Know your reviews: From Carter to Berwick

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What makes reviews different?

- Normally in response to ‘something’ eg event, care failing
- Focus on specific issue (eg patient safety)
- Operate over a finite period
- Informed by a comprehensive range of inputs (eg oral evidence, fieldwork)
- Independently led by a grandee

Different to national strategy documents (eg Five Year Forward View, national workforce strategy, NHS Plan) which are comprehensive in scope and hot-housed in development within the national bodies.
Reviews we will focus on

No shortage of reviews we could cover eg, independent reviews of specific issues at individual organisations eg

- Morecambe Bay maternity services
- Review of deaths at Southern Health
- Leadership, behavioural, governance and cultural issues at Wirral NHS Foundation Trust
- Leadership of Liverpool Community NHS Trust

Or other national reviews eg the Hart review of handling complaints in the NHS

But our loose criteria is the furrowed eyebrow test for ‘reviews you should have heard of’ eg, Francis Review.
Reviews we will canter through

- Carter - Efficiency
- Francis – Mid-Staffs
- Berwick – Safety
- Dalton - Providers
- Barker - Integration
- Rose - Leadership
- Wachter - Technology
- Naylor - Stewardship
Lord Carter Review of NHS Productivity

Response to the funding gap and financial pressures facing the NHS. Tried to identify and quantify savings opportunities for hospitals.

Developed a single measure and common language of hospital productivity – the cost per weighted activity unit. Identified and share good practice through the Model Hospital portal.

Now expanding into mental health, community, ambulance, specialist services. Also part of the regulatory system for monitoring productivity. Parent of other programmes like Getting it Right First Time.

Why should you care?
A new approach of working alongside the frontline; reveals tension between encouraging and instructing; shows savings opportunities are there but are not quick or easy to realise.
Francis Review into Mid-Staffordshire Hospital

Reviewed causes of care failings at Mid Staffordshire NHS FT between 2005 and 2009. People and patients suffered. Warning signs were not acted on eg staff cuts as part of financial recovery plans, whistleblowing concerns not acted upon, poor staff surveys. Patients not heard, poor governance, wrong priorities, professional disengagement.

290 recommendations made, but ones with most staying power were around culture of openness, candour and transparency

Why should you care?
Impact on quality-finance pendulum eg nurse staffing numbers, financial deficits; safe staffing guidance; new CQC inspection approach; special measures regime; Importance of being a learning, listening organisation – not walking past the protests.
Berwick Review into patient safety

Response to care failings at Mid-Staffs hospital. Argued that patient safety problems largely result from systems, procedures, conditions, environment rather than individual staff actions. Proposed NHS should become devoted to continuing learning and improvement.

Now no-blame investigation through Healthcare Safety Investigation Branch; greater promotion of continuous improvement eg Virginia Mason programme; calls for more proportionate regulation

Why should you care?
Reveals tension between culture of support and culture of blame; level of acceptable risk; individual versus system accountability; can your regulate quality into a system? And because Don Berwick is an astonishing writer
Dalton Review into NHS provider models

Aimed to tackle variation in quality of care and performance across different providers. Spread good leadership and clinical models. Look at organisational forms to help.

Accepting that one size does not fit all, paints a broader menu that default option of individual organisations and merger and acquisition eg federations of different organisations that share back office staff, joint ventures that pool sovereignty for specific services (eg Dorset), service level chains across providers (eg Moorfields @), foundation groups (eg Royal Free, GSTT)

Why should you care?
Gets to heart of debate of whether the NHS is a single company/organisation or an industry of different organisations; economics of scale debate; form vs function debate & culture eats strategy for breakfast (the canteen table)
Wachter Review into information technology

A response to ambition to deliver a Paperless NHS by 2020 – particularly hospital care.

Argued for development of clinical chief information officer role at national and local level; galvanised regional IT planning through local digital roadmaps and global digital exemplars

Why should you care?
Raised debate on need for more proportionate approach to centralisation; need to look at wider return on investment; better to get things right than do them quickly; Data sharing and privacy both important; population-based healthcare and integrated care systems require heavy data and analytics component
Commission on the Future of Health and Social Care in England

Review of whether post-war settlement of separate systems for health and social care is fit for purpose.

Furthered debate on future funding and delivery models for social care, facilitated moves towards integration between health and social care through Health and Wellbeing Boards / Sustainability and Transformation Partnerships

Why should you care?
Shows need for services to evolve as needs evolve eg aging population; political toxicity of hard choices needed; problems of collaboration and harmonising systems short of full structural alignment
Sir Stuart Rose NHS leadership review

Asked to consider how to attract and develop talented leaders in NHS.

Argued for a single NHS vision, a more porous approach to recruitment from other sectors, professionalisation of performance management and appraisal, reducing regulatory burden on frontline leaders.

Why should you care?
High level of leadership churn in the NHS and short tenures; evolving towards new leadership task focussed on working collaboratively as part of a system rather than ‘running a tight ship’; continual efforts to reduce regulatory burden from ‘the centre’ with little evidence of success.
Naylor review of NHS property and estates

Review of how to make best use of NHS buildings and land.

Argued for more strategic national leadership of the estate through an NHS Property Board; more funding from a mix of sources for capital investment in transforming how services are delivered and making up for previous underinvestment in maintaining the NHS estate.

Why should you care?
Debate on role of the private sector in the NHS; surfaced issues over who should benefit from sale of NHS assets and land; moves towards One Public estate; stewardship vs short-term management of resources.
Some current reviews to keep an eye on

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<th>Topol Review</th>
<th>Kark Review</th>
<th>Watson Review</th>
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| Preparing the healthcare workforce to deliver the digital future | **Fit and Proper Persons Requirement**  
  - Consider the scope, operation, and purpose of the fit and proper persons requirement (FPPR)  
  - Consider the effectiveness of the FPPR in preventing the redeployment or re-employment of senior NHS provider and CCG managers as well as relevant managers in the independent healthcare and adult social care sectors where their conduct has fallen short of the standards required | **GP partnership model**  
  - How have other sectors successfully mitigated risk and liabilities for individuals in a partnership?  
  - How do the evidence and possible solutions differ for GPs at the early, middle and latter stages of their career? And between urban and rural areas?  
  - What role could digital technology and data play in supporting the partnership model? |

- How are technological developments likely to change the roles and functions of clinical staff in all professions over the next two decades?
- What are the implications of these changes for the skills required?
- What does this mean for the selection, curricula, education, training and development of current and future NHS staff?
Why focus on reviews?

• Because reviews often have **common themes** eg tension between respective roles of ‘the centre’ and regional or frontline organisations; between instruction to deliver and encouragement to improve and innovate

• And reviews **capture the zeitgeist** and current position of the constantly moving pendulum between finance and quality, and between long-term and short-term priorities for health and care

• ‘**NHS lingo**’ and the furrowed eyebrow test are not restricted to three letter acronyms. The NHS is full of shibboleths.
Thank you

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