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Foreword

Delivering high quality care for patients and communities sits at the heart of what the NHS is here for.

Sometimes that ambition falls short of expectations, as it did earlier this year when the Keogh review identified shortcomings in the care provided in 14 hospitals. As a result 11 of those hospitals were placed in special measures.

When failings of this nature occur it's often a reflection that the broader systems for supporting high quality care – how services are commissioned, provided and regulated, have fallen short as well. Every part of the NHS, locally and nationally, therefore needs to respond by working closely together to take the necessary steps to ensure that care can improve.

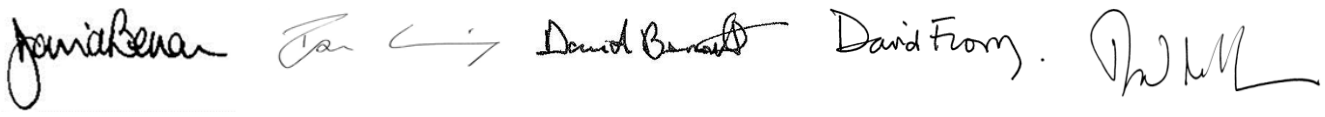
This will require every organisation in the NHS to have real focus and clarity on what role it should play in delivering the improvements needed.

This short document sets out the roles, responsibilities and accountability of each of the organisations that are expected to play a part in enabling improvements in the hospitals involved in the Keogh Review, ensuring each part of the system understands the extent and limit of what it is meant to achieve.

More broadly, this document sets a blueprint for how the wider system should respond to future challenges where the quality of care comes under the spotlight.

Of course, even more than clarity of roles and responsibilities is the spirit of working together. No matter which part of the NHS you work in, our ambition is a shared one: to improve the care we provide for the patients and communities we serve. The values and behaviours we collectively demonstrate in forging the improvements set out in the Keogh review is what will determine whether we are ultimately successful in realising that ambition.

Yours sincerely



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Keogh review: roles, responsibilities and accountability

1. Introduction

1.1 The Keogh review highlighted concerns at 14 NHS hospitals. The review required that urgent action be taken to improve the quality and safety of some of the services they provide.

1.2 The review, which took place shortly after the recent reorganisation of the NHS and ahead of the Chief Inspector of Hospitals taking up post, set out the improvements needed in action plans for each individual provider; these were all agreed as part of the risk summits for the 14 hospital trusts.

1.3 The focus has now shifted to ensuring that those action plans are delivered and that the services provided to patients and communities improve.

1.4 Delivering those changes won't always be easy and requires all parts of the system to deliver the appropriate and necessary support to providers to improve the care they give patients.

1.5 This document is designed to support leaders from each part of the system – locally and nationally – to understand their roles, responsibilities and accountability in delivering the changes set out in the action plans for each provider. This is important not just to ensure that everyone plays their part in securing the improvements in services that patients demand, but also to ensure that efforts aren't duplicated or complicated and that accountability is clear.

1.6 To that end, it is also intended that this work on roles and responsibilities will inform the wider approach to handling quality concerns in the future with this document having been prepared and discussed as a shared statement supported by NHS England, the NHS Trust Development Authority, Monitor, the Care Quality Commission and Health Education England.

2. Key principles

2.1 Given the variety of bodies in the new NHS architecture there are some principles which underpin the implementation of work on quality across the system including:

- **clarity**: clarity about quality for all those responsible for the provision of patient care and treatment;

- **alignment**: if we are to be effective in maintaining and improving the quality of care and treatment it is vital that all the NHS bodies involved are aligned in their approach;

- **co-ordination**: there needs to be a co-ordinated approach to setting standards, providing support, reviewing progress to improve quality and follow up actions;

- **accountability:** roles and responsibilities for monitoring and holding to account for actions to improve quality need to be clear to ensure effective delivery of improvements and reduce wasted effort; and,

- **a shared view of success**: a single definition of success will enable the alignment of effort and a shared view of progress against the key quality standards.

3. Roles and responsibilities in the new NHS architecture

3.1 The roles and responsibilities introduced by the Health and Social Care Act 2012 are intended to improve quality and efficiency by reforming the organisations that commission, regulate and support health and care services.

3.2 From the point of view of **patients and the public**, people can continue to expect rapid access to high quality care and treatment through their local NHS services. They can expect greater involvement in their own health and care, services that are increasingly personalised around their own needs and greater transparency of information about the outcomes of their care and treatment.

3.3 **Clinical Commissioning Groups** have the responsibility for commissioning the majority of local health services for their populations and have a duty to secure continuous improvement in the quality of services provided to individuals.

3.4 **NHS England** has responsibility for allocating funding to clinical commissioning groups and supporting them to commission high quality services, as well as directly commissioning primary care and certain specialised services. It has a duty to secure continuous improvement in the quality of services provided to individuals.

3.5 **Monitor** is the sector regulator for health services in England. It protects and promotes the interests of patients by ensuring the whole health sector works for their benefit. It exercises a range of powers granted by Parliament, including making sure foundation hospitals, ambulance trusts and mental health and community care organisations are run well, so they can continue delivering good quality services for patients in the future.

3.6 **The Care Quality Commission (CQC)** is the independent regulator of health and social care in England. The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. Changes to the way the CQC regulates quality have recently been consulted on as set out in *A new start: Consultation on changes to the way CQC regulates, inspects and monitors care* (June 2013).

3.7 The **NHS Trust Development Authority** has been established to oversee the performance of NHS trusts and support them to provide sustainable, high quality services as they work to achieve foundation trust status and hold them to account on their progress.

3.8 **Health Education England** works to improve the quality of health and healthcare for the people and patients of England, through educating, training and developing health and healthcare staff. HEE is employer-led and at a national level, and locally through its **local education and training boards (LETBs)**, is working with those who deliver health and healthcare services, to develop a workforce with the right skills and values, in the right place at the right time, to better meet the needs and wants of patients – now and in the future.

3.9 In taking forward the responsibilities for quality and safety in the new NHS landscape, it will be important to recognise that:

- Trust Boards are responsible for quality in their organisation, including making data transparently available on their results;
- commissioners take a lead role in driving improvement in the quality of care and treatment through the contracts they hold with providers;
- the CQC assesses against agreed standards and requires enforcement action where fundamental standards are at risk;
- Monitor and the NHS Trust Development Authority take enforcement action with the providers subject to their individual regulatory frameworks;
- Quality Surveillance Groups are a place where all the regulatory and commissioning bodies come together locally, where shared concerns can be highlighted and action agreed.

3.10 An overview of the roles and responsibilities in the NHS architecture is shown in Appendix 1. A case study illustration of how this would be applied in improving chemotherapy services for cancer patients is shown in Appendix 2.

3.11 Further details about the roles and responsibilities for quality in the new NHS architecture are set out by the National Quality Board in its document, Quality in the new health system (January 2013).

4. Responsibilities and accountability for implementing actions from the Keogh review

4.1 The roles and responsibilities in relation to the Keogh review are distinct for each element of the process:

- the Keogh review process;

- implementation of the Keogh review action plans;
- supporting and developing Trusts and their senior teams;
- re-inspections by the CQC through the Chief Inspector of Hospitals;
- assuring quality in the new NHS architecture.

The Keogh review process

4.2 Professor Sir Bruce Keogh as NHS Medical Director carried out the review process with support from NHS England through the relevant Area Teams.

4.3 Each individual Trust was required to submit a detailed action plan with milestones to implement the recommendations of the Keogh review. The review process concluded with agreed action plans, signed off by the Review Panel Chair, and a final Risk Summit.

4.4 The review process was, therefore, clearly the responsibility of the NHS Medical Director and concluded with publication of his report on 16 July 2013.

Implementation of the Keogh review action plans

4.5 In taking forward implementation of the Keogh review action plans, it is important to recognise that:

- the agreed action plans identify the owner of each specific action. The majority of actions are owned by the Trust. A number of actions are shared with the Clinical Commissioning Groups and the Area Teams of NHS England;
- some actions require support from other bodies including NHS Improving Quality, NHS Leadership Academy, Monitor, the NHS Trust Development Authority and Health Education England;
- Monitor and the NHS Trust Development Authority hold the trusts to account for delivery of their action plans;
- Health Education England is accountable for commissioning clinical placements in hospital trusts through a contract with the hospital trust. Health Education England will monitor the quality of education and training.

4.6 The responsibilities and accountability for implementing and overseeing the actions arising from the Keogh review are set out in Appendix 1.

4.7 Progress reports will be standardised and shared with commissioners to enable them to assure themselves that actions are being completed, support system-

wide solutions where these are needed and hold Trusts to account for the quality standards achieved for patients through the delivery of the contract;

4.8 Progress reports will also be shared with all other key partners to ensure the broader system is both taking the necessary actions to support the Trust to deliver the improvements in care required through the action plans but also to ensure that, where appropriate, additional support can be provided where required.

5. Supporting and developing trusts and their senior teams

5.1 The provision of high quality services is dependent on the capability and capacity of the organisations providing those services and the strength of their quality governance systems and processes.

5.2 To be successful in improving quality in the 14 hospital Trusts, it will be important that any training and development needs are met, tailored to the individual needs and circumstances of the Trusts. This will need to include consideration of:

- strengthening Board capability, both in quality oversight and patient voice;
- the role of national development bodies such as NHS Improving Quality and the NHS Leadership Academy;
- links for the 14 Trusts with their local Academic Health Science Networks as recommended by Bruce Keogh.

The development work by the 5 NHS Trusts and the 9 NHS Foundation Trusts will be overseen by the TDA and Monitor respectively.

5.3 NHS England is the lead body in relation to the commissioning and oversight of national support resources including NHS Improving Quality, the NHS Leadership Academy and the arrangements for Academic Health Science Networks.

5.4 NHS England will work nationally with the NHS Trust Development Authority and Monitor in clarifying the role of national improvement bodies to support training and development for the 14 hospital Trusts, with a particular initial focus on the role of NHS Improving Quality in training for chairs and non executive directors.

5.5 This will enable these improvement resources to be offered in a coherent and responsive way to meet the specific development and support needs identified by the NHS Trusts and NHS Foundation Trusts in their area.

Re-inspections by the CQC through the Chief Inspector of Hospitals

5.6 The CQC, through the Chief Inspector of Hospitals, is accountable for the re-inspection of the 14 hospital trusts.

Assuring quality in the new NHS architecture

5.7 The overall approach to handling quality issues in the new NHS architecture includes the established systems for standard setting, inspection, contract monitoring, quality surveillance and risk summits.

5.8 As well as having a core responsibility for securing high quality services on behalf of their patients, commissioners are also in a unique position to look across each local health system and develop solutions to which each of the local participants can contribute. Commissioners carry out these roles through their planning and contract management processes and through their role in chairing Quality Surveillance Groups.

5.9 Quality Surveillance Groups are a vital part of the quality architecture and will include consideration of progress on the Keogh reviews alongside other quality issues in line with the agreed arrangements for quality surveillance.

5.10 NHS England has a key role in convening and chairing effective Quality Surveillance Groups. The Chair's primary objective is to foster a sense of collaboration and inclusion amongst members, ensuring that strong working relationships are built across the local area or region.

5.11 The role of Quality Surveillance Groups is principally about alignment, not accountability. The Quality Surveillance Groups enable all parties in the system to meet, share intelligence on current quality concerns, receive updates from participating organisations and provide co-ordinated feedback. Quality Surveillance Groups are not an accountable body in themselves for implementation and delivery. The relevant accountable body will oversee actions agreed at Quality Surveillance Groups. Other members are not directly accountable to the Chair and the Chair cannot direct members in how they discharge their statutory responsibilities, though members will hold each other to account.

5.12 Risk summits can be called in line with the agreed trigger criteria and process. However, it is not normally the case that risk summits are planned ahead as a method of reviewing progress over a period of time. In the same vein, rapid responsive reviews have defined criteria and processes for their initiation and would not normally be planned as a method of reviewing progress with implementation of the Keogh reviews.

5.13 Further risk summits and rapid responsive reviews will, therefore, be called where necessary if the agreed criteria are triggered. Escalation actions such as risk summits or rapid responsive reviews can be agreed at Quality Surveillance Groups, if considered necessary by the membership of the group.

6. Conclusion

6.1 In summary, as highlighted by the National Quality Board in its document, Quality in the new health system (January 2013):

- individual health and care professionals, their ethos, behaviours and actions, are the first line of defence in maintaining quality;
- the leadership within provider organisations is ultimately responsible for the quality of care being provided by that organisation;
- commissioners are responsible for commissioning services that meet the needs of their local populations and for driving improvements in quality. They must assure themselves of the quality of care that they have commissioned;
- regulators should perform their statutory functions with the best interests of patients at heart;
- commissioners, regulators and other national bodies should share information and intelligence on the quality of services in an open and transparent way, and take coordinated action where appropriate in the event of an actual or potential quality failure.

6.2 The roles and responsibilities for taking forward the Keogh review are distinct for each stage in the process:

- the review process, now completed, was the responsibility of the NHS Medical Director;
- the responsibility for implementation is with each relevant body:
    - each individual hospital Trust Board is accountable for the actions for which they are the identified owner;
    - Monitor and the NHS Trust Development Authority will have oversight of the implementation of the Keogh review action plans within NHS Foundation Trusts and NHS Trusts respectively;
    - commissioners are accountable for the quality of services under their contracts with providers, driving improvements in quality and for satisfying themselves that appropriate action is being taken to address the quality concerns raised by the Keogh review;
    - Health Education England is accountable for the quality of education under its contracts with providers and for satisfying themselves that appropriate actions are being taken to address the quality concerns in education and training;

- the responsibility for the re-inspection process, to be carried out in the next 12 months, is with the CQC through the Chief Inspector of Hospitals to judge if improvements to patient care has been made and maintained.

6.3 The lessons learned about the approach to the implementation of the Keogh review will be used to inform the future approach to assuring quality in the new NHS architecture.

6.4 The future approach will clearly be influenced by the changes in the way the CQC monitors, inspects and regulates services to meet fundamental standards of quality and safety in the light of the current consultation.

7. Next steps

7.1 The roles and responsibilities outlined above have been considered and agreed by:

- NHS England;
- NHS Trust Development Authority;
- Monitor;
- Care Quality Commission;
- Health Education England.

7.2 Each of the above bodies will now work together to:

- build a clear understanding of the agreed roles and responsibilities for the Keogh review throughout the local organisations within their part of the NHS architecture;
- develop the understanding of roles and responsibilities set out in this document to inform the approach to assuring quality in the new NHS architecture.

Appendix 1

Organisation	Responsibility	Accountability	
Provider Board	To deliver the individual actions identified to the Trust through an action plan	To the NHS Trust Development Authority (NHS Trusts); to Monitor (NHS FTs)	Quality Surveillance Groups, chaired by NHS England, bring the system together to ensure alignment and to ensure that all parties are playing their part
Clinical Commissioning Groups and Area Teams	As director commissioners, to monitor progress against the action plan through the contract, and, where actions are shared, to ensure the contract reflects any necessary changes	NHS England Board	
NHS England	To hold local commissioners to account for their part in implementation and ensure access to appropriate support from national support bodies for the 11 providers	NHS England Board	
Monitor & NHS TDA	TDA and Monitor lead on special measures processes for NHS Trusts and FTs respectively, using aligned approaches to hold organisations to account	TDA Board and Monitor Board respectively	
CQC	Through the Chief Inspector of Hospitals, re-inspect all 14 providers subject to a review within 12 months to judge if improvements to patient care have been made and maintained	CQC Board	

Appendix 2

Case study illustration: chemotherapy services