In the last published answers to public questions, it was stated that this committee monitors quality and performance matters at the PRUH/Kings mainly via the integrated governance reports, and also through Clinical Quality Review Groups, and the Quality Assurance Sub-committee, from CCG committee members attending some of King’s internal committees (such as their Quality and Governance Committee and their Serious Incidents Committee), by attending some of King’s internal committees (for example the Quality and Governance Committee and their Serious Incidents Committee), plus feedback from quality alerts (which is a system GPs use to report quality and performance issues). Additionally, the answer stated that Integrated Governance Committee meetings are also attended by the South East Commissioning Support Unit, who manage acute contracts on the CCG’s behalf. Plus, Healthwatch, the so-called ‘patients’ champion’ has a seat on your committee and therefore can raise issues and press for improvement. That is ten avenues for reporting/raising/receiving concerns.

Despite those ten avenues, the recent CQC inspection report into PRUH services report stated that four out of five main elements requires improvement - and one of those elements was safety! Plus, six out of eight specific services requires improvement. The public was assured services would improve under a Kings regime, but surely patients deserve better than this. It is said that ‘he who holds the purse strings, holds the power’ but the CCG is also accountable.

Questions:

Q1. Prior to the CQC inspection did any of these groups raise concerns about quality, service and performance issues at the PRUH, and if they did why didn’t you ensure services were improved to a level acceptable to the current CQC requirements?

CCG Response: We are sighted on the issues in quality and performance at the PRUH and have been monitoring these, and supporting the hospital in making improvements. A great deal of improvement has taken place and whilst there are still services that ‘require improvement,’ we are aware of plans and actions to address these issues. We know, for example, that from April, when the inspection was undertaken, we have seen significant improvements in the Emergency Department, with the appointment of new consultants and new processes being put in place. We have seen numbers of nurses on the wards increase also, as well as numbers of therapists. Improved joint working between organisations in Bromley has seen improved pathways for patients.

These changes can take time to embed and the quality improvements can take a while to be demonstrated. Whilst we are not where we would like to be with our Acute services, we believe that we have made improvements and will continue to see better care for our population.

Q2. If no concerns were raised with the CCG, why not, what went wrong, and what have you done to improve monitoring and communications?
Response: Prior to the CQC inspection Bromley CCG, working with other commissioners of Kings, submitted to the CQC information received through a range of monitoring routes showing areas of concern along with details of improvements made and areas still under review.

All of the main commissioners of Kings (Bromley, Lambeth and Southwark CCGs along with NHS England for specialised services) work closely with each other and with the Trust to monitor quality, challenge, seek improvement and escalate as appropriate. This does mean there are quite a few meetings but the work comes together in the Clinical Quality Review Group (CQRG) which in turn reports directly to the commissioner led King’s Contract Monitoring Board.

The CCG also has an internal quality assurance process where it draws together information about all our providers and other quality issues such as safeguarding. Our Quality Assurance sub-committee receives reports from all our provider CQRGs mentioned above, as well as analysis of quality alerts, complaints and serious incidents. The group is a sub-committee of the CCG’s Integrated Governance Committee.

We have put together the attached diagram to show how all the different groups mentioned here fit together.

Q3. It takes time for services to deteriorate to a level where improvement is required in so many areas, how can the public be expected to have confidence in this CCG when you have commissioned services which require so much improvement or Healthwatch when they have been remarkably quiet about the whole matter?

Response: As stated in many meetings, including those held in public, such as the Governing Body, the Health and Wellbeing board and Overview and Scrutiny Committee, the services during handover and transition were not of as high quality as we would have liked to see for our population, and we felt the best way to address the problems was to work with King’s on improvements.

The CQC report does actually reflect many of the improvements that were made over the months prior to their inspection and the continuing joint work that the CCG as commissioners and the hospital have been doing to improve services. We are pleased that some of the services were thought to be very good, including paediatric services which were thought to be ‘outstanding’. However we know there are still many improvements to be made and these continue to be monitored and the subject of consideration in some detail at the Integrated Governance Committee and the Governing Body.
Overview of Quality Monitoring structure

South London Quality Surveillance Group
Bi-monthly meeting with all CCGs, Monitor, CQC, Trust Development Authority, NHS England to share intelligence and concerns

Provider meetings attended by Commissioners

- Bromley Healthcare Contract Monitoring Board
- Oxleas Contract Monitoring Board
- Kings Contract Monitoring Board (sub-committee of main Kings Board)
- BHC CQRG Provider meeting with Bromley CCG
- Oxleas CQRG Provider meeting with Bromley, Bexley, Greenwich CCGs
- Kings CQRG Provider meeting with NHS England, Bromley, Lambeth and Southwark CCGs

The CQRG is where the provider is held to account by commissioners and where contractual levers may be used (e.g., penalties, CQUINs). These are also to be held with Greenbrooks and St. Christophers.

Quality assurance within Bromley CCG

- Quality Assurance Sub-committee
  All provider information brought together including CQRG reports, quality alerts, SI themes, Safeguarding reports, Shared intelligence (e.g., care homes), Healthwatch reports

- Integrated Governance Committee

- BCCG GOVERNING BODY