Single Oversight Framework update: an overview

November 2017
NHS Improvement’s aims

Help providers gain and maintain ‘good’ or ‘outstanding’ ratings from CQC

Help the sector achieve aggregate financial balance

Reduce the number of providers in special measures for quality

Help providers meet NHS Constitution standards and other national priorities for performance improvement
Purpose of the Single Oversight Framework

- Helps us identify where providers may need (or require) improvement support
- Determines the way we work with individual providers to ensure appropriate support is made available
- Helps us understand level and type of support needed across the sector as a whole
Single Oversight Framework at a high level

- The first version of the SOF was published in September 2016
- One consistent approach to overseeing NHS trusts and NHS foundation trusts
- The provider licence is the basis for NHS Improvement’s oversight
- The SOF treats NHS trusts and foundation trusts in similar positions similarly
- Replaces Monitor’s Risk Assessment Framework and TDA’s Accountability Framework
- The SOF does not apply to independent providers
• NHS Improvement’s 2020 objectives set out our overarching aims for the provider sector across five themes.

• The Single Oversight Framework monitors providers’ performance and considers their support needs under these five themes.

Quality of care
Finance and use of resources
Operational performance
Strategic change
Leadership and improvement capability
Monitoring performance under the SOF

We monitor and gather insights about providers’ performance across the five themes and use the information we collect to identify where they may need support.

SOF data and insights

**SOF data principles**
- **Reduce data collection burden**
- **Use nationally collected data**
- **Use evaluated and tested metrics**

**Collection and review of data**
- **Ongoing in-year** eg A&E 4-hour waits
- **Annual** eg annual plans, staff surveys
- **Exception** eg events that trigger concern
Support needs and segment descriptions

**Description of support needs**

- **Segment 1**
  - Maximum autonomy
  - No actual support needs identified
  - Maximum autonomy and lowest level of oversight.
  - Expectation that provider will support providers in other segments

- **Segment 2**
  - Targeted support
  - Support needed in one or more of the five themes
  - Not in breach of licence (or equivalent for NHS trusts)
  - NHS Improvement considers formal action is not needed

- **Segment 3**
  - Mandated support
  - Significant support needs
  - Actual or suspected breach of the licence (or equivalent for NHS trusts)
  - Not in special measures

- **Segment 4**
  - Special measures
  - Actual or suspected breach of its licence (or equivalent for NHS trusts)
  - Very serious/complex issues that mean it is in special measures

**Level of support provided**

- Universal for all segments

- **Universal** + Targeted support as agreed with the provider to address issues identified and help move the provider to segment 1

- **Universal** Targeted + Mandated support as determined by NHS Improvement to address specific issues and help move the provider to segment 2 or 1

- **Universal** Targeted + Mandated support as determined by NHS Improvement to minimise the time the provider is in special measures
# Triggers of potential support

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<th>Category</th>
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| Quality                 | - CQC rating - ‘inadequate’ or ‘requires improvement’ overall rating or in any of the individual key lines of enquiries (KLOEs)  
                        | - CQC warning notices                                                                                               |
|                         | - Any other material concerns identified through CQC’s monitoring process, eg civil or criminal cases raised or whistleblower information  
                        | - Concerns arising from trends in our quality indicators                                                              |
| Finance and use of resources | - Poor levels of overall financial performance such as a monthly finance score of 4 or 3  
                                | - A Use of Resources rating of ‘inadequate’ or ‘requires improvement’                                               |
|                         | - Any other material concerns about a provider’s finances or use of resources arising from intelligence gathered by or provided to NHS Improvement |
| Operational performance | - Failure to meet any operational performance standard for at least two consecutive months  
                                | - Other factors (eg a significant deterioration in a single month) which indicate we need to get involved before two months have elapsed  
                                | - Any other material concerns about a provider’s operational performance arising from intelligence gathered by or provided to NHS Improvement |
| Strategic change        | - Material concerns about a provider’s delivery against the local transformation agenda including (where relevant) participation in new care models health and social care devolution plans |
| Leadership              | - CQC ‘inadequate’ or ‘requires improvement’ assessment against ‘well-led’  
                                | - Material concerns about a provider’s leadership and improvement capability, arising from third party reports, developmental well-led reviews or other relevant sources |
NHS Improvement’s oversight cycle

**Monitoring**

Review core set of data from all providers:
- weekly/monthly/quarterly frequency depending on information source

Providers with critical issues may be monitored more frequently

Focus is on actual performance and, where possible, early warning

**Identifying support needs**

Is the monitoring data triggering any concerns in any of the five themes? If so:
- consider the evidence (via existing knowledge and/or informal/formal investigation)
- assess the issues the provider is facing – how serious and complex are they; does the provider have a good understanding and clear plan to resolve them?

Focus is on identifying whether a provider has any support needs, and if so what type, level and intensity of support is required

**Support decision and segmentation**

Take decision on level of support need as:
- **universal** tools only – as no actual support needs identified
- **targeted** support - offered to address specific areas, for providers to accept voluntarily
- **mandated** support for significant concerns
- **mandated** support for providers in special measures

Place providers in the relevant segment and communicate decision

Focus is on confirming the proposed level of support and assigning the provider to a segment accordingly

**Support activity**

Where a support need is identified, consider what we know about:
- the background to the issue
- actions taken to date
- plans prepared/delivered
- provider capability

Develop a package of support in consultation with the provider. This may include facilitating direct support from NHS Improvement, signposting to resources of other partners, or arranging peer support from other providers

Focus is on co-ordinating a tailored support package relevant and proportionate to a provider’s circumstances
Why we have made changes

- Changes in national policy, standards and performance expectation
- Changes in the availability and reliability of performance data
- Changes in pressures and risk across the sector
- Changes in the support offer available from NHS Improvement
- Changes in SOF related oversight, regulatory or improvement frameworks
- Our learnings over the last year
SOF changes

What we have changed

• Improved the structure and presentation – clarified processes /definitions; corrected discrepancies
• A few changes to the information/metrics we use to assess providers’ performance under each theme
• A few changes to the indicators that trigger consideration of a potential support need

What we did not change

• The underlying framework, ie the five key themes, approach to monitoring, identifying and responding to support needs and provider segmentation

Key SOF clarifications

• The relationship between triggers and segmentation – a trigger indicates a potential support need; further investigation is needed to determine whether is an actual support need
• Operational performance standards – we will only use absolute performance against the national standard as a trigger; we will not use trajectories
• UoR assessments – provided an overview of the new UoR assessments which aim to understand how effectively trusts are using their resources to provide high quality, efficient and sustainable care for patients
• NHS Improvement’s support offer – provided an overview of support offer
• SOF metrics – updated the SOF appendices to detail which metrics NHS Improvement uses to assess provider performance; how these metrics are defined and calculated; the frequency of data publication; and a link to the data source.
• Future updates to the SOF – align future updates of the SOF with the national planning cycle; the next scheduled refresh will therefore be for 2019/20
Changes to the SOF metrics

**Quality**

+ **Added**
  - *E. coli* bacteraemia bloodstream infection (BSI)
  - Meticillin-sensitive staphylococcus aureus (MSSA)

- **Removed**
  - Aggressive cost reduction plans metric;
  - Hospital Standardised Mortality Ratio – Weekend (DFI)

**Finance and use of resources**

+ **Added**
  - Reference to new Use of Resources (UoR) framework, with explanation of how UoR assessments will be used under the SOF
  - We will use the UoR report/rating alongside the finance score to inform our consideration of the provider’s support needs

~ **Amended**
  - Replaced the existing term SOF ‘finance and use of resources score’ with ‘finance score’ to make a clear distinction between this and the new UoR ratings; no change to any of the metrics or underlying calculations
Changes to the SOF metrics (2)

**Operational performance**

**+ Added**
- Dementia assessment and referral standards (Acute)
- Reducing inappropriate adult mental health out-of-area placements (MH)

**- Removed**
- Patients requiring acute care who received a gatekeeping assessment (MH)
- Emergency readmissions (Acute)

**~ Amended**
- Data Quality Maturity Index (DQMI) - Mental Health Services Data Set Data Score – replaces previous standards for submitting ‘priority’ and ‘identifier’ metrics to MHSDS
- For operational performance standards, we will use performance against the absolute national standards as a trigger, not performance against STF trajectories

**Leadership**

**+ Added**
- Reference NHS Improvement and CQC’s new, fully joint well-led framework and guidance on how providers should carry out developmental reviews of their leadership and governance as part of their own continuous improvement.

**Strategic change**

**+ Added**
- We will review the assessment of system-wide leadership in relevant sustainability and transformation partnership (STP) ratings when considering providers’ performance under this theme.