



NHSE / I Specialised Commissioning Mental Health, Health and Justice and Acute South East Region

Nursing & Quality - Accountability and Responsibilities in Provider Collaboratives Post Go-Live

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Purpose

The purpose of this paper is to clarify the accountability, roles and responsibilities of the NHSE/I Nursing and Quality team in Specialised Mental Health Services ('Provider Collaboratives') Post Go-Live.

Introduction

As detailed in the [NHS Mental Health Implementation Plan](#), an NHS-led Provider Collaborative is a group of providers of specialised mental health, learning disability and autism services who have agreed to work together to improve the care pathway for their local population. They will do this by taking responsibility for the budget and pathway for their given population. The Collaborative will be led by a Lead Provider, who will be an NHS Provider. The Lead Provider remains accountable to NHSE/I for the commissioning of high-quality specialised services.

From April 2021 NHS Led Provider Collaboratives will go live, with Lead Providers taking on a commissioning role across the Provider Collaborative. The roll-out of services has two parts. The following services are part of Phase One:

- 1) Adult Secure: Adult Low and Medium Secure Mental Illness, Personality Disorder, Learning Disability (LD) and Autism Services
- 2) CYPMHS: General Adolescent and General Adolescent LD Services, Psychiatric Intensive Care Units (PICU), Specialist CYPMHS Eating Disorders Units, CYPMHS Low Secure and CYPMHS Low Secure LD and Autism Services
- 3) Adult Eating Disorders: Specialist inpatient services and associated teams (e.g. day services, outreach).

The following services not included in this process are likely to be part of Phase Two, which will be subject to further provider selection processes from 2021:

- 1) Adult Secure: Adult Low and Medium Secure Acquired Brain Injury and Deaf Services, Women's Enhanced Medium Secure Services, High Secure Services

- 2) CYPMHS: Children's (Under 13s), CYPMHS Medium Secure and CYPMHS Medium Secure LD Services, Deaf CYPMHS, Forensic CYPMHS
- 3) Specialist Services: Obsessive Compulsive Disorder and Body Dysmorphic Disorder Services, Tier 4 Personality Disorder Services, Non-secure (Acute) Deaf Services
- 4) Perinatal: Specialist inpatient services and associated teams (e.g. outreach).
<https://www.england.nhs.uk/mental-health/nhs-led-provider-collaboratives/>

The development of Provider Collaboratives has required a shift in processes, behaviours and culture with regional NHSE commissioners taking a more strategic commissioning role and Provider Collaboratives undertaking the operational commissioning tasks with a renewed clinical and service experience focus.

The Lead Provider's role will involve understanding their local population and empowering local clinicians and Experts by Experience to design improved pathways of care. The Lead Provider will sub-contract other providers, manage contracts, assure the quality of services and lead and oversee the necessary reporting regionally and nationally to NHS England and Improvement.

The introduction of Provider Collaboratives will create a change in approach to commissioning specialised mental health, learning disability and autism services from the Independent Sector. The main change will be the introduction of more local commissioning, whilst maintaining a national overview of the independent sector, in terms of sustainability, quality and price.

Accountability

Under the Health and Social Care Act 2012, NHS England and NHS Improvement have a statutory accountability for ensuring that the organisations for which they directly commission services provide a safe system which delivers high quality and safe care.

The Lead Provider remains accountable to NHSE/I Nursing and Quality for the quality element of services commissioned by NHSE/I. This includes accountability for safeguarding to ensure the Provider Collaboratives have oversight of providers duty to discharge statutory functions under key legislation such as the Children Act 1989;2004 / Care Act 2014 / Human Rights Act 1998 / Equality Act 2010 / Mental Capacity Act 2005

Responsibilities

The Quality Maturity Framework for Provider Collaboratives in Specialised Mental Health and Learning Disability and Autism services (NHSE/I) defines the responsibilities and actions of the Provider Collaborative, the Lead Provider and NHS England/Improvement (NHSE/I) in supporting those responsibilities (Appendix 1).

Lead Providers

In summary, Lead Providers will demonstrate Level One of the Quality Maturity Framework (Established & Optimised 'Steady-State') at Go-Live. This means that Lead Providers will provide assurance to NHSE/I on the high quality and safety of its services, and those of its sub-contracted services as per the NHSE/I contract. The following indicators will be evident (please note that this is not an exhaustive list);

- 1) Lead Providers will manage individual complex patient and care pathway issues within the Provider Collaborative
- 2) Lead Providers will have clear escalation protocols to manage operational issues which require enhanced system support to resolve
- 3) Lead Providers will proactively share soft intelligence with NHSE/I Nursing and Quality in relation to emerging lower level quality issues where these incidents have relevance to the wider system. Themes and learning will be evident in CQRM reports compiled by the Lead Provider and sub-contractors
- 4) NHSE/I Nursing and Quality will be informed by the Lead Provider about exceptional¹ quality issues and the actions taken by the Lead Provider in line with relevant policy and good practice e.g. NHSE SI Framework & Patient Safety Strategy. This includes the following;
 - Lead Provider will ensure that their sub-contractors report SIs on StEIS in line with policy. Therefore, the NHSE/I Quality Manager will receive notification of a StEIS alert within 48 hours of a serious incident being identified by a sub-contractor (this includes safeguarding concerns)
 - Lead Provider will provide the NHSE/I Quality Manager with a brief written SitRep confirming key issues and actions taken by the Lead Provider and sub-contractor. This will be no later than receipt of the 72-hour report – see below.
 - Lead Provider will share with the NHSE/I Quality Manager a copy of the sub-contractors 72-hour report within 3 working days of the date of the incident
 - Lead Provider will invite the NHSE/I Quality Manager to a teleconference call with relevant others to discuss mitigation, remediation and initial learning as required. Lead Provider will oversee the actions going forward and provide updates to the NHSE/I Quality Manager and relevant others.
- 5) Lead Providers will have oversight of Serious Incident reporting and investigation and be able to evidence organisational learning and improvement in the Provider

¹ Examples include Serious Incidents, Safeguarding concerns, other adverse incidents such as significant staff shortages

Collaboratives in line with policy and good practice e.g. NHSE SI Framework & Patient Safety Strategy².

- 6) Serious Incident panels will be organised and led by Lead Providers. The NHSE/I Quality Manager will periodically attend and sample these panels. Serious Incidents for downgrading, deleting or closure will be discussed briefly at these panels. Once agreed Lead Providers will close incidents on StEIS.

Historical SIs (pre-April 2020) – NHSE/I Nursing and Quality will remain responsible and accountable for working through any historical SIs which may remain open on StEIS after 1st April 2021.

- 7) Lead Providers will lead quality assurance activity relevant to their sub-contractors. This includes the following:
 - Audits
 - Thematic analysis
 - Quality assurance visits³
 - Organising and chairing system calls in relation to quality concerns in the Provider Collaborative
- 8) a) Lead Providers will be able to demonstrate meeting their statutory safeguarding responsibilities and assuring those of their sub-contractors as outlined in NHSE/I Safeguarding Accountability and Assurance Framework (SAAF) (NHSE, 2019) (Appendix 2) and the NHS Standard Contract specific to safeguarding (Appendix 3).

b) Guidance and a self-assessment checklist (Appendices 4 & 5) have been produced to help Lead Providers benchmark best practice.

c) Lead providers will facilitate effective communication, information sharing and collaboration between the quality and safeguarding lead and the corporate safeguarding team, sub-contractors and statutory partners including the CCG or ICS Safeguarding lead and the Local Authority.

d) Lead Providers will produce a detailed quarterly safeguarding report for CQRMs (Appendix 6).
- 9) Lead Providers will use established relationships with system partners and networks to facilitate shared learning across Provider Collaboratives. Provider Collaboratives will have a seat at QSG's.

² [NHS England » The NHS Patient Safety Strategy](#)

³ Lead Providers will also be responsible for organising planning calls, drafting ToR, sharing findings and compiling reports. NHSE/I quality managers may be invited to support visits as appropriate.

10) Lead Providers will hold Clinical Quality Review Meetings (CQRMs) with their sub-contractors which mirror and report to NHSE/I led CQRMs with Lead Providers.

11) Lead Providers will provide NHSE/I Nursing and Quality with Quality/ Safeguarding Board reports⁴ for high-level assurance on a routine basis

NHSE/I Nursing and Quality

From Go-live NHSE/I Nursing and Quality will undertake the following functions:

- 1) Quality & safeguarding assurance & oversight
- 2) Regional leadership, advice & support to systems

1) Quality & safeguarding assurance & oversight⁵

NHSE/I Nursing and Quality will work closely with NHSE/I colleagues in commissioning and contracting to ensure an integrated approach to assurance

NHSE/I Nursing and Quality will lead on the following quality / safeguarding assurance activities:

- 1) Scrutiny of Lead Providers Quality / safeguarding Board reports (quarterly)
- 2) Intelligence calls with CQC and relevant others. These discussions will be informed by quality data (SSQD) which have been analysed by the Lead Provider (monthly)
- 3) Quality / safeguarding element of CQRMs - NHSE/I – Lead Providers (monthly – quarterly)
- 4) Quality / safeguarding assurance audit of Lead Providers (bi-annual) (Appendices 4 /5 & 7)

NHSE/I Nursing and Quality will ensure that safeguarding duties are met in relation to provider collaborative services. This includes;

System Leadership

- Provide leadership support to safeguarding children, children in care and adult professionals relevant to Provider Collaborative services;
- Provide specialist safeguarding advice specific to provider collaboratives;

⁴ Minutes and reports from CGG's do not provide a high-level strategic overview and are therefore not sufficient in themselves

⁵ Each NHSE/I Quality team are accountable for quality oversight and assurance in their own region. Therefore, the NHSE/ISE quality team are only accountable for services in the NHSE/ISE region. Lead Providers will need to engage with NHSE/I Quality teams in other regions where required.

- Encourage a culture that supports staff in raising concerns regarding safeguarding issues;
- Ensure that robust processes are in place to learn lessons from cases where someone has died or are seriously harmed, and abuse or neglect is suspected;
- Ensure appropriate engagement in the local multi-agency safeguarding partnerships,

System support

- Work closely with the safeguarding leads in provider collaboratives, CCGs / ICS and with statutory safeguarding partners to ensure all relevant information relating to risks, concerns, actions and learning is effectively shared in a timely manner
- Share relevant quality data and reports with CCG / ICS leads for safeguarding
- Work closely with the NHSE/I regional safeguarding team

Assurance of effective safeguarding arrangements

NHSE/I Nursing and Quality will ensure the implementation of effective safeguarding assurance arrangements and peer review processes across the health system, from which assurance is provided to the NHSE/I South East Regional Quality Board and the NHSEI National Safeguarding Steering Group (NSSG). This will include;

- Audit of safeguarding best-practice in Lead Providers (bi-annual) (Appendices 4&5)

The intelligence from the above assurance activities will inform place-based MDT's, system QSG's and Quality Boards in each system. NHSE/I Nursing and Quality will report quality exceptions and organisational learning into these forums.

It is anticipated that quality assurance systems in Specialised Commissioning will evolve and integrate into a refreshed quality assurance framework for each system adopted from the current NHS Oversight Framework (Appendix 8)

2)Regional leadership, advice & support to systems

NHSE/I Nursing and Quality will be represented at place-based MDT's, system QSG's & Quality Boards to ensure optimum support for systems to maintain patient safety through organisational change and improvement in line with current policy and thinking (Appendix 9)

NHSE/I Nursing and Quality will work closely with system leads and NHSE/I Nursing and Quality regional teams where enhanced support is required to resolve high-level quality concerns across systems

Escalation of quality concerns

NHSE/I Nursing and Quality will work proactively with NHSE/I colleagues in commissioning and contracting and also with other partner organisations to support Lead Providers to excel in their new roles and responsibilities.

Quality concerns will be considered against the Quality Maturity Framework and against the standards in this document. Where any exceptional quality concerns emerge in Lead Providers or their sub-contracted services, the National Quality Board's guidance on QSG's (2017) (update & publication due 2021) will be used as a framework to support the Provider [NHS England » Quality Surveillance Groups – National Guidance](#)

NHSE/I Escalation Protocols will be used where relevant to manage exceptions. In these circumstances Lead Providers will still lead on the various quality functions described on pages 3 to 5 with support and oversight from NHSE/I and other relevant partners. Therefore, there will be a collaborative system approach to supporting providers to resolve exceptional quality pressures

NHSE/I Nursing & Quality support for Provider Collaboratives that remain in shadow-form or at Stage Two of the Provider Collaborative process

These will be considered on a case by case basis / at the point of application to enter into shadow-status

Review

This paper will be reviewed annually

Appendices

1. Quality Maturity Framework



Quality Maturity
Framework_final.docx

2. Safeguarding Accountability and Assurance Framework (SAAF) (NHSE, 2019)



safeguarding-childre
n-young-people-adult

3. NHS Standard Contract 2020/21 (specific to safeguarding)



Safeguarding
schedule NHS contrac



Safeguarding
schedule NHS contrac

4. Best practice guidance



Best practice
guidance 2020 (005).d

5. Self-assessment toolkit



Safeguarding Toolkit
Provider Collaborative

6. CQRMs – Recommendations for content of quarterly Safeguarding report



Task and Finish
Group CQRMs Review

7. Provider Collaboratives (Lead Provider) Quality Assurance Audit



Provider
Collaboratives Quality

8. NHS Oversight Framework

<https://www.england.nhs.uk/participation/involvementguidance/ccg-iaf/>

9. ICS Next Steps



Integrating Care-next
steps for integrated c