PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS

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Papers with report	Appendix A - CQC Guidance About Compliance Appendix B - Hillingdon NHS Trust Draft QA Report Appendix C - The Hillingdon Hospital NHS Trust Statement of Compliance

REASON FOR ITEM

To enable the Committee to submit comments to the Care Quality Commission (CQC) on the performance of local NHS Trusts and to comment on the Trusts' Quality Accounts.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Members question the Trusts on their draft declarations for 2009/10
2. Members use information from their work this year to question the Trusts on issues measured by the CQC
3. Members decide whether to use this information to submit a commentary to the CQC

INFORMATION

Introduction/background

<u>CQC Assessment</u>

1. The Care Quality Commission (CQC) is the new regulator for health, adult social care and mental health services. The organisation helps to ensure that residents get better care by:
   I. driving improvements across health and adult social care
   II. putting people first and championing their rights
   III. acting swiftly to remedy bad practice

2. The CQC is committed to gathering and using knowledge and expertise and working with others, particularly with people who use services and their representatives. In June 2009, the CQC launched Voices into Action which is a plan for involving people in its work.

3. Local authorities are being encouraged to send evidence to the CQC about the quality of local NHS services to help inform decisions about providers' compliance with the core standards assessment (previously known as the Annual Health Check). Unlike the Annual Health Check, Councils can now send evidence to the CQC on an ad hoc basis. The assessment will also now cover adult social care as well as health and mental health services.

4. From April 2010, new essential standards of quality and safety are being introduced gradually across all health and adult social care services. Providers of health and adult social care will be registered with the CQC if they meet essential standards and will be constantly monitored by the CQC to ensure that they comply with the new legislation about to be passed in Parliament.

5. NHS Trusts are the first providers that will be incorporated into the new system starting 1 April 2010. Providers of adult social care and independent health care will start in October

2010. Dental practices and primary care (including family doctors) will be included in the next two years.

6. Any feedback received from the External Services Scrutiny Committee will help the CQC decide whether the health services provided within the Borough meet the essential standards of quality and safety.

7. The CQC will use a judgement framework to help make judgements about compliance and to promote consistency. The framework explains how a decision should be reached by considering evidence about compliance. It focuses on the 16 of the 28 regulations and associated outcomes that most directly relate to the quality and safety of care. The framework is split into four stages:
    i. Determining whether there is enough evidence to make a judgement.
    ii. Checking whether the evidence I demonstrates compliance or whether there are concerns about the provider's compliance with the regulations.
    iii. If concerns are found at stage ii, making a judgement about the impact on people using services and the likelihood of the impact occurring.
    iv. Validating the judgement.

8. A copy of the *Summary of regulations, outcomes and judgement framework* document has been attached at Appendix A. The 16 core quality and safety standards included in this document that are relevant to this Committee are Outcomes 1-2, 4-14, 16-17 and 21. These are summarised as:

Section	**Outcome**	**Regulation***	**Title**
Information and involvement	1	17	Respecting and involving people who use services
	2	18	Consent to care and treatment
Personalised care, treatment and support	4	9	Care and welfare of people who use services
	5	14	Meeting nutritional needs
	6	24	Cooperating with other providers
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
	8	12	Cleanliness and infection control
	9	13	Management of medicines
	10	15	Safety and suitability of premises
	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to workers
	13	22	Staffing
	14	23	Supporting workers
Quality management	16	10	Assessing and monitoring the quality of service provision
	17	19	Complaints
	21	20	Records
Suitability of management	N/A		

* Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

9. The Committee is tasked with submitting evidence that demonstrates compliance or non-compliance with these outcomes. This evidence can be submitted online or to the CQC Area Manager and could potentially look at:

- what matters most to the people in your community?
- examples of good practice, as well as areas that should be improved.
- recent experiences of care (since 1 April 2009) and whether these are common among the people using a service or in a community.
- notes from meetings or visits to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.

Quality Accounts

10. The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centred around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing.

11. Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Accounts have been designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of England. This has involved a wide range of people from the NHS, patient organisations and the public, representatives of professional organisations and of the independent and voluntary sector.

12. Over the last year, the Department of Health has engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts and has recently completed a consultation on our detailed proposals. One important area that has been considered during this development phase, is how to ensure that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview.

13. A key message from the Department of Health's engagement activity was that confidence in the assurance process is key to maximising confidence in the Quality Accounts themselves. Year-round stakeholder engagement during the process of producing a Quality Account was also seen as an important feature to ensure that Quality Accounts are locally meaningful and reflect local priorities.

14. From April 2010, all providers of acute, mental health, learning disability and ambulance services will be required to produce a Quality Account. Further work is underway to develop Quality Accounts for primary care and community services providers with the aim to bring these providers into the requirement by June 2011 subject to a testing and evaluation exercise.

15. Providers are required through Regulations to send a draft of their Quality Account, to the appropriate Scrutiny Committee and to include any statement supplied in their published Quality Account. Scrutiny Committees are invited on a voluntary basis to comment on a provider's Quality Account. Scrutiny Committee's can also comment on the following areas:
    - whether the Quality Account is representative
    - whether it gives a comprehensive coverage of the provider's services
    - whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

16. Any narrative provided by the Scrutiny Committee (up to a maximum of 500 words) should be published verbatim as part of a provider's Quality Account. Providers should give Scrutiny Committees at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written if the Scrutiny Committee is of the view that the Quality Account is not representative and highlight any areas of concern.

17. It is recognised that LINks and Scrutiny Committees already have an important role in providing information about a provider to CQC. This information was previously provided to the Health Care Commission in the form of an annual health check. LINks and Scrutiny Committees can now share information with CQC about NHS providers at any time during the year. This information will be used to inform the new system of registration, ongoing monitoring of providers and future quality assessments of their services. CQC will take into account statements made by a LINk/Scrutiny Committee as part of their review of the provider.

18. Where possible, draft copies of the Trusts' Quality Accounts have been appended to this report for consideration.

Witnesses

19. Senior officers from each Trust will attending and will be able to explain the likely contents of their Trust's draft report. Representatives have been invited from the following organisations:

    - Care Quality Commission (CQC)
    - Hillingdon PCT
    - Hillingdon Hospital NHS Trust
    - Central & North West London NHS Foundation Trust
    - Royal Brompton & Harefield NHS Foundation Trust
    - London Ambulance Service

SUGGESTED SCRUTINY ACTIVITY

20. Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

BACKGROUND INFORMATION

None.

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

1. Is there a tendency for health care providers to feel pressurised into a tick box exercise rather than delivering clinical services?

2. What factors have led to the non-achievement of targets? What has been done to address failed targets?

3. What plans are there for vertical integration?

4. What is latest financial position of the PCT and the Trusts? What is the forecast for the financial year end?

5. How is the PCT proposing to tackle health inequalities in the Borough? What investment will be made on this, and on what services?

6. What initiatives have been implemented during the course of the last year? What had been the impact of these initiatives? What has been the feedback from patients on the these initiatives?

7. What plans are there for Trusts to improve their facilities in Hillingdon?

8. How do the Trusts ensure that learning and innovation continues and is filtered through the organisation?