NHS
Lewisham
Clinical Commissioning Group

QUALITY IMPROVEMENT STRATEGY
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Foreword

This Strategy is, above everything, **about people**. Our aim is to work with the people of Lewisham to ensure that they receive the highest quality, safest and most effective care available and that the personal experience of that care is constantly improving.

In March 2014 we held a major consultation event with the people of Lewisham "Quality in Health and Social Care: A people's summit." About 100 people came, and we heard what quality meant to them. The message was that people want much greater co-ordination between organisations with better access to information. They were also clear that they wanted to be treated as equals by the system in that they would be consulted, informed and treated with respect by those providing health care when they used services.

Failures in quality of care such as those at Mid Staffordshire NHS Trust and Winterbourne View highlighted the danger of not prioritising quality above other considerations. The Francis Report[1] identified the need to have greater awareness of patient experience based on information from a range of sources which, looked at together, revealed a fuller picture. The report also identified the vital importance of organisations working constructively together and sharing information honestly and openly. The Francis Report emphasised that information on patient experience has the potential to act as an early warning of possible concerns and underlined the responsibility of commissioners to listen and act upon patient feedback and complaints. The report concluded that a fundamental culture change was needed across health and care to place patients as the first and foremost consideration of the system and everyone who works in it.

It is vital that we have a clear understanding of the quality of the services we commission, that we identify when things go wrong and that we are constantly improving quality. We have used the seven step process identified by Lord Darzi in

[1] Francis, R. "The Report of the Mid Staffordshire NHS FT Public Enquiry" (2013)

High Quality Care for All [2] and have wrapped our strategy around those steps: Bringing clarity to quality, measuring quality, publishing quality performance, recognising and rewarding quality, raising standards, safeguarding quality and staying ahead.

By using this structure we will show how we obtain an accurate picture of the quality of services provided, how we are able to identify and take action when there is a problem and how we encourage and support improvement in quality. Our strategy also sets out where we are now in terms of quality and where we want to get to. More detailed action plans will follow on from the strategy describing in more detail how we will achieve these aims.

Signed

Dr Faruk Majid, Senior Clinical Director, Chair NHS Lewisham CCG For Learning and Action Group

[2] Darzi et al. “High Quality Care For All” (Department of Health, 2008)

1. Introduction

1.1 Lewisham CCG

In April 2013, NHS Lewisham Clinical Commissioning Group (CCG) became responsible for making decisions on how healthcare is provided to the people of Lewisham. The CCG is responsible for commissioning[3] health services for the resident population and for working with partner organisations, particularly the London Borough of Lewisham (LBL) to ensure health and social care work more closely together. Although approximately 80% of the NHS budget is held by CCGs nationally, a number of specialist services and primary care services like dentists are commissioned by NHS England. General Practice services are jointly commissioned with NHS England. Other services, for example continuing health care and nursing home placements are commissioned jointly with the local authority through joint commissioning arrangements[4].

Lewisham is a diverse borough with some of the most deprived areas in London and the Joint Strategic Needs Assessment (JSNA)[5] produce by LBL and the CCG identifies the biggest health challenges and how they will be addressed in the next three years.

By working in partnership with the local authority, the CCG uses the JSNA to focus commissioning intentions to deliver effective and high quality care that meets the needs of the population we serve, from birth though to end of life care.

The CCG commissions services either individually or in partnership with joint-commissioning colleagues from LBL and other CCGs, from a range of providers including acute hospital, mental health and learning disabilities, community services, maternity care and continuing health care including nursing and care homes.

[3] Commissioning is the process where NHS organisations find out what local communities need and they decide how their budget should be used to buy those services and manage the performance, including quality.
[4] This can include agreements where NHS funding is transferred to the local authority to manage.
[5] Lewisham CCG and Lewisham Borough Council. 'Joint Strategic Needs Assessment 2014-17' (2013)

We continually work with our provider organisations to ensure that we have a range of services in place that meet the needs of our population and that we hold those organisations to account for the quality of care they provide.

The CCG has a number of contractual levers available to it as a commissioner and is accountable for the performance management of services through formal contractual arrangements. The CCG works with members of the public and is supported in this key role by lay members of the CCG. Representatives from Healthwatch in Lewisham contribute to several CCG committees, and provide an important link with the public through their extensive network. The CCG also provides opportunities for direct public engagement through governing body meetings held in public, specific engagement events, focused enquiries and surveys, and communication materials of all kinds, most of which are available on the CCG website and in a way which is accessible to people from all communities.

This strategy was commissioned in 2014 to help us articulate how we might go about improving the quality of the services we commission. This strategy and earlier versions, have had wide consultation with many stakeholders prior to finalisation and has been discussed at length in the CCG Quality committee FLAG (for action and learning)

It is not intended to be a list of quality issues that we want to fix, but more a strategic approach to the delivery of our role as commissioners and not providers of health care. It is about understanding how our providers are improving quality.

It is also about how we develop a cultural competence, both in the way we empower our staff to commission effectively, but also how our providers are addressing equalities issues and how they empower their staff to do so.

There are other strategies e.g.: ‘Our Healthier SE London’ that will dovetail with this to improve patient care across all providers in SE London.

We have based this around Darzi’s ‘Seven steps Framework’. These are not linear steps, but parallel steps which will show the strategic processes required for Quality

Assurance and Quality Improvement. This way we can look at each step and where we are now, where we want to be and what we need to do to close the gap

1.2 Seven steps to ensuring quality

Lord Darzi's Final Report on the Next Stage Review of the NHS was published in 2008 and "High Quality Care for All" has remained influential despite the many changes to the NHS since its publication.

Darzi set out a clear and comprehensive seven step process for NHS organisations to ensure that their approach to quality management, quality assurance and quality improvement is successful. Our quality improvement strategy follows these seven steps:

- **Bring clarity to quality**: this means being clear about what high quality care looks like in all areas and reflecting this in an easily understandable approach to how we set standards.
- **Measuring quality**: in order to work out how to improve we need to measure and understand exactly what we do, with quality measurement at every level.
- **Publish quality performance**: making data on how we are doing widely available to staff and public will help us understand variation and best practice, be open and transparent and focus on improvement.
- **Recognise and reward quality**: the system should recognise and reward improvement in quality of care and services with the right incentives in place to support quality improvement.
- **Raise standards**: quality is improved by empowered patients and staff with a strong role for clinical leadership.
- **Safeguarding quality**: patients and the public need assurance that the NHS is providing high quality care including the regulation of professions and services.
- **Stay ahead**: new treatments are constantly redefining what high quality care looks like. We must support innovation to foster a pioneering NHS in Lewisham.

1.3 Our vision, values and objectives

The CCG s stated vision and objective, is to deliver high quality care in partnership with the people of Lewisham and by so doing enable them to live long and healthy lives with access to well-coordinated and high quality services when and where they need them. We embrace the principles and values set out in the NHS Constitution[6] and will try to achieve the aims set out in the constitution in the way that we commission services.

Our aim is to create a culture of continuous quality improvement, based on honesty and openness within our own organisation and across our local healthcare system. We know from the Quality Summit that above all else people want to be treated as equals within the system and with dignity by service providers and they want to be shown respect when they use services. We also know that local people have concerns about waiting times and access to some services. We expect our providers, hospitals, community and primary care, to ensure every patient and service user is treated in accordance with these principles and values and that their services demonstrate continuous improvement in terms of quality and performance.

Based on consultation with local people, we know that their priorities include; being treated with dignity[7] and respect, having access to information to enable them to make choices about their care, greater co-ordination in how care is provided and more personalised care provided by competent and professional staff who are responsive to their individual needs.

The belief that people using healthcare services were not treated as equals by those providing those services was raised at the summit. That people were not afforded the consideration or respect which should be expected, that they were not consulted appropriately or kept informed was felt to be a recurring issue when people came

[6] 'The NHS Constitution: the NHS belongs to us all'. Department of Health (2013)
[7] We have adopted a definition developed by the Social Care Institute for Excellence which includes: common courtesy; decent appearance and environment; adequate nutrition; physical and aural privacy; confidentiality; and freedom from avoidable pain.

into contact with healthcare services. That people should be treated on an equal standing by the healthcare system as an absolute right and a fundamental principle of our quality strategy.

2. Step One: Bringing Clarity to Quality

2.1 Where are we now?

2.1.1 The Lewisham Quality Summit.

The Lewisham Quality Summit[8] was held in March 2014 with over 100 local people participating, of whom more than three quarters had used health and/or social care services in the previous three months. The summit helped the CCG to define quality as it was understood by the local population and, although a broadly positive view of services emerged, a number of key issues were identified including:

- People wanted to be treated as equals within the system when they used services.
- The level of respect shown to patients, families and carers was important.
- Greater access to timely and accurate information was needed
- The need for transparency and honesty in monitoring and reporting.
- Waiting was sometimes a problem and can result in frustration and anxiety.
- Some people felt a sense of being lost in the system
- Access to GP appointments needs to be improved
- Lack of information about out-of-hours services

2.1.2 Our Definition of Quality

Our definition of quality reflects what was discussed at the Quality Summit and includes the things we know are important to local people. When we refer to a quality service, it must be one that:

[8] Lewisham CCG, Healthwatch Lewisham, Lewisham Borough Council 'Quality in Health and Social Care – A People's Summit. Summary Report, Progress and Next Steps' (2015)

- Treats people using services on an equal standing with the people providing those services.
- Treats them with respect and safeguards their personal dignity.
- Is coordinated with other relevant agencies.
- Provides people with information they can use to help make decisions about their own care and treatment.

Our definition of quality also reflects the key elements identified by Darzi and the Care Quality Commission. We expect quality services to be:

- Clinically safe and protect people from avoidable harm.
- Clinically effective, based on best practice and with good outcomes.
- Services that take the quality of patient experience seriously and actively seek to improve on it.
- Services that are provided by well led organisations that provide strong leadership and support their staff
- Services that are responsive to the individual needs of people and communities and respond positively to feedback from the public.

We also know from speaking to members of the public that while safety and effectiveness may be taken for granted we need a good patient experience to be the s of the public that while safety and effectiveness md and that this is the expected outcome on most occasions when people use health services.

2.1.3 Drivers for Quality

The CCG does not exist in isolation when it comes to issues of quality. It needs to take account national policies and guidelines, work with national and local organisations and use the various levers at its disposal in the commissioning process. Some important drivers for quality used by the CCG include:

National Guidelines and Policies

- **The NHS Outcomes Framework**: establishes the improvements against which the NHS will be held to account.
- **The Next Stage Review, High Quality Care for All (2008)**: describes a framework for, and the steps to improving, quality.
- **NHS Constitution**: sets out the pledges to the public and establishes what the public have a right to expect from the NHS.
- **The NHS Five Year Forward View (2014)**: establishes a direction for the NHS and includes plans for closer working between health and social care.
- **Service Reviews**: much greater focus on quality and a duty of candour (openness) following the Francis Report and Winterbourne View which followed high profile reviews of services at, for example, Mid Staffs NHS Trust.

CCG Commissioning Levers for Quality

- **Quality, Innovation, Productivity and Prevention (QIPP)**: a process through which commissioners agree how providers deliver efficiencies and improvement in quality.
- **Commissioning for Quality and Innovation (CQUIN)**: contractual lever for the CCG where providers are given financial incentives to improve quality of services.
- **Quality Premium (QP)**: an incentive payment used to reward providers for achieving specific quality targets and agreed during contract negotiations.
- **Primary Care Quality and Outcomes Framework (QOF)**: the system used to reward and incentivise GPs to continuously improve services

External agencies influencing quality

- **National Quality Board**: a multi-stakeholder board established to champion quality and ensure that quality is aligned and best practice disseminated though the NHS.
- **Healthwatch in Lewisham**: local consumer champion for healthcare and the public voice. The CCG works with Healthwatch to understand patient experience.
- **Care Quality Commission (CQC)**: the independent health and care regulator which carries out inspection and assurance of health and care providers.

2.2 Where do we want to be?

- The quality of patient experience will be given equal prominence to other performance measures and that routine quality data from our healthcare providers demonstrates continuous improvement.

- The CCG will adopt a fundamental quality standard to be included in all of the contracts with our providers, large and small, and that our definition of quality (as described above) will flow through what we monitor and report.

- We will seek continuous feedback from public and patients on what is important to them and use that knowledge to agree core standards with every provider for all our services.

- We will ensure these requirements are fundamental to the contracting process and embed our quality requirements into service contracts which will form the basis for how we monitor and manage performance through the year.

3. Step Two: Measuring Quality

3.1 Where are we now?

The CCG seeks assurance of the quality of commissioned services at Clinical Quality Review Groups with our main providers and at the CCG's For Learning and Action Group (FLAG). These groups receive and review detailed quality dashboards and reports

3.1.1 Monitoring provider performance

We currently have good quantitative data[9] for acute hospital providers, for maternity services and for the London Ambulance Service, although we need to continue working with our providers to ensure that this information is capable of demonstrating continuous quality improvement.

Although we have some useful indicators to measure the quality of mental health services we are currently revising the quality and information reporting as part of the South London and Maudsley NHS Trust (SLaM) mental health services contract for 2015/16.

We have some indicators to measure the quality of primary care and these are benchmarked against London wide and all England comparators.

We currently do not have sufficient quality indicators for community health services or continuing health care.

We are able to monitor patient experience by reviewing the results of patient surveys, the Friends and Family Test, complaints and patient feedback and by

[9] Quantitative measures, often referred to as *metrics,* are used to assess performance against a given criteria.

reviewing reports from Healthwatch Lewisham. Currently we do not yet gather or analyse qualitative[10] information as well as we could.

Our main sources of information about the quality of care are:

- Provider quality dashboards
- Healthwatch Lewisham
- Friends and Family Test
- Patient Recorded Outcome Measures[11] (PROMs)
- National audit results
- Local clinical audit results
- Compliance rates with NICE[12] guidance
- Incidents, serious incidents and never events[13]
- Safeguarding data e.g. training rates
- Complaints including timeliness, quality of responses and trends
- Infection control e.g. MRSA, Clostridium Difficile
- Patient surveys
- Staff and staffing information e.g. staff surveys, vacancy rates, sickness rates,
- Mandatory training rates
- National Staff survey
- External inspections e.g. from Care Quality Commission

No single information source provides us with the whole picture. To help us understand the wider picture information from various sources is triangulated[14] at our FLAG meeting.

[10] *Qualitative* information is much better at recording experience and provides rich detail but can be difficult to analyse and quantify.
[11] Questions asked of patients before and after specific treatment episodes to evaluate quality from their personal experience.
[12] NICE: national Institute for Health and Care Excellence, the public body that advises on current best practice and approves new treatments.
[13] *Never events* are serious failures in quality which it is expected should never happen and include major surgical errors. The full list is included in 'Never Events List 2015/16'. NHS England (2015).
[14] *Triangulation* is using information from a number of different sources to cross-check the facts about a particular service.

3.2 Where do we want to be?

- We want to be better at using patient feedback and analysing the written comments from the Friends and Family Test and staff and patient surveys.

- Prioritise the areas where we know we have some gaps in service quality information, for example community services, children's services, mental health and continuing health care.

- Have greater involvement in designing and developing clinical audit programmes with our providers using intelligence about what needs to be improved to focus priorities.

4. Step Three: Publishing Quality Performance

4.1 Where are we now?

The CCG Governing Body meets in public at least six times per year and receives a quality report at its meetings. The meetings are held in public and copies of papers are available to the public on the day or on our website before and after the meeting. The Governing Body's Quality Report includes key quality indicators from our main providers.

We also publish key quality indicators on our website with links to the quality reporting pages of major providers.

4.2 Where do we want to be?

- We will have a continuous dialogue with the public though our patient and public engagement work to develop new and innovative ways of publicising quality information in ways that are useful and accessible to them.

- We will look at using social media and developing communication technology to enable us to publish quality information and obtain real-time feedback from the public.

- We will publish information on the quality of all of our commissioned services in a range of places accessible to all members of the community so people are able to access that information before making choices about their care.

- As well as publishing full, open and transparent information on key provider quality information we will link these to the service providers so patients are able to cross reference this information at source.

- We will work with providers, as part of the commissioning process, to move towards outcomes based contracting rather than just providing additional incentives to improve quality

5. Step Four: Recognising and Rewarding Quality

5.1 Where are we now?

The CCG strategic plans set out the longer term aims for continuous quality improvement and these plans are based on priorities identified by local people. We use our contracts with service providers and the levers available to us in order to support quality improvement. These include:

Quality Innovation Productivity and Prevention (QIPP)
The CCG agrees an annual programme of *QIPP schemes* with our providers and these agreements, as part of our contract with them, will include programmes to improve quality and efficiency.

Commissioning for Quality and Innovation (CQUIN)
CQUIN is a scheme to incentivise providers to meet quality outcomes identified to improve the quality of services. CQUIN schemes can offer incentives of up to 2.5%

of the contract value and payment is dependent upon reaching agreed quality thresholds.

Quality Premiums

The quality premium is based on how well the CCG is achieving its constitutional standards. The money can then be used to invest back with providers to target specific non-recurring quality improvements.

5.2 Where do we want to be?

- We want to have much greater recognition of good quality and to publicise that widely, celebrating success and sharing good practice.

- Make better use of information from the public help us with identify and publicise good as well as poor quality and we will use patient surveys and engagement events such as the Quality Summit to help us with this.

- Take a pro-active role in highlighting and sharing good practice across our providers and to help foster a culture of continuous quality improvement.

- Continue to use the levers available to us through the commissioning and contracting process to reward and fund quality improvement including CQINs and the quality premium.

- Look at new models of commissioning where we explicitly buy quality and outcomes.

- We will develop and improve our patient experience processes and develop more tools to monitor progress

6. Step Five: Raising Standards

6.1 Where are we now?

The CCG has an important leadership role in the local health economy[15] and as well as monitoring the quality of services, as described above, the CCG has taken active steps to improve service quality. An example of this is an audit of and subsequent action plan to improve the quality of district nursing services carried out in 2014 and a subsequent audit of practice nursing which identified shortfalls in numbers, inconsistencies with pay and conditions and a measure of professional isolation.

Other areas include a review of pressure ulcer care and treatment which resulted in the implementation of a patient passport which describes optimum treatment which will go with the patient from community, hospital or care home. Another example is the Lewisham Integrated Medicines Optimisation Service (LIMOS), which is a service that works across acute hospital, community and primary care pharmacy services to improve the effective use of medicines.

6.2 Where do we want to be?

- Further develop training and leadership roles in the CCG and support our providers to do the same.

- Empower staff to make a difference, for example through commitment to programmes such as 'Sign up to Safety'[16].

- Work with all of our providers to empower staff working in their organisations because we know that high quality care can only be delivered by motivated, supported and valued people who enjoy their work.

[15] Health economy is a phrase used to describe the whole system of health and social care including primary care, hospital and community services and social care and includes CCGs and local authority.

[16] Sign up to safety is an NHS England run programme to support health care providers to improve safety, reduce harm and increase openness. Five key pledges include; putting safety first, continually learning, being honest, collaborating and being supportive.

- Be more engaged with the clinical audit strategy of our providers and work with them to develop programmes which address known quality issues more effectively.

7. Step Six: Safeguarding Quality

7.1 Where are we now?

Safeguarding quality involves a combination of how we commission and monitor the quality of services and how those services are regulated. The CCG has a quality assurance framework which outlines how we are organised to safeguard quality and what we do when there are concerns. Our relationship with regulatory bodies is good but often reactive and we often find out about problems with quality after they have happened. We need to move to a more pro-active way of working so that we anticipate issues with the quality of services and are able to take steps to address them before they become a serious problem.

Other key areas that impact on safeguarding quality include reporting on serious incidents, revalidation of individuals and services, monitoring mandatory training and staff appraisal including audit of staff satisfaction survey.

7.1.1 Regulation

NHS service providers are subject to assessment and audit by a range of external regulators and assessors including the Care Quality Commission, Monitor, Royal Colleges, Peer Reviews, the Health and Safety Executive, the National Audit office and Healthwatch.

Regulating bodies exist to provide assurance that services meet the required standards of quality. The role of the Care Quality Commission (CQC) is to register service providers that meet the essential standards of safety and quality, monitor services against standards and listen to the patient voice about services. We have

positive working relationship with the CQC and communicate with them on a regular basis which ensures that we co-ordinate our efforts in supporting good practice and quality assurance with our providers.

Healthwatch also has statutory powers to inspect services for quality. Healthwatch organisations bring a valuable local insight and are able to put formal reporting into local context by helping to triangulate information.

7.1.2 Commissioning

The CCG sets quality standards as part of its contracts with providers and can use the levers in the contract to both penalise and reward providers based on their performance.

A wide range of community health and continuing care services are commissioned under Section 75[17] joint commissioning arrangements with London Borough of Lewisham (LBL). The quality assurance of these is managed by LBL on behalf of both partners although the CCG retains overall responsibility for assuring the quality of all services funded by the NHS, either those commissioned directly or through joint arrangements with the local authority.

7.1.3 Quality Assurance Framework

Lewisham CCG has a robust quality assurance framework[18] which sets out how the CCG is organised to assure the quality of services provided to our population. The principles underlying the framework reflect the values identified in the Francis Report, that quality is everyone's business, patients and their safety come first, the public voice must be heard and organisations must adhere to principles of openness and honesty.

[17] Section 75 arrangements are where the NHS transfers funding to the local authority to pay for health and care related services. This came into force as part of the 2006 NHS Act and was retained in the 2012 Health and Social care Act.

[18] NHS Lewisham CCG Quality Assurance Framework (2013)

7.2 Where do we want to be?

- Work more closely with regulators and bodies which oversee quality, notably the CQC and Healthwatch to develop early warning systems to alert us to potential problems before they occur.

- Ensure there is greater clarity across the health and care economy about who has responsibility for ensuring quality and is able to take action, particularly in the case of joint commissioning arrangements.

8. Step Seven: Staying Ahead

8.1 Where are we now?

The quality of care cannot be taken for granted and it is important to continue to focus on innovation in developments in new techniques and best practice. Membership of NHS benchmarking organisations are valuable and the CCG will continue to work with Strategic Clinical Networks[19] to learn from and spread best practice.

The CCG will also learn from patients, the lessons from their experience, and what works for them. We will do this by continuing to work with our patient engagement team, Healthwatch in Lewisham and direct contact with members of the public to learn how we can commission more responsive and patient focussed services.

The NHS Five Year Forward View[20] set the agenda for the next five years and highlighted the need for much greater integration between health and social care and

[19] Strategic clinical networks are regional NHS bodies which support research, best practice and better outcomes in priority areas e.g. cancer, dementia and cardio-vascular illness.
[20] NHS Five Year Forward View. NHS England (2014)

greater emphasis on ill health prevention and patient self-management. This will clearly be a major focus for innovation and transformation[21] in healthcare.

8.2 Where do we want to be?

- We will continue to use commissioning levers to support our providers to make continuous improvements in quality.

- We will empower our providers to innovate and to adopt new techniques and care models. We will work with them to audit and evaluate results and use this information to help us commission better services in the future.

- We will use the CCG neighbourhoods to identify local responses to health and care needs, including greater levels of self-management and much stronger community resilience[22].

- We will support the development of primary care provider organisations to improve capacity of services out of hospital and embedded in local communities.

- We will look at ways of developing greater Integration between health and social care, learning from current vanguard[23] projects.

- We will continue the links with the Academic Health Sciences Centre in order to improve medical education, research and the quality of health services.

[21] *Transformation* is a term commonly used in the NHS to describe changing the way services are provided, moving away from older models of care to new, more effective and efficient methods e.g. IV drug therapy delivered in people's home.
[22] *Community resilience* refers to the resources in local communities to respond to social need and to support statutory services like the NHS. The robustness, or resilience, of communities often reflects levels of poverty, ethnicity and deprivation.
[23] *Vanguard* projects in a limited number of areas across the UK are exploring ways that new models of care, including greater co-ordination of health and social care and care out of hospital can improve services.

- We will develop an action plan and monitor the progress in FLAG. Those sections will be for all the CCGs work and not just for delivery by the Nursing and Quality team or FLAG.

9. Concluding Statement

The Quality Improvement Strategy will help Lewisham CCG to further embed quality into all of its activities by helping to bring focus and clarity to what we understand by quality, what are our priorities, where we currently are where we want to get to.

This is especially important as we move to greater degrees of integration between health and social care, bringing with it the potential for more complexity in information gathering and the means of identifying whether the quality of services are satisfactory.

10 Quality Improvement Plan

The following table summarises the actions we are committed to taking in order to improve the quality of care in Lewisham as described in this paper.

1.0 Bringing Clarity to Quality
• We will ensure that the quality of patient experience will be given equal prominence to other performance measures • We will ensure that routine quality data from our healthcare providers demonstrates continuous improvement. • The CCG will adopt fundamental quality standards to be included in all of the contracts with our providers, large and small, and that our definition of quality will flow through what we monitor and report. • We will seek continuous feedback from public and patients on what is important to them and use that knowledge to agree core standards with every provider for all our services. • We will ensure these requirements are fundamental to the contracting process and embed our quality requirements into service contracts which will form the basis for how we monitor and manage performance through the year.

2.0 Measure Quality
• We want to be better at using patient feedback and analysing the written comments from the Friends and Family Test and staff and patient surveys. • Prioritise the areas where we know we have some gaps in service quality information, for example community services, children's services, mental health and continuing health care. • Have greater involvement in designing and developing clinical audit programmes with our providers using intelligence about what needs to be improved to focus priorities.

3.0 Publish Quality Performance
• We will have a continuous dialogue with the public though our patient and public engagement work to develop new and innovative ways of publicising quality information in ways that are useful and accessible to them. • We will look at using social media and developing communication technology to enable us to publish quality information and obtain real-time feedback from the public. • We will publish information on the quality of all of our commissioned services in a range of places accessible to all members of the community so people are able to access that information before making choices about their care. • As well as publishing full, open and transparent information on key provider quality information we will link these to the service providers so patients are able to cross reference this information at source.

4.0 Recognise and Reward Quality
• We want to have much greater recognition of good quality and to publicise that widely, celebrating success and sharing good practice. • Make better use of information from the public help us with identify and publicise good as well as poor quality and we will use patient surveys and engagement events such as the Quality Summit to help us with this. • Take a pro-active role in highlighting and sharing good practice across our providers and to help foster a culture of continuous quality improvement. • Continue to use the levers available to us through the commissioning and contracting process to reward and fund quality improvement including CQINs and the quality premium. • Look at new models of commissioning where we explicitly buy quality and outcomes.

5.0 Raise Standards
• Further develop training and leadership roles in the CCG and support our providers to do the same. • Empower staff to make a difference, for example through commitment to programmes such as 'Sign up to Safety'[24]. • Work with all of our providers to empower staff working in their organisations because we know that high quality care can only be delivered by motivated, supported and valued people who enjoy their work. • Be more engaged with the clinical audit strategy of our providers and work with them to develop programmes which address known quality issues more effectively.

6.0 Safeguard Quality
• Work more closely with regulators and bodies which oversee quality, notably the CQC and Healthwatch to develop early warning systems to alert us to potential problems before they occur. • Ensure there is greater clarity across the health and care economy about who has responsibility for ensuring quality and is able to take action, particularly in the case of joint commissioning arrangements.

[24] Sign up to safety is an NHS England run programme to support health care providers to improve safety, reduce harm and increase openness. Five key pledges include; putting safety first, continually learning, being honest, collaborating and being supportive.

7.0 Staying Ahead

- We will continue to use commissioning levers to support our providers to make continuous improvements in quality.
- We will empower our providers to innovate and to adopt new techniques and care models. We will work with them to audit and evaluate results and use this information to help us commission better services in the future.
- We will use the CCG neighbourhoods to identify local responses to health and care needs, including greater levels of self-management and much stronger community resilience[25].
- We will support the development of primary care provider organisations to improve capacity of services out of hospital and embedded in local communities.
- We will look at ways of developing greater Integration between health and social care, learning from current vanguard[26] projects.
- We will continue the links with the Academic Health Sciences Centre in order to improve medical education, research and the quality of health services.

[25] *Community resilience* refers to the resources in local communities to respond to social need and to support statutory services like the NHS. The robustness, or resilience, of communities often reflects levels of poverty, ethnicity and deprivation.

[26] *Vanguard* projects in a limited number of areas across the UK are exploring ways that new models of care, including greater co-ordination of health and social care and care out of hospital can improve services.

Quality Assurance Framework

Introduction

1. The common purpose of the NHS is to improve the quality of care for patients and service users.
2. This is an inherently complex task and made even more so as we continually move to new systems and organisations and implement new ways of delivering health and social care.
3. Within this shifting landscape Lewisham CCG will work collaboratively to achieve the common objectives for both commissioners and providers of NHS services for:
    a. Ensuring that the essential standards of quality and safety are maintained; and
    b. Drive continuous improvement in quality and outcomes

4. Five key principles have informed the development of our quality assurance framework:

    - Quality is everyone's business
    - Patients come first
    - The public and patients must be involved and their voices heard
    - We, and the organisations we work with, should be open and honest, share information and intelligence and work collaboratively
    - The CCG has a duty of care to all the residents of Lewisham, regardless of where they access their health care

Definition of Quality

5. Lord Darzi[27] defined quality in terms of safety, effectiveness and patient experience.

    - Patient safety. The first dimension of quality must be that we do no harm to patients. This means ensuring the environment is safe and clean, reducing avoidable harm such as excessive drug errors or rates of healthcare associated infections.
    - Patient experience. Quality of care includes quality of caring. This means how personal care is – the compassion, dignity and respect with which patients are treated. It can only be improved by analysing and understanding patient satisfaction with their own experiences.
    - Effectiveness of care. This means understanding success rates from different treatments for different conditions. Assessing this will include clinical measures such as mortality or survival rates, complication rates and measures of clinical improvement. Just as important is the effectiveness of care from the patient's own perspective which will be measured through patient-reported outcomes measures (PROMs). Examples include improvement in pain free movement

[27] DH, (2008) High Quality Care for All: NHS Next Stage Review Final Report. HMSO. London. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf

after a joint replacement, or returning to work after treatment for depression. Clinical effectiveness may also extend to people's well-being and ability to live independent lives.

Quality Assurance Framework

6. There are four components to the Lewisham CCG Quality Assurance Framework: our values and behaviours, the roles and responsibilities of all individuals and organisations that form the health care system, the organisational structures that have been put in place and the processes we utilise. Each of these components is described in turn below.

Values and Behaviours

7. Robert Francis QC[28] in his Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry concluded that a fundamental culture change was needed across the health care system to put patients as "*the first and foremost consideration of the system and everyone who works in it*." We share the values that inform this statement and commit to the underpinning values and behaviours required to bring it about.

8. The values that underpin our quality assurance framework are also set out in the NHS Constitution.[29]

   - **Respect and dignity.** We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.
   - **Commitment to quality of care.** We earn the trust placed in us by insisting on quality and striving to get the basics professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.
   - **Compassion.** We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.
   - **Improving lives.** We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.
   - **Working together for patients.** We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

[28] Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. TSO. London. http://www.midstaffspublicinquiry.com/
[29] The NHS Constitution (Interactive version) 2012. http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/nhs-constitution-interactive-version-march-2012.pdf

- **Everyone counts.** We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Research with older people, their carers and care workers has identified five overlapping ideas of dignity:

- ***Respect**, shown to you as a human being and as an individual, by others, and demonstrated by courtesy, good communication and taking time.*
- ***Privacy**, in terms of personal space; modesty and privacy in personal care;*
- ***Self-esteem, identity, a sense of self and self-worth,** promoted by all the elements of dignity, but also by 'all the little things' - a clean and respectable appearance, pleasant environments - and by choice, and being listened to.*
- ***Freedom from unnecessary pain, including chronic pain;** recognition that pain is avoidable and treatable at all ages.*
- ***Autonomy**, including freedom to act and freedom to decide, based on clear, comprehensive information and opportunities to participate.*

Roles and Responsibilities

9. The roles and responsibilities for individuals and organisations for quality are established by statute[30] and neatly summarised by the National Quality Board.[31]

Lewisham CCG for its population

10. Lewisham CCG is responsible for commissioning services that meet the needs of our local population and in partnership with them we must:
    - assure ourselves of the quality of the care that we have commissioned
    - take proactive and coordinated action to address potential or actual quality failures and inform the Care Quality Commission (CQC)
    - contract with our providers to secure continuously improving quality
11. The services commissioned by Lewisham CCG must meet, as a minimum requirement, the CQC's essential standards of quality and safety
12. NHS England has established a national set of Quality Surveillance Groups (QSG) at local and regional levels. The role of these groups is to bring together local intelligence relating to particular service providers. The Chief Officer of the CCG is required to attend the local QSG as part of the system wide quality assurance system.

Lewisham CCG as lead commissioner for Lewisham and Greenwich NHS Trust

13. As lead commissioner for Lewisham & Greenwich NHS Trust we will monitor the quality of services provided by the Trust for all service users including those from outside Lewisham, including
    - Monitoring agreed quality indicators

[30] The Health and Social Care Act 2012. http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[31] The National Quality Board (2013) Quality in the new health system. DH, London https://www.wp.dh.gov.uk/publications/files/2013/01/Final-NQB-report-v4-160113.pdf

- Overseeing that Quality Alerts, Incidents and Serious Incidents affecting patients registered at other CCGS are investigated and acted upon appropriately and reported back to other CCGs as required.
- Hold the Trust to account on breaches of agreed quality standards

14. The arrangements for "host commissioners" and collaborative working are set out in the SEL Clinical Commissioning Groups Framework for Collaboration (updated in 2015).

Lewisham CCG as lead commissioner for South London and Maudsley NHS Foundation Trust

15. As lead commissioner for South London and Maudsley NHS Foundation Trust we will monitor the quality of services provided by the Trust for all service users including those from outside Lewisham, including
    - Monitoring agreed quality indicators
    - Overseeing that Quality Alerts, Incidents and Serious Incidents affecting patients registered at other CCGS are investigated and acted upon appropriately and reported back to other CCGs as required.
    - Hold the Trust to account on breaches of agreed quality standards

Provider Organisations

16. The leadership of a provider organisation is responsible for the quality of care delivered by the service and must:
    - ensure that the organisation meets the CQC's 'essential standards of quality and safety'
    - "foster a common culture shared by all in the service of putting the patient first"[32]
    - recognise that quality is as important as the management of resources
    - ensure that there are systems in place to drive continuous quality improvement
    - ensure that there are systems in place to allow staff to raise quality concerns
    - provide accurate data regularly to commissioners in line with contractual requirements

Individual Professionals

17. Individual health and care professionals are 'the first line of defence against quality failure' and should:
    - participate in clinical governance
    - continuously measure and monitor quality indicators of the care that they are delivering
    - ensure that the care they provide is compliant with National Institute of Health and Clinical Excellence (NICE) quality standards and clinical guidance
    - ensure that the care that they provide meets the CQC's 'essential standards of quality and safety'
    - raise concerns that they may have about quality of care with their relevant clinical leaders
    - provide levels of care and conduct that meet with their relevant professional ethics and standards

[32] Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. TSO. London. http://www.midstaffspublicinquiry.com/

Health Care Regulators

18. The role of regulators is to provide assurance that services meet the required standards of quality. The role of the Care Quality Commission is to:
    - register service providers that meet the 'essential standards of quality and safety'
    - monitor services against the standards
    - listen to the patient's voice about the quality of services
    - report on the state of care

Structures

19. The information flows that support the quality assurance framework are shown diagrammatically in Appendix 1.
20. The right of the diagram shows the committees that are used to provide assurance of the quality of services commissioned to meet the needs of the Lewisham population. It is within this structure and the associated processes that Lewisham CCG sees the triangulated and entire assurance framework from the perspective of how the quality of services impact on the Lewisham population.
21. The left of the diagram shows the structures that have been established across South East London for monitoring the quality of services at individual providers. It is within this structure that Lewisham CCG will take assurance of the quality of individual providers and take collective action where potential or actual quality failures are identified.

Processes

Provider Assurance (Acutes)

22. Provider assurance for NHS acute providers is taken at provider specific Clinical Quality Review Groups (CQRG). These meetings constitute a face to face, commissioner to provider quality review meeting. Lewisham CCG manage the CQRGs for Lewisham & Greenwich NHS Trust (LGT) by clinical directors, senior officers and CSU contractor colleagues.
23. Lewisham CCG is represented at CQRGs of other acute providers by clinical directors and senior officers of respective host commissioning CCGs.
24. The quality standards expected of acute providers are set out in Schedule 4 of the NHS Standard Contract. The Standard Contract specifies a set of operational standards, a set of National Quality Requirements, Local Quality Requirements, Never Events and CQUINs. Penalties for breaches of the standards are also specified.
25. In addition to the core clinical and outcomes data CQRGs will review the results of the Friends and Family test and other sources of patient feedback.

Provider Assurance (Community Nursing Services)

26. Community Services in Lewisham are provided by LGT under an integrated NHS Standard Contract.
27. Quality standards for the community services are monitored at the CQRG with LGT.

Provider Assurance (Mental Health Services)

28. Almost all mental health services in Lewisham are provided by South London and Maudsley NHS Foundation Trust under an NHS Standard Contract. Additional services are commissioned from other NHS and voluntary services.

29. Mental Health Services are commissioned under joint commissioning arrangements with the London Borough of Lewisham (LBL).
30. The quality of services provided by SLAM are monitored at a “four borough” CQRG attended by Lewisham CCG clinical directors and senior officers.

Provider Assurance (Other Community Health Services - Continuing Care, Intermediate Care, End of Life Care, Community Equipment etc)

31. A wide range of community health services are commissioned under joint commissioning arrangements with LBL.
32. The quality assurance of these services sits within the agreement and is managed by LBL on behalf of both partners.
33. Lewisham CCG is alerted by exception of potential or actual quality failures in these services.

Provider Assurance (NHS 111)

34. Provider assurance for NHS 111 is described separately here as it is achieved in a different way to other NHS providers.
35. The Department of Health (DH) has mandated that all local areas introducing an NHS 111 service must have an area wide clinical governance group. The SEL NHS 111 clinical governance group is attended by a Lewisham CCG clinical director and senior officers. Exception reports from this group are raised where assurance is not achieved.
36. A clinical quality template report has been agreed with all SEL commissioners including quality indicators across the safety, effectiveness and experience domains.
37. The DH has mandated that all CCGs commissioning NHS 111 service must also have a CCG NHS 111 clinical governance group. At Lewisham, the Integrated Governance Committee constitutes this group.

Provider Assurance (Serious Incidents)

38. Provider assurance for the management of Serious Incidents (SI) is described separately here, as there are additional processes outside of the CQRG process.
39. All providers of NHS funded care are required to report and investigate SIs in line with the NHS England Serious Incident Framework.
40. The CCG reviews Root Cause Analysis (RCA) investigations of all reported Serious Incidents to seek assurance that lessons have been identified and credible recommendations and action plans are made and agreed.
41. The implementation by providers of SI action plans is monitored and signed off by the CCG at SI Review Panels held at LGT and SLaM.

Population Assurance

42. The Integrated Governance Committee is the primary committee at Lewisham CCG for assessing the impact of the quality of services on the Lewisham population and providing assurance, or otherwise, to the Governing Body of the safety, effectiveness and the patient experience resulting from its commissioning decisions.
43. Quality indicator dashboards are presented at the Integrated Governance Committee on a rolling three month rota:
    Month A: Acute and community quality dashboards
    Month B: Mental Health and private provider dashboards including general practice

44. Additional routine and exception reports are received at the Integrated Governance Committee for:
    - Safeguarding
    - Medicines Management

Supporting Continuous Quality Improvement

45. Supporting continuous quality improvement requires action at a strategic level and "in year."

Strategic CQI

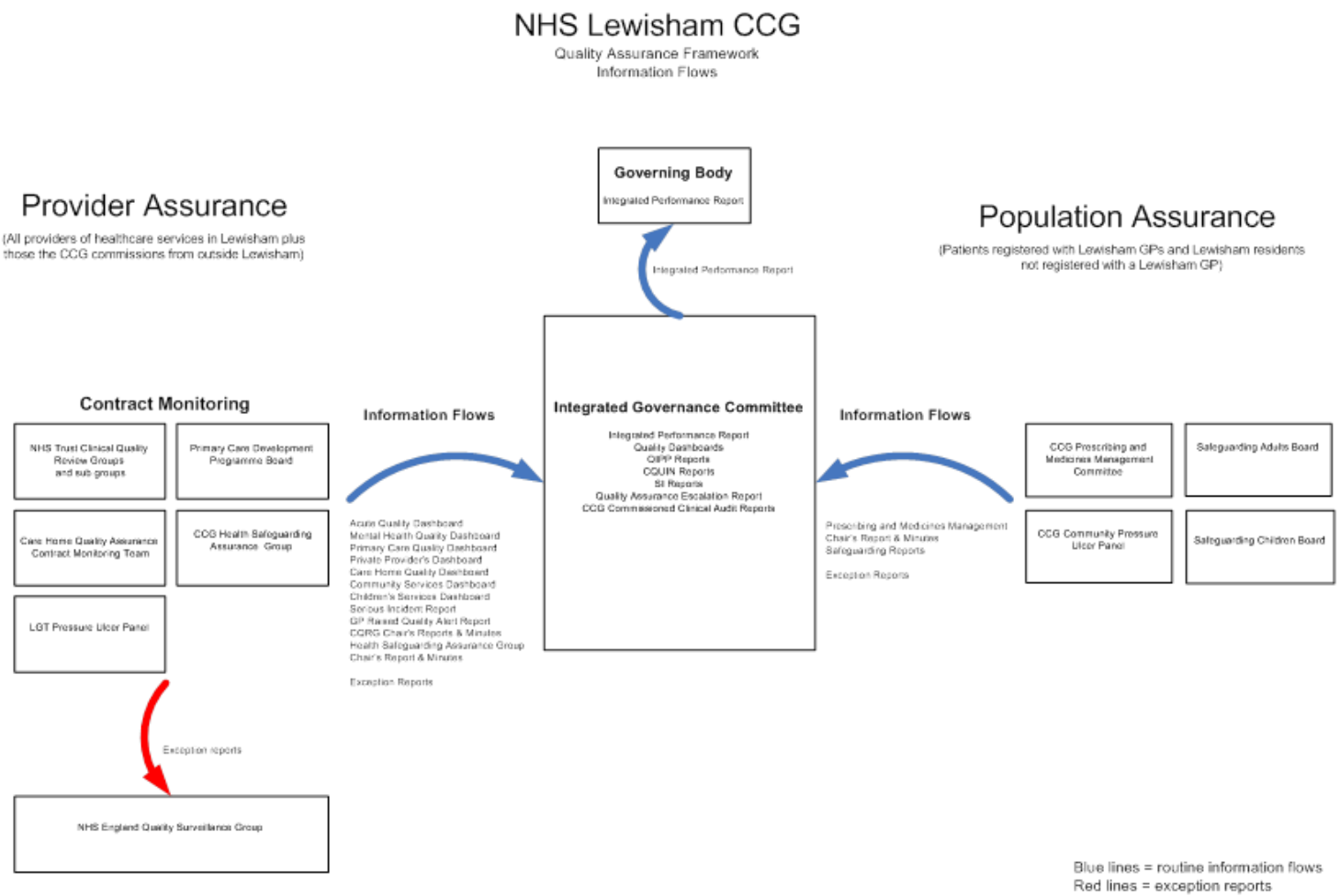
46. The CCG strategic plans set out the longer term aims for continuous quality improvement.
47. Strategic plans are based on priorities agreed with local people.
48. Information sources to support strategic aims and priority setting will include public health reports, national and local statistics and for example, NICE resources to support commissioning decisions.

In Year CQI

49. In year continuous quality improvement is supported by three key processes:
    - Quality Innovation Productivity and Prevention (QIPP) programme
    - Commissioning for Quality and Innovation (CQUIN)
    - Quality Outcomes Premium
50. The Lewisham QIPP programme is agreed each year and monitored by the Integrated Governance Committee. Exceptions will be reported to the Integrated Governance Committee monthly and summarised for the CCG Governing Body.
51. CQUINs are agreed with NHS providers by the commissioning and contracting team and monitored at the relevant CQRGs. Exceptions are reported to the Integrated Governance Committee.
52. The Quality Outcomes Premium is monitored at Integrated Governance Committee. Exceptions are reported to the Governing Body.

Appendices

Appendix 1. Diagram of committee structures and information flows


NHS Lewisham CCG
Quality Assurance Framework
Information Flows
Governing Body
Integrated Performance Report
Integrated Performance Report
Provider Assurance
(All providers of healthcare services in Lewisham plus those the CCG commissions from outside Lewisham)
Population Assurance
(Patients registered with Lewisham GPs and Lewisham residents not registered with a Lewisham GP)
Contract Monitoring
NHS Trust Clinical Quality Review Groups and sub groups
Primary Care Development Programme Board
Care Home Quality Assurance Contract Monitoring Team
CCG Health Safeguarding Assurance Group
LGT Pressure Ulcer Panel
Exception reports
NHS England Quality Surveillance Group
Information Flows
Acute Quality Dashboard
Mental Health Quality Dashboard
Primary Care Quality Dashboard
Private Provider's Dashboard
Care Home Quality Dashboard
Community Services Dashboard
Children's Services Dashboard
Serious Incidnt Report
GP Raised Quality Alert Report
CQRG Chair's Reports & Minutes
Health Safeguarding Assurance Group Chair's Report & Minutes
Exception Reports
Integrated Governance Committee
Integrated Performance Report
Quality Dashboards
CIPP Reports
CQUIN Reports
SI Reports
Quality Assurance Escalation Report
CCG Commissioned Clinical Audit Reports
Information Flows
Prescribing and Medicines Management Chair's Report & Minutes
Safeguarding Reports
Exception Reports
CCG Prescribing and Medicines Management Committee
Safeguarding Adults Board
CCG Community Pressure Ulcer Panel
Safeguarding Children Board
Blue lines = routine information flows
Red lines = exception reports