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## UPDATE FROM LANCASHIRE QUALITY SURVEILLANCE GROUP

### 1.0 Matter for consideration

1.1 To consider an update from the Lancashire Quality Surveillance Group (QSG).

### 2.0 Recommendation(s)

2.1 To note the content of the report;

2.2 To agree the content and frequency of future updates.

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### 3.0 Information

3.1 The purpose of this report is to provide the Blackpool Health and Wellbeing Board with an update from the Lancashire Quality Surveillance Group (QSG), following its latest meeting held on March 13<sup>th</sup> 2014. The report has been produced by the Quality and Safety Team of NHS England's, Lancashire Area Team. It is intended that regular (QSG) updates will be provided in future, with the frequency of reporting to be determined by the Board.

### 3.2 Background: What are Quality Surveillance Groups?

3.2.1 In January 2013, the National Quality Board published guidance on the development of Quality Surveillance Groups (QSG). The guidance identified the purpose of QSGs as providing a forum for health and care organisations to systematically share information and proactively collaborate to ensure that an "active dialogue" is maintained in relation to the quality of services.

3.2.2 In April 2013, a network of QSGs was established across England, aligned to and facilitated by the 27 NHS England Area Teams and 4 Regional Teams. The QSGs routinely share information and intelligence relating to the quality of care provided by local services. This 'pooled' information and intelligence is intended to provide the health economy with:

- a shared view of risks to quality through sharing intelligence;
- an early warning mechanism of risk about poor quality; and
- opportunities to coordinate actions to drive improvement, respecting statutory responsibilities and on-going operational liaison between organisations.

3.2.3 QSGs are not intended to add another level of bureaucracy, but instead provide a forum for local partners to realise the cultures and values of open and honest co-operation. QSGs should also seek to reduce the burden of performance management and regulation on service providers, by ensuring that supervisory, commissioning and regulatory bodies work in a more co-ordinated way. They should also provide a mechanism for agreeing actions required, if concern is identified regarding the quality of any service.

3.2.4 The membership of QSGs is set out in the guidance as:

NHS England (as commissioner and also from a system oversight role)	
Clinical Commissioning Groups	Local Authority
Healthwatch	Care Quality Commission
Monitor	NHS Trust Development Authority
Public Health England	Health Education England

3.2.5 If members of the QSG feel that there are local service quality risks that do not appear to be mitigated by existing arrangements, the QSGs can take any of the following actions:

- **collecting further information** about a provider for consideration at a future QSG meeting – where there is the potential to have concerns, but more information is required. The QSG can agree that member organisations individually, bi-laterally or multi-laterally should gather and analyse this additional information to provide further insight on potential quality risks to the group;
- **keeping the provider under review** – where there are concerns about a provider that do not yet merit triggering a risk summit, the provider should be considered as a matter of course at each QSG meeting until the QSG feels that the concerns have been adequately addressed;
- **focussed discussion about a particular provider** – bringing organisations together in the form of a single-issue QSG meeting or as a teleconference;
- **actions / investigations by individual member organisations**, e.g. the commissioner(s), Care Quality Commission (CQC), Monitor, Public Health England, the Local Education and Training Board or the NHS Trust Development Authority. The Care Quality Commission has capacity in its inspection programme to take requests for inspection from a QSG / Risk Summit; and
- **triggering a Risk Summit** – where there are concerns that a provider is potentially or actually experiencing serious quality failures.

3.2.6 Outcomes of discussions at local QSGs, are summarised and forwarded to the Regional QSGs for their consideration and action as appropriate.

### 3.3 Lancashire Quality Surveillance Group

3.3.1 The Lancashire QSG has been meeting on a bi-monthly basis since March 2013 and its membership reflects that outlined in the guidance. The Group is facilitated by the NHS England, Lancashire Area Team and chaired by Richard Jones, Area Team Director. There has been full engagement of all members in its first year.

3.3.2 The QSG developed a programme of work in 2013/14 which included undertaking baseline quality assessments for the main NHS providers. These assessments provided QSG members with an information baseline for these providers and where possible, identified any areas of good practice or concern.

3.3.3 The QSG members have increasingly exchanged information and intelligence, which has allowed for the triangulation of information between a range of partners and organisations. This has resulted in the development and agreement of unified or joint approaches to the management of identified areas of concern.

- 3.3.4 The QSG has now convened a sub-group, the Primary Care QSG, whose remit is set by the Lancashire QSG to focus on quality in primary care services. In addition, the QSG arrangements for Health and Justice healthcare services are currently under consideration. The Lancashire Area Team is the lead commissioner for the North West prison healthcare provision and is one of 10 Area Team's nationally to hold this responsibility. The future arrangements for Health and Justice QSGs are currently subject to national discussion and agreement.
- 3.3.5 Throughout its first year, Lancashire QSG members have received regular comparative quality indicators for local NHS providers, an extract of which is provided in Appendix 5(a). The QSG has also needed to respond to the implications and outcomes of national reports and system changes, such as:
- Winterbourne View Hospital Report
  - Keogh Mortality Reviews
  - CQC revised inspection regime and Monitor actions

### **3.4 Summary of key discussions – Lancashire Quality Surveillance Group**

- 3.4.1 It is envisaged, in future, that the QSG will be providing regular reports to the Board. In the interim, the following provides an overview of the key discussions in 2013/14:
- 3.4.2 An update on the progress in Lancashire towards delivering the Winterbourne concordat, provided by NHS England, was considered by Members at the QSG March 2014 meeting. This highlighted differences in the interpretation of guidance in the submission of intelligence to a national data collection exercise and identified areas for improvement. The data highlighted that a significant proportion of the cohort of 45 patients are subject to conditions under the Mental Health Act or criminal justice system. Members were also advised of the role of the Lancashire Winterbourne Group, chaired by Richard Jones, Area Team Director. It was agreed that regular updates and exception reports will be provided to the QSG in future.
- 3.4.3 Following the Keogh review, visits to East Lancashire Hospitals NHS Trust (ELHT) and Blackpool Fylde and Wyre Hospitals NHS Foundation Trust (BWFH), the QSG has held single issue meetings to discuss the local implications of the visit findings and align and co-ordinate commissioner and regulatory actions, to mitigate any potential risks to quality and assure improvement delivery in line with the national and local requirements.
- 3.4.4 The lead commissioners for the ELHT and BWFH have shared their differing approaches to partnership working with the Trusts and lessons learned from a commissioning perspective. There will be continued on-going dialogue between commissioners and regulators both operationally and within the QSG in relation to both organisations.
- 3.4.5 The added value of the Quality Surveillance Group is being realised and has allowed clearer understanding of the roles of regulatory and commissioning bodies. Organisations are now attempting to co-ordinate, wherever possible, the delivery of their functions and work more closely together during provider assessment and assurance processes, for example following CQC inspections or Monitor / NHS Trust Development Authority compliance visits.

### **3.5 Liaison with other QSGs**

- 3.5.1 The network of QSGs and the coordination at a regional level has improved liaison across geographic areas. QSG commissioning members have been able to benefit from and contribute to the provision of intelligence regarding service quality. This has been particularly useful in relation to independent sector providers, where information may be held by fewer QSG members. In such cases, there may be local quality issues identified, but the full implications may not be clearly identified until the intelligence has been pooled. In the past year the QSG network has identified quality issues with some providers over more than one geographical area, where national coverage or franchise arrangements are in place. This information has allowed for national and / or regional co-ordinated actions to be agreed and issues addressed.

### **3.6 Lancashire Quality Surveillance Group forward plan**

- 3.6.1 QSG members held a workshop in March 2014 to review the 13/14 work plan and consider the Group's work plan for 2014/15. The outcomes of these discussions will now be consolidated into a forward plan and agreed by members at its May 2014 meeting. It is intended that over the forthcoming year the Group will consider thematic reviews, whilst keeping oversight of individual provider quality.
- 3.6.2 The NHS National Quality Board has recently published the document: 'How to make your Quality Surveillance Group effective' (document link referenced below) which will also be considered at the May 2014 meeting and guidance contained within this document will be implemented by the QSG during 2014/15.

### **4.0 Financial considerations:**

- 4.1 None

### **5.0 Legal considerations:**

- 5.1 None

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#### **Appendices attached:**

Appendix 5(a): extract of comparative quality indicators for local NHS providers

#### **Background papers:**

None

#### **Websites and e-mail links for further information:**

<http://www.england.nhs.uk/wp-content/uploads/2014/03/quality-surv-grp-effective.pdf>