Social Care Services Board
25 January 2016

Quality Assurance Task and Finish

Purpose of the report: The outcome of the Quality Assurance task and finish group work, to review of Surrey's multi agency Quality Assurance framework and identify opportunities for improvement.

Executive Summary:

1. The Care Act 2014 describes the responsibilities of local authorities to reduce the risk of provider failure or the impact of a failure should one occur.

2. Whilst Quality Assurance (QA) best practice exists for providers, there is limited guidance or models for commissioners. This creates an opportunity for Surrey to develop a framework that could be shared with and used by others.

3. Although there are many elements of the existing QA framework that work well, it was identified that more work could be done to gather and share soft intelligence, and if resources allowed, more proactive work to be undertaken to improve the quality of services. In addition, whilst there are areas of good practice in Surrey, a more consistent approach would be preferable, including a system for sharing intelligence.

4. It is recognised that during the course of the task and finish work, there have been related initiatives underway which have also helped take this work forwards. These have been reflected in the proposals and it is recommended that the links continue.

Introduction:

5. In December 2014, following safeguarding action by Surrey Adult Social Care (ASC) and enforcement action by the Care Quality Commission (CQC), a nursing home in Surrey closed and the people who were living there moved to other accommodation. Details of the QA responsibilities of statutory organisations can be found in **annex 1**.

6. Following the closure of the home a multi agency seminar was held. Concerns were shared that the nursing home had not been of particular concern to any of the agencies involved until the visit of the Safeguarding Advisor. The following were also highlighted:
   6.1. It was noted that 12 external professional disciplines would have had visited the home prior to its closure
   6.2. The many individuals who visited had concerns about poor care but as they were not patient specific or did not fall into Safeguarding concerns they were not shared
   6.3. Concerns had been raised by Surrey Fire and Rescue Service and Surrey ASC Quality Assurance teams but had not been acted upon by the home
   6.4. Families did not appear to fully understand what constitutes good care or had not raised concerns on behalf of their relatives.

7. It was agreed that a Surrey multi-agency task and finish working group be established to review the current Quality Assurance framework (for commissioners) and develop an integrated model of best practice to pro-actively monitor the quality of service provision in Surrey. The group was formed in February 2015. Group membership can be found in **annex 2**.

Review of current Quality Assurance framework

Definition

8. In this context, Quality Assurance (QA) is the process of checking whether a service being delivered meets good practice guidance, specified requirements and regulatory standards. The scope of the task and finish group was to review the framework for commissioners, including policy, processes, systems and resources.

9. The Task and Finish Group divided the Quality Assurance framework into the following elements:
   9.1. Information gathering
   9.2. Information sharing
   9.3. Response
   9.4. Reporting

10. Whilst the original brief stated that the group would develop 'an integrated model' it is important to note that the degree of integration may be restricted by existing infrastructure and resources. With this in mind, it may be that collaborative and partnership working is a more accurate description of the working relationship, particularly in the short term.

What good looks like

11. Partner organisations and other local authorities were engaged to gather information about what constitutes good practice, quality and sustainability. Along with a review of national guidance, initial research showed that there is no one recognised model of best practice for commissioners and similar sized two tier authorities did not have integrated health and social care models. Therefore the group focused on

some of the common themes found through the research undertaken and what currently works well.

12. The group agreed that they wanted to develop a model that improved outcomes for individuals and:
    12.1. that integrated health and social care QA practice (as far as possible)
    12.2. was multi agency
    12.3. was pro active
    12.4. had a robust system for gathering and sharing intelligence
    12.5. was consistent across Surrey
    12.6. was sustainable and future proof

Research

13. Each of the partner organisations involved agreed to submit information about the Quality Assurance activity their organisation undertakes for each of the elements of the commissioning model. This information was developed into both individual and combined visual maps to help identify opportunities for improvement and promote consistency of approach.

14. In addition, research showed that there are a number of related initiatives underway. The most significant areas the project linked with were:
    14.1. The development of a new case management system for Adult Social Care (Local Authority System) and related areas of work, including the eBrokerage system
    14.2. The development of the Information Sharing Protocol
    14.3. Surrey Downs CCG business case development for Quality Care Team and related initiatives including the development of a Care Homes Forum in mid Surrey and risk stratification tool.

Issues Analysis

15. Through the visual mapping work, the group reviewed both what was working well in the current framework and where there might be areas of improvement. This can be found in **annex 3**.

Options for the future Quality Assurance framework

16. The task and finish working group developed options for a future QA framework based on the identified areas of improvement and research undertaken. These can be found in **annex 4**.

Options analysis and proposals

17. The options were then analysed based on the existing initiatives underway, resource implications and agreed criteria for the future model.

18. The following proposals are made to take the work forwards in the short term (first phase of implementation and areas of further work):
    18.1. Implement the identified quick wins:

18.1.1. Further work with key partners, including Healthwatch and Surrey Care Association, to agree how best to gather, manage and share soft intelligence, including low level concerns and best practice. This would potentially have benefits across the whole health and social care economy not just nursing homes, care homes and home based care agencies.
18.1.2. Realign current ASC QA team in line with CCG areas / Area Director areas
18.1.3. Develop Area Quality Meetings with local CCGs
18.1.4. QA and Customer Relations teams to work more effectively together to gather and share information raising concerns and best practice
18.1.5. Plan and undertake an awareness raising communications campaign with professionals and a variety of stakeholders on their QA responsibilities in sharing concerns and good practice and the support available to improve the quality of services.

18.2. Continue to work closely with the SD CCG Quality Care Team development, including risk stratification tool
18.3. Further review of resources, including roles and responsibilities and interdepartmental synergies
18.4. Utilising the system requirements developed by the task and finish group, investigate possibility of using eBrokerage system for information sharing within ASC / SCC
18.5. Further work to investigate possibility of the use of eBrokerage by partners and/or another shared information system
18.6. Review of reporting arrangements for further opportunities for improvement
18.7. Continue to link with work on Information Sharing Protocol and Commissioning Support Unit.

Conclusions:

19. Whilst Quality Assurance best practice exists for providers, there is limited guidance or models for commissioners. This creates an opportunity for Surrey to develop a framework that could be shared with and used by others.

20. Although there are many elements of the existing QA framework that work well, it was identified that more work could be done to gather and share soft intelligence, and if resources allowed, more proactive work to be undertaken to improve the quality of services. In addition, whilst there are areas of good practice in Surrey, a more consistent approach would be preferable, including a system for sharing intelligence.

21. It is recognised that during the course of the task and finish work, there have been related initiatives underway which have also helped take this work forwards. These have been reflected in the proposals and it is recommended that the links continue.

Recommendations:

22. It is recommended that the Board :

22.1. Support proposals as outlined above, concluding the task and finish work.
22.2. Support the first phase of implementation and areas of further work, as outlined above, to be set up and managed as a new multi-agency project.

Next steps:

23. Consult with partner governance boards on proposals as follows:
    23.1. January 2016 – Workshop with CCGs to plan the first phase of implementation and areas of further work
    23.2. February 2016 – Feedback to Adults Leadership Team and CCG Quality Leads meeting

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Annex 1 – Summary of QA responsibilities of statutory organisations

The Care Quality Commission (CQC)

- The CQC register and regulate a range of health and social providers across England who are involved in delivering care
- The CQC expect all regulated providers to comply with their Fundamental Standards and will then regularly inspect providers to ensure the service they deliver is safe, effective, caring, responsive to people's needs and well-led.
- The CQC rate regulated providers they inspect and make these findings publicly available on their website. Following their inspection, providers will be rated as either, Outstanding, Good, Requires Improvement or Inadequate.

Surrey County Council

- The Adult Social Care QA team undertake QA visits to services. These visits focus on outcomes for people using the services and the QA Managers support providers, when appropriate to do so, with the aim of improving people's experiences. Following a QA Manager's visit a QA report is written and these are accessible to SCC staff and are shared with CCG colleagues and the CQC.
- All staff have a professional responsibility to monitor services that they come into contact with. If staff observe any concerns about a service they also have a responsibility to ensure that they do something about it.
- The Care Act introduces a duty for local authorities to maintain oversight of the local provider economy
- Surrey Fire and Rescue Service (SFRS) will liaise with SCC ASC, Continuing Health Care and CQC regarding any fire safety non compliance by a registered service that pose a serious risk to people using a service

Healthwatch Surrey

- Healthwatch Surrey is an independent organisation that gives the people of Surrey a voice to improve and shape services and help them get the best out of health and social care services.
- Healthwatch Surrey enables people to share views and concerns about local health and social care services, provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans and provides or signposts people to, information about local services and how to access them.
- They have the power to enter and view health and social care services across Surrey as well as produce reports and recommendations to influence the way services are designed and delivered.

- They can report concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission take action.

Clinical Commissioning Groups (CCGs)

- CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area
- CCGs have a statutory role to improve quality, safety and outcomes for their patients across the local healthcare system
- CCGs identify key quality issues and ensure systems are in place to monitor progress and levels of compliance with the relevant provider, working with the Adult Social Care QA Team as appropriate, e.g. joint visits to services.
- Intelligence about the quality of service provision is shared with CQC and SCC at a Surrey-wide forum and a regional Quality Surveillance Group.

Annex 2 – Quality Assurance Task and Finish Group Membership

Who	Role, organisation
Vernon Nosal	Project Sponsor Interim Head of QA and Safeguarding, ASC, SCC
Stella Smith / Becky Pettitt	Project Manager, ASC, SCC
Cathie Sammon	Consultant Nurse, Older People's Mental Health, SABP Trust
Charlotte Langridge	Business Intelligence Lead, ASC, SCC
Chris Hastings	Quality Assurance Manager, ASC, SCC
Christine Caines	Assistant Senior Manager Mental Health, SCC
David John	Audit Performance Manager, SCC
Dilip Agarwal	Customer Relations Manager, ASC, SCC
Eileen Clark	CCG lead* Head of Clinical Quality, Surrey Downs CCG
Ian Lyall	Senior Category Specialist, Procurement, SCC
Jean Boddy	Commissioning lead AD for Farnham and Surrey Heath, ASC, SCC
Jim Poyser	Practice Development Manager, ASC, SCC
Jo Poynter	Link to Winterbourne Review AD for East Surrey, ASC, SCC
Lorna Hart	Head of Continuing Health Care (CHC), Surrey Downs CCG
Juliette Flynn	SABP Integrated Mental Health Service
Matthew Parris	Consumer Champion (Evidence & Insight Manager), Healthwatch Surrey
Neil Cox & Clare Creech	CQC
Paul Coleing	QA Manager Service Delivery, ASC, SCC
Philippa Alisiroglu	Interim AD Service Delivery, ASC, SCC
Simon Willis	IMT Service Delivery Manager, SCC

* Each of the CCGs in Surrey take leads in certain areas. Surrey Downs CCG hold the Safeguarding and Quality lead on behalf of the other CCGs in Surrey and therefore were involved in the task and finish work. All of the CCGs will be engaged in the next phase of the work.

Annex 3 - Issues Analysis

1. It was felt that the following areas of the current Surrey QA framework work well:
   a) Good relationships across Surrey between ASC QA team and CCG partners, with some variances in practice in different CCGs, e.g. employed pharmacist in North West Surrey
   b) Joint reporting format for ASC and Continuing Healthcare QA visits
   c) Surrey-wide QA forum with ASC, CCGs and CQC
   d) CQC horizon scanning process, whereby ASC Business Intelligence review CQC intelligence about recent inspections of Surrey providers and share that information with colleagues so that appropriate action can be taken. For example, support from Surrey Skills Academy for those who are 'inadequate' or 'require improvement'.
   e) Willingness and commitment to improving QA across Surrey
   f) Separate ASC QA and contract monitoring functions that work effectively together to ensure QA can focus on improving outcomes and experience of people who use services

2. The following are areas where it was felt that the ASC QA Team in particular are currently work well:
   a) Outcome focussed to improve quality and individual experiences based on 'I statements' and recognised good practice
   b) Supports effective contract monitoring
   c) Excellent relationship management with providers
   d) Good albeit limited partnership working
   e) Evidence of effective improvement of services
   f) Provider leads for large organisations across Surrey to maintain the Surrey-wide picture
   g) Networking at an area and locality level
   h) Highly skilled and knowledgeable QA team
   i) Good at sharing information with key partners

3. The research gathered shows that, whilst Surrey residents using regulated service providers are generally protected by the current quality assurance framework in place, there are some areas where improvements can be made, as follows:
   a) Intelligence about providers may be diluted / may not get to the right place due to multiple contact points
   b) Low level concerns and good practice are not always captured and/or shared, or acted upon.
   c) There is no shared IT system for gathering and sharing intelligence, both internally and between partners
   d) It is not clear how non Safeguarding information is captured for Mental Health providers, as there are non integrated teams for older adults Mental Health
   e) There is a lack of resource to do more proactive work, following up recommendations and interventions to improve quality. Comparatively, Surrey has a high number of providers per member of ASC QA staff.
   f) There is a lack of resource to capture and share good practice (in service provision)

g) Lack of consistency of QA activity and resources across Surrey, for example, within the different CCG areas.

Annex 4 – Options for future Quality Assurance Framework

The options were recorded under the four elements of the model, as follows:

1. Information Gathering

a) More effectively gather low level concerns and good practice
b) Review the role of Customer Relations teams and local front line staff in gathering QA information about providers
c) Consult with Healthwatch about developing a single point of contact for people who use services, their families, visitors to services, the public etc to share low level concerns and good practice. This would include an awareness raising communications campaign.
d) Utilise an IT system for gathering intelligence – online?
e) Utilise 'talk to us' feedback mechanism, currently used by GPs in NW Surrey, to alert the CCG
f) Undertake an awareness raising communications campaign with a variety of professionals and stakeholders on their QA responsibilities in sharing concerns and good practice and the support available

2. Information Sharing

a) Develop area QA meetings with relevant, local health and social care commissioners / professionals
b) Develop a system for storing and sharing information about providers which is:
    (1) internal (ASC / SCC) only
    (2) shared between commissioners
    (3) public
c) Seek stakeholder feedback and involvement in promoting best practice
d) Review formal processes and forums for sharing information, for example, information from the CCG Serious Incident scrutiny panel and information collected by ASC Locality Teams

3. Response

a) Review staff resources to support more effective and proactive work
b) Risk stratification tool development (currently SD CCG only)
c) Further develop the use of 'I statements' in survey work for strategic providers across sectors
d) Develop QA software / tool for monitoring and recording information (see examples below)
e) QA professionals to be involved in training other professionals on 'what good looks like' and how to respond to concerns etc

Some examples from other local authorities are as follows:

f) Slough Borough Council have developed a Combined Quality Assurance Framework (Excel spreadsheet) to reduce duplication in monitoring activity
g) Windsor and Maidenhead CCG and ASC have developed a dashboard of data updated on a monthly basis. It provides information affecting the quality of care

h) West Sussex, working with an external IT company, have developed Quality Assurance Software, which gives in-depth and high level market oversight from which a dashboard is created.

4. Reporting

a) Consider which stakeholder reports can be shared between colleagues and partners
b) Reconsider forums for sharing and reviewing reports
c) Consider opportunities for shared reporting (e.g. to regulatory and governance bodies)
d) Shared governance arrangements for reporting (if shared)
e) Consider how to use information in reports for proactive monitoring
f) Consider wider publication of QA reports, e.g. to the public and other local authorities (they are already shared with CQC and the relevant CCG)

5. Staff resources

The following staff resourcing options should be taken into consideration. It is recommended these are further developed in the next phase of work:

a) Realign current resources of ASC QA team in line with CCG areas/ Areas Director areas (quick win)
b) Align ASC resources with Quality Care Team (SD CCG) and other CCG resources and agree how will work together – structure, location, roles and responsibilities
c) Review ASC resources for QA including Service Delivery resources & commissioning resources, with reference to the Commissioning Support Unit
d) Additional resources for ASC QA team to allow for proactive work.