

TRUE FOR US REVIEW
QUALITY IN THE NEW HEALTH SYSTEM

[Quality in the new health system – Maintaining and improving quality from April 2013](#)

A draft report from the National Quality Board
August 2012

The National Quality Board (NQB) Report represents a refresh of the February 2010 report, ‘*Review of Early Warning Systems in the NHS*’, emphasising the view that any effective warning system for quality must begin within the organisation providing care. This initial ‘*True for Us*’ review concentrates on those issues that relate specifically to the Trust and we have not sought to provide comment on wider system issues. This approach will need to be reviewed as the system develops and new roles and organisations are formed. It is proposed that a second review is undertaken after the publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

Extracts from the report have been replicated below, the current position outlined and where required comments provided to indicate further planned work.

No.	Statement (Report extract)	Current Position	Comments
1.	Improving quality and healthcare outcomes remains the primary purpose of all NHS funded care and is the responsibility of everyone working in the NHS. These responsibilities are now reinforced through their definition in statute in the Health and Social Care Act 2012. (pg 9)	Corporate Strategy and Quality Strategy in place. Board agendas structured around themes of Corporate Strategy. Directorate based strategies aligned to corporate approach Constitutional Review Steering Group (Joint Board of Directors and Council of Governors Task and Finish Group). Healthcare Governance Committee: Board committee with annual work plan, covers CQC essential standards and other compliance and quality topics. NED Chair. Audit Committee: Board committee with NED chair, regular reporting schedule including adverse internal audits. Personal accountability is promoted across the organisation both to improve the quality of services delivered and to raise concerns when necessary. This approach is strengthened by professional regulation requirements.	The implementation of the STH Quality Governance Framework as part of the Quality Strategy will greatly assist in the future identification of the key systems and processes across the organisation that contributes to the monitoring of Quality. (Quality Governance objective A)

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2.	Healthcare professionals and clinical teams, their ethos, values and behaviours, will remain the first line of defense in safeguarding quality. (pg 10)	Annual Staff Survey along with regular local surveys, in place. Whistle Blowing Policy in place, which enables staff to raise concerns, and for those concerns to be dealt with in a receptive and proactive way. Recruitment processes adopted to focus on personal values whilst ensuring appropriate professional qualifications, experience and registration. Appraisal system that focuses on behaviour and 'Revalidation-ready' appraisal for medical staff which focuses on reflection on compliance with all elements of 'Good Medical Practice'. Incident Reporting and Management processes in place. Professional accountability for clinically registered staff is highlighted in policies and guidelines.	
3.	The leadership within organisations who provide care remains ultimately responsible for the quality of care being delivered by their organisation, across all service lines. (pg 10)	Quality Strategy in place. Medical Director and Chief Nurse/Chief Operating Officer have primacy when authorising improvement and efficiency plans. Monitor Quality Governance Framework review undertaken in October 2011. Management arrangements reflect service users i.e. split of Medicine and Respiratory services. Management arrangements – 28 clinically led directorates Performance Management Framework. Board, Audit Committee and TEG receive six monthly Assurance Framework, which include strategic risks to quality objectives. Risks to quality are routinely considered in major Board-approved policy initiatives via project management arrangements and risks are reported to Board via project board reports e.g. Clinical Reconfiguration, Hospital at Night, Transforming Community Services, Super decontamination, PatientCentre etc.	

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4.	The Care Quality Commission remains the statutory regulator for the quality of health and social care in England. (pg 10)	CQC full registration with no conditions. CQC Compliance Framework. Provider Compliance Assessments in place. Monthly reporting to Healthcare Governance Committee – Committee of the Board of Directors. Unannounced internal Quality Governance Inspections. CQC Quality and Risk Profile monitored monthly and reported to the Healthcare Governance Committee. Published CQC Reports regularly reviewed to seek to learn from experiences within other organisations.	
5.	Professional regulators continue to be responsible for setting the standards of behaviour, competence and education of regulated healthcare professionals and taking action where those standards are not met. (pg 10)	Requirement is translated into practice through various HR Policies such as the Capability Policies. Maintaining High Professional Standards Policy Medical Staff Revalidation arrangements Responsible Officer – Medical Director Referral to Professional Regulatory Boards as appropriate (i.e. NMC, GMC etc.)	
6.	The National Institute for Health and Clinical Excellence will continue to be the source of national guidance and standards on the promotion of good health and social care and the prevention and treatment of ill health. (pg 10)	NICE Compliance monitored and reported to Clinical Effectiveness Committee and Healthcare Governance Committee CCG NICE compliance reporting process. NICE Technology Appraisal monitoring and reporting process Directorate evidence of gap analysis and implementation.	
7.	Measure and publish quality – the system can only hope to improve what it measures. There must be robust, relevant and timely information transparently available on the quality of care being provided at every level of the system. This information should be used to drive quality improvement at the front line, for the purposes of accountability and to support patient choice. (pg 17)	North of England Quality Report published quarterly STH have consistently measured and published over and above what is required. STH Quality Report published annually. Public Board of Directors and papers available on Trust website Healthcare Governance reporting to Public BoD. Dr Foster Good Hospital Guide data. Safety Thermometer data	Quality Healthcheck (in production) as part of the Quality Strategy implementation (Quality Governance Objective B)

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		<p>CQUIN performance published and discussed at TEG/OBMB/CMB on a monthly basis. Annual Reports available on Trust website e.g. - Infection Prevention and Control Annual Report - Patient Experience Report Other reports available locally – eCAT, Nurse staffing etc.</p>	
8.	<p>Measure and publish quality – the NHS Outcomes Framework sets out the national quality goals which the NHS will be aiming to deliver, and will be used by the Secretary of State, through the Mandate to hold the NHS Commissioning Board to account. Provider organisations and their clinical teams should be drawing on the wealth of comparative quality indicators, including from clinical audits, to drive improvement across all services. All measures of quality at every level of the system, must be made transparently available to support accountability, patient choice and prioritisation. (pg 17)</p>	<p>Board of Directors meeting held in public. Board of Directors papers available online. Mortality Data benchmarked against comparable Trusts and Yorkshire and Humber region. Trust Clinical Audit Programme, including contributions to National Audit, in place. Safety Thermometer data published by organisation. Review of specialty-specific performance data (e.g. National cardiac surgery database, Renal Registry) where available. e-CAT processes reviewed and adjusted regularly to ensure fit for purpose and up to date.</p> <p>Benchmarking work:</p> <ul style="list-style-type: none"> • NHS Quest • Association of UK University Hospitals - Benchmark against provincial teaching hospitals • Dr Foster analysis – Alerts are addressed through the Clinical Effectiveness Committee and appropriate Clinical Director • Dr Foster Global Comparators data • Other areas of monitoring include Cardiac, Rheumatology and Orthopaedic (National cardiac surgery database, Renal Registry) • Shelford Group 	<p>STH Quality Healthcheck to mirror NHS Outcomes Framework (as above)</p>
9.	<p>Innovate for quality – Academic Health Science Networks will bring together the local NHS, universities, public health and social care to work with industry to identify and spread proven</p>	<p>Bid submitted to Department of Health as a first wave Academic Health Science Network for Yorkshire and Humber.</p>	

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	innovations and best practice to improve the quality and productivity of health care resulting in better patient outcomes and population health. (pg 18)	Process ongoing Established initiatives: CLAHRC Research collaborative Sheffield Micro-system Academy	
10.	The NHS Constitution sets out the principles that should guide the actions of all those who work for the NHS: 1. The NHS provides a comprehensive service, available to all. 2. Access to NHS services is based on clinical need, not an individual's ability to pay. 3. The NHS aspires to the highest standards of excellence and professionalism. 4. NHS services must reflect the needs and preferences of patients, their families and their carers. 5. The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources 7. The NHS is accountable to the public, communities and patients that it serves. (pg 19)	Executive Lead - Neil Riley, Trust Secretary Various processes and projects in place across the organisation, to be confirmed through the Internal Audit review.	Given the Trust wide impact of the NHS Constitution, Internal Audit have been commissioned to review the current position with regards to the 7 key components (detailed opposite) December 2012 – Internal Audit scope confirmed
11.	An organisation that is truly putting patients first will be one that embraces and nurtures a culture of openness and learning... ...But what does a culture of open and honest cooperation	Being Open policy in place Principles of Duty of Candour followed in the management of SUIs. Monthly 'learning from incidents' – SRMB. Incident Decision Tree process.	Review required of the Being Open Policy and Duty of Candour implications, to ensure the processes are fully embedded across the organisation.

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	look like or mean for the NHS? (pg 20)	Public Board of Directors Council of Governors – Significant key reports and papers shared e.g. Patient Experience Report.	(Quality Strategy Section 4.3.3)
11a.	Healthcare professionals and all NHS frontline staff feel encouraged and rewarded for raising concerns about the quality of care at an early stage. Clinical teams understand the quality of service they are providing to patients through routinely measuring and benchmarking their performance with peers across the three dimensions of quality – safety, effectiveness and patient experience. (pg 20 and 21)	Performance Management Framework in place See Section 8 above for benchmarking information. Annual Quality Report. Trust Clinical Audit Program STH Micro-system Academy approach Trust governance arrangements	Review the options for ensuring Healthcare Professionals feel encouraged and rewarded for raising concerns as part of the review of the Whistle Blowing Policy.
11b.	The leadership with provider organisations see their fundamental role as ensuring high quality care for patients. As part of this, they routinely: <ul style="list-style-type: none"> • Monitor the quality of care being provided across all services; • Challenge poor performance or variation in quality; • Ask for help and raise concerns should significant problems arise; • Incentivise and reward high quality care and quality improvements; • Work with other health and social care organisations to ensure that care is centered on people’s needs; and • Foster a culture of openness and transparency throughout their organisation. (pg 21)	Examples include: <ul style="list-style-type: none"> • Performance management framework, IPC accreditation, Complaints and feedback monitoring • External RCOG review of Maternal Deaths • Never Events action plan and support from Salford Royal Hospital and C.Diff Action Plan support from SHA, Commissioners along with commissioned external review. • Thank you events, national awards and grants obtained (eg Burdett Trust) • Joint executive meetings with SHSC and SCH. STH involvement in Local Authority Health and Well-being Board. Right First Time initiative. • Being Open policy, feedback on SUI events, Public Board meetings 	

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11c.	All parts of the system are actively listening to and proactively engaging with patients and the public to understand concerns. (pg 21)	<p>Patient engagement programmes in place:</p> <ul style="list-style-type: none"> Programme of national surveys Local frequent feedback surveys Comments cards Website feedback Local ad-hoc surveys – snap etc. Complaints/thank you/compliments Friends and Family Test Patient Experience reports Staff Satisfaction surveys Mystery shopping Trust Governors feedback comments to various committees and groups. STHFT a pilot site for PLACE reviews replacing the PEAT inspections 	
12.	In the new system, patients and service users must be able to play an even more central role in the oversight and scrutiny, design and measurement of the provision of high quality services. (pg 21)	<p>Patient involvement in Microsystems Improvement Work</p> <p>Patient involvement at the design stage of improvement projects. Examples include:</p> <ul style="list-style-type: none"> Patient involvement in the redesign of A Floor outpatients RHH through interviews, 'listening wall', and mystery shopping. Patient involvement in the production of Trust standards of customer services through surveys and mystery shopping. Many of the Trust Governors are previous or existing STH patients and therefore contribute a rich variety of views Patient/Public Governor involvement on Trust Groups and Committees 	New Healthwatch working arrangements

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12a.	<p>Within provider organisations, patients, the public and service users are able to be part of their local foundation trust as a foundation trust member and elect patient and public governors to the NHS foundation trust's Council of Governors. (pg 21)</p>	<p>Council of Governors and associated processes Election process undertaken as required Governors engaged in various corporate groups and involved in inspections Committees and worksteams involvement: Council of Governors meetings; Arts in Health Strategy Group; Bereavement Strategy Group; Biomedical Research Unit (musculoskeletal and cardiovascular); Catering Infrastructure; Catering Standards; Charitable Funds Management Committee; Clinical Assurance Toolkit Strategy Group; Clinical Effectiveness Committee; Clinical Ethics Group; Communications Group; Equality & Human Rights Steering Group; Emergency Planning Operational Group; Hospital Transfusion Committee; Infection Prevention and Control Group; Nutrition Steering Group; Outpatient Improvement Programme Board; Patient Environment Group; Patient Experience Committee; Pandemic Influenza Steering Group; Pharmacy Homecare Working Group; Rheumatology Patient Focus Group; Quality Report; Staff Engagement Strategy Group; Strategic Planning; Sustainable Development Committee; Trust Constitution Review Steering Group; Wayfinders Group; Weston Park Hospital and Jessop Wing Link Governors. Observers at Board Committees such as Healthcare Governance Committee.</p>	
13.	<p>Health and care professionals working in teams should be regularly participating in clinical and quality governance and continuously measuring and monitoring indicators on the quality of care they are providing, identifying areas for improvement and reporting within their organisation. (pg 24)</p>	<p>Clinical Microsystem Academy. Trust Clinical Audit Program. Internal Audit plan. Performance Management Framework. Directorate Healthcare Governance structures and activities, including M & M meetings and action plans.</p>	<p>Revised arrangements for Directorate Governance to be reviewed by Healthcare Governance Committee in January 2013.</p>

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14.	They should be using data from a range of quality metrics and other sources of intelligence, including clinical audits and peer review and patient feedback and ensuring that the care they provide is in line with NICE Clinical Guidelines. (pg 24)	Performance Management framework. NICE Clinical Guideline process and actions. Cancer Peer Reviews. NICE Technology Appraisal monitoring and reporting process - Directorate evidence of gap analysis and implementation.	Quality Healthcheck under development (as above).
15.	They should be seeking to improve the quality of their care so that it meets the relevant NICE Quality Standards. At a minimum, they must ensure that the services they provide meet the CQC's essential standards of quality and safety. (pg 24)	Compliant with CQC Essential Standards Local unannounced Quality Governance Inspections Monitoring of CQC Quality and Risk Profile Framework in place for oversight of NICE Quality Standards	
16.	Where health and care professionals do have concerns about the quality of care in their employer organisation, or any provider organisation with which they have contact, they should raise these with the leaders in their team, or the clinical leaders in their organisation. (pg 25)	Whistleblowing Policy in place Incident reporting system Counter Fraud Management processes	
17.	The new role of Responsible Officer (RO) in the medical profession includes ensuring that systems within their organisation support doctors in delivering improving quality of care. (pg 25)	Responsible Officer - Dr David Throssell, Medical Director. Operational support – Lisa Dransfield. 'Revalidation-ready' appraisal Policy in place. First wave revalidation commenced.	
18.	The provider leadership should recognise that quality is equally as important as stewardship of public resources, and where they have formal meetings, their agendas and discussions should reflect this. (pg 26)	The Trust's strategy reflects the importance of quality and provides the framework for the design of the Board agenda.	
19.	Provider leadership should ensure that the right systems and processes are in place across the organisation to support staff in driving quality improvement and to allow them to raise any concerns about quality that they may have. (pg 26)	Sheffield Microsystems Academy. Raising concerns at work policy. Incident reporting on Datix.	

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20.	The provider's relationships with its commissioners will be vital – this should be a mature, constructive dialogue about the services that the commissioners has commissioned and the quality of services being provided. The provider leadership should be able to raise concerns it may have with its commissioners and the commissioners should work with the provider to address any quality problems as far as possible. (pg 26)	NHS Sheffield Clinical Quality Review Group Collaborative working with NHSS / CCG on CQUINs initiative. Contracting meetings Executive Review Group with CCG Right First Time project structure.	
21.	The provider leadership will need to have constructive relationships with its CQC representatives, with the NHS TDA and with Monitor as appropriate. The provider will also need to work constructively with its local health and wellbeing board, Local Education and Training Board, and HealthWatch. (pg 26)	CQC relationship constructive and responsive CQC engagement meetings planned for January STHFT CEO – chairs LETB Quarterly covering letter on key issues accompanies each quarterly return to Monitor. Collaborative work in place with LINKs members and representatives, which will continue with Healthwatch.	
	Making it happen: Actions for each organisation in the system (pg 51 and 52) The following questions are asked of each organisation – it is proposed that a dedicated Board of Directors session reviews these questions. Where answers can be given these are provided.		Board Development Session required to consider questions 22-32.
22.	<i>Have you as Chief Executive and Chair taken a lead on your organisation's application of the report?</i>		
23.	<i>As we clear within our own organisation about our own roles and responsibilities, particularly statutory responsibilities, with regard to quality and identifying, responding and learning from failure?</i>		

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24.	<i>What further steps need to be taken between now and April 2013 in order to ensure that we are able to fulfill our roles and responsibilities effectively?</i>		
25.	<i>Are we clear how we are performing in comparison to other similar organisations?</i>		
26.	<i>Are we clear within our local/regional/national health care economy about what to expect from each other? Where there are differences of view or understanding, do we agree that we need to resolve them and do we know how we will go about resolving them?</i>		
27.	<i>Do we have good relationships with our local/regional/national partners, built on open and honest cooperation? How can we strengthen these relationships, and honour the seven principles of public life, to provide a strong foundation for the new structures to build upon?</i>		
28.	<i>Is there a reliable process in place to engage our staff and for NHS foundation trusts, our Governors and members?</i>	<p><i>Team building module has been introduced into the new ILM programme for managers in addition to the stand alone course on team building</i></p> <p><i>Introduction of INSIGHTS team development days across the Trust</i></p> <p><i>Communications audit to improve communications across the Trust</i></p> <p><i>'Let's talk' events for teams</i></p> <p><i>Staff engagement workshops</i></p>	
29.	<i>How will we work with partners such as staff side organisations, social partnership groups, institutions of higher and further education involved with training staff for the NHS, Safeguarding Boards and Royal Colleges to make this happen where we need to?</i>	<i>AHSN proposals</i>	<i>Requires strategic oversight of these processes to ensure connectivity between activities.</i>

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30.	<i>How can we ensure that the values and principles of the NHS Constitution are a reality within and between our different organisations? What should we do when we or others fall short?</i>	<i>Board Development Session.</i>	
31.	<i>How can we ensure that we adhere not just to the legislation, but exercise our common sense and judgement in the interests of the patients who use the NHS and the public who pay for it?</i>	<i>The Trust's Medical Director and Chief Nurse/Chief Operating Officer act as 'Guardians of quality' for decisions made at the Board</i>	
32.	<i>How can you best engage patients and carers, LINKs and Healthwatch locally to help them understand this report and the part your organisation is playing to make it a reality. What contribution can they make?</i>	<p><i>LINKs members involved in Corporate Groups.</i> <i>STH Trust Board</i> <i>Governor's Council</i> <i>Hospital Dementia Group</i> <i>Patient Environment Action Team (PEAT) + PLACE</i> <i>Patient Environment Group</i> <i>Patient Experience Group</i> <i>Patient Wayfinding Group</i> <i>Transition to Adult Services Action Team</i> <i>Adult Partnership Board</i></p> <p><i>Patients and Carers involved in various groups across the Trust.</i></p>	<i>Similar arrangements to be discussed with new Healthwatch partners once established.</i>