Quality Assurance Framework for Lewisham CCG

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 move to new systems and organisations.
3. The first years of Lewisham CCG's establishment will be marked by significant change across the provider landscape.
4. Within this shifting landscape the CCG must 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

Definition of Quality

5. Lord Darzi[1] 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 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[2] 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 set out in the NHS Constitution.[3]

[1] 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
[2] Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. TSO. London. http://www.midstaffspublicinquiry.com/
[3] The NHS Constitution (Interactive version) 2012. http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/nhs-constitution-interactive-version-march-2012.pdf

- **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.
- **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.

9. Four key principles have informed the development of our quality assurance framework:

    - Quality is everyone's business
    - Patients come first
    - 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

Roles and Responsibilities

10. The roles and responsibilities for individuals and organisations for quality are established by statute[4] and neatly summarised by the National Quality Board.[5]

Lewisham CCG for its population

11. Lewisham CCG is responsible for commissioning services that meet the needs of our local population and 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 care
12. The services commissioned by Lewisham CCG must meet, as a minimum requirement, the CQC's essential standards of quality and safety and the CCG must be aware of the information contained within the CQC's Quality and Risk Profiles.
13. The Francis Report recommends that a set of 'fundamental standards of basic care' are developed and monitored by commissioners.
14. The NHS Commissioning Board (NHS CB) is establishing 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 Accountable Officer of the CCG is required to attend the local QSG as part of the system wide quality assurance system.

Lewisham CCG as host commissioner for Lewisham Healthcare NHS Trust

15. As host commissioner for Lewisham Healthcare 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

[4] The Health and Social Care Act 2012. http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[5] 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

- Reporting exceptions to the LSL Integrated Governance Committee
- Overseeing that Quality Alerts, Incidents and Serious Incidents affecting patients registered at other CCGS are investigated and acted upon appropriately and reporting back to other CCGs as required

16. The arrangements for "host commissioners" and collaborative working is set out in the SEL Clinical Commissioning Groups Framework for Collaboration (August 2012).

Provider Organisations

17. 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"[6]
    - 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

Individual Professionals

18. 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

Health Care Regulators

19. The role of regulators is to provide assurance that services meet the required standards of quality. The Francis Report recommends that the number of regulators be reduced with the functions of Monitor being included within the role of the CQC as a single healthcare regulator. The role of the CQC 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

20. The committee structures and information flows that support the quality assurance framework are shown diagrammatically in Appendix 1.
21. The centre of the diagram shows the committee structures 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.
22. 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 (but shown collectively). 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)

23. Provider assurance for NHS acute providers is taken at provider specific Clinical Quality Review Groups (CQRG). These meetings are arranged by the SEL Commissioning Support Unit (CSU) and constitute a face to face, commissioner to provider quality review meeting. Lewisham CCG are represented at the CQRGs for Lewisham Healthcare NHS Trust (LHNT) by clinical directors, senior officers and CSU contractor colleagues.
24. Lewisham CCG is represented at CQRGs of other acute providers by clinical directors and senior officers of respective host commissioning CCGs. Lewisham CCG is alerted of potential or actual quality failures by exception reporting to the LSL Integrated Governance Committee.

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

25. 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.
26. 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.
27. The quality standards specified in the 2013/14 contract with Lewisham Healthcare NHS Trust (LHNT) are at Appendix 2.
28. Exception reports to the LSL Integrated Governance Committee indicate where the CCG has not been able to take assurance at the CQRG from the evidence presented. Information from the LSL Integrated Governance Committee is escalated to the local Quality Surveillance Group where required.

Provider Assurance (Community Nursing Services)

29. Community Services in Lewisham are provided by LHNT under an NHS Standard Contract.
30. Quality standards for the community services are monitored at the CQRG with LHNT.
31. The quality standards for the 2013/14 contract are shown in Appendix 2.

Provider Assurance (Mental Health Services)

32. 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.
33. Mental Health Services are commissioned under Section 75 joint commissioning arrangements with the London Borough of Lewisham (LBL).
34. The quality of services provided by SLAM are monitored at a CQRG attended by Lewisham CCG clinical directors, senior officers and CSU contracting staff.
35. The quality standards for the 2013/14 contract with SLAM are shown in Appendix 2.

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

36. A wide range of community health services are commissioned under Section 75 joint commissioning arrangements with LBL.
37. The quality assurance of these services sits within the Section 75 agreement and is managed by LBL on behalf of both partners. (See Appendix 3: Health Communities Select Committee report "Arrangements for the Commissioning, Monitoring and Inspection of Residential and Nursing homes" as an example)
38. Lewisham CCG is alerted by exception of potential or actual quality failures in these services.

Provider Assurance (Specialist (Tertiary) Care, Health Visiting)

TBC – commissioning and monitoring arrangements by NHS CB

Provider Assurance (Primary Care)

TBC – commissioning and monitoring arrangements by NHS CB

Provider Assurance (NHS 111)

39. Provider assurance for NHS 111 is described separately here as it is achieved in a different way to other NHS providers.
40. 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.
41. A clinical quality template report has been agreed with all SEL commissioners including quality indicators across the safety, effectiveness and experience domains.
42. The DH has mandated that all CCGs commissioning NHS 111 service must also have a CCG NHS 111 clinical governance group. At Lewisham, FLAG constitutes this group.

Provider Assurance (Serious Incidents)

43. Provider assurance for the management of Serious Incidents (SI) is described separately here, as there are additional processes outside of the CQRG process.
44. Lewisham CCG has contracted for additional support to the SI process from the South London CSU.

45. All providers are required to report SIs to the CSU within 24 hours of their occurrence.
46. The CSU facilitate a Serious Incident Review Group on a weekly basis to review and grade all newly reported SIs and to sign off root cause analysis investigations of current SIs. This group comprises senior officers from participating CCGs, clinical directors on a rota basis and additional specialist clinicians as required.
47. The implementation of SI action plans will be monitored and signed off by commissioners at the CQRGs.

Population Assurance

48. The For Learning and Action Group (FLAG) 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 (via the Delivery Committee) of the safety, effectiveness and the patient experience resulting from its commissioning decisions.
49. When FLAG is not assured of the quality of services exception reports are raised for the Delivery Committee, the Governing Body, for CQRGs, for LSL Integrated Governance Committee as appropriate.
50. A quality indicator dashboard for FLAG includes:
    - National Quality Dashboard Indicators
    - CCG Outcomes Indicators
    - Aggregated Serious Incident Reports
    - Rates of HCAIs
    - Medicines Management (Central Alerting System, Cold Chain) Indicators
    - Maternity Indicators
    - Continuing Care Indicators
    - Primary Care Quality Indicators
    - GP Quality Alerts
    - PALS and Complaints Reports
    - Results of Patient Surveys
    - Reports from Healthwatch
51. Additional routine and exception reports are received at FLAG for:
    - Safeguarding
    - Medicines Management
    - Patient and Public Involvement and Equalities
52. A subset of the quality indicators reviewed at FLAG are reported to Delivery Committee as part of an integrated governance report which triangulates into a single report quality, financial and performance indicators.

Supporting Continuous Quality Improvement

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

Strategic CQI

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

In Year CQI

57. 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
58. The Lewisham QIPP programme is agreed each year and monitored by the QIPP Programme Board. Exceptions will be reported to the Delivery Committee monthly and summarised for the CCG Governing Body.
59. CQUINs are agreed with NHS providers by the commissioning and contracting team and monitored at the relevant CQRGs. Exceptions are reported to the Delivery Committee.
60. The Quality Outcomes Premium is monitored at Delivery Committee. Exceptions are reported to the Governing Body.

Sharing of information and good practice

61. FLAG will share feedback from LHNT relating to GP Quality Alerts on a quarterly basis.
62. A 'Lessons Learnt' workshop will be led by FLAG at the Neighbourhood Forum every six months

Appendices

Appendix 1. Diagram of committee structures and information flows
Appendix 2. NHS Standard Contract Quality Requirements
Appendix 3. LBL Health Communities Select Committee report "Arrangements for the Commissioning, Monitoring and Inspection of Residential and Nursing homes"

NHS Lewisham CCG

Quality Assurance Framework
Information Flows

Lewisham Clinical Commissioning Group

Provider Assurance

Population Assurance

(Patients Registered with Lewisham GPs and Lewisham residents not registered with any GP)