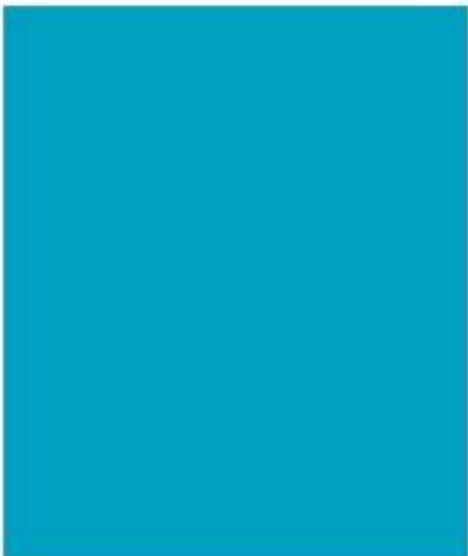


**Shropshire and
Staffordshire Quality
Surveillance Group**

**Briefing for Health
and Wellbeing
Boards**

October 2013



Briefing for Health and Wellbeing Boards: Quality Surveillance Groups

1: Background

Following the report by the Health Care Commission (HCC) into the failings at Mid Staffordshire Hospital Trust the Secretary of State asked the National Quality Board (NQB) to set out clearly the roles and responsibilities across the systems for quality. In February 2010 the NQB published a review of early warning systems in the National Health Service (NHS) as it stood at that time.

In January 2013, the NQB published '*Quality in the new health system - maintaining and improving quality from April 2013*' a report which sets out the distinct roles and responsibilities across the system for quality and identifies how the different elements should work effectively together both proactively and reactively.

- Proactively: to share information and intelligence on quality and to identify early potential quality problems. The forum which will enable this to occur, both locally and regionally is the Quality Surveillance Groups (QSG's).
- Reactively: identification of potential or actual serious failings and for corrective action to take place quickly, working collaboratively to secure improvement and protect service users.

2: Quality Surveillance Groups

The QSG's provide a forum for the different elements of the health and care economy to methodically and routinely share and triangulate information and intelligence about the quality of services. It is managed by NHS England and fosters a culture of open and honest cooperation.

QSG's operate regionally and locally. The regional QSG's meet bi-monthly and are based on the footprint of the four NHS England Regional Teams. The local QSG's meet monthly and are formed around and facilitated by the NHS England's Area Teams.

Membership

- NHS England Area Team Director (Chair), Director of Nursing and Medical Director
- Leads from each Clinical Commissioning Group (CCG)
- Local Authority Leads (top tier)
- HealthWatch
- Care Quality Committee (CQC)
- Monitor
- NHS Trust Development Authority (NTDA)
- Health Education West Midlands (HEWM)
- Public Health England (PHE)
- Specialised Commissioning

The QSG is a forum for commissioners of services and regulators to liaise together and providers are not present. It provides the opportunity to discuss each provider within its area when it comes together. Some meetings will take the form of thematic reviews into areas of concern such as Accident and Emergency or Nursing Homes. This will help to ensure that there is early consideration of priority areas. The QSG also takes into account the likely and actual impact of individual commissioning decision across pathways of care.

The QSG uses a number of sources to ensure that it captures the relevant information on the three domains of quality, effectiveness, safety and patient experience. Patient identifiable data is protected and confidentiality preserved, and a similar consideration applies to staff.

Participants provide an exception report and raise areas of concern for discussion and those which require escalation.

3: Actions available to QSG

Formal	Informal
<ul style="list-style-type: none"> • QSG can ask if a participant to exercise its powers. e.g. CCG asked to take action under a contract clause CQC asked to investigate • Referral to Regional QSG, particularly relevant where providers deliver both in and beyond Staffordshire and Shropshire. e.g. Huntercombe run a home within our borders, but majority of the residents come from other areas Health and Justice commission from a provider external to the health economy, such as Worcestershire Health and Care • Request a Risk Summit 	<ul style="list-style-type: none"> • Have a pre-risk summit to review areas of concern and decide if a risk summit is required e.g. Concerns raised regarding Shropshire and Telford Hospitals, not sufficient to call a Risk Summit but required discussion • Commission a Risk Surveillance Meeting e.g. Mid Staffordshire Foundation Trust is at risk of destabilisation due to the Trust Special Administrator (TSA) process, therefore monthly assessment across the Health Economy was commenced to identify early an increase in risk in key areas

4: What is a Risk Summit?

Any statutory organisation, local, regional or national who has a concern about quality of care of a provider or potential for there to be a serious quality failure, can alert the QSG and trigger a risk summit. QSG members relevant to the provider in question come together to give specific, focussed consideration to the concerns raised, other parties may also be involved such as Police, Safeguarding Boards or professional regulators. The provider is also present.

As a result of the Risk Summit actions will be agreed, for example, CQC will make an independent regulatory judgement, informed by the range of available information and intelligence as to whether or not there has been a breach of essential standards of quality and safety. If they deem that there has been a breach, regulatory action will be taken. Even if the CQC determine that there has not been a material breach, commissioners, NTDA or Monitor may determine that further focussed action is required by different parts of the system.

Shropshire and Staffordshire Area Team have had three Risk Summits since April 2013.

- 23.04.13: Mid Staffordshire Foundation Trust: This Risk Summit was initiated by commissioners as a result of concerns regarding the potential destabilisation of Hospital services across the Health Economy as a result of uncertainty of future provision following the appointment of the TSA. Concluded that to the best available knowledge MSFT were provided a safe standard of care. Risk Assessment would continue
- 09.05.13: Shropshire and Telford Hospitals: Initiated by Area Team because management of Emergency department and hospital flow resulted in high number of 12 hour trolley breaches. Area Team and CCG's continue to monitor emergency flow and the impact upon planned care.
- 21.06.13: Burton Hospitals Foundation Trust: Initiated as a result The Keogh Mortality Review which looked at the 14 hospital trusts that have persistently shown a higher mortality rate than the average across the country. An action plan was developed as a result of the recommendations. This is being monitored by a group which was convened under the QSG.

5: Current Position

The QSG reviews and categorises each organisation on a monthly basis (see appendix 1).

GREEN - Regular Surveillance - No specific concerns but watching eye on any dips in performance

AMBER - Enhanced Surveillance - Concerns which need to be reviewed at every meeting due to existence of recovery action plans/increased visits/contractual measures

RED - Risk Summit required - Significant concerns beyond the need for enhanced surveillance, which necessitate further action in the form of a risk summit

Appendix 1: Shropshire and Staffordshire Quality Surveillance Group Ratings

Date of meeting: 27.09.13

Provider/Service	Type	Area	Commissioner	Concerns/Issues	Surveillance Rating
Mid Staffordshire Hospital	Acute	Staffordshire	Stafford and Surrounds CCG, Cannock Chase CCG	Trust in Administration, consultation process ongoing, Media Interest; Breast Cancer Reviews/Age expansion Breast screening not commenced; C Diff; Mortality Review Backlog; Never Event	Enhanced Surveillance
University Hospital of North Staffordshire	Acute	Staffordshire	Stoke on Trent CCG North Staffs CCG Specialised Commissioning	A & E performance; Mortality after Surgery; Cancelled Operations; MRSA Bacteraemia; Renal Ward 124; Obstetrician Hours on Labour Ward	Regular Surveillance
Burton Hospital Foundation Trust	Acute	Staffordshire	East Staffs CCG South East Staffordshire and Seisdon CCG	Keogh review, Mixed Sex Accommodation Breaches	Enhanced Surveillance
Shrewsbury & Telford Hospital	Acute	Shropshire/Telford and Wrekin	Shropshire CCG Telford and Wrekin CCG	8 weeks RTT and over 52 weeks waits; Maternity services review – to be completed October 2013; Health Care Associated Infections, Elderly Care	Enhanced Surveillance
Robert Jones & Agnes Hunt	Specialised	Shropshire	Shropshire CCG Specialised Commissioning	52 week waits, being addressed	Regular Surveillance
North Staffordshire Combined Healthcare	Mental Health	Staffordshire	North Staffs CCG Stoke on Trent CCG	Risk assessment re: Transition; Removal of potential ligature points; Place of Safety Harplands Hospital	Enhanced Surveillance
South Staffordshire & Shropshire Mental Health Foundation Trust	Mental Health	Shropshire/Telford and Wrekin/Staffordshire	Staffordshire: ES, SES &S, CC S & S CCG's Shropshire/Telford: S CCG, T & W CCG	Nil reported	Regular Surveillance
Staffordshire & Stoke-on-Trent Partnership Trust	Health & Social Care/Community	Staffordshire	All Staffordshire CCG's and Stoke on Trent CCG	Pressure Ulcers - improving; Never Event; Podiatry waiting times	Regular Surveillance
Shropshire Community Healthcare	Community	Shropshire/Telford and Wrekin	Shropshire CCG Telford and Wrekin CCG	18 week RTT; CAMHs access	Regular Surveillance