



Reporting and rating NHS trusts' use of resources

Consultation by the Care Quality Commission and NHS Improvement

Who are we

The Healthcare Financial Management Association (HFMA) is the representative body for finance staff in healthcare. For the past 60 years, it has provided independent and objective advice to its members and the wider healthcare community. We are a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through our local and national networks. We also analyse and respond to national policy and aim to exert influence in shaping the wider healthcare agenda. We have a particular interest in promoting the highest professional standards in financial management and governance and are keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

About us

We have completed the questionnaire as a 'provider trade body or membership organisation'

We have not answered on behalf of an organisation, a provider or a service.

Q1a. Do you agree with the proposals for CQC's process to develop and award final ratings for use of resources and publishing reports?

Strongly agree

✓ Agree

Neither agree or disagree

Disagree

Strongly disagree

Q1b. Please tell us the reasons for your answer

We welcome closer working between the Care Quality Commission (CQC) and NHS Improvement (NHSI). In particular, it is helpful that the timing of NHSI's use of resources (UoR) review means it feeds into CQC well-led inspections.

As CQC's process for reporting and rating trust's performance has been in place for some time now, we welcome the fact that it is being used as the basis for the new arrangements and that our members will not have to get to grips with an entirely new system of review and regulation.

Whilst it is clear how NHS Improvement and CQC are working closer together, it is not entirely clear how this process will fit with other regulatory requirements, for example – auditors' responsibilities in relation to use of resources. Our members are particularly concerned that the new UoR review should not duplicate existing regulatory processes or add to them.

Our members work at all types of NHS body, not simply non-specialist acute trusts. Whilst we understand why this work has started with these trusts and we recognise that you are starting to work with specialist, community, ambulance and mental health providers it would be useful to have a rough timeline of when this process is expected to be in place for those other than non-specialist acute trusts.

Q2. Do you have any suggestions for making this process work better?

It is not entirely clear from the consultation whether trusts will receive a copy of the draft findings from NHSI's UoR work before these are provided to CQC. Paragraphs 37 and 40 suggest that the NHSI team will report to the CQC and that trusts are then notified of the outcome of the visit by the CQC. It would be helpful if this was clarified. Our concern is that this may result in more challenges to the accuracy and completeness of the evidence used than if the NHSI team present their draft findings direct to the trusts when they have finished their review.

Q3a. Do you agree with our proposed approach to combining the use of resources rating with CQC's existing quality ratings?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Q3b. Please tell us the reasons for your answer.

We agree with the approach of using the existing rating regime. We think that adding the sixth rating for UoR and keeping it separate does make the findings and impact on overall rating clear.

We are concerned that the UoR rating and the existing quality rating for well-led may overlap which could lead to double counting of an issue across the two ratings. It would be helpful to clarify how this works and whether the results of the UoR rating may cap the well-led classification or vice versa. For instance, would it be possible for a trust to score inadequate on UoR but good or outstanding on well-led? It would be useful to clarify how this will work in practice.

Q4. Do you have any suggested alternatives for achieving a combined rating?

No.

Q5a. We propose that (other than the rule change proposed below) CQC will use its standard aggregation rules and limiters to determine the new combined rating at the trust level, when combining the use of resources rating with CQC’s existing five trust-level key question ratings.

Do you agree with this proposal?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Q5b. Please tell us the reasons for your answer.

We agree the ratings and presentation are easy to understand and that there is sufficient focus on quality.

It would be useful to understand how the overall quality rating and the use of resources rating will be viewed together with the combined rating – for example, will it be possible to be rated overall outstanding for quality but requires improvement for use of resources and, if so, whether this will affect the combined rating in any way?

Q6a. For the combined rating at the trust level, we propose that CQC changes the principle in its current standard aggregation rules that determines the number of requires improvement ratings at the trust level that would limit the combined rating to requires improvement. Instead of the current rule, CQC proposes that “The aggregated rating will normally be limited to requires improvement where at least three of the underlying ratings are requires improvement”.

Do you agree with this proposed change?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Q6b. Please tell us the reasons for your answer

We agree that this will reduce the risks to ratings already identified. As we have said above, we are interested to understand how the individual ratings interact in practice and how any potential double counting of issues are dealt with.

Contact

If you would like to discuss any of our comments in more detail please contact Debbie Paterson, technical editor: debbie.paterson@hfma.org.uk

