



# Quality Assurance Event

01 July 2019

# Housekeeping

- Fire alarms – test at midday
- Toilets
- Tea/Coffee
- Lunch
- Mobile Phones
- Evaluation Forms





# Technology

- Throughout the day use the Twitter [#NHSQualityAssurance](#) to raise queries or thoughts
- Voting Handsets
  - If you have any questions that you want to gauge the opinion of the room on, send these through and we can have votes during the panel session
  - wait for the ‘Vote Now’ before pressing

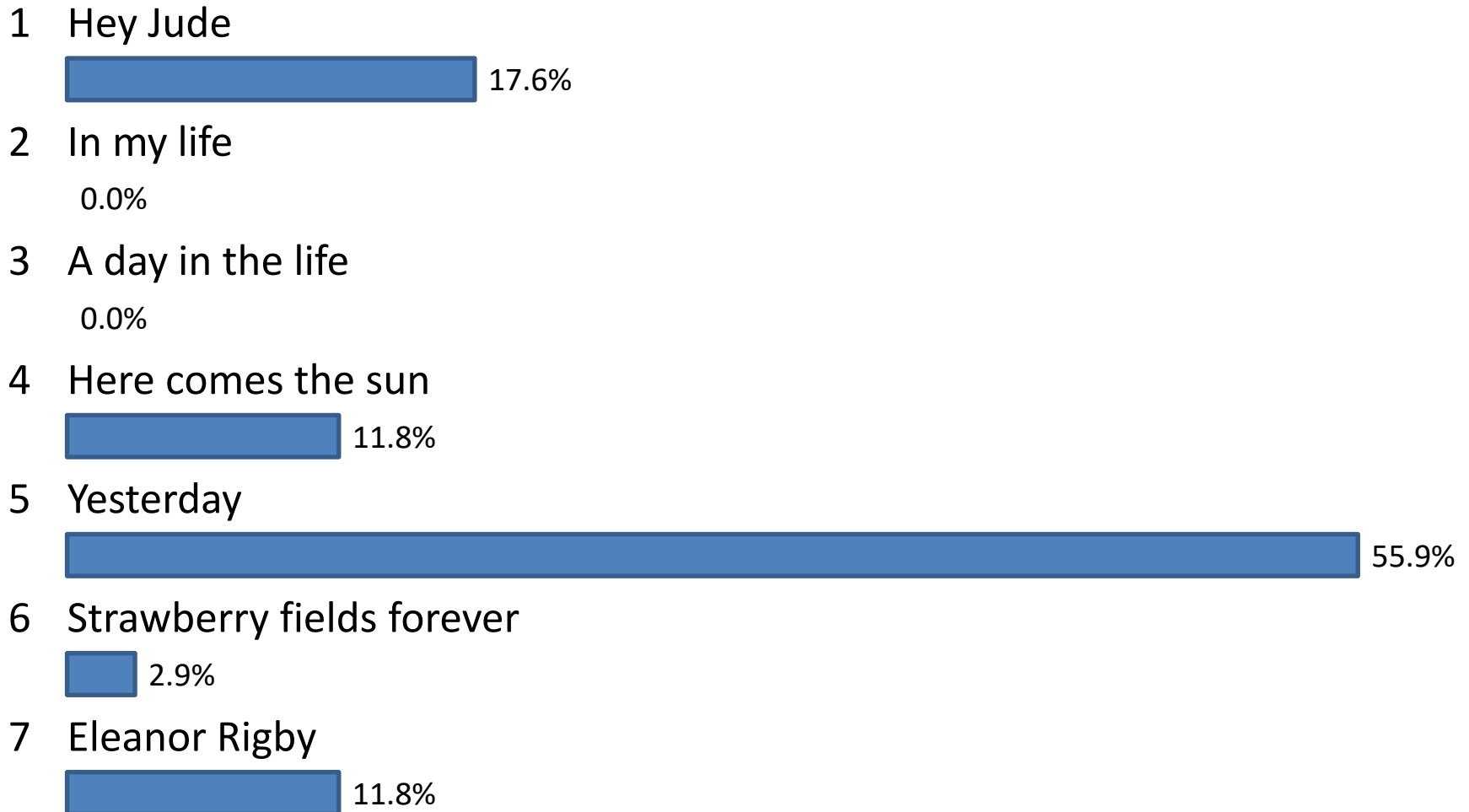
[www.360assurance.co.uk](http://www.360assurance.co.uk) @360Assurance

[www.auditryorkshire.nhs.uk](http://www.auditryorkshire.nhs.uk) @AuditYorkshire

# Which of the following is most likely to happen?

- 1 England win the Women's football world cup.  
 51.7%
- 2 Brexit by December 2019 without a withdrawal agreement.  
 24.1%
- 3 Johanna Konta wins Wimbledon.  
0.0%
- 4 Jeremy Hunt is the next Tory Leader.  
 10.3%
- 5 England win the cricket world cup.  
 13.8%

# According to Desert Island discs, which is the most requested Beatles song?



**Liz Libiszewski**

Non Executive Director

## **NED roles**

Chair of Quality Committee and member of Audit (Both Trusts)

- **United Lincolnshire Hospitals NHS Trust**

- SOF 4
- CQC Requires Improvement
- Special Measures Quality
- Special Measures Finance

- **Lincolnshire Community Health Services NHS Trust**

- SOF 1
- CQC Outstanding
- Small surplus

# My First Impressions of Quality Committee

## LCHS

Requirement of role at interview

- Informal historical reporting /lack of action focus
- Story telling and description
- Lack of end to end reporting
- Terms of Reference not specific
- 360 Assurance review Limited Assurance
- Long!



# My First Impressions of Quality Committee

## ULHT

- TOR bore no relation to meeting structure/papers/objectives/breadth of quality risks and issues
- No reporting structure
- No forum for Executive oversight prior to Quality Committee
- Separate process for Quality assurance of CQC “Must be Dones”
- No reference to BAF
- 360 Assurance review Limited Assurance

# Audit Committee

## **LCHS**

Member

- Structured
- Clear
- Mostly Significant Assurance Reports and Unqualified Audit opinion
- Chair provided induction
- Regular Self Assessment

## **ULHT**

Member (all Chairs of Committees)

- Structured
- Clear
- Mostly Limited Assurance and qualified audit opinion
- Informal reporting from committees

# Board Committee Purpose

## Board

Purpose: Ensure Achievement of Strategic Objectives

Role with BAF: Oversight and scrutiny. Identification of where risks not mitigated - driving agenda

## Audit Committee

Purpose: Oversight of Governance, Risk Management & Control

Providing Assurance to Board on: Systems of Governance, Risk Management & Control applied across the organisation and therefore the reliance that can be placed on the assurance provided by Board Committees

Role with BAF: Assessing the reliability of the information based on assessment of the governance, risk management and controls

## Board Committees e.g. Quality Committee

Purpose: Oversight of likely achievement of Strategic Objectives

Providing Assurance to Board on: The likely achievement of SOs based on performance but also strength of controls, compliance, risks and mitigation

Role with BAF: Scrutiny of the risks (+scores & mitigation), controls (+gaps) and assurances against the relevant strategic objectives. Making changes based on information received.

## Executive Management Team

Purpose: Delivery of measurables linked to Strategic Objectives, Implementation of controls, systems and processes

Providing Assurance to Board on: Performance against Strategic Objectives' measurables

Role with BAF: Escalation of operational risks to be included on BAF

Operational Delivery Governance Structure

# Quality Committee

- Delivery of the Strategic Objectives (Quality) BAF
  - Controls
  - Assurance
  - Risks and Mitigations
- Work Programme
- End to End
- Standards appropriate (policy benchmarking)
- Strategy delivery
- Driving continuous improvement
- Learning
- Celebrating Success
- Using frameworks
  - CQC
  - CQUIN
  - Standard Contract

# Quality Committee

## Key areas of focus

- What does the performance information tell us ? Themes across issues ie incidents, complaints, inquests “Must be done”
- Improving Dashboards at all levels
- How are the reporting structures working ?
  - Specialist groups ie IPC /Safeguarding
  - Organisational Structure reporting (division/clinical team) (all areas)
- Risks
- Clinical Audit
- Internal Audit
- External assurance CCG ,CQC
- Patient voice
- Learning
- When to ask for more?

## **Audit Committee**

- Systems of Control
- Risk Framework
- Regular reporting from committees on how discharging that responsibility
- Oversight of Clinical Audit programme
- Quality Account audit
- Internal Audit programme focus

## Audit Committee

- ‘The audit committees must (re-) focus on clinical matters. Nowhere other than in UK health would you find the main business of the enterprise subordinated to a discrete (quality, governance, clinical) committee with often vague terms of reference and a lack of management and audit capacity to ensure safe delivery of the corporate services of the venture. We do not believe that the audit committee should do the often complex work of these committees, but it must have oversight that clinical audit, for example, is strategic, material and completed, leading to improvement.’
- The new Integrated Governance Handbook 2016, GGI

## **Audit Committee**

- The Audit Committee offers advice to the board about the reliability and robustness of the processes of internal control. This includes the power to review any other committees' work, including in relation to quality, and to provide assurance to the board with regard to internal controls.
- The core role of this statutory committee remains unchanged. It should help NHS governing bodies as they review and continually re-assess their system of governance, risk management and control, to ensure that it remains effective and fit for purpose. HFMA Audit Committee Handbook 2018



## Quality and Audit Committee

- Very different focus
- Where overlaps exist agree through Terms of Reference (And Board oversight)
- Need to clarify reporting and consistency from committees to Audit Committee

# Final Thoughts

- Clear Organisational objectives
- Board Assurance Framework
- Clear Terms of Reference
- Determine which Strategies align to Committee
- Work programme
- Functional Dashboard
- Cascade of Objectives/TOR/Strategies/risks to reporting groups
- Assurance based upward reports
- Set expectations about style of reporting

Assurance not reinsurance

# Shared approach to Quality Assurance in an integrated System

Rosa Waddingham

AD Nursing and Personalised Care

Nottingham and Nottinghamshire CCGs

# Background

- Working as part of Mid-Notts Alliance
- Local secondary care provider on a quality journey
- Good partnerships and relationships
- Opportunities to change – new people, new posts
- Lots of Quality Assurance process
  - National quality schedules, local quality schedules, CQUINS, SOF.
- A clearer shared view of quality nationally and in the CCG quality strategy which allowed a different conversation

# What does quality mean to us?



Fig 1 - A single shared view of quality  
(National Quality Board 2016)

We know that quality as pictured above must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care.

## What people who use our local healthcare should expect.

• <b>Safety</b>	People are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
• <b>Effectiveness</b>	People's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
• <b>Positive experience</b>	Caring: - staff involve and treat you with compassion, dignity and respect. Responsive and person-centred: services respond to people's needs and choices and enable them to be equal partners in their care.

## What quality means for those we commission to provide services

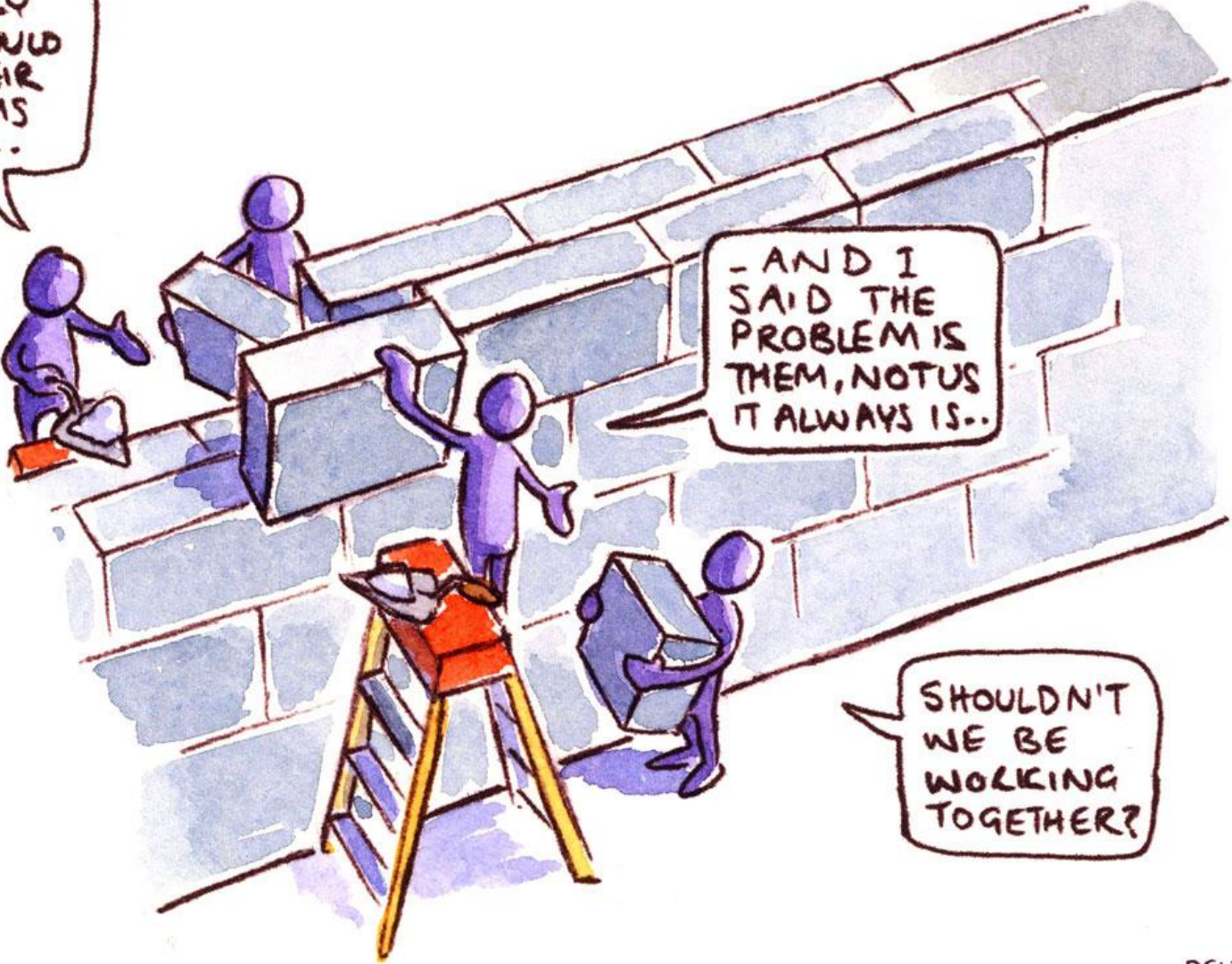
• <b>Are well-led</b>	Services are open and collaborate internally and externally and are committed to learning and improvement.
• <b>Use resources sustainably</b>	Services use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.
• <b>Equitable for all</b>	Services ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

# Previous Assurance Process



- Large quality schedule with bespoke reporting required
- Data heavy
- Lots of boxes to tick
- Commissioner led - 'telling' what would constitute assurance
- Lengthy meetings to review all documents
- Quality assurance systems separate from CQUINs, EQIAs etc
- Star chambers to look at all EQIAs
- Set quality assurance visits with occasional unannounced visits
- Did get assurance – but the time consuming process was not helpful **for anyone**

IF ONLY  
THEY WOULD  
SORT THEIR  
PROBLEMS  
FIRST...



- AND I  
SAID THE  
PROBLEM IS  
THEM, NOT US  
IT ALWAYS IS..

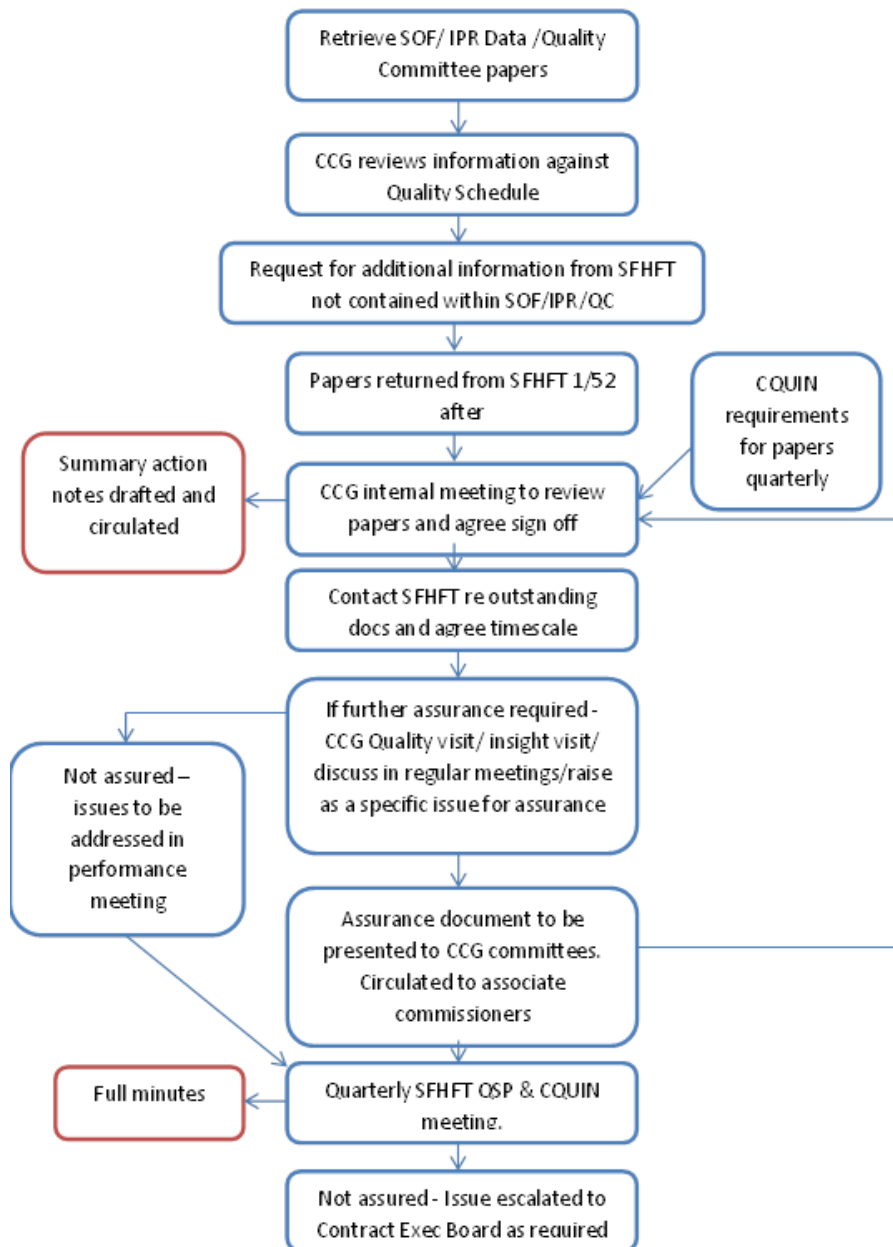
SHOULDN'T  
WE BE  
WORKING  
TOGETHER?



# Working Better Together

- Relies on internal mechanisms for assurance – *are we assured by what assures you?*
- Quality leads review documents and seek additional information assurance as required.
- Traffic light
- Alignment of performance and concerns with quality visits to look at the whole
- Attendance at internal meetings to understand how issues are being managed
- Shared EQIAs for system programmes
- Shared outcomes, shared ownership, shared approach

Quality Assurance Process - Mid Nottinghamshire CCGs and Sherwood Forest Hospital Trust



# What has worked well/ what we can improve

## Great stuff

- Fit for purpose for the emerging system architecture
- Replicable
- Light touch so maximises use of limited resources
- Allows a different conversation about quality, risk and assurance

## A way to go

- Is relationship dependent so new personalities can disrupt the process
- It works well in an improving organisation – what about a challenged organisation?
- Increasing trust and further reducing impact of QA process
- We need to increase focus on QI rather than QA

# Doing the right thing – NHS Long Term Plan

## **Making more sense**

*We need to work at national and local levels to put in place changes that remove wasted time and irritating tasks, so that staff are able to focus on patient care.*

## **Being more efficient**

*Support the more effective running of ICSs by letting trusts and CCGs exercise functions, and make decisions, jointly.*

## **Being less costly**

*Making efficiencies in NHS administrative costs across providers and commissioners, ..... By simplifying costly and overly bureaucratic contracting processes.*

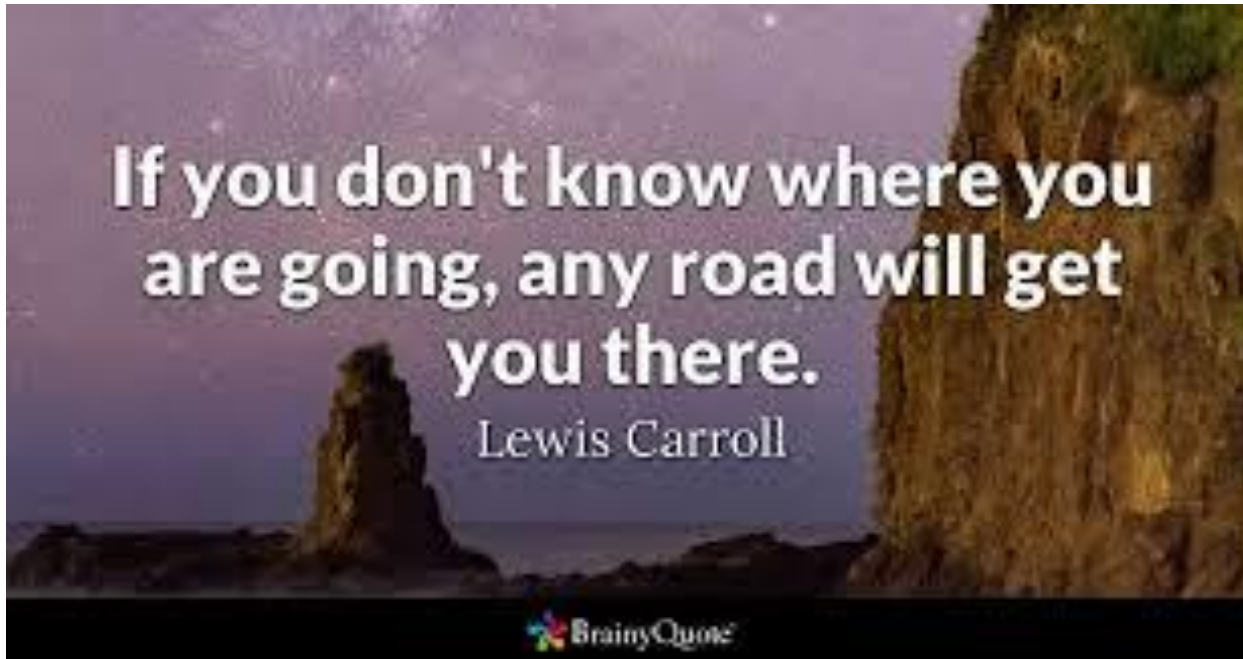


# Quality Objectives

Elaine Dower – Assistant Director,  
360 Assurance

“The structures, systems and processes of governance are designed to achieve objectives, but they are undermined if there is a lack of clarity regarding what achievement of objectives means”

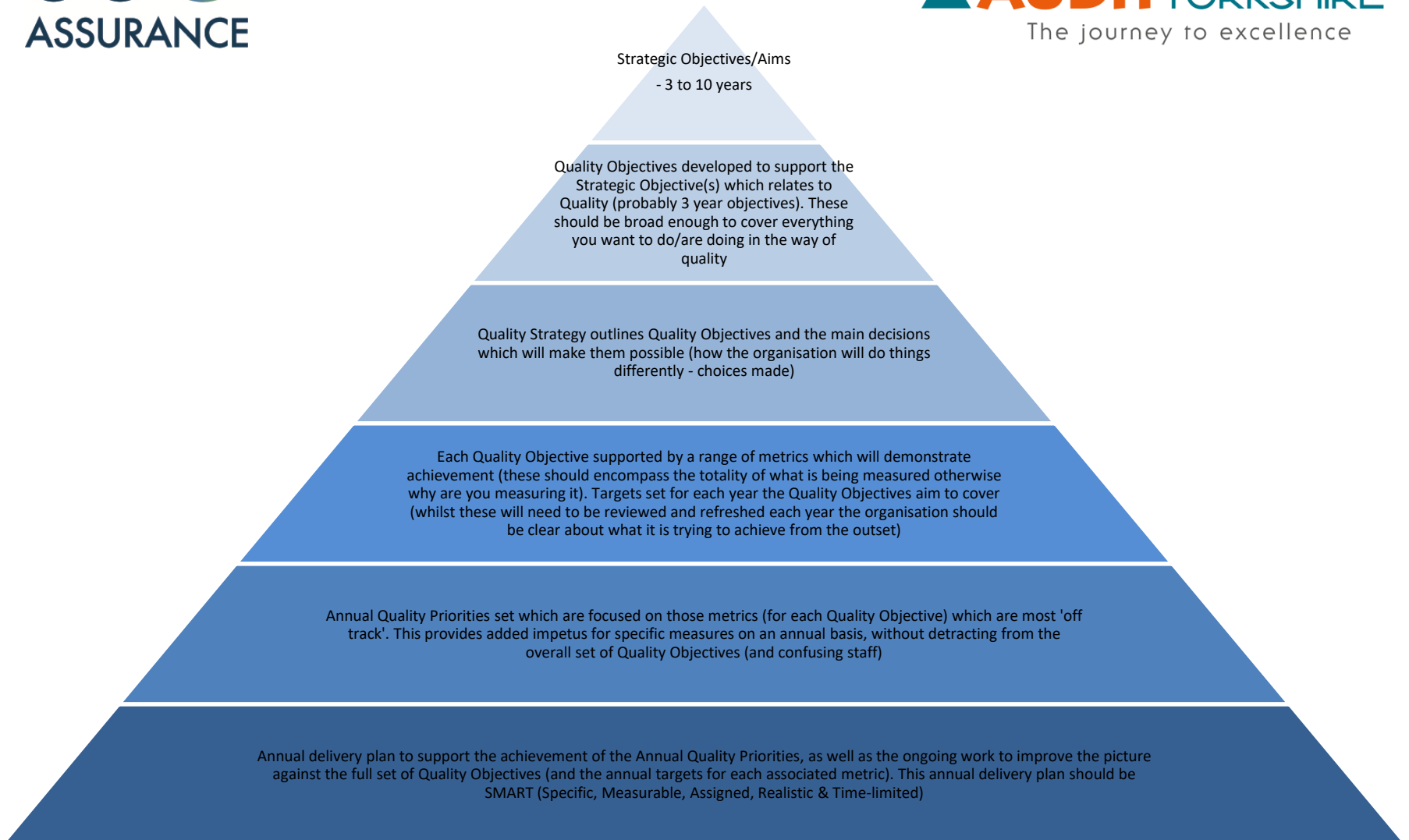
Elaine Dower







"If you don't take the time to get really **clear** about **exactly** what it is you're trying to **accomplish**, then you're forever doomed to spend your life achieving the goals of those who do."

STEVE PAYLOR - FEARLESS MOTIVATION





Strategic Objectives/Aims  
- 3 to 10 years



**To provide the highest quality of care to our patients**

Quality Objectives developed to support the Strategic Objective(s) which relates to Quality (probably 3 year objectives). These should be broad enough to cover everything you want to do/are doing in the way of quality

Patient Safety/Safe

To ensure patients are at a low risk of avoidable harm whilst in our care

Clinical Effectiveness

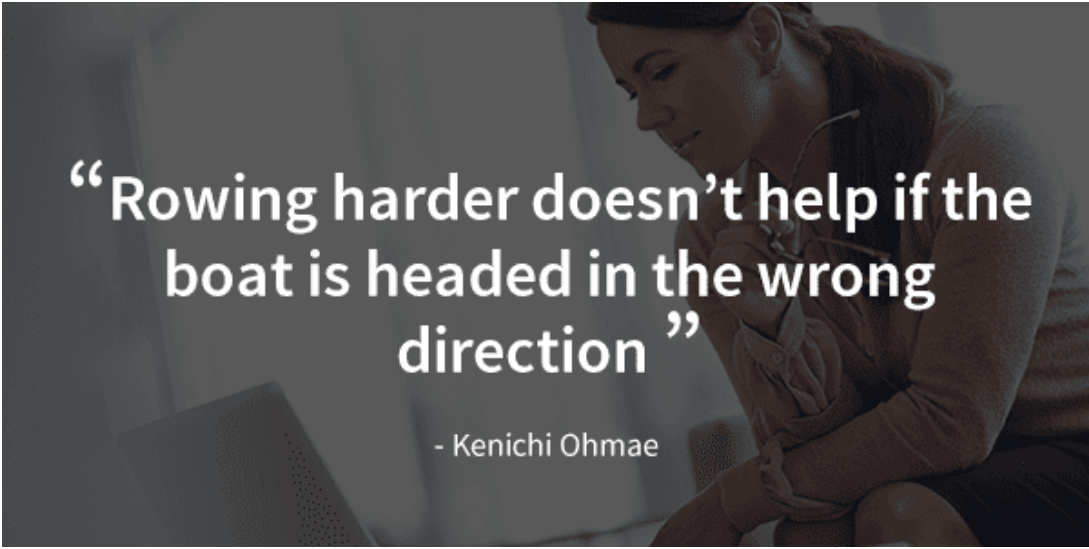
To ensure patients receive care and treatment that is in line with national recommendations and best practice

Patient Experience/Caring

To ensure patients, their relatives and carers are treated with kindness, respect and compassion at all times

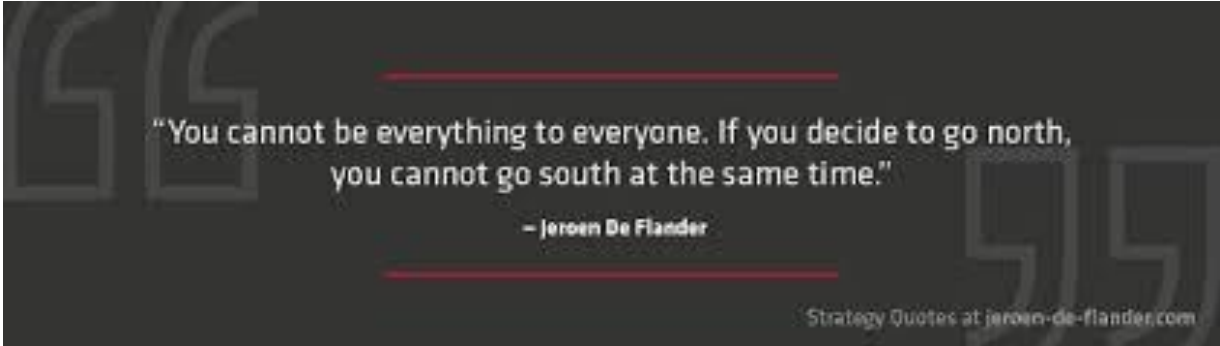
Quality Strategy outlines Quality Objectives and the main decisions which will make them possible (how the organisation will do things differently - choices made)

“A strategy is a framework for making decisions about how you will play the game.....it clearly establishes the game you are playing and how you expect to win. It also identifies the games you aren't playing — the things you have no intention of delivering” Forbes



“Rowing harder doesn’t help if the boat is headed in the wrong direction”

- Kenichi Ohmae



“You cannot be everything to everyone. If you decide to go north, you cannot go south at the same time.”

– Jeroen De Flander

Strategy Quotes at [jeroen-de-flander.com](http://jeroen-de-flander.com)

Each Quality Objective supported by a range of metrics which will demonstrate achievement (these should encompass the totality of what is being measured otherwise why are you measuring it). Targets set for each year the Quality Objectives aim to cover (whilst these will need to be reviewed and refreshed each year the organisation should be clear about what it is trying to achieve from the outset)





- Which metrics relate to which quality objectives?
- Are there metrics for each quality objective for each service area?
- What is the target 'result' for each metric within each service area?
- Who is responsible for monitoring and responding to each metric within each service area?
- What are the escalation/risk management routes?
- How will assurance against the objective be collated and reported?
- How often will you undertake a deep dive to check all relevant metrics are being appropriately monitored?

Annual Quality Priorities set which are focused on those metrics (for each Quality Objective) which are most 'off track'. This provides added impetus for specific measures on an annual basis, without detracting from the overall set of Quality Objectives (and confusing staff)

Annual delivery plan to support the achievement of the Annual Quality Priorities, as well as the ongoing work to improve the picture against the full set of Quality Objectives (and the annual targets for each associated metric). This annual delivery plan should be SMART (Specific, Measurable, Assigned, Realistic & Time-limited)

National Clinical Audit  
360 Assurance and Audit Yorkshire event

Dr Kieran Mullan  
Audit Data for Improvement Lead



# National Clinical Audit

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- About HQIP
- How national clinical audits are decided?
- How are NCA outputs used nationally?
- How can data flowing in to NCAs being used locally?
- How can commissioner's use NCA data?
- What is the picture of data submission?
- National Clinical Audit Benchmarking

# Healthcare Quality Improvement Partnership



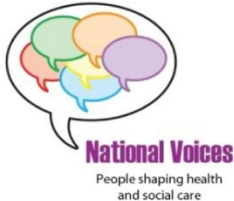
**Our vision:** enabling those who commission, deliver and receive healthcare to measure and improve services

**Our values:** independent, working in partnership with patients and health professionals to improve practice



**Our history:** established in 2008, governed by the AoMRC, National Voices and RCN

ACADEMY OF  
MEDICAL ROYAL  
COLLEGES



# The National Clinical Audit & Patient Outcomes Programme (NCAPOP)

## National Clinical Audit Programme

**34** national audits covering:

- Acute
- Cancer
- Children and Women's Health
- Heart
- Long-term Conditions
- Mental Health
- Older People

## Clinical Outcome Review Programmes

**4** national programmes:

- Maternal, Newborn and Infant
- Medical & Surgical
- Mental Health
- Child Health Programme

## Other National Programmes

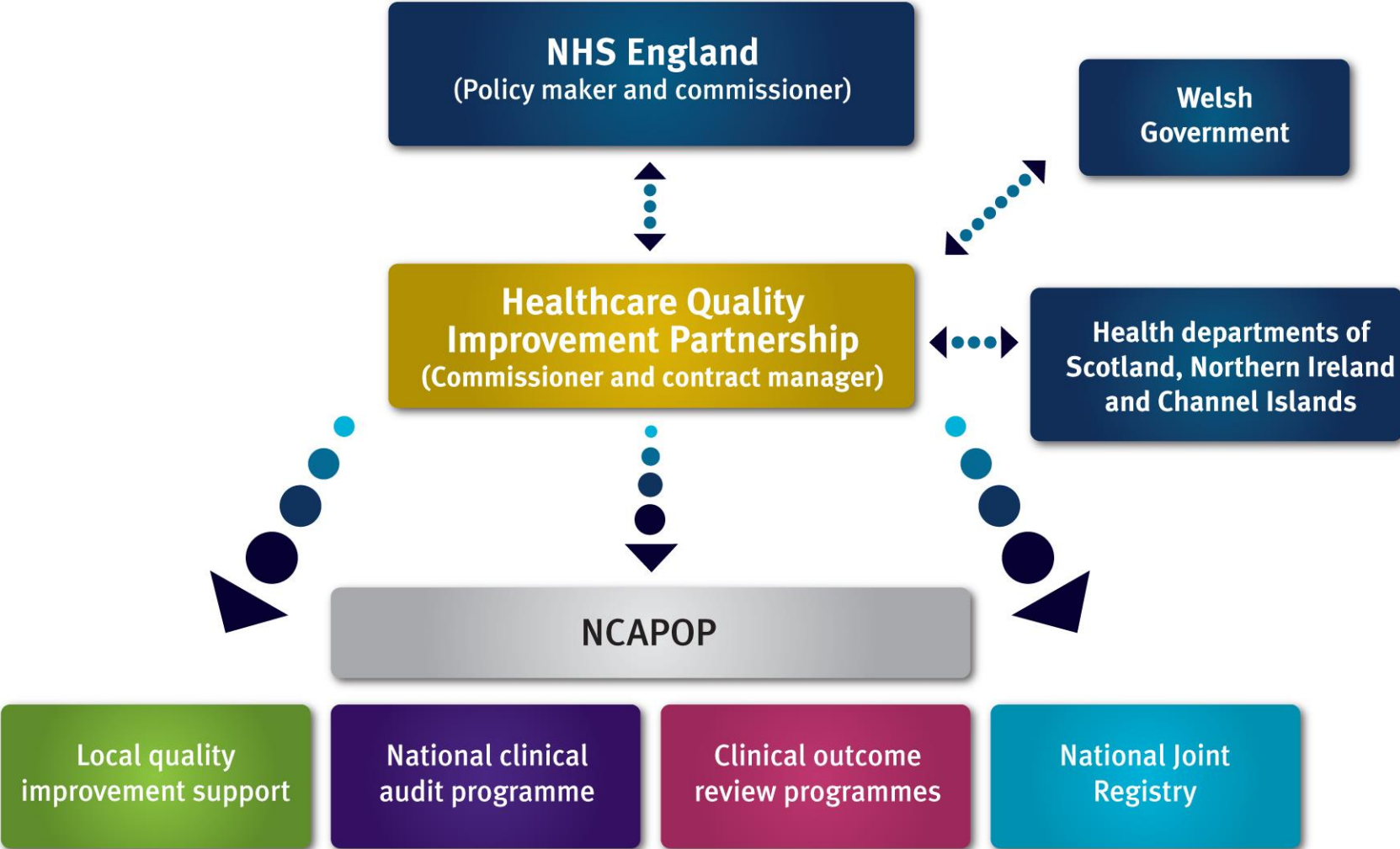
- National Learning Disability Mortality Review Programme
- National Mortality Case Record Review Programme
- National Perinatal Mortality Review Programme
- National Child Mortality Database Programme

## National Joint Registry

Collects joint replacement information, monitoring implant, hospital and surgeon performance:

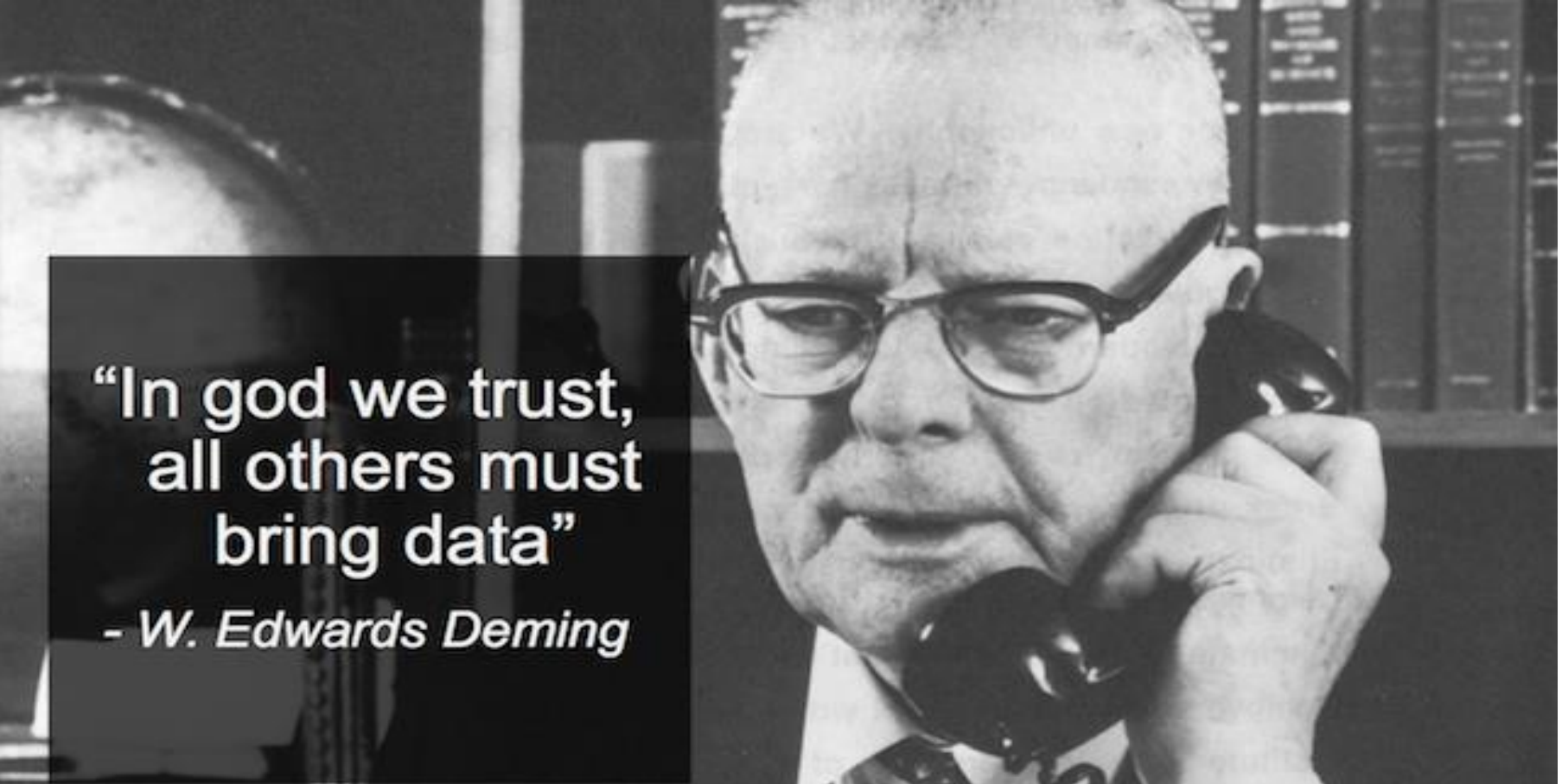


# Our structure and funding





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A black and white photograph of W. Edwards Deming, an older man with glasses, wearing a suit and tie, holding a rotary telephone receiver to his ear. The background shows a bookshelf with several books. A dark rectangular box is overlaid on the left side of the image, containing white text.

**“In god we trust,  
all others must  
bring data”**

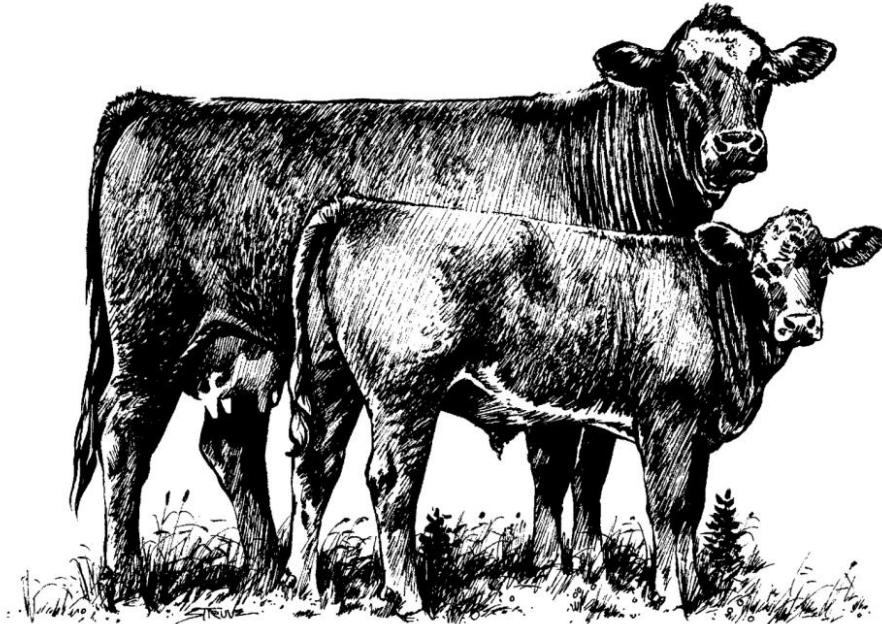
*- W. Edwards Deming*

# Measuring clinical quality

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“You can’t fatten a cow by weighing it”

- Palestinian Proverb



Improvement is NOT  
just about  
measurement...  
...but you can’t  
improve something  
without measuring it!

# How are the cows decided?

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- Currently determined by NHS England
- Previously Department of Health
- Some open calls e.g. 2011
- Going forward sub committee of the National Quality Board  
NCAPOP sub group

# How are the cows decided?

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- Aligned with NHS England priorities and outcomes framework
- Evidence that care quality and outcomes are of current concern
- Evidence of unacceptable variation in care quality and outcomes
- Topic responsible for a substantial burden for patients/carers and for NHS
- Clinical improvement(s) to be achieved by the proposed project are clearly defined

# How are NCA outputs used nationally?

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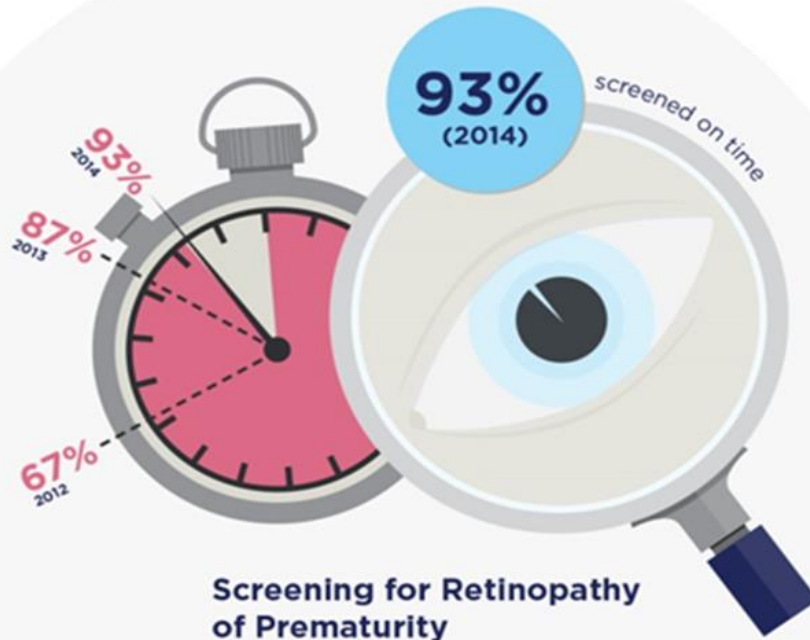
- Best practice tariff (Stroke and NHFD)
- NICE benchmarking and guidance (IBD & Paediatric Diabetes)
- Getting It Right First Time
- CQC partnership (National Clinical Audit Benchmarking)
- National QI projects (e.g. “Saving Babies” care bundle)

# How does National Clinical Audit support local QI ?

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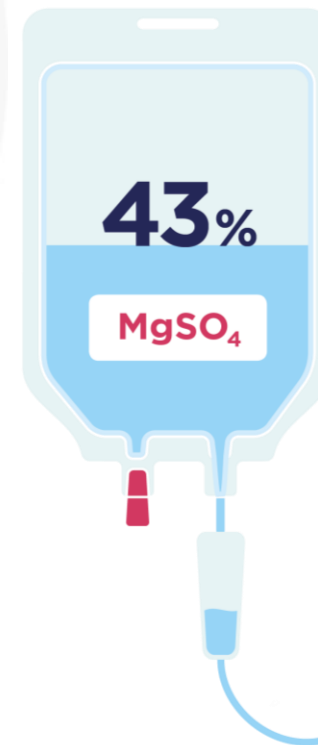
- Reports
- Online, real time data – run charts
- Infographics
- Workshops
- Toolkits
- Videos
- Case studies and sharing best practice

# Communicating key messages: National Neonatal Audit



## Screening for Retinopathy of Prematurity

93% of eligible babies were screened "on time" in accordance with the timeframes set out in national guidelines rising from 67% in 2012 and 87% in 2013.



## Mothers who were given Magnesium Sulphate

Magnesium sulphate was given to 43% of women who delivered at less than 30 weeks of gestation.



# National Emergency Laparotomy Audit: Unit Reports

St Peter's Hospital

1 December 2014 - 30 November 2015

Number of patients for this hospital included in the Second Patient Report of the National Emergency Laparotomy Audit: 178

Case ascertainment (Overall performance labelled as n/a may indicate unavailable data, or uncertainty over data accuracy)

	Hospital value (%)	National mean (%)		Overall performance
	78	70		

CT scan reported before surgery by a consultant radiologist

Denominator	Hospital value (%)	National mean (%)		Overall performance
178	71	72		

Risk of death documented before surgery

Denominator	Hospital value (%)	National mean (%)		Overall performance
178	43	64		

Arrival in theatre within a timescale appropriate for urgency

Denominator	Hospital value (%)	National mean (%)		Overall performance
178	90	82		







# NNAP Online

## Welcome to NNAP Online, the interactive reporting tool for the National Neonatal Audit Programme

The National Neonatal Audit programme (NNAP) was established in 2006 to support professionals, families and commissioners in improving the provision of care provided by neonatal services which specialise in looking after babies who are born too early, with a low birth weight or who have a medical condition requiring specialist treatment. The NNAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP), funded by NHS England, the Scottish Government and the Welsh Government and is delivered by the Royal College of Paediatrics and Child Health (RCPCH).

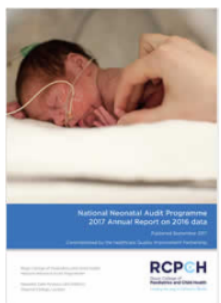
The NNAP produces yearly national reports, the latest of which is the NNAP 2017 Annual Report on 2016 data which was published on Thursday 21 September 2017. The Annual Report, and the parent booklet 'Your baby's care' that accompanies it, can be viewed by clicking on the images of the report covers below. The NNAP has developed this online reporting tool with the purpose of making the NNAP data more accessible and interactive. It also provides downloadable unit posters that can be displayed within neonatal units.

This online tool is open to anyone and has no login or password restrictions. By using the menu functions on the left of this screen it is possible to choose to:

- view an overall annual summary report for a chosen neonatal network or neonatal unit for 2016, 2015 or 2014 data
- view and compare the results for specific NNAP audit measures for different units or networks
- view, via the outlier analysis section, whether any given unit's 2016 results are, to any degree, outside of the expected average range
- download a unit specific poster of NNAP results

The NNAP project board hopes that this tool will further enhance the ability of the audit to encourage the sharing of best practice and to stimulate quality improvement activities for the benefit of babies and their parents.

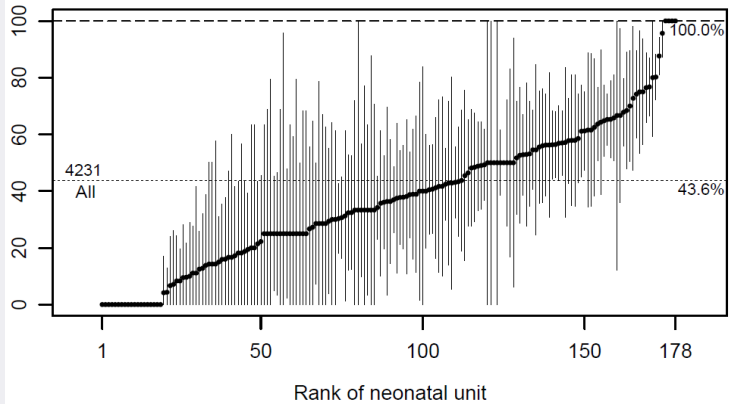
If you have any questions about the NNAP, or this reporting tool, then please contact the NNAP project team at: [nnap@rcpch.ac.uk](mailto:nnap@rcpch.ac.uk)



National Neonatal Audit Programme (NNAP) 2017 Annual Report



Your baby's care: A guide to the National Neonatal Audit Programme 2017 Annual Report



# National Diabetes Audit: QI Toolkit

About us Training RCGP Learning Making a difference Clinical Membership



Home >> Clinical >> Clinical Toolkits >> Quality Improvement Toolkit for Diabetes Care

## Quality Improvement Toolkit for Diabetes Care

This toolkit has been created with the purpose of spreading improvements in diabetes care. The material is mainly specific for diabetes care but also includes generic QI mini guides. The material is derived from the National Diabetes Audit.

### Who is this toolkit for?

The resources include information to help you to understand QI methodology and how to apply it to diabetes care, as well as materials that you can use to train others in how best to improve the care of people with diabetes. The complete toolkit is aimed at individuals who are involved in leading diabetes care in their locality. You may be a CCG or Health Board Lead for Diabetes or long term conditions, or responsible for improving diabetes care in your GP Federation, cluster or neighbourhood. However sections 1-4 can be used at an individual practice level by GPs, Practice nurses, managers and administrative staff to improve things at a practice-level.

### How can CCG/Health Board managers help?

We recommend engaging your CCG/Health Board managers early on in your improvement work to plan how you might work together.

Useful QI tools	+
Data sources	+
Displaying data	+
QI Guides	+
QI and Diabetes Training materials	+
Project Management tools	+
Project report	+
Evaluation tools	+

In partnership with RCGP, NDA developed a quality improvement toolkit for primary care

# Improving quality in IBD services

## Workshops

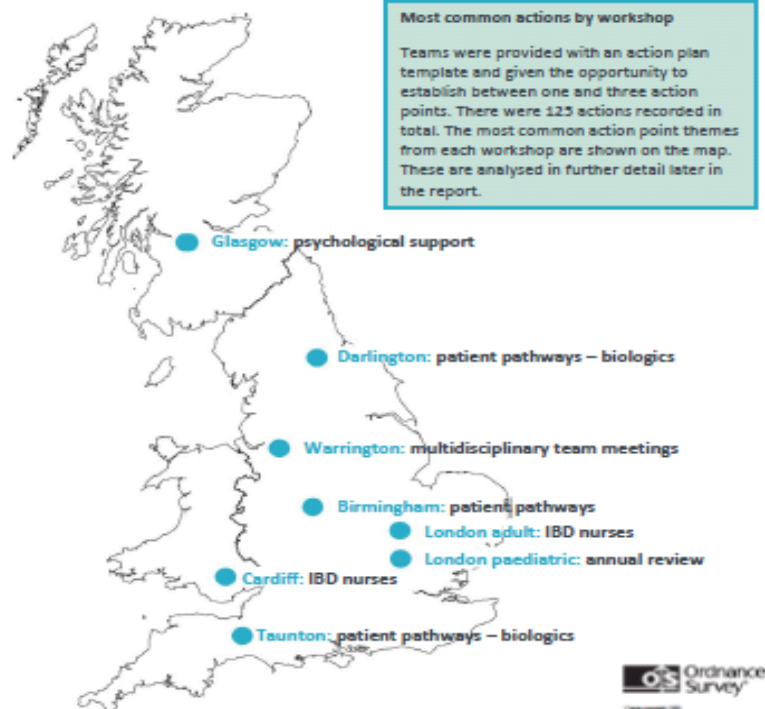
Throughout March 2015, seven workshops were held throughout England and Wales, with one further workshop held in Scotland in September 2015.

The overall aim of the workshops was to provide IBD teams with dedicated time away from day-to-day practice to review their service and plan for necessary improvement, with the following specific objectives:

- to reflect on their service using their own data to identify areas for change
- to network with colleagues to share expertise and examples of best practice
- to leave the workshop with an action plan to implement and evaluate improvement in their IBD service.

### Most common actions by workshop

Teams were provided with an action plan template and given the opportunity to establish between one and three action points. There were 125 actions recorded in total. The most common action point themes from each workshop are shown on the map. These are analysed in further detail later in the report.



8 regional workshops were held in England, Wales and Scotland



84 trusts and health boards were represented, with 18 attending multiple workshops

This equates to: 67/139 trusts in England

22 paediatric trusts / health boards (15/25 of the specialist centres)

5/7 health boards in Wales

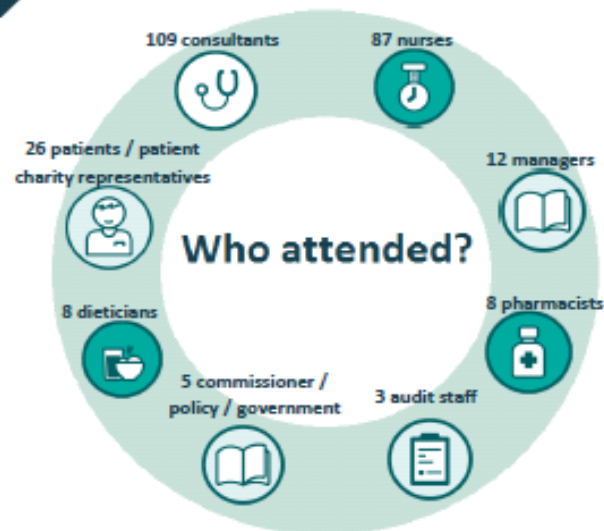
8/14 health boards in Scotland

Sites were encouraged to attend as a team: 69 trusts / health boards attended as part of a team (two or more attendees)

33 trusts / health boards had one IBD team member attend



258 delegates attended the workshops. The attendees comprised:



A detailed breakdown of each individual workshop can be found at <http://bit.ly/1PCBv51>



# National Clinical Audit

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- How can data flowing in to NCAs being used locally?
  - Consultants who are registered on the NVR IT system have access to a revalidation style report they can use for appraisals
  - 6 hip fracture units taking part in the NHFD audit collaborated on quality improvement using NHFD data
  - 14 services reported undertaking additional staff training as a result of the NMPA results
  - The diabetic foot ulcer audit has driven the development of a trust wide foot check chart at one Trust
  - Nearly 40 action plans have been submitted from hospitals who participated in the COPD secondary care audit

# How can commissioner's use NCA data

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- How can commissioner's use NCA data
  - Best practice tariff for stroke based on SNNAP data
  - Best practice tariff for hip fracture based on NHFD data
  - Specialist commissioners using data from congenital heart disease audit and others

# What is the picture of data submission?

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- Highly variable between audits
- Depends on
  - Use of routine data (e.g. HES)
  - Automation
  - Other uses (e.g. NHFD for BPT)
- Challenges
  - Post primary event e.g. complications post surgery
  - Variable care pathways
  - Primary outcome variables that support risk adjustment

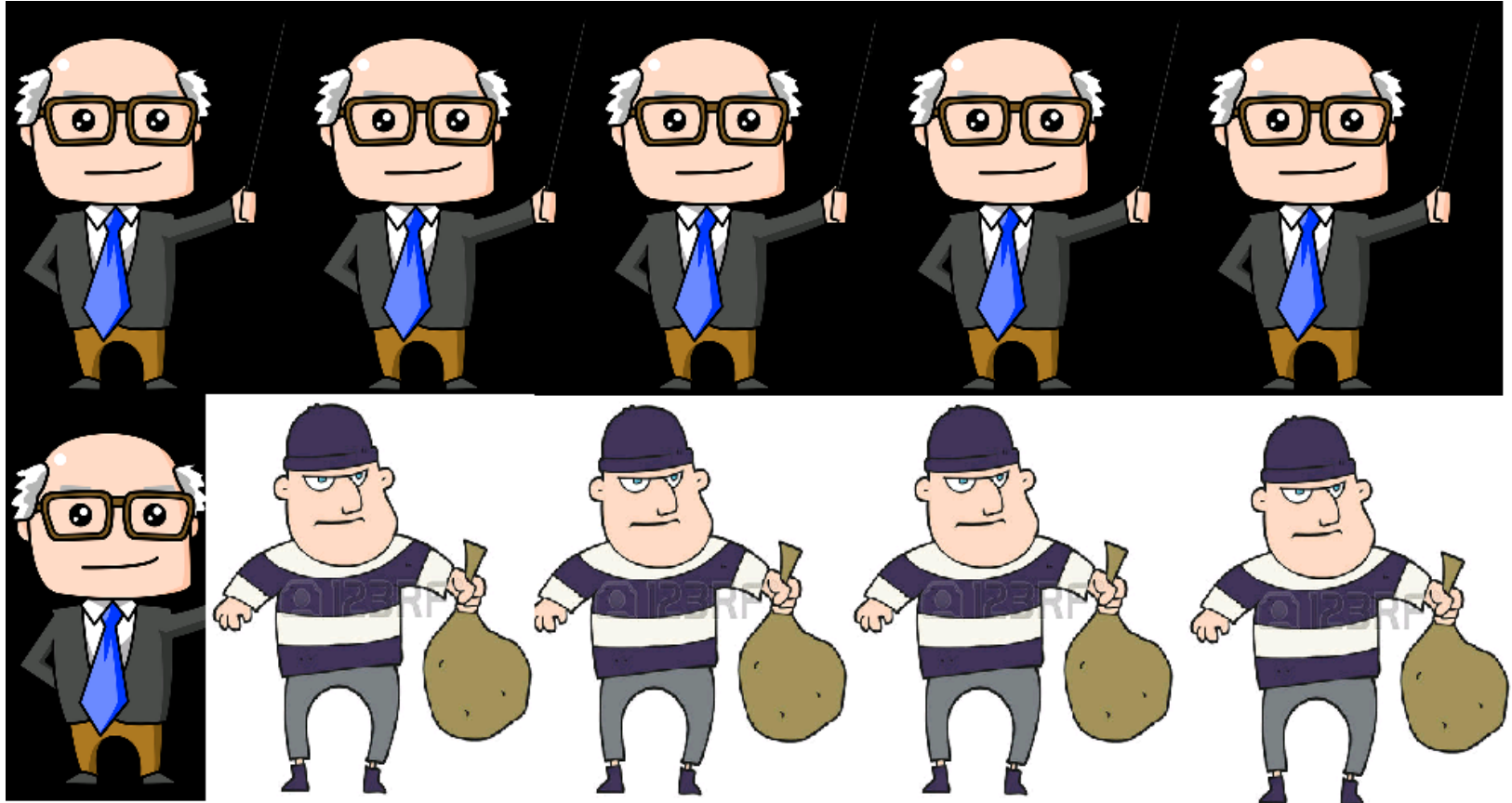
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# National Clinical Audit Benchmarking











# National Clinical Audit Benchmarking

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Make it super easy!

# National Clinical Audit Benchmarking

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The purpose of NCAB is to optimise the use of national clinical audit data for quality improvement by:



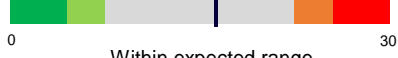
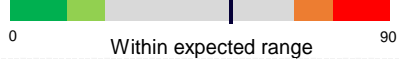
- Distilling complex audit data into a concise set of metrics available to medical directors, clinical directors and clinical governance leads
- Setting metrics against national benchmarks
- Presenting metrics via intuitive website platform searchable by medical speciality or Trust/hospital/ward
- Aligning with the Care Quality Commission (CQC) to create a shared vision of quality
- Emailed directly to CEOs, MDs and QI Leads and available on a searchable platform

# National Clinical Audit Benchmarking

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## 19 Currently available, aiming for 30 by Mar 2020

adult cardiac surgery  
cataract surgery  
dementia  
emergency laparotomy  
hip and knee operations  
hip fracture care  
inpatient falls  
intensive care  
lower GI cancer surgery  
lung cancer treatment  
maternal newborn infant clinical outcomes  
maternity and perinatal care  
major trauma  
neonatal  
paediatric diabetes  
paediatric intensive care  
prostate cancer  
upper GI cancer surgery  
vascular surgery

Metric	CQC Key Question	2016 Report	2017 Report	National Aggregate (England & Wales)	National Aspirational Standard	Comparison to other hospitals	
260 admissions	Case Ascertainment	Well Led	119% <sup>1</sup>	<b>117%</b> <sup>1</sup>	95%	None	Good (over 80%)
92 admissions	Risk-adjusted post-operative length of stay after major resection >5days	Responsive	74.0% <sup>1</sup>	<b>70.3%</b> <sup>1</sup>	69.5%	None	Worse than national aggregate
101 admissions	Risk-adjusted 90-day post-operative mortality rate	Effective	4.6% <sup>1</sup>	<b>3.5%</b> <sup>1</sup>	3.2%	None	 Within expected range
118 admissions	Risk-adjusted 2-year post-operative mortality rate	Effective	32.7% <sup>2</sup>	<b>20.3%</b> <sup>2</sup>	19.5%	None	 Within expected range
92 admissions	Risk-adjusted 30-day unplanned readmission rate	Effective	7.4% <sup>1</sup>	<b>11.6%</b> <sup>1</sup>	9.9%*	None	 Within expected range
87 admissions	Risk-adjusted 18-month temporary stoma rate in rectal cancer patients undergoing major resection	Effective	46% <sup>3</sup>	<b>55%</b> <sup>3</sup>	52%*	None	 Within expected range

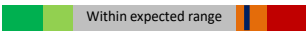


Produced by HQIP in partnership with the  Care Quality Commission

<http://content.digital.nhs.uk/bowel>

**KEY ONLY**

Positive outlier (below 99.8% Control Limit) Negative outlier Trust (above 99.8% CL)



Better than expected (Below 95% CL) Worse than expected (above 95% CL)

Display of performance boundaries does vary depending on volume of activity. See FAQs for further information.

RDD

<sup>1</sup> Apr 14- Mar 15   <sup>2</sup> Apr 12- Mar 13   <sup>3</sup> Apr 11- Mar 14  
<sup>1</sup> Apr 15- Mar 16   <sup>2</sup> Apr 13- Mar 14   <sup>3</sup> Apr 12- Mar 15

\* England only



Metric	CQC Key Question	2016 Report <sup>1</sup>	2017 Report <sup>2</sup>	National Aggregate (England, Wales, NI & IOM)	National Aspirational Standard	Comparison to other hospitals	
259 cases	Case ascertainment	Well Led	92.0%	104.0%	95.0%	100%	29.30 88.30 100.95 149.70
259 cases	Crude proportion of patients having surgery on the day or day after admission	Responsive	63.7%	75.7%	70.6%	85%*	39.10 68.20 80.40 94.60
259 cases	Crude perioperative medical assessment rate	Effective	97.9%	99.6%	88.7%	100%*	50.00 88.25 96.70 100.00
259 cases	Crude proportion of patients documented as not developing a pressure ulcer	Safe	83.6%	85.3%	95.6%	100%	59.70 94.80 98.55 100.00
259 cases	Crude overall hospital length of stay	Responsive	19.6 days	19.6	21.6 days	none	13.00 16.75 24.20 43.60
259 cases	Risk-adjusted 30-day mortality rate	Effective	10.1%	8.2%	6.7%	none	0 100 200 300 About the same



<http://www.nhfd.co.uk/>

Produced by HQIP in partnership with the CareQuality Commission

### KEY ONLY:

Positive outlier (below 99.8% control limit)

Hospital

Negative outlier (above 99.8% CL)

Within expected range

Bottom 25%

Hospital

Top 25%

Better than expected (below 95% CL)

Worse than expected (above 95% CL)

Min

Max

Display of performance boundaries does vary depending on volume of activity. See FAQs for further information.

Anticipated date of next update is not yet known.  
Values displayed on NHFD website may differ as a result of updates to the supplied data made by providers.

<sup>1</sup> Jan 15 - Dec 15  
<sup>2</sup> Jan 16 - Dec 16

\*Audit recommendation based on NICE guideline  
\*\*England only





Metric	CQC Key Question	2015/16 Report	2016/17 Report	National Aggregate (England, Wales & N. Ireland)	National Aspirational Standard	Comparison to other hospitals	
Case ascertainment	Well Led	Not reported for this audit		None		N/A	
1340 admissions	Crude non-clinical transfers	Responsive	0.0%	0.0%	0.4%	0%*	
1067 admissions	Crude, non-delayed, out-of-hours discharge to ward proportion	Responsive	1.0%	2.0%	1.9%	0%*	
8395 available critical care bed days	Crude delayed discharge (% bed-days occupied by patients with discharge delayed >8 hours)	Responsive	6.6%	6.4%	4.9%	0%*	Not in the Worst 5% of Units
1283 admissions	Risk-adjusted hospital mortality ratio (all patients)	Effective	1.07	1.02	1.0	None	
1003 admissions	Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)	Effective	0.96	1.01	1.0	None	

**KEY ONLY:**

Positive outlier (below 99.8% control limit) Negative outlier (above 99.8% CL)

Trust

Better than expected (below 95% CL) Worse than expected (above 95% CL)

Display of performance boundaries does vary depending on volume of activity. See FAQs for further information.

# National Clinical Audit Benchmarking

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During the 2017-18 period over 3600 users from 148 Trusts benefited from the portal's at a glance data. 1085 slides downloaded for local action by end users = 83% proportion of overall, now running at an average of 200 downloads a week

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THANK YOU  
Any questions?

# Panel Discussion

Chair: **Liz Libiszewski**, QC Chair & AC Member at Lincolnshire Community Health Services and United Lincolnshire Hospitals

Panellists:

- **Dr Kieran Mullan**, Clinical Lead for Outcomes Publication at HQIP
- **Lynn Andrews**, Director of Nursing and Patient Care at Chesterfield Royal NHS Foundation Trust
- **Sue Sunderland**, Lay member for Audit and Governance at Bassetlaw CCG
- **Amanda Stanford**, Director of Quality and Safety Airedale NHS FT

How confident are you that you have received assurance in respect of all aspects of quality across your organisation?

1 Extremely confident



2 Reasonably confident



3 Less confident than I was



4 Not confident



5 Wanting to go home now!

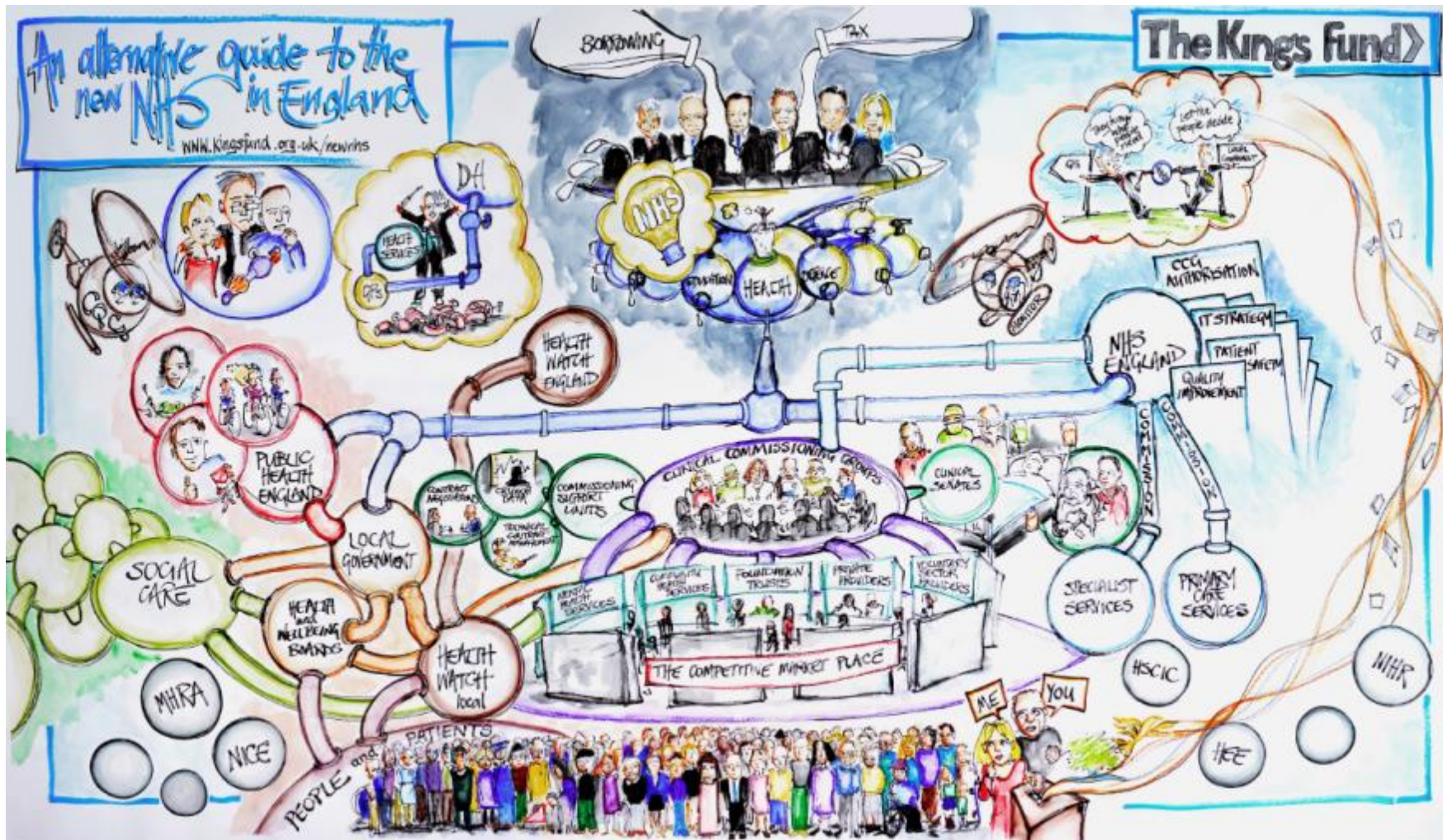


# Moving to Good

Amanda Stanford  
Director of Patient Safety and Quality



# The system in England



# The landscape of care

## Care homes

- 460,000 beds
- 223,000 Nursing home beds
- 237,000 Residential home beds

## GP practices

- 58.9 m registered with a GP
- 7,700 GP practices

## NHS hospitals

- 93.9 million outpatient appointments / year
- 12.6 million inpatient episodes / year
- 23.7 million A&E attendances / year
- 636,000 baby deliveries / year

## Dentists

- 22 million adults seen by NHS every 2 years
- 6.8 million children per year

## England

55.3 m  
(45.2m adults)

## Private hospitals

Over 1,200 private hospitals and clinics

## Home-care

500,000 + people receiving home-care support at any one time

## Health & social care staff

- 1.2m NHS staff
- 1.58m in adult social care

## Ambulances

- 6.9m calls receiving a face to face response
- 10 NHS trusts
- 251 independent ambulance providers



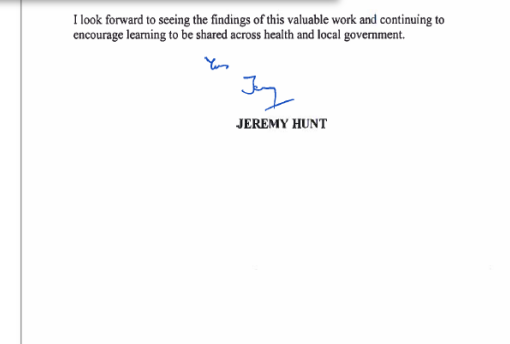
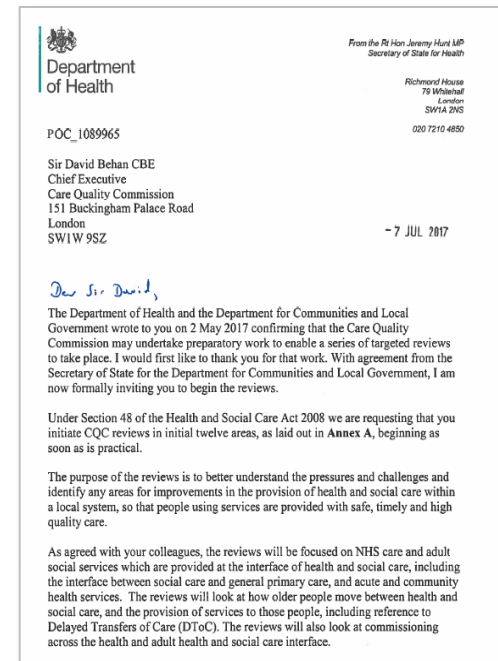
# Beyond Barriers: What did we find?

- A system designed in 1948 can no longer effectively meet 2018 needs
- Living longer – but with more complex health problems
- Increasingly, our care must be delivered by more than one person or organisation
- In 2018, we expect care to be personalised to people's individual circumstances
- A fragmented health and care system designed in 1948 can not meet the needs of today's population or operating environment
- We must remove the barriers to collaboration at a local and national level and create an environment that drives people and organisations to work together



# Why did we carry out these reviews?

- Secretaries of State asked CQC to undertake a programme of **targeted reviews in local authority areas**
- Reviews sat **outside CQC's usual legal powers** (under Section 48 of the Health and Social Care Act)



# How did this fit with our usual work?



Reviewing local systems reflected key findings of recent reports including:

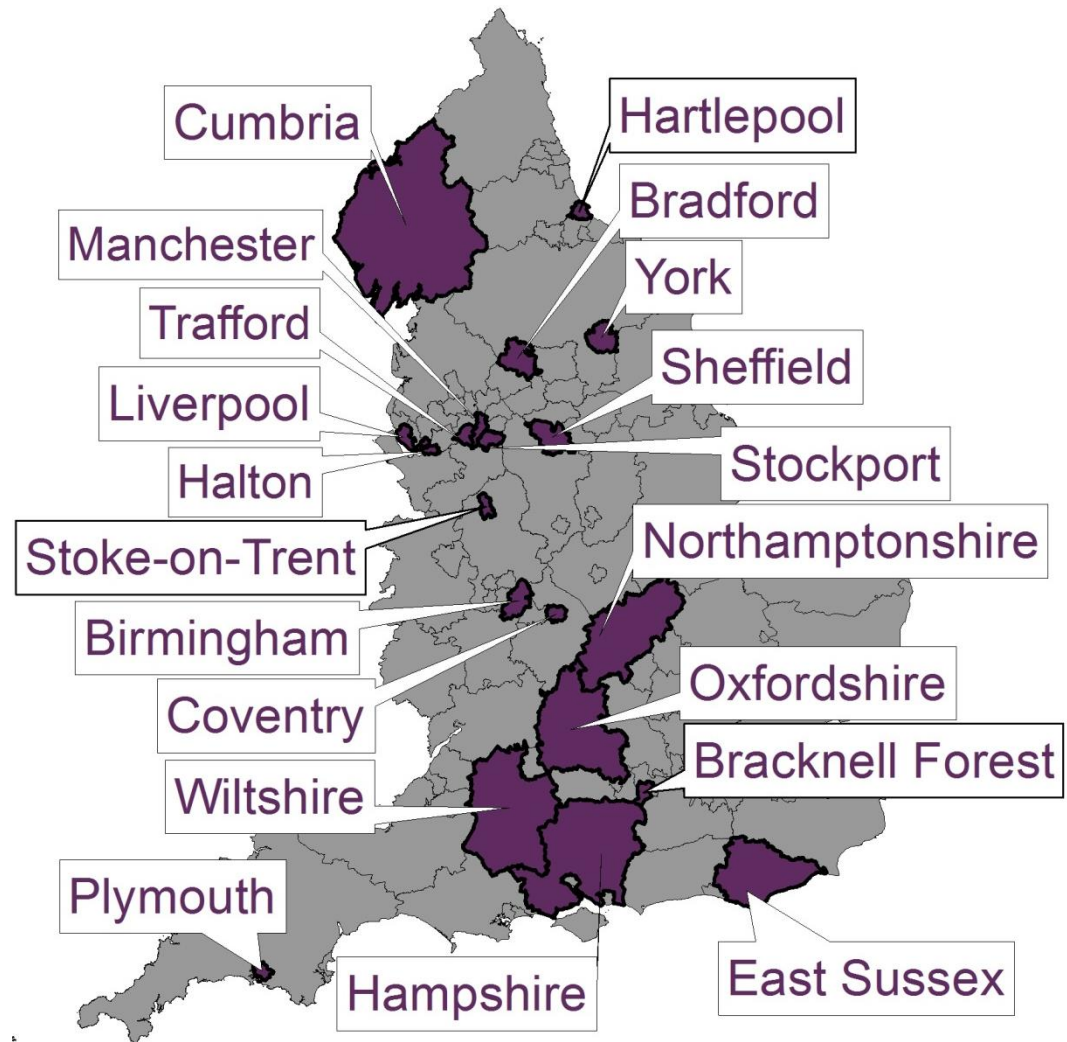
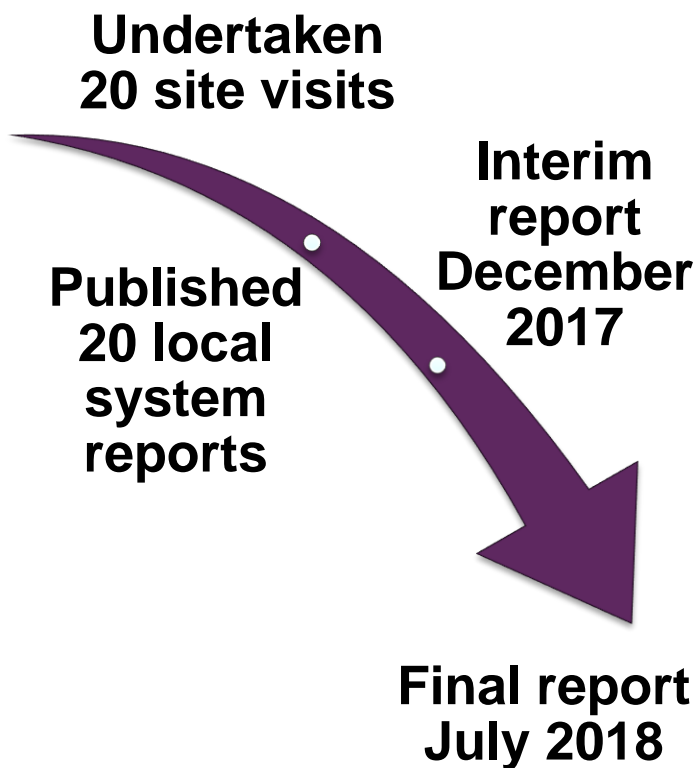
- State of Care 2016 & 2017
- Integrated care for older people

Also built on our previous programme of 'place reviews':

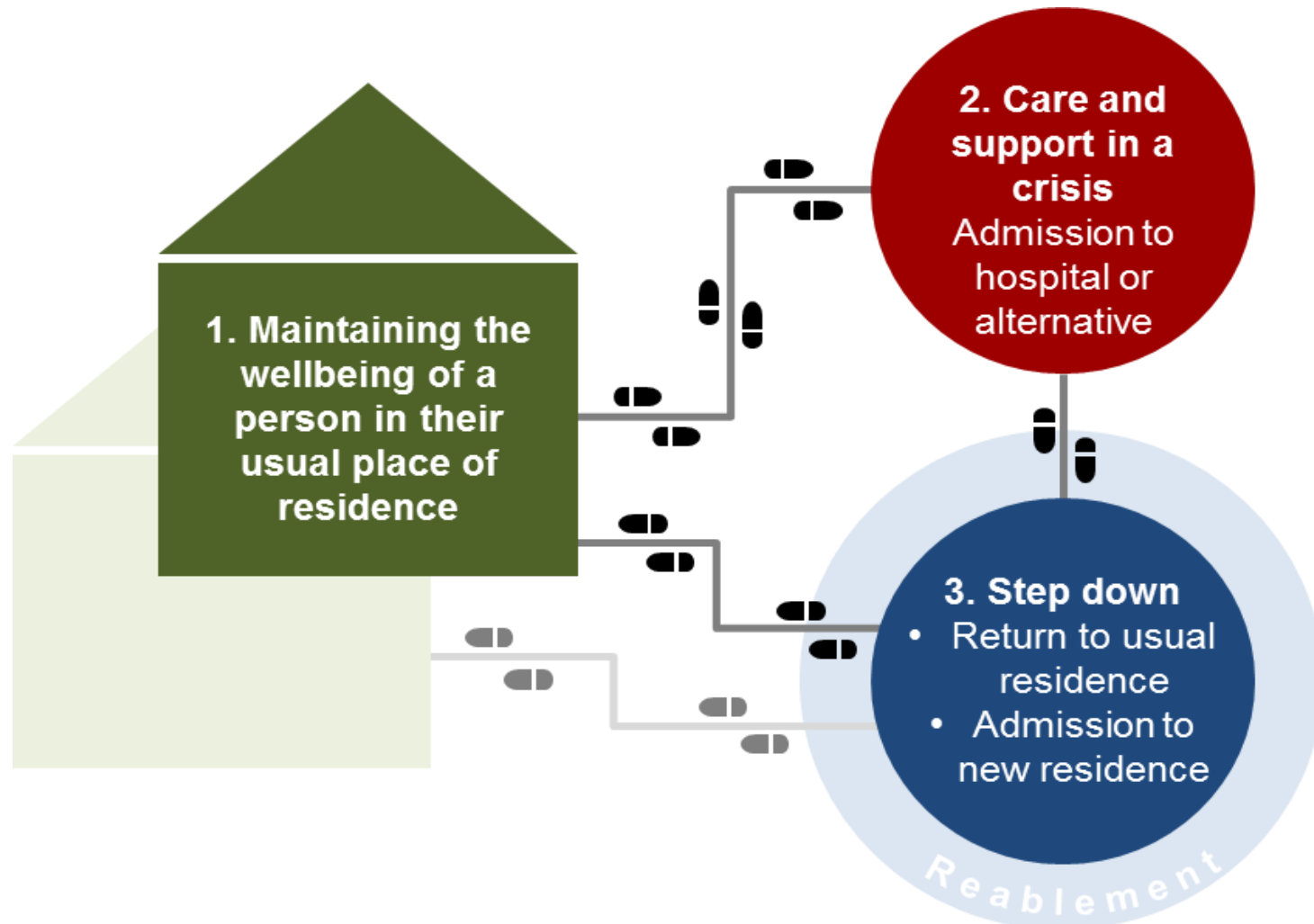
- 2015/16 - North Lincolnshire, Tameside, Salford
- 2016/17 – Cornwall, London Borough of Sutton



# Where have we been and what have we delivered?



# What did we look for in our reviews?



- People experience the best care when people and organisations **work together** to overcome a fragmented system
- Dedicated staff regularly going **beyond the call of duty**
- There were **examples of good practice** in every local system we looked at
- Where local leaders **share a clear vision**, it provides a shared purpose for people and organisations across the local health and social care system
- But in a fragmented health and social care system **there are barriers to collaboration at a local and national level**



**Funding:** Health and social care organisations are limited in how far they can pool resources and use their budgets flexibly across prevention, social care and healthcare



**Managing performance:** Organisations are held to account for their own performance, not the performance of the system as a whole



**Workforce:** Services do not always have the right staff, in the right place, at the right time – the health workforce and social care workforce are seen as separate entities



**Oversight:** Regulation usually looks at quality of care in individual providers, rather than across a system as a whole

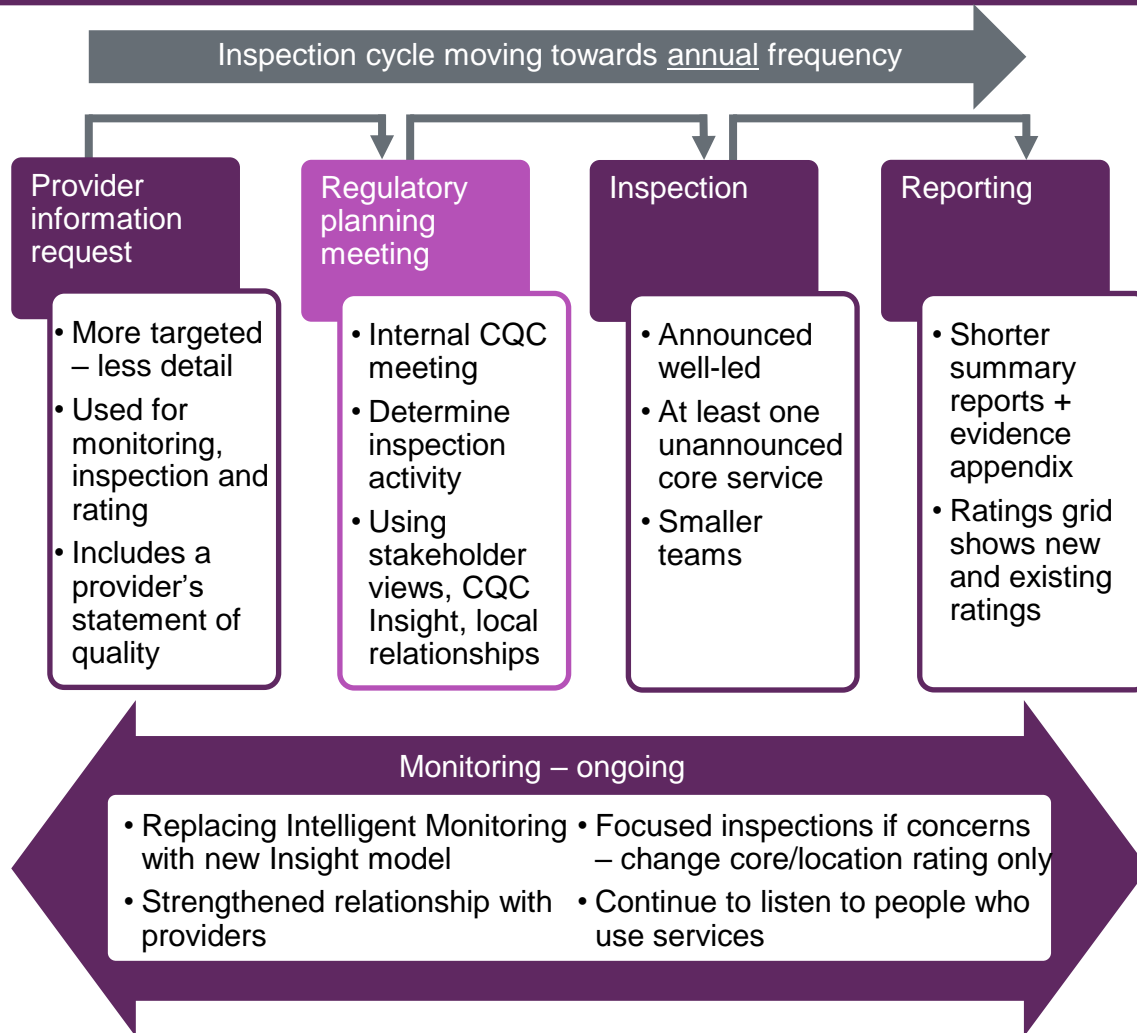
# Recommendations to local and national leaders, and government



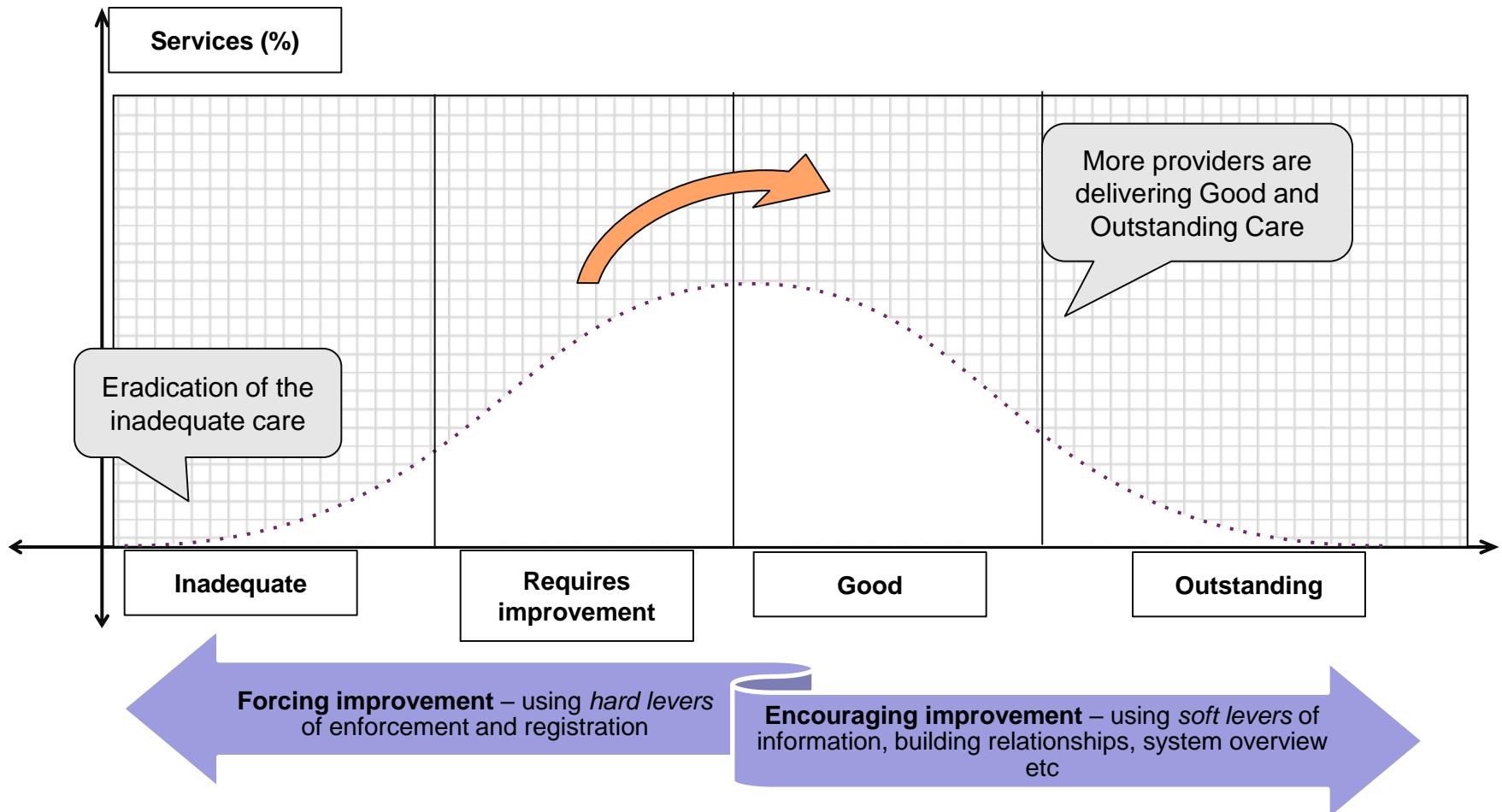
1. An agreed joint plan that sets out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period
2. A single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people
3. The development of joint workforce plans with more flexible and collaborative approaches to staff recruitment, retention and development
4. New legislation to allow CQC to regulate systems and hold them to account for how they work together to support and care for older people



# CQC's regulatory approach for NHS trusts



# What we are trying to achieve



# Key Lines of Enquiry well-led framework



Does the <b>leadership have capacity and capability</b> to deliver high quality, sustainable care?	Is there a <b>culture</b> of high quality, sustainable care?	Is there a clear <b>vision</b> and credible <b>strategy</b> to deliver high quality sustainable care to people, and robust plans to deliver?
Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?	<b>Are services well-led?</b>	Are there clear and effective processes for managing <b>risks</b> , issues and <b>performance</b> ?
Is robust and appropriate <b>information</b> being analysed and challenged?	Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners engaged</b> and involved to ensure high quality sustainable services?	Are there robust systems, processes for <b>learning</b> , continuous <b>improvement</b> and <b>innovation</b> ?

## Our approach for well-led



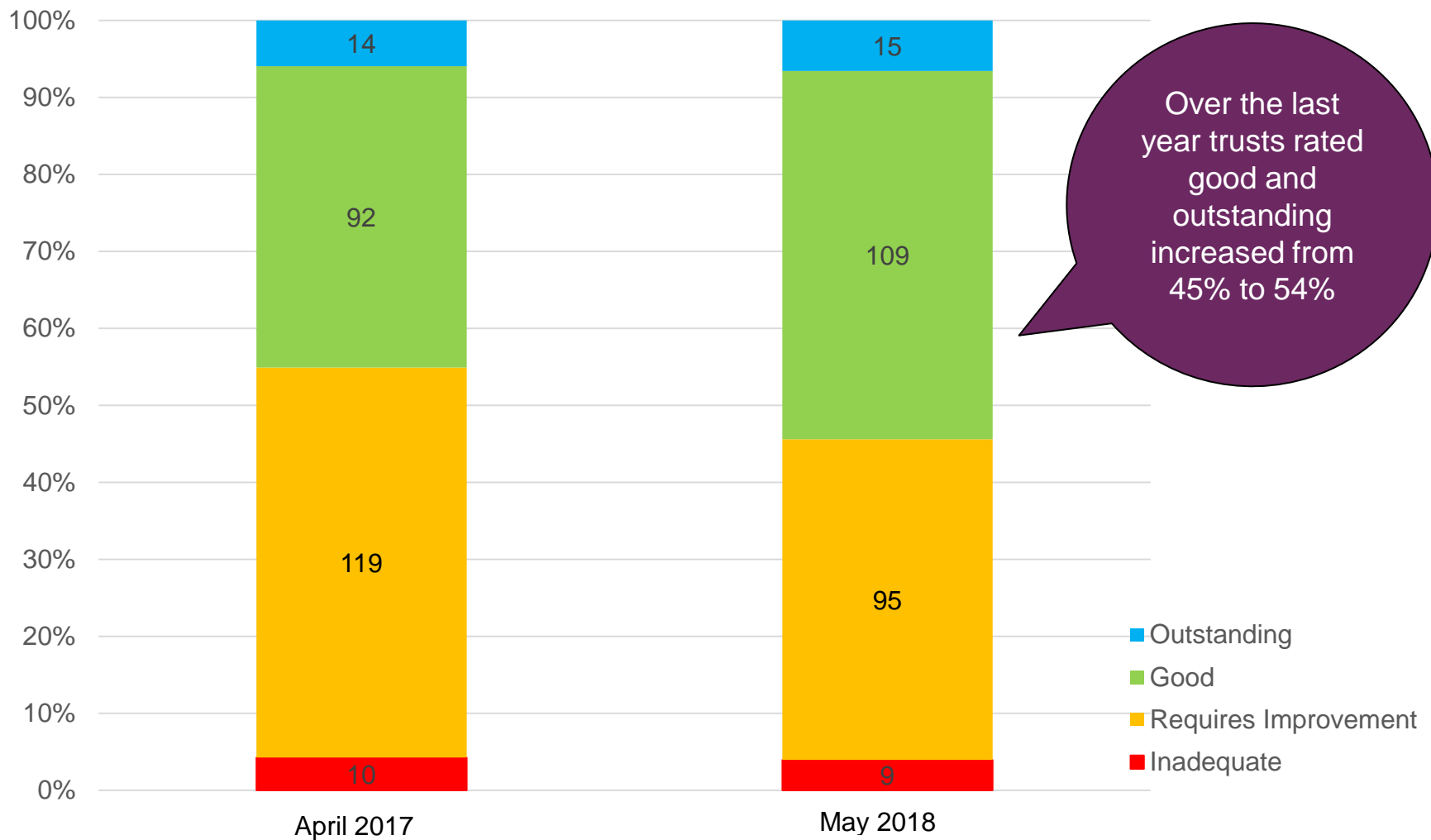
- We inspect well-led at the trust-wide level separately from core service inspections. We plan to inspect well-led annually.
- We plan that all trusts will receive their first well-led inspection by May 2019.
- Trust-wide inspection of well-led (plus planned core service inspections) are the point at which changes to overall trust ratings will be determined.
- The trust-level well-led rating is determined by the well-led inspection. The rating is not be aggregated from service-level well-led ratings (although the rating decision will take account of service-level ratings).
- There is greater emphasis in well-led on system working, sustainability and good resource governance, which we will be working with NHS Improvement to assess.
- NHSI have begun assessing Use of Resources in acute trusts to coincide with our inspections of trust-level well-led.

# Driving improvement

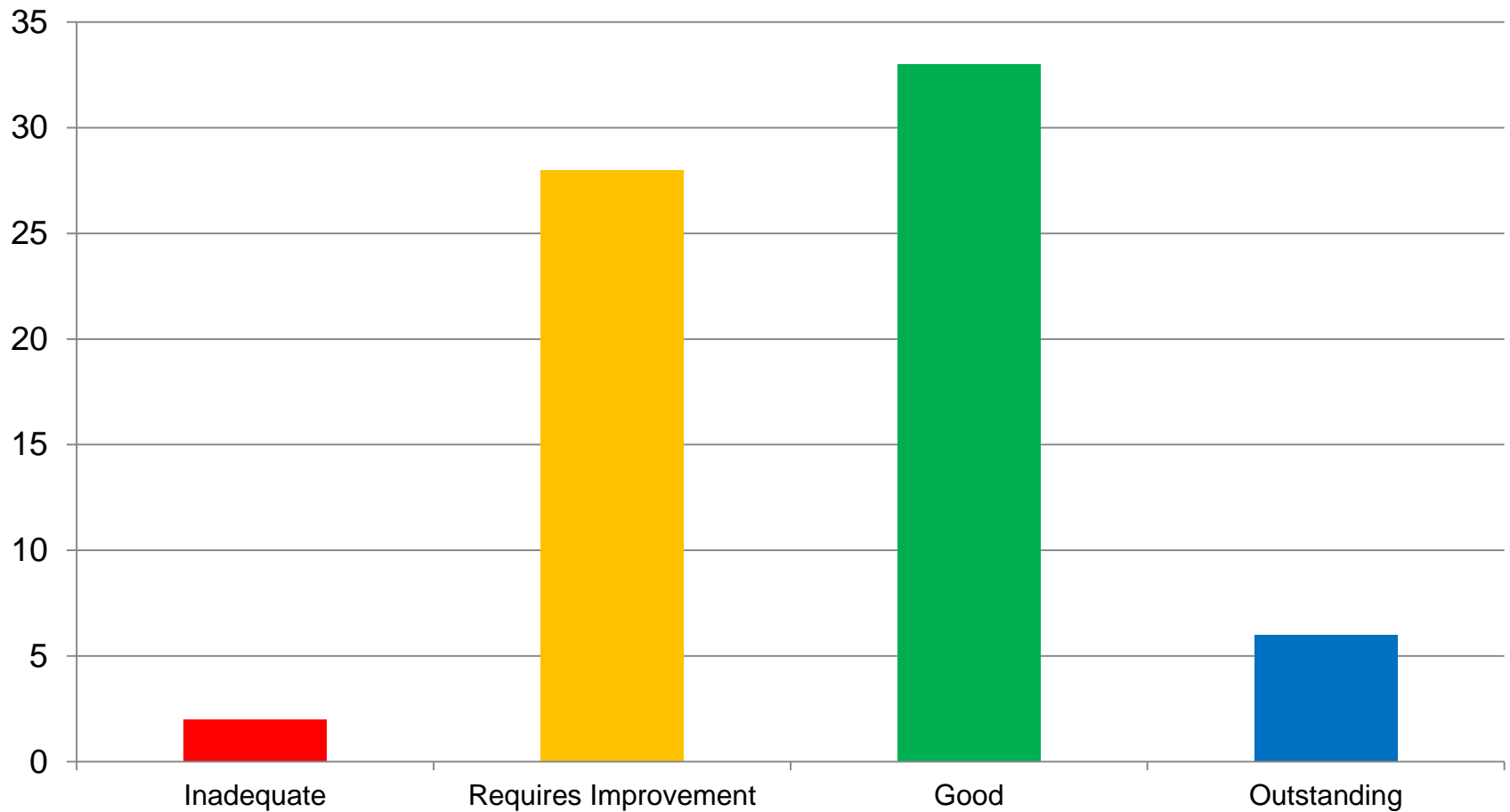
- Collaborative, distributed **Leadership**
- **Cultural change** – engaging and empowering staff
- Focus on **quality improvement** driven from frontline
- **Openness** to learning and improving safety – **transparency**
- Effective **Governance**
- Patient and public involvement
- Positive **engagement with CQC**



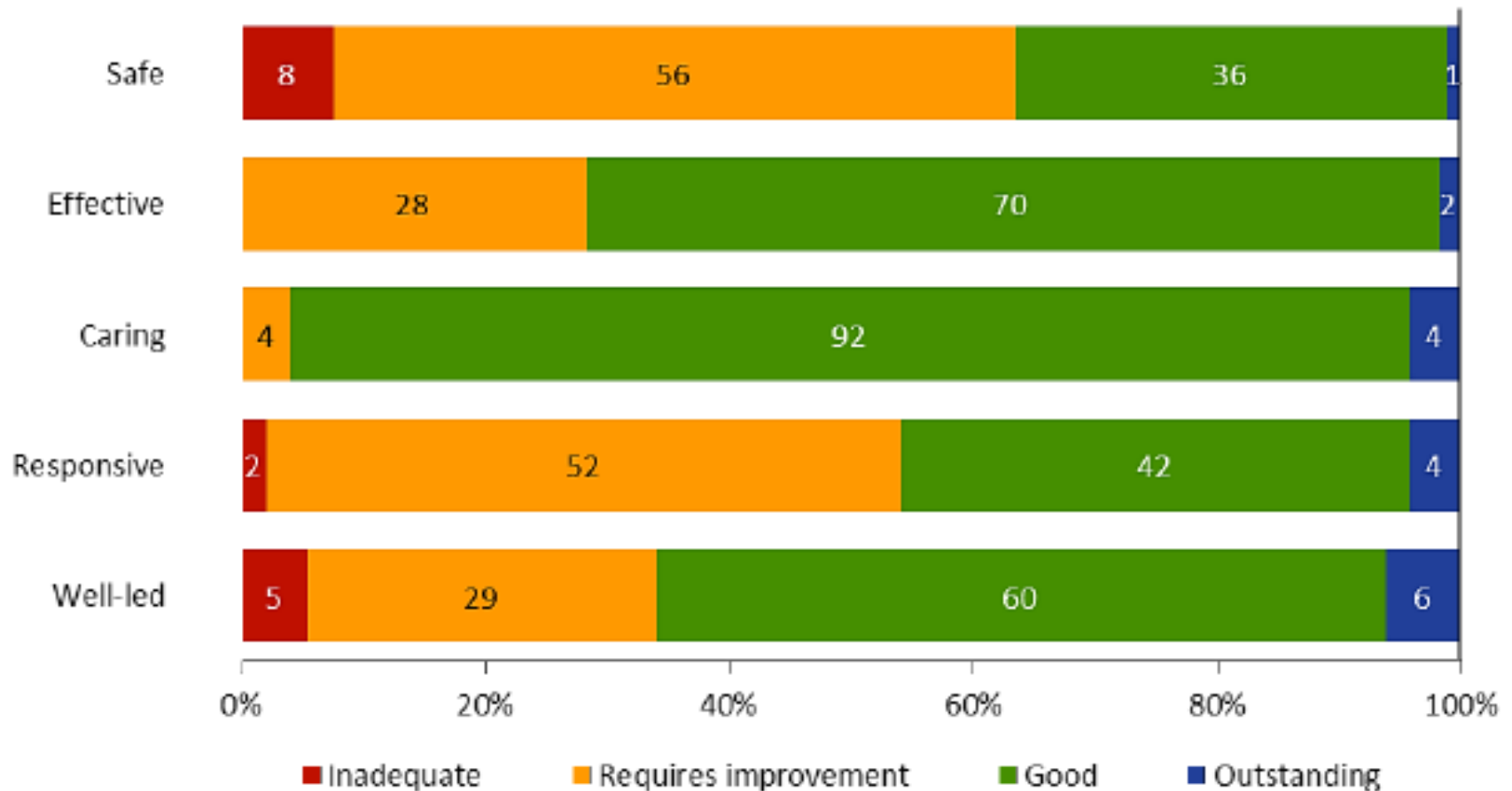
# Overall ratings of NHS trusts



# Northern region NHS trust ratings



# A&E ratings by key question



201 urgent and emergency services ratings at April 2018



## Meeting the quality challenge

Sharing examples of best practice from clinical leaders in

### Emergency Departments

November 2017

#### Introduction

When services are under pressure, the Care Quality Commission's priority is to ensure that the people who use them remain safe. CQC recognises the huge pressures facing

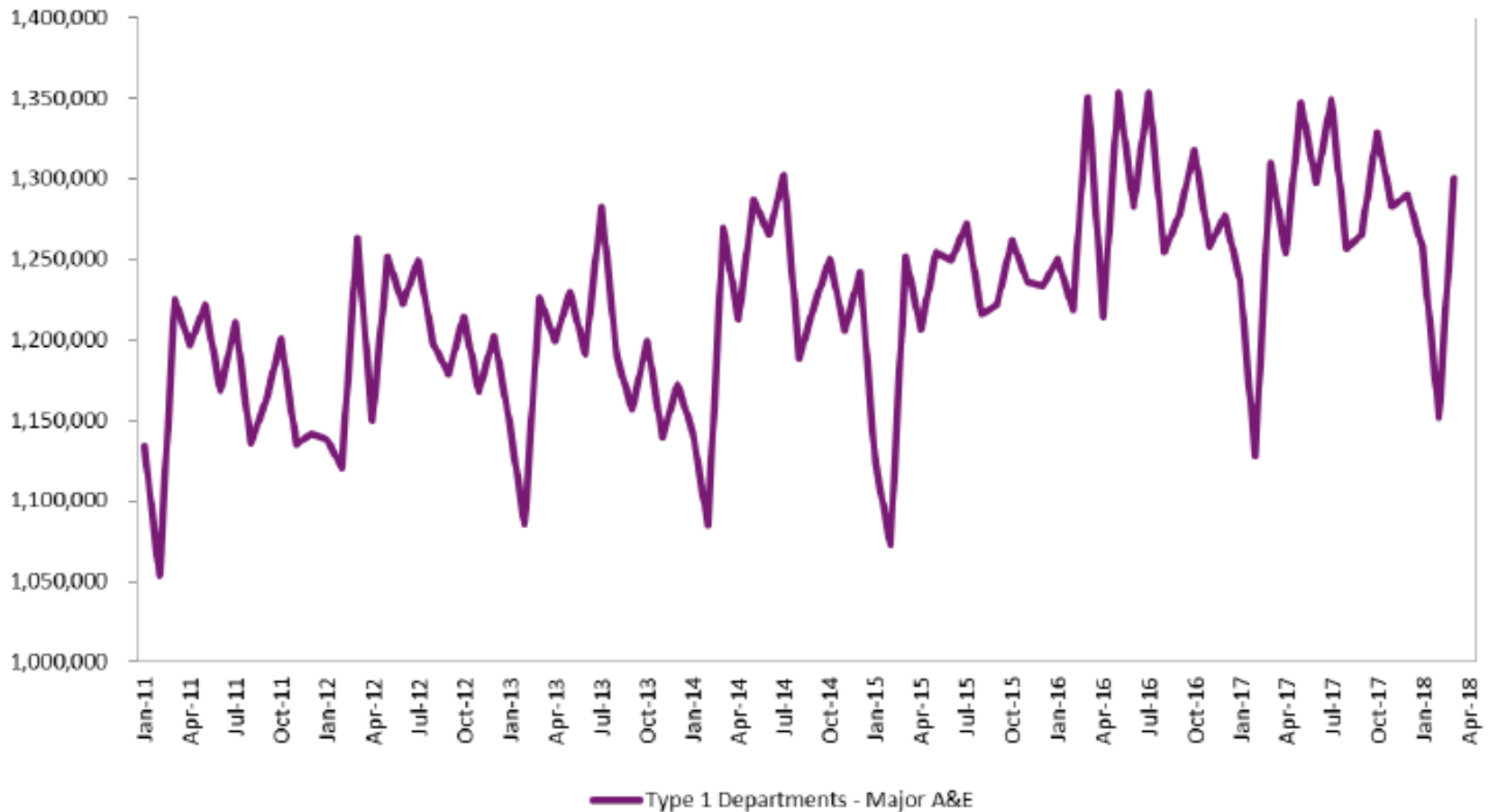
## Under pressure

Safely managing increased demand in emergency departments

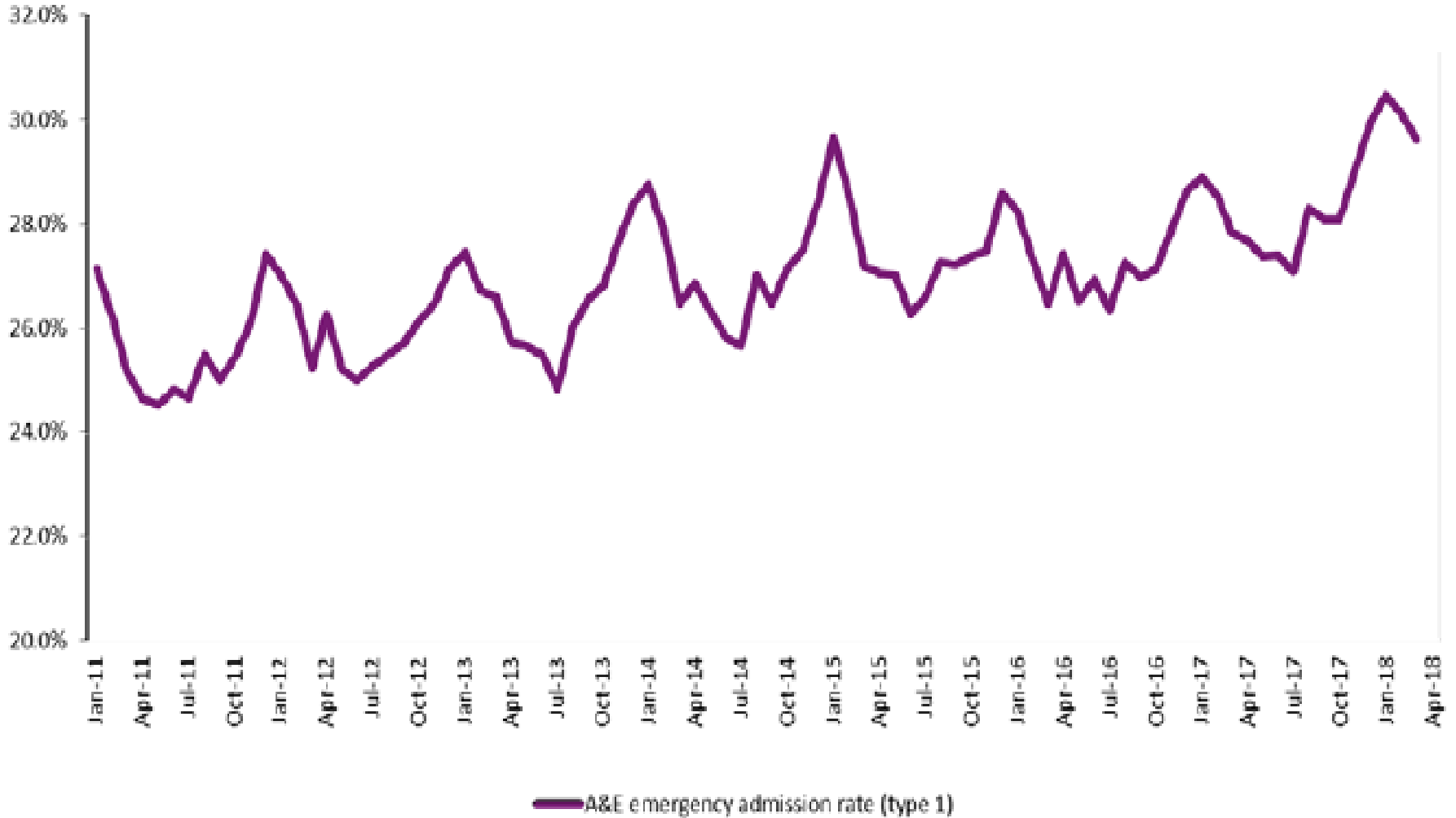
May 2018

- Demand is leading to steadily increasing pressure on EDs
- Staff have generally maintained safety by going to extraordinary lengths
- Inspections have found much good practice, but some unsatisfactory care
- New ways of collaborating needed to keep people well, reduce attendances and reduce admissions
- Clinical staff have provided us with their insights into steps that can be taken to improve care
- Hospital cannot work alone the pressure is a symptom of much wider system capacity problem
- A whole system approach is needed now to change the situation before next winter

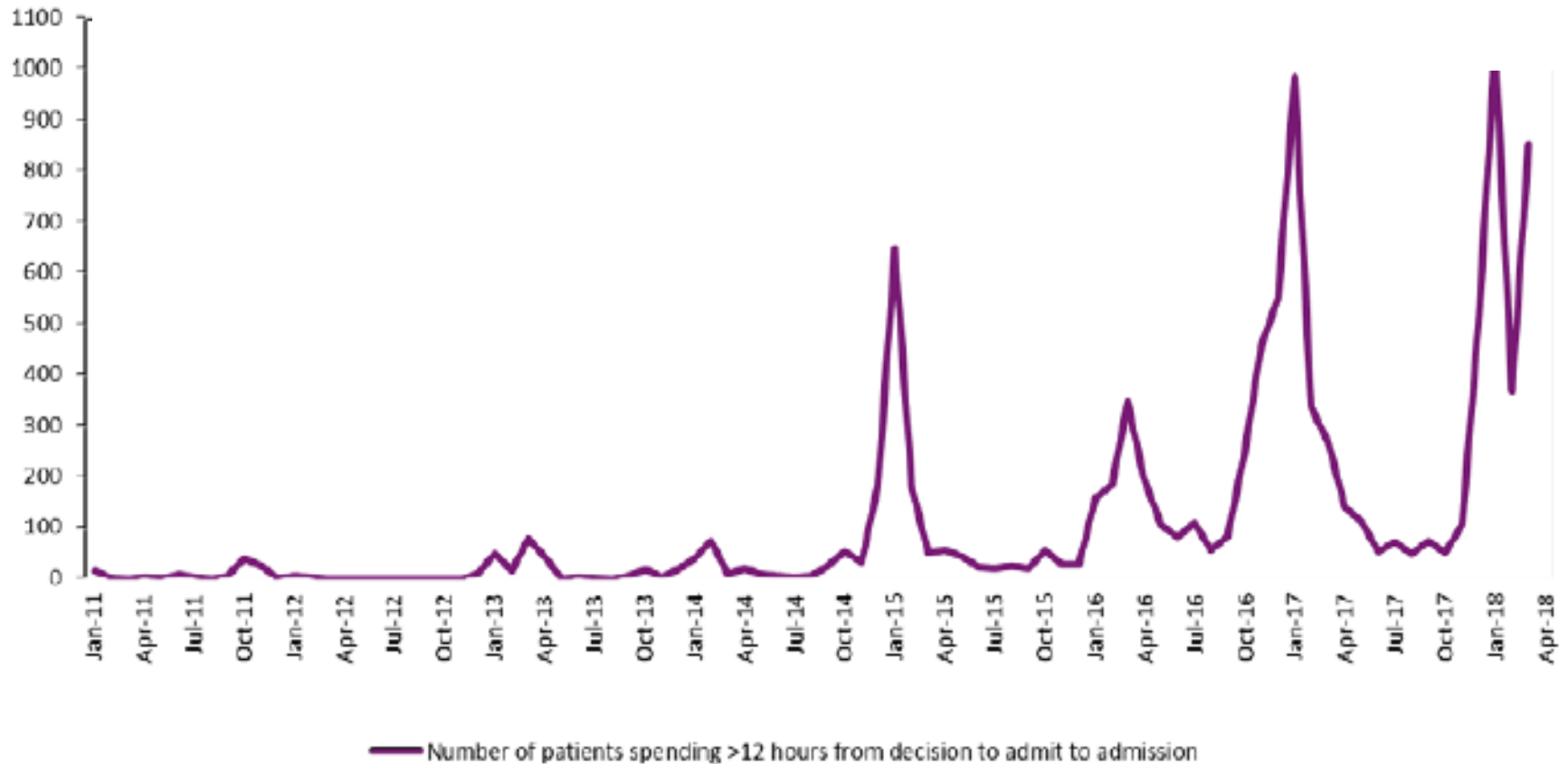
# Total monthly attendances to emergency departments (type 1)



# Percent of attendances admitted



# 12 hour delays from decision to admit



# Emergency Departments key areas of focus



1. **Ambulance arrivals** – delays in patient handovers from ambulance into hospital.
2. **First clinical assessment** – delays in early assessment of patients.
3. **Deterioration** – monitoring of patients and identification of people at risk of deterioration.
4. **Escalation** – strategies for managing surges in demand.
5. **Specialist referrals** – delays in referrals and working relationships between the emergency department and specialty teams.
6. **Use of inappropriate physical spaces** – for example, corridors for the care and treatment of patients.
7. **Staffing** – the wellbeing of staff and staff shortages.
8. **Patient outcomes** – importance of services monitoring outcomes of treatment and taking action if not within the expected range.

# Local system reviews

Interim report

December 2017

- Relationships between system partners are critical in joined up care
- More focused action is needed on keeping people well in the community to avoid hospital admission
- Focusing on DToC in isolation will not resolve the problems that local systems are facing
- Resilience during surges in demand is dependent on the organisations working together to plan and deliver effectively

Acceptance  
Leadership

Embedded and consistent systems

Strategic coherence to safety

Open culture

Staff and public pride

Governance  
Heart and Soul  
Clinical Excellence

.....

Consistency



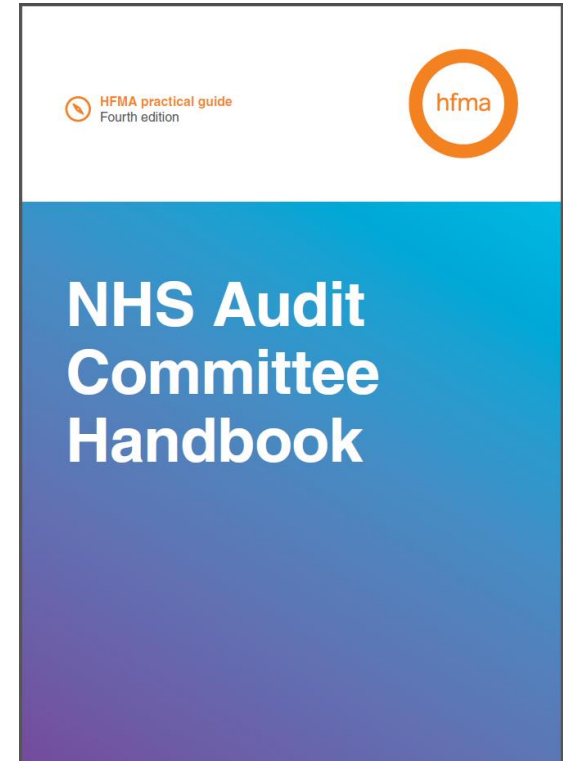
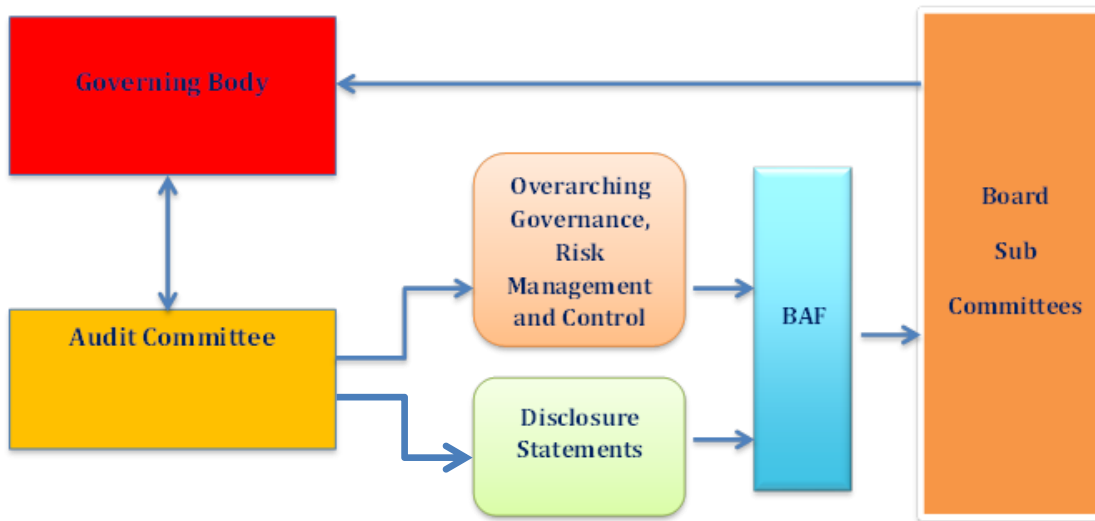
Thank you

# **Audit Committees & Board Sub-Committees:** A discussion document

Tim Thomas, Director, 360 Assurance

- **Role and Guidance.**
- **Practical Implementation.**
- **What Audit Committee Members think.**
- **Key Messages**
- **Questions for Audit Committee Members and Internal Auditors**

# Role and Guidance



# Practical Implementation



# What Audit Committee Members think



- The key formal and practised relationship is with the quality committee.
- Membership of sub-committees trumps any potential conflict.
- Significant variety exists in the formalisation of relationships and reporting.
- Formal consideration of the Audit Committee's relationships with other sub-committees promotes a structured assessment.

# Should the Audit Committee formally consider how it integrates with other committees?

1 Yes



2 No



3 I'm not sure





# Should the Audit Committee specify the form and content of the reports/updates it receives?

1 Yes



2 No



3 I'm not sure



# Should the Audit Committee have formal relations with each Board Sub-Committee?



# Should Chairs of Board Sub-Committees be more actively involved in the audit planning process?

1 Yes



2 No



3 I'm not sure

0.0%

# Quality Improvement

Helen Kemp-Taylor  
Managing Director and Head of Internal Audit  
Audit Yorkshire

# QUALITY

meaning in the Cambridge English Dictionary

1. how good or bad something is:
2. a high standard:
3. the level of enjoyment, comfort, and health in someone's life:



*Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable. In the history of the NHS, there has never been a greater focus on improving the quality of health services.*

- Quality in health care has two aspects: first, clinical outcome and second, an individual patient's subjective experience
- All NHS organisations should be focused on continually improving the quality of care for people using their services. This includes improving the safety, effectiveness and experience of care

# Clinical Audit and Internal Audit assurance

- Clinical audit is a systematic review of care against explicit criteria as part of a quality improvement cycle. At its core, it remains a clinical self-appraisal analysing clinical data, with active involvement of those directly involved in the care process
- The role of internal audit is to provide independent assurance to the board that an organisation's risk management, governance and internal control processes are operating effectively. We do this by assessing the effectiveness of management controls and identifying risks to achieving strategic objectives

[www.360assurance.co.uk](http://www.360assurance.co.uk) @360Assurance

[www.audit-yorkshire.nhs.uk](http://www.audit-yorkshire.nhs.uk) @AuditYorkshire

# Quality Improvement Toolkit

- Offers an internal audit framework to be considered in conjunction with the annual risk-based assessment undertaken by each Trust of their quality and safety assurance needs.



# Feedback from table discussions

# The differing roles of the AC and the QC

- Still confusion over roles in relation to Quality – need to get ToR right.
- Role of the Board – how does the ‘oversight’ of the quality governance process sit within AC/Board functions (QC – Quality Assurance, AC – Assurance around Quality Governance)
- Acceptance that there will always be some overlap

## Action being taken:

- QC & AC complementary e.g. action logs from QC go to AC, summary reports
- QC Chair attendance at AC
- QC updating and using the BAF but the AC scrutinising the BAF
- Committees should be involved in Annual Report process

# Streamlining Assurances

- Need to be confident that the process for monitoring and collating metrics produces genuine assurance
- Still a disconnect between data and the objective. Need to ask 'why are we monitoring this data'?
- Different metrics used by CCG and provider on same service esp. where more than one CCG
- CQC report and action plan (or any external) being dealt with separately from Quality Assurance processes

## Action being taken

- CCG presence (e.g. Chief Nurse) at provider Quality Committee
- Establishing joint KPIs as part of/prior to service development
- Common dashboards
- One tracker for all committees to ensure sight not lost of actions

# How much assurance is sufficient?

- Multiple audiences – responses back gives an indication of whether you have got the assurance right
- Internal Audit Limited Assurance reports – need to look at the risks not simply the opinion
- All assurances should include evidence of good patient outcomes – this should then satisfy everyone. The Board should be driving what assurance is generated and this should be robust enough for other audiences.

# Assurance in respect of all aspects of quality/safety

- Can still be caught out by a surprise issue.
- Regulatory but also legislative (e.g. HSE)
- Assurance mapping – relating this to the BAF/Objectives
- Making sure you are aware of the limitations of any particular assurance (e.g. internal audit) and therefore how this triangulates

## Action being taken

- Walk rounds
- Unannounced visits
- Monitoring of IA actions

# Quality Objectives

- Do objectives drive your agenda at meetings?
- Linking data/metrics to objective rather than the other way round

Thank You and Safe Journey  
Home