be open and transparent, extending invitations to join relevant quality meetings to commissioners, for example, their Patient Safety Groups.

The agreed format and tool for routine quality assurance and improvement monitoring is enclosed (Appendix 1).

5.1.2 Governance process for routine monitoring

Clinical Performance Quality Group Meetings (CPQGs) are compulsory, contractually. They are in place for providers as the main vehicle for assessing, monitoring and driving continuous quality improvement. CQPGs will review quality intelligence from routine quality monitoring activity (Appendix 1). Additionally, they will also appraise quality intelligence from external sources like the CQC and other regulators, Local Authority, coroners, professional bodies like the Nursing and Midwifery Council (NMC), concerns raised by General Practitioners (GPs), relevant concerns from the police and concerns raised by families and members of the public. Formal minutes or action logs need to be maintained for all contract review meetings held with the providers. If the meetings are not held in accordance with the timescale stated within the contract, then this should be formally documented.

For CQPG, usual reporting routes for purposes of upward escalation or receiving direction are through same tier Contract Review Boards (CRBs) and also the place based Quality Committees.

The Quality and Finance and Performance Committees are sub committees of Governing Bodies. Any quality matters that are being clearly escalated to the Governing Bodies should be considered for enhanced monitoring, with at least monthly feedback to the relevant CPQG, and to the Quality Committees.

5.1.3 CCG Quality Governance

The CCGs have a strong quality governance structure which includes the following,

- Short and long term task and finish groups for quality concerns as necessary, including those involving wider quality issues raised from safeguarding and other processes
- Provider/Service Quality Improvement forums and surveillance groups
- Continuing Healthcare (CHC)
- Local Safeguarding Partnership/Boards
- Clinical Quality Performance Group Meetings (CQPGs)
- Quality Site Visits
- CCG Quality Framework and Quality Risk Profile
- Quality Committees
- Escalation to Governing Bodies
- Escalation to NHS England / Improvement (NHSE/I) via Quality Surveillance Groups (QSGs)

Reporting is strengthened to ensure the right information is received by the relevant audience.
NHSE/I hold CCGs to account and act as the higher level for escalation of quality concerns as described under the enhanced monitoring section of this document (Appendix 1)

5.2 Enhanced quality assurance and improvement monitoring

5.2.1 Triggers

Where quality concerns continue to escalate and present increasing risk, and where there is decreasing assurance, consideration must be given to the instigation of enhanced monitoring. Triggers of this can include, but not limited to;

- High and increasing levels of quality risks and risks to provision of safe care and treatment, including potential closure or termination of services
- Existing risk registers indicating significant quality risks or high likelihood of deteriorating quality of service provision and/or delivery
- Failure of existing plans to demonstrate improvement or to resolve existing concerns
- Higher than usual safeguarding referrals
- Higher than usual complaints and/or serious incidents
- High mortality rates
- Significant serious case reviews
- Adverse media interest and coverage
- Local authority, continuing healthcare, CQC and other sanctions
- Notices from Coroners, Health and Safety Executive and other statutory bodies
- Police involvement
- Multiple never events
- Any Quality issues deemed to require escalation to Governing Bodies and NHSE/I

In most cases, it will be a combination of these factors rather than any single one. A quality thresholds guide with examples of tolerance levels is enclosed in Appendix 1

5.2.2 Thresholds for escalating concerns to an enhanced level of monitoring

Main providers will be providing information on a regular basis which will be routinely reviewed through CCG forums like CQPGs. The provider and CCG C&M QSG Quality dashboards play a key role in the identification of patterns of deterioration, measured against defined parameters and thresholds. Scrutiny of this information at CQPGs should include a level of careful challenge and triangulation to provide clarity on issues that may veer off planned trajectory.

Not all providers will routinely provide data nor will all have a CQPG's setup. It is good practice to introduce quality monitoring tools for these services, conducting quality monitoring visits and instigating comprehensive reviews as necessary, following this framework. An example of this can be found in NHS England (2020) Host Commissioner Guidance.

5.2.3 Procedure for managing quality concerns escalated to the enhanced level

This framework provides guidance to the management of quality concerns which can no longer be achieved through routine monitoring. The process encompasses NHSE/I's approach to assurance, while ensuring that there is local operational oversight which is focussed on improvement. The steps within the framework are:

a) Engaging the provider and process setup
b) Comprehensive baseline review
c) Establishing the level of risk
d) Feedback to the provider
e) Strategic, Integrated Quality Improvement Plan

a) Engaging the provider and process setup

It is good practice to identify a CCG quality lead to coordinate activity at the enhanced monitoring level. Communication with providers is essential to both parts of the framework. The escalation of quality concerns to the enhanced level should not come as a surprise to providers because even through routine monitoring, conversations will have provided the clarity of increasing risk with decreasing assurance.

Concerning directly commissioned services, contract management processes allow for the use of informal queries and Contract Performance Notices. This is usually in cases of suspected breaches to contractual obligations. Therefore, the quality team will always ensure that the contract performance monitoring process is sighted on any quality concerns and risks that may breach contractual obligations and also those that have been escalated to the enhanced level. This will then trigger formal communication in the form of performance notices. By the time written notices are issued, providers will already be aware of the issues the written notice pertains to. Any contractual penalties will be considered under contract management processes.

For all other services including those commissioned jointly and care homes, it is at this stage that any concerns and risks to quality should be expressed to the provider formally in writing as an initial step. Again, concerns will already have been communicated to the provider through routine monitoring and written notice confirms formal escalation. Consultation of key partners including joint commissioners should be considered to facilitate shared context and possible joint formal communication to the provider.

Formal communication to providers should be clear on what the concerns are and how they are substantiated, their perceived level of severity, whether they breach contractual arrangements, expected action and any expected timescales for actions to be completed. Where there are existing templates for formal notification, for example those within contract management processes, these should be used. Contract management processes should be taken into account for additional guidance for providers with direct contractual arrangements with CCGs.

Providers must be made aware that escalation into enhanced monitoring involves strategic oversight of quality concerns by NHSE/I. CCG quality leads will clarify the NHSE/I approach including the escalation process and governance framework. The quality concerns escalation/trigger tool (Appendix 1) will be used to frame these conversations.

Depending on the level of concerns, the NHSE/I process can escalate to QSG top level meetings through:

- Intelligence sharing calls
- Single Item Quality Surveillance Groups
- Risk Summits

Each of these levels will have its own guidance (for example, there is national guidance for organising and running risk summits) and will be led by NHSE/I. CCGs are expected to actively participate, bringing status updates using relevant templates. NHSE/I will steer and shape necessary next steps in consultation with members of relevant groups.

If it is concluded that people using service continue to be at risk and that services remain unsafe, NHSE/I will recommend the completion of a Quality Risk Profile (QRP) and provide a template. The quality risk profile should be shared with the provider to enable them to add new information that will support and add to the information gathering. If assurance is gained at any of these meetings then a decision to step down the process to routine levels of surveillance should be made. In terms of governance, whichever set up is arranged locally, it must be ensured that this reports through to the CCG Quality Governance structure outlined in section 5.1.2 above. This may be through one or more groups in the structure, escalating to the Quality Committees and Governing Bodies as necessary.

The nature of concerns and risks will usually inform the decision on the best governance process to follow. In many cases, the process will involve collaborative working with system partners including CQC, local authorities, Safeguarding, Continuing healthcare, Examples are;

- Safeguarding arrangements e.g. Complex abuse enquiry
- Task and finish groups with delegated responsibility
- Collaborative Commissioning forums
- Quality surveillance groups and panels
- Risk summits

The lead organisation will be identified and sub groups established. Membership, roles and responsibilities, and terms of reference clarified and moderated at future meetings as necessary with clarity of reporting lines. For governance, auditing and transparency purposes, records of papers (agendas, item papers, minutes and action trackers that accurately reflect meetings should be maintained and securely stored.

Consideration will be given to the development of a communication strategy, especially in cases with high media attention. This should be a key part of any governance arrangements put in place, with key responsibilities to manage media and other enquiries and facilitating the drafting of responses. Internally, when risks and concerns have escalated to the enhanced level it is expected that this will be with involvement of the Chief Nurse and Deputy Chief Nurse.

Providers in enhanced levels of monitoring are communicated to Heads of Quality & Safety to ensure local service users are safeguarded in areas where those providers operate.
The key role of any established interim governance process is to establish immediate concerns and risk, and ensure the safety of patients and staff. Governance groups and subgroups will maintain risk registers showing immediate risks, mitigation and actions.

b) Comprehensive baseline review

The most reliable way of understanding the nature, severity and impact of quality concerns and risks is to conduct a deep dive that looks at all quality domains, and in as many relevant sources as possible. This can include, but not limited to;

- Issues raised through completion of the QRP
- Thematic analysis of issues from assurance visits
- Thematic analysis of issues from safeguarding and NHS Continuing Healthcare reviews
- Issues raised through regulators e.g. CQC reports
- Issues raised by stakeholders, system partners (e.g. NHSE/I, LA, GPs, Healthwatch), families and members of the public
- Themes from relevant risk assessments
- Triangulation of routine quality assurance submissions, for example provider reports
- Review of publicly available data and reports, for example provider Board of Directors reports
- Triangulation of all of the above

Comprehensive baseline reviews will be led by the designated CCG quality lead and not the provider. Providers will support by fulfilling requests such as those for data. The output from this review will provide the validation and evidence to further support rationale for escalation. While data plays a key role at this stage, the significance of soft intelligence should not be underestimated. It provides qualitative narrative for the comprehensive baseline review.

c) Establishing the level of risk

The goal of a comprehensive baseline review is to elicit the risks so that these can be mitigated, lowered or eliminated. Once the comprehensive review is completed, its findings will be presented to relevant meetings as a snapshot that shows a cross section of current risks and concerns.

The review of all available quality intelligence will help relevant group with establishing immediate priorities (key risks). Collective agreement and shared understanding of risks should be sought from stakeholders and system partners. With good governance, this should be achieved through groups already established. As risks are understood, the quality assurance and improvement tool will need to include a section that is informed by themes from the baseline review. This ensures that while routine monitoring continues, the areas of enhanced risk are also reviewed. Where possible, the frequency of quality monitoring visits should be stepped up in agreement with system partners and the provider. All feedback will be utilised to moderate initial risk registers. This will include the addition of any new and emerging risks.

d) Providing feedback to the provider

The governance processes in place will ensure that there is regular feedback to the provider. This includes explaining partnership arrangements in place to manage concerns and risks, roles and responsibilities, expected action, expected outcomes, etc.

The main feedback from the CCGs and partners will be on quality concerns and risks from a system wide perspective. Providers can use this information to reconcile with their view of concerns. Feedback to providers will include sources of qualitative and quantitative data used in the completion of the baseline review.
This feedback gives early opportunity for providers to acknowledge or challenge risks presented and develop mitigation or provide further evidence.

e) Strategic, Integrated Quality Improvement Plan (Owned by the provider)

Quality intelligence can be drawn from a wide range of sources. Potentially, a provider could have a number of action plans for different issues in different places, sometimes with a level of duplication.

The reason for reviewing these sources together to draw out the risks in the form of a comprehensive review is because it leads to the development of a single, integrated quality improvement action plan agreed by key stakeholders and the provider, to work from. This approach simplifies the tracking of improvements and coordinates activity around quality at strategic and operational levels.

The provider has the opportunity to develop an improvement plan within agreed timescales. Where the quality of the plan is not satisfactory, the designated quality lead will support the development of the plan. It must be made clear that the provider owns the plan and is responsible for allocating leads, implementing actions, providing evidence of implementations and sustaining improvements made. Metrics must be agreed that will be used to measure progress and improvement, alongside agreed reporting structures, formats and timescales.

The quality improvement action plan will be monitored through relevant sub groups for progress, including sign off of actions. Quality assurance and improvement monitoring visits will continue alongside this process, providing useful updates to relevant groups to inform their actions and next steps.

It is expected that successful embedding of actions with effective monitoring processes should reduce enhanced focus and lead to routine quality assurance and improvement monitoring. Therefore the exit route will be back to “business as usual”. At the same time, processes need to be robust enough to detect emerging risks and other quality concerns. There will be an emphasis on proactive risk management and an open culture to prevent harm.

5.3 Routine quality assurance and improvement monitoring of Other Providers

NB Intelligence as above will be gathered proportionate to the size of the organisation, however, the governance and management of quality surveillance will be the same, proportionate to size.

5.3.1 Care homes

Funding sources for care home placements could be via the local authority, continuing healthcare, self-funding, NHS Funded Nursing Care or combined/joint funding. This

presents a challenge for quality assurance and improvement monitoring and governance. There is different legislation and varying duties governing how the local authorities and CCGs commission services for their local population. Lines can be blurred and best practice is that of partnership working. The framework above is applicable to care homes, but the following nuances should be taken into account.

Depending on how they are run, e.g. independently, care homes may not routinely provide data to CCGs. Generally they also do not have contractual mechanisms such as CPQG setup. For these reasons, consideration will be given to following the good practice outlined below;

- Attendance at care homes forums that are open to all care home providers in relevant CCG and local authority areas
- Carrying out programmes of joint quality assurance and improvement visits with relevant stakeholders for example CCG quality manager and local authority contract managers.
- Periodic desktop reviews of clinical quality including thematic reviews of feedback from monitoring visits
- Establishing Nursing Home Professionals meetings (for example quarterly), which bring together professionals from for example tissue viability, speech and language, Dietetics, local authority, CCG including CHC, falls prevention, Dementia care homes in reach and care homes commissioning. These present a good opportunity to share intelligence and for networking
- Supporting quality review meetings that may be set up and chaired by local authorities and enhancing their quality monitoring tools with clinical input
- Supporting local authority quality intelligence gathering and tracking tools, showing intelligence by care home and updated after each local meeting. Soft intelligence plays a key role where there is lack of data and these tools are valuable early warning instruments. For them to work effectively, they rely on sharing intelligence and good relationships with key partners like CQC and other regulators, CCG and local authority safeguarding teams, local authority contract and quality teams, continuing healthcare teams, commissioners and Healthwatch.

5.3.2 Continuing Healthcare (CHC) and NHS Funded Nursing Care (FNC)

The same commissioning principles to secure high quality services that meet people's needs and offer value for money should be used, in line with NHS Standard contractual requirements. Similarly, the statutory CCG duty as to improvement in quality of commissioned services applies. Furthermore, the National Framework for NHS continuing healthcare and NHS funded nursing care states;

> *"As with all service contracts, commissioners are responsible for monitoring quality, access and patient experience within the context of provider performance. This is particularly important in this instance, as ultimate responsibility for arranging and monitoring the services required to meet the assessed needs of those who qualify for NHS Continuing Healthcare rests with the CCG. They should take into account the role and areas of focus of the Care Quality Commission and, where relevant, local authority*

commissioners, of the relevant provider's services to avoid duplication and to support the mutual development of an overall picture of each provider's performance".

For those assessed to have a primary health need and considered eligible for continuing healthcare, the NHS is responsible for commissioning a package of care that meets the individual's health and associated social care needs. The framework describes continuing healthcare as fundamentally a "whole system" issue and the steer towards joint working is strong. However, relevant roles and responsibilities on quality for CCGs in the framework include;

- Implementing and maintaining good practice
- Ensuring that quality standards are met and sustained
- Identifying and acting on issues arising in the provision of NHS Continuing Healthcare, for example, systematically reviewing complaints, undertaking root cause analysis when problems arise, addressing issues through contract management or joint solution groups with the local authority and establishing robust risk management systems.

While the national framework does not prescribe a process for escalation of quality concerns, Halton and Warrington CCG's will refer to their local CHC quality assurance governance processes and this includes scheduled reporting to Quality Committee, including escalation of any risks identified.

5.3.3 Primary Care

Halton and Warrington CCG's are committed to improving the quality of care for our patients. The CCGs have a statutory duty to assist and support NHS England & NHS Improvement with quality of services in primary care. Since 1st April 2018 the CCG has the delegated authority for contracting primary care services.

Whilst Practices as providers are accountable for the quality of services and required to have their own quality monitoring processes in place, NHSE/I and CCGs as commissioners have a shared responsibility for quality assurance.

The principle is to be supportive and enhance quality and prevent harm to patients. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage system wide approaches to improving quality and therefore assessing, measuring and benchmarking quality is a key focus.

Quality monitoring is not static. It is a continual process developed through routine internal contractual processes, including quality site visits which would review for example:

- Clinical governance structures
- Culture, environment and leadership
- Employment and safe staffing
- CQC information
- Patient Participation Group and Healthwatch information
- Peer reviews, national surveys etc.
- Complaints, compliments

- Incidents, significant events and serious incidents
- Prescribing data
- QOF, screening and immunisation performance

The CCGs have developed Primary Care Dashboard performance information encompassing the domains of safety, effectiveness and experience which are used alongside above intelligence.

This information is reported to Primary Care Commissioning committee and Quality Committee for assurance and to ensure the CCGs discharge their responsibilities for primary care quality.

5.3.4 In Patient settings for people with Learning disabilities and/or Autism

The Long-Term Plan made a commitment to improve the quality of care within an inpatient setting for people with a learning disability, autism or both. It is vitally important that we have robust and effective systems in place to identify and address any concerns relating to quality of care and patient safety at the earliest possible opportunity.

Where inpatient services are spot purchased, this can often lead to units that care for individuals commissioned by multiple and dispersed Clinical Commissioning Groups (CCGs) – often from multiple Transforming Care Partnerships (TCPs) and even regions. Whilst placing commissioners will have responsibility and oversight for those whose care they commission, it is often the case that there no opportunity to share intelligence across commissioners, or triangulate any issues identified.

From 1st April 2020 it is the responsibility of each CCG to take responsibility for the providers within their geographical area, even if they do not commission services from this provider. This will ensure one CCG has overall quality surveillance of this provider and acts as a single point of concern if concerns are raised in respect of quality, safety or patient experience.

NHS England Host Commissioner Guidance (2020) sets out clearer responsibilities for the quality surveillance of these providers:

- The host CCG must identify a named individual within the CCG who can act as the host commissioner, and undertake the responsibilities described within the guidance.
- The host CCG must ensure it has an awareness of which individuals with a learning disability and/or autism are placed in any units for which it has host commissioner responsibility, and which CCGs are responsible for those individual patients.
- The host CCG must contact each of the responsible commissioners so that they are aware of the host CCG, and which individual within the host CCG is taking the role of the host commissioner. This communication should include contact details for the host commissioner.
- The host CCG must inform the regional lead for learning disability and autism of the details of the host commissioner.

The host commissioner should ensure that it has links with stakeholders who also play a role locally in ensuring the quality and safety of care for people with a learning disability, autism, or both. This will include:

- Local CQC service relationship owners;
- Local Authority adult safeguarding leads – this will be the Local Authority where the unit is based;
- CCG designated professionals for adult safeguarding;
- Local Healthwatch representatives.
- NHSE/I Specialised Commissioning.

The Placing commissioners should use their professional judgement in determining what to escalate to the host commissioner, and use a range of sources of intelligence, such as:

- Care (Education) and Treatment Reviews;
- Care Programme Approach meetings;
- Commissioner oversight visits;
- Complaints, or individual or family feedback;
- Advocacy feedback;
- Healthwatch reports.

Intelligence shared could include:

- Use of restrictive practice outside national policy;
- Concerns relating to staffing ratios;
- Concerns relating to treatment of patients by individual or multiple staff;
- Repeated failure to deliver agreed actions as part of C(E)TRs or CPA;
- Poor use of documentation e.g. care planning, or failure to personalise care, or to involve the individual or their family in the care planning process;
- Concerns regarding the inpatient environment, e.g. health and safety concerns;
- Concerns of immediate risk of harm to patients or staff.

This list is by no means exhaustive, and the host commissioner will need to use their professional judgement to determine what is worthwhile escalating and this should be proportionate.

Appendix 1 demonstrates the escalation and de-escalation process for all providers in ensuring the CCG's have assurance of the quality, safety and patient experience of care commissioned or care provided in the geographical areas of Halton and Warrington.

Appendix 2 is the NHSE/I Quality Concerns Trigger Tool

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:

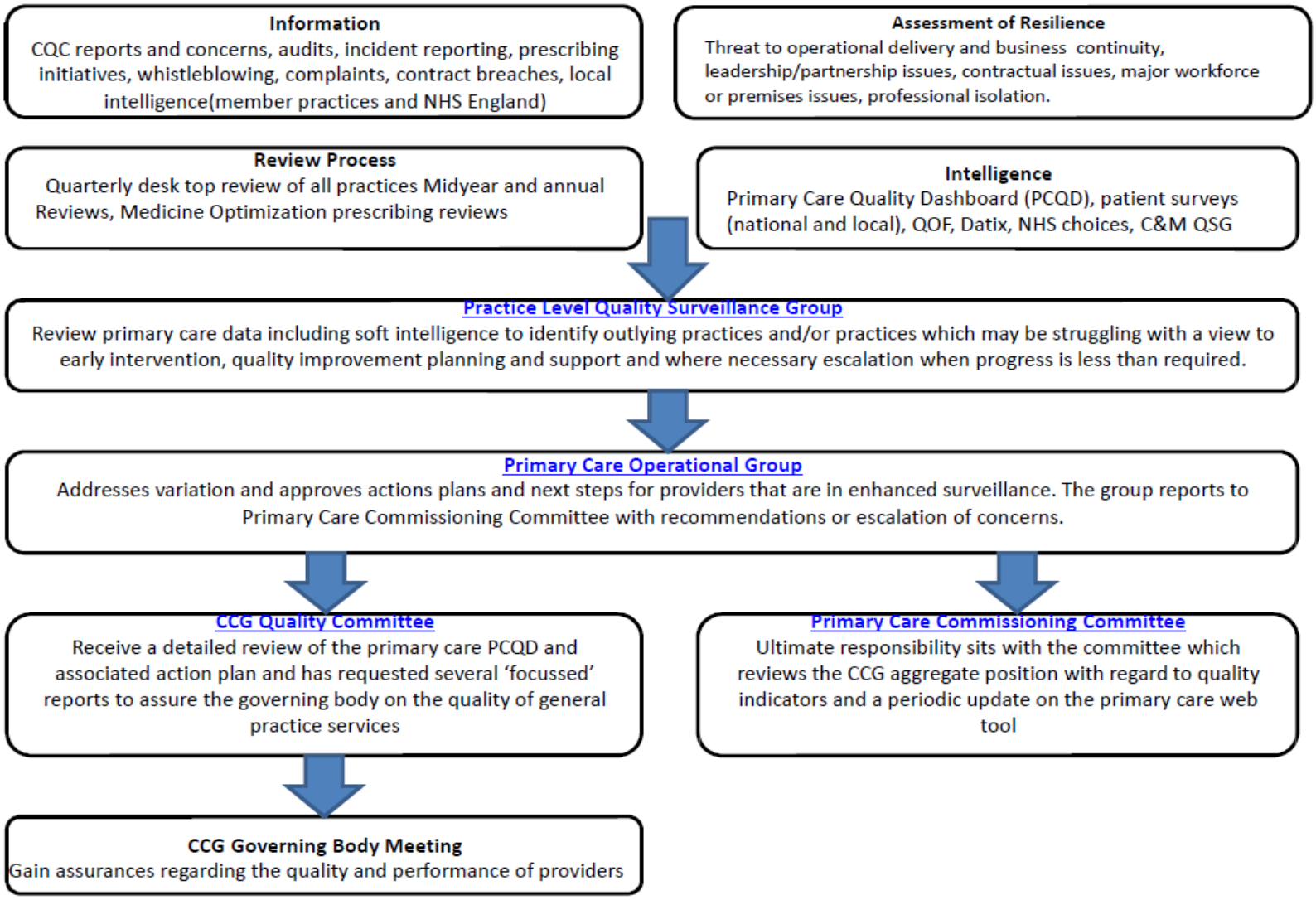
Patient safety indicators: including monitoring of HCAI, safeguarding reviews, patient safety incidents, never events, complaints, prescribing, mortality rates, workforce numbers, skills and training

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.

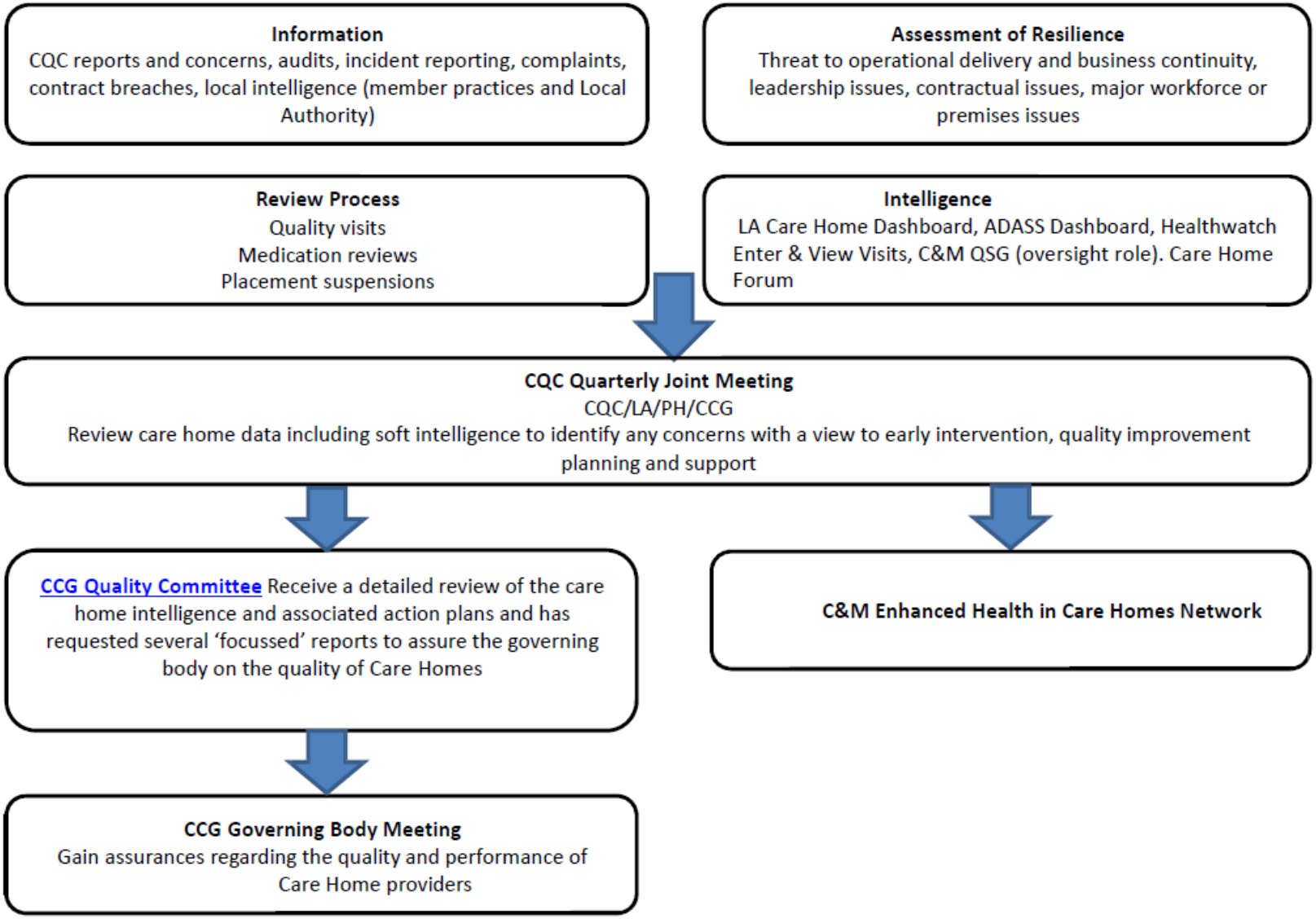
Patient Experience indicators: including patient reported outcomes measures, Friends and Family test, patient survey results, respecting privacy and dignity, mixed sex accommodation monitoring, complaints, CQC inspection results, access to services, patient advisory and liaison service, Healthwatch

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

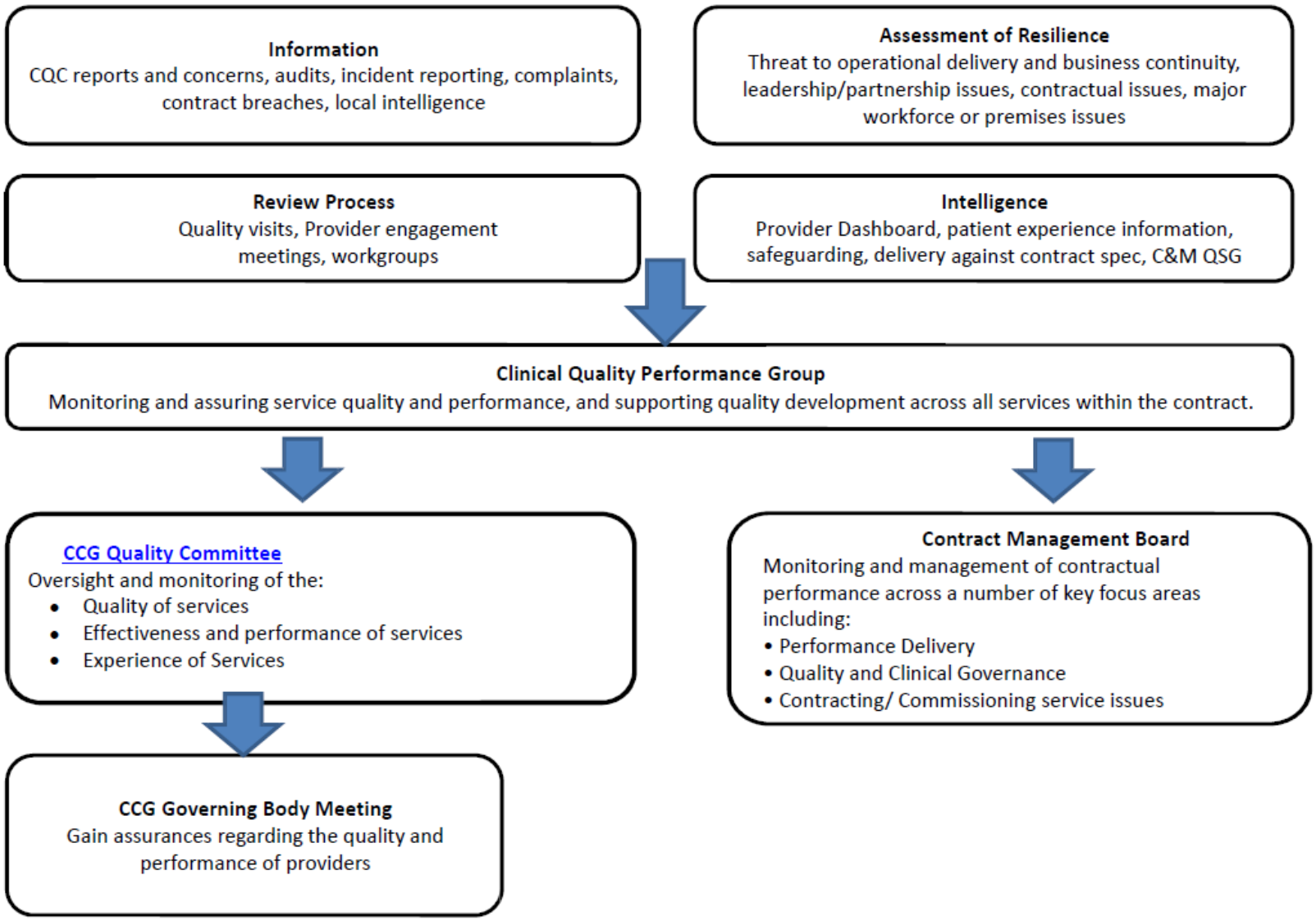
Primary Care Routine Surveillance



Care Homes Routine Surveillance



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.

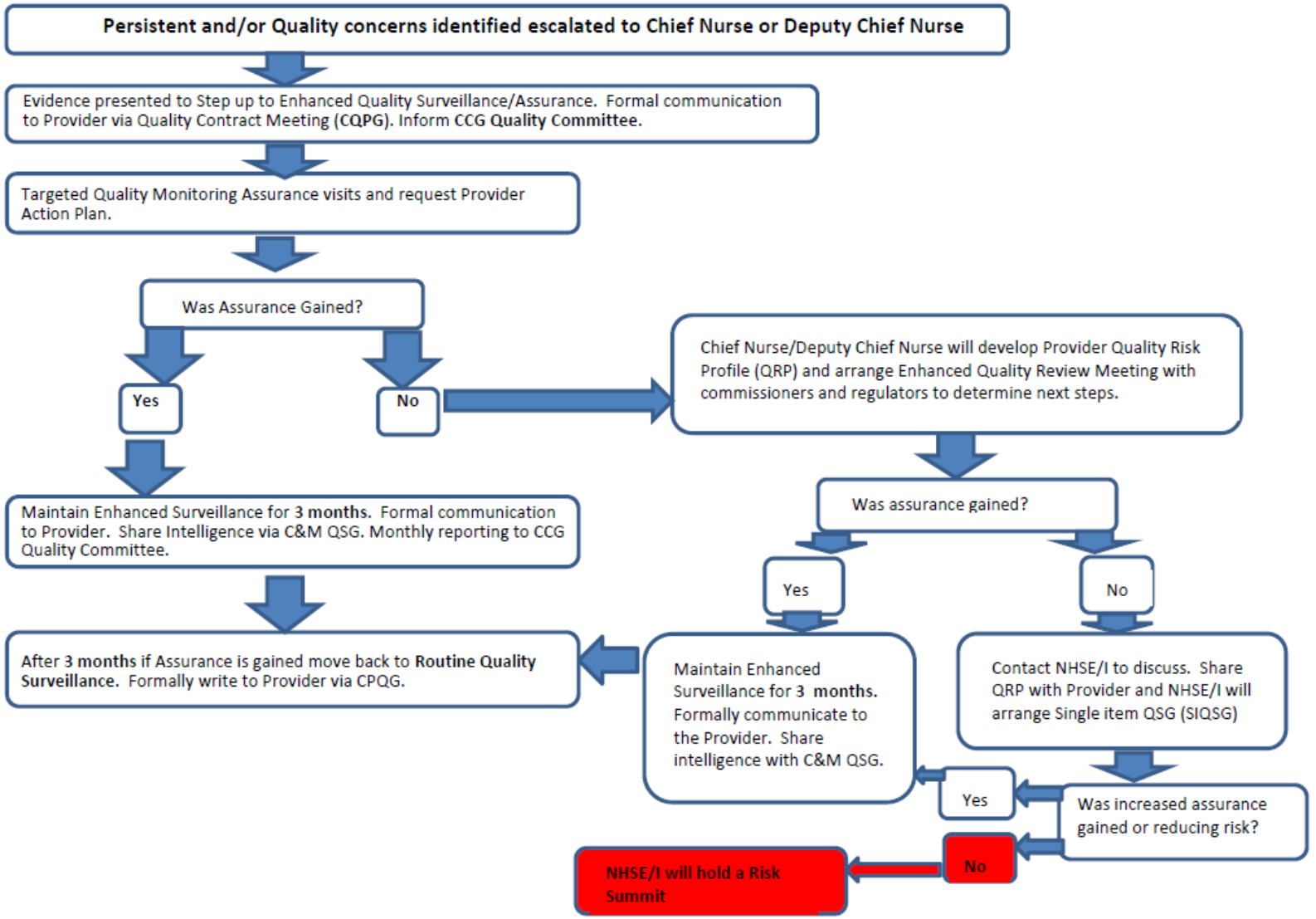
A provider will be within enhanced until a quality review meeting has been held to determine the level of risk and whether there are any other concerns identified. Following the quality review meeting the provider will remain within routine surveillance or escalate to enhanced surveillance for a continued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

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

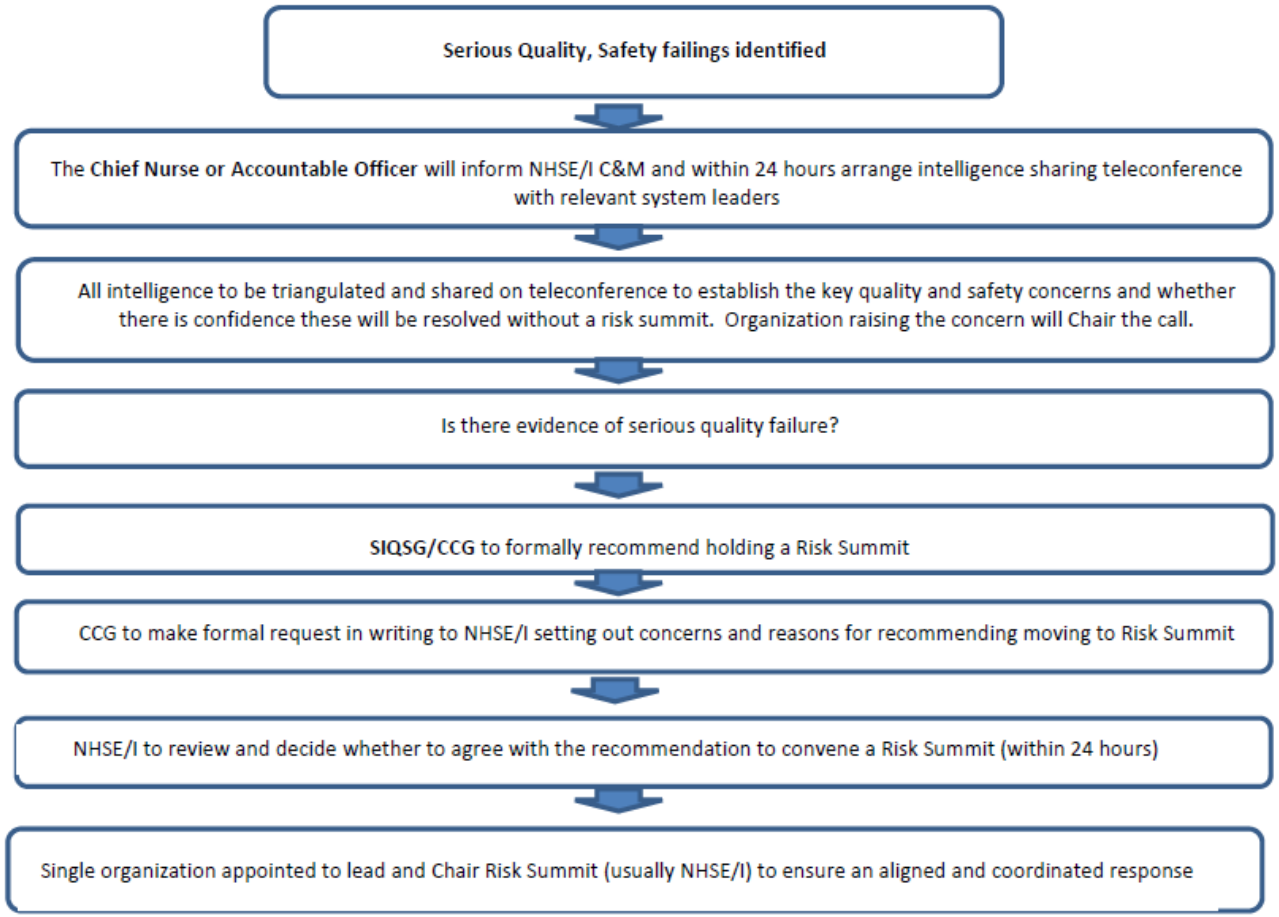
The Head of Quality & Safety will be responsible for completing the appropriate documentation and to work together with the provider, as appropriate.

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

National Quality Board, Third Edition July 2017

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.

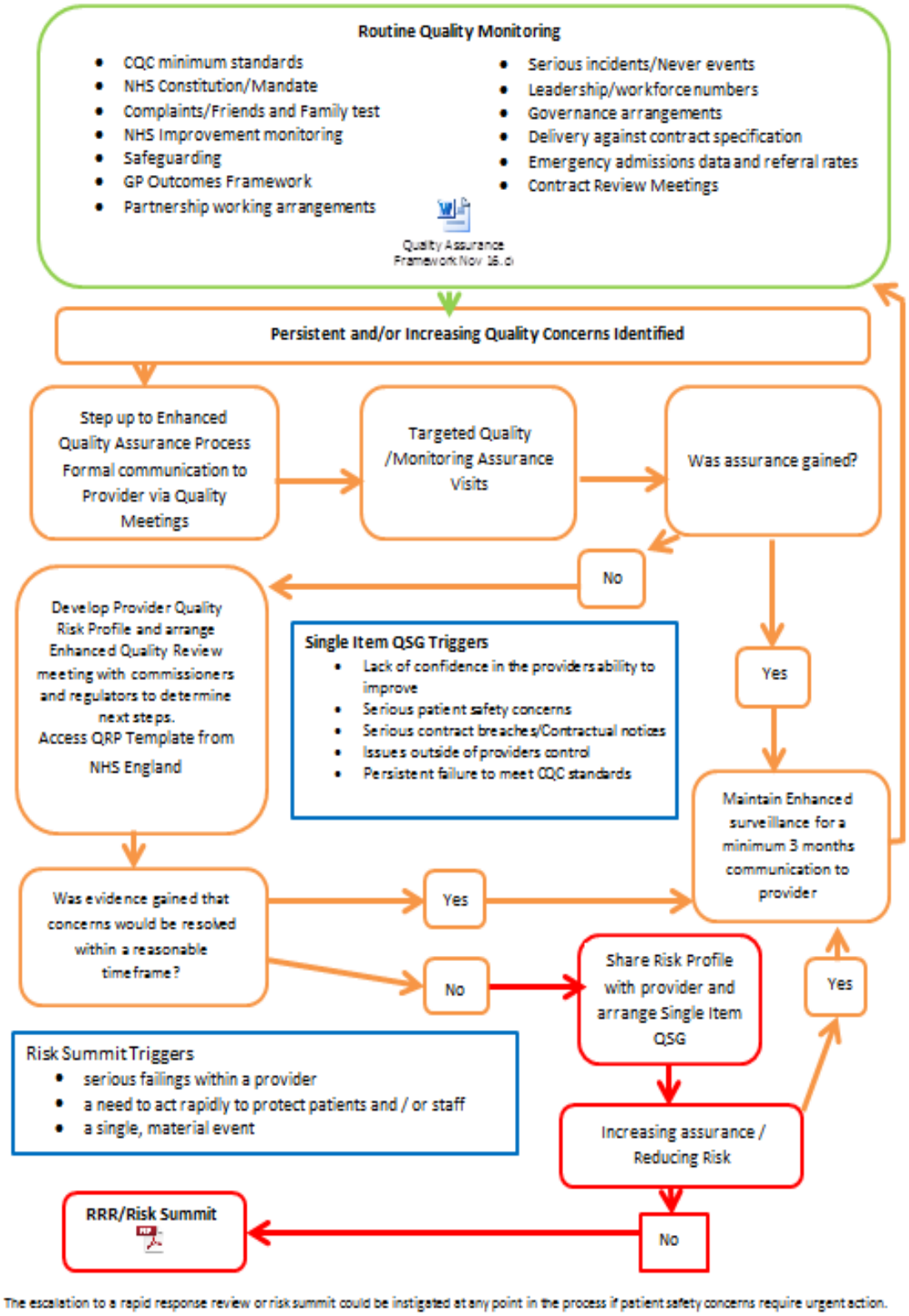
The Quality Risk Profile Tool can be obtained from NHS England via the CCG Quality Team.

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

Appendix 2

QUALITY CONCERNS TRIGGER TOOL



The escalation to a rapid response review or risk summit could be instigated at any point in the process if patient safety concerns require urgent action.