## DOCUMENT CONTROL

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<td>Commissioning For Quality Framework</td>
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<td>NHS Lambeth Clinical Commissioning Group – Commissioning For Quality Framework</td>
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<tr>
<td><strong>Author name, job title and contact details</strong></td>
<td>Marion Shipman, Assistant Director Governance and Quality <a href="mailto:marion.shipman@nhs.net">marion.shipman@nhs.net</a> 020 3049 4457</td>
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<td>Governing Body members, sub-committee members and all staff working for, and on behalf of, the CCG</td>
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### Governance and NHS Lambeth CCG

This document supersedes all pre-existing Commissioning for Quality Frameworks

This document applies to all staff of NHS Lambeth Clinical Commissioning Group.

### Version / Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Note</th>
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<tr>
<td>1.0</td>
<td>November 2012</td>
<td>Marion Shipman</td>
<td>Approved at LCCB</td>
</tr>
<tr>
<td>1.1</td>
<td>April 2014</td>
<td>Marion Shipman</td>
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<td>For ratification at Integrated Governance Committee</td>
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<td>1.2</td>
<td>April 2015</td>
<td>Marion Shipman</td>
<td>Update to reflect the adoption of a formalised approach to provider quality assurance site visits.</td>
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1. INTRODUCTION

Following events at mid-Staffordshire NHS FT the National Quality Board (NQB) reviewed the systems and processes in place in the NHS for safeguarding quality and preventing serious failures. This review was followed by the publication of the ‘Review of Early Warning Systems in the NHS’ in 2010 and the draft report from the NQB, ‘Quality in the new health system – maintaining and improving quality from April 2013’.

The NQB is confident that by operationally implementing its recommendations, in particular the roles and responsibilities (see Section 10.2), early identification of potential failings in patient care will be better assured. That said, the NQB recognises that no system can be 100% failsafe, particularly in one as complex as the NHS, and that not every serious failure may be entirely prevented. It is therefore crucial that management and regulatory responses are aligned with clear leadership and ongoing coordination in order that in such circumstances the overall system is able to respond in a way that safeguards patients, ensures continued provision of services to the population and secures rapid improvements in the quality of care at any failing organisation.

Lambeth CCG recognises that quality governance relies on a combination of structures and processes at and below Governing Body level to assure organisation-wide quality performance. The Lambeth CCG Commissioning for Quality Framework outlines how the organisation meets the recommendations within the NQB reports and subsequent legislative requirements for CCGs relating to ensuring care quality. It includes the governance architecture in terms of a communication and reporting structures, roles and responsibilities and relevant supporting guidelines and procedures.

Recognising the basic principle of ‘putting the patient first’ the Lambeth CCG Commissioning for Quality Framework:

- Sets out the arrangements for informing our priorities, providing early warning for action and delivering assurance on quality to the Lambeth CCG Governing Body
- Supports the interface with all of our commissioned services including NHS Foundation Trusts and NHS Trusts, independent contractors, voluntary and private sector providers as well as the Local Authority
- Recognises the requirement of the CCG to work effectively and openly with other System Managers and Regulators to identify and address the risk of potential failure in care
- Recognises the importance of patient and service user participation
2. IMPROVING QUALITY AND DELIVERY OF BETTER OUTCOMES

“Quality is the measure of how health and care services are treating and caring for patients and service users in their care”

*Quality in the new health system, NQB 2012*

*High Quality Care for All (2008)* defined quality in terms of three dimensions: safety, effectiveness and user experience. These have been embraced by staff throughout the NHS. All three must be present in order to ensure a high quality service.

- **clinical effectiveness** – quality care is care delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes;
- **safety** – quality care is care delivered so as to avoid all avoidable harm and risks to the individual’s safety;
- **patient experience** – quality care is care looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

This definition of quality has now been enshrined in legislation through the Health and Social Care Act 2012 (the Act), section 2.

The Act has also defined success in terms of the outcomes that are achieved for patients and service users. The NHS Outcomes Framework sets out the national outcomes that all providers of NHS funded care should be contributing towards. It builds on the definition of quality through setting out five overarching outcomes or domains the NHS should be aiming to achieve for patients.
2.1 THE DOMAINS OF THE NHS OUTCOMES FRAMEWORK

This Outcomes Framework underpins the delivery of this Commissioning for Quality Framework with continuous improvement in the quality of services secured by:

- **bringing clarity to quality** by focusing on outcomes underpinned by National Quality Standards developed by the National Institute for Health and Clinical Excellence (NICE)

- **measuring and publishing** robust, relevant and timely information on the quality of care provided

- **rewarding quality** through payments and incentives e.g. tariffs, standard contracts, CQUINs and primary care contracts

- **leadership** e.g. local CCG Quality Leadership, Academic Health Sciences, Clinical Networks, Health and Wellbeing Boards and Professional bodies

- **Innovating for quality** e.g. health services searching for and applying innovative approaches to delivering healthcare, consistently – includes NICE recommendations and the development of new pathways wherever possible co-designed with service users.

- **Safeguarding quality** e.g. ensuring that CQC essential standards of safety and quality are maintained, individual professional competence and culture of working together in the best interest of patients
3. DUTY OF QUALITY

3.1 NHS OUTCOMES FRAMEWORK – DUTY OF QUALITY

3.2 CLINICAL COMMISSIONING GROUP - DUTY OF QUALITY RESPONSIBILITIES

- CCG Commissioners are responsible for securing a comprehensive service within available resources to meet the needs of their local population
- They must commission ‘regulated activities’ from providers that are registered with the CQC and should contract with their providers to deliver continuously improving quality of care
- They must assure themselves of the quality of the services that they have commissioned
- Where commissioners have significant concerns about the quality of care provided they should inform the CQC

Quality in the new health system – Maintaining and improving quality form April 2013, NQB, October 2012
Under section 26 of the Act there is a duty on Clinical Commissioning Groups to exercise their functions with a view to securing continuous improvement in the quality of services and of the outcomes that are achieved from the provision of services.

Within the amended Governing Body Health and Social Care Act (the Act) 2006, the main function of CCG Governing Bodies is to ensure that appropriate arrangements are in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG’s principles of good governance.

NHS Lambeth Clinical Commissioning Group has an agreed Mission statement, which is imbedded within the CCG’s Constitution and drives the delivery of our duty to address care quality:

‘To improve the health and reduce health inequalities of Lambeth people and to commission the highest quality health services on their behalf.’

The CCG recognises the crucial importance that during transition existing roles, responsibilities and statutory duties must be discharged fully and effectively.

4. PUTTING PATIENTS AND SERVICE USERS FIRST

The NHS Constitution sets out the principles that should guide the actions of all those who work for the NHS and the values that should guide behaviours. All providers supplying NHS Services are required by law to take account of the NHS Constitution in their decisions and actions and efforts to drive quality improvements must be in line with these principles and values.

Lambeth CCG recognises that a culture of open and honest cooperation is essential to safeguard the quality of care to patients and needs to reach beyond organisational boundaries.

At every level of the system, patient participation is a central component of how services are provided, designed and assured in Lambeth CCG.

Commissioners are under a duty to involve patients and service users in designing pathways of care and in assessing the quality of care provided, so that they meet the needs of those who will be using services.

5. THE NHS EARLY WARNING SYSTEM

The NQB have developed a model based for how different parts should come together to share information and intelligence and to respond to quality problems when they arise. The Lambeth CCG Quality Framework is based on this model including:
• **Proactively working together** to share information and intelligence about the quality of care
• **Reactively working together** in the event of a potential or actual serious quality failure coming to light, to enable informed judgements about quality and to ensure an aligned response between those with performance management, commissioning and regulatory responsibilities, without undermining or overriding individual accountabilities.

The diagram that follows represents the model for Quality Surveillance Groups (QSG). These operate at two levels, locally and regionally bringing together organisations as a virtual team across a health and social care economy and their respective information and intelligence gathering to maintain quality in the system by routinely and methodically sharing information and intelligence.

Within Lambeth CCG our joint working is through:

- Performance management and commissioning of provider contracts
- Shared approaches to quality assurance with both commissioner and provider teams
- Shared programmes of work to redesign services to improve quality
- Shared intelligence systems (hard and soft intelligence) including commissioning support capability across a range of CCGs and engaging with national data sources
- Joint working with London Borough of Lambeth through integrated community and public health arrangements

5.1 QUALITY SURVEILLANCE GROUP NETWORK
6. PRINCIPLES OF SAFEGUARDING QUALITY WITHIN LAMBETH

The Lambeth CCG recognises the basic principle that the patient and the journey of the patient through the care process, is the primary concern of the organisation. This requires a culture of open and honest cooperation where:

- **Healthcare professionals and all NHS frontline staff** feel able to raise concerns about the quality of care at an early stage

- **Clinical teams** understand the quality of service they are providing to patients through routinely measuring and benchmarking their performance with peers across the three dimensions of quality (as above)

- That **governing bodies and provider boards** see their fundamental role as ensuring high quality care for patients

- **System Managers** (CCG’s, SLCSU, NCB) and Regulators (CQC and Monitor) work together to share information and intelligence on risk; be seen as a source of advice and support in the event of concerns being raised and visibly work together to support improvement where potential or actual failures in the quality of care being provided to patients are identified.

- **All parts of the system** are actively listening to and proactively engaging with patients, the wider public and staff to understand their concerns.

7. LAMBETH COMMISSIONING FOR QUALITY FRAMEWORK

Recognising the basic principle of ‘putting the patient first’ the Lambeth CCG Commissioning for Quality Framework:

- Sets out the arrangements for informing our priorities, providing early warning for action and delivering assurance on quality to the Lambeth CCG Governing Body

- Supports the interface with all of our commissioned services including NHS Foundation Trusts and NHS Trusts, independent contractors, voluntary and private sector providers as well as the Local Authority

- Recognises the requirement of the CCG to work effectively and openly with other System Managers and Regulators to identify and address the risk of potential failure in care

- Recognises the importance of patient and service user participation

The Lambeth CCG Quality Framework outlines the robust processes in place for fulfilling our statutory obligations and accountabilities in relation to care quality. The CCG recognises the importance of clear local leadership in these processes. The components include:

- **Bringing clarity to quality** through identifying needs and agreeing priorities and health goals, use of national standards such as NICE Quality Standards and research based decision-making including JSNA
- **Robust contract monitoring arrangements and rewarding quality**
  (quality monitoring embedded including CQUINS and provider’s Quality Accounts; serious incident and ad hoc monitoring)
  - Clear performance measures and reporting cycles
  - Fit-for-purpose data monitoring systems
  - Regular contract performance meetings

- **Identifying signs of non-compliance** at an early stage through review of provider information and national data e.g. Care Quality Commission (CQC) Quality Risk Profiles (QRPs), National Reporting and Learning System (NRLS) reports, CQC mortality alerts; benchmarking e.g. clinical audits, serious incidents - including safeguarding and local Quality Alert notifications reviews and inspections.

- **Patient and service user participation:**
  - Embedded in all our Programmes and an annual report detailing how public consultations have influenced commissioning decisions.
  - Clinical Board member surgeries
  - Attending Health Watch / LINks meeting
  - Lambeth CCG Engagement Committee with representatives from PPGs and voluntary sector
  - Attending Scrutiny
  - Lambeth Health and Well Being Boards programmes including PPI
  - Attending Council of Governors meetings and representation on Foundation Trust patient experience groups
  - Open invitation meetings for the public in advance of Governing Body meetings
  - Governing Body meetings in public
  - Attendance at community events
  - Development of practice patient participation groups and locality meetings
  - Review of complaints, PALS and patient survey feedback

- **Working collaboratively** with other system managers, regulatory bodies e.g. NCB, Monitor, medical director local area team, clinical senates and networks to understand and share information on risk through formal and informal mechanisms including independent assessments

- **Process for reporting all serious incidents:** Monitored by commissioners. Risk Summits where there are particular concerns that there could be a serious quality failure or the potential. Serious incidents are reported to the CCG Board via the Integrated Governance Committee and robust business continuity plans to ensure continued provision of services and rapid improvements in the quality of care at the failing organisation

- **Safeguarding:** Effective arrangements in place to address Children’s and Adults Safeguarding issues through engagement with the Lambeth Children’s and Adults Safeguarding Boards.
8. LAMBERT COMMISSIONING FOR QUALITY FRAMEWORK

OVERVIEW

The following structure shows an overview of the Lambeth CCG Commissioning for Quality Framework.

9. INTEGRATED GOVERNANCE COMMITTEE

Lambeth CCG has delegated responsibility for quality and clinical governance to the Integrated Governance Committee, a Committee of the Governing Body. The Committee's role is to monitor and provide the Governing Body with assurance on risk management, quality and safety including delivery of performance standards, reporting systems and data quality. The Committee is responsible for working with Member Practices to implement plans, undertaking actions in the Localities and providing the Governing Body with assurance on legal compliance and effectiveness of the CCGs polices and activities relating to clinical governance.

All joint committees have delegated authority and report directly to the Governing Body.

Provider Trust Executive leads attend annually to present on and discuss quality issues within their organisation.
10. RESPONSIBILITIES

10.1 RESPONSIBILITIES FOR QUALITY WITHIN NHS LAMBETH CCG

Quality is everyone’s business however, individuals with specific responsibilities include:

- Chief Officer - accountable officer
- Clinical board member lead for quality - Chair
- Senior management team
- Designated Safeguarding Leads
- Caldicott Guardian
- Senior Information Risk Officer (SIRO)
- Lay Member Patient Public Involvement
- Lay Member Audit
### 10.2 NQB OVERVIEW OF ORGANISATIONAL ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>NHS staff and clinical teams</strong></td>
<td>“...NHS staff and clinical teams are the first line of defence in preventing serious failure in the NHS. It is their responsibility and duty to speak up when they have a concern, as well as striving to deliver continuous improvements in the quality of care they provide.”</td>
</tr>
<tr>
<td><strong>Provider Organisations</strong></td>
<td>“...ultimate responsibility for safeguarding the quality of care provided to patients rests with the provider organisation through its board. Boards should be <strong>ensuring</strong> that their organisation meets the essential levels of quality and safety as set out by the new system of registration...and continuously striving for quality improvement.”</td>
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<tr>
<td><strong>PCT Commissioners</strong></td>
<td>“secure provision of services to meet the needs of local populations by commissioning from registered providers. They then <strong>assure</strong> themselves that providers are meeting their contractual obligations, through contract management, soft intelligence and other information. They have a statutory duty to secure continuous improvement in the care that they commission.”</td>
</tr>
<tr>
<td><strong>Strategic Health Authorities</strong></td>
<td>“are accountable to the Secretary of State for the operation of the NHS in their region. They do this by assuring themselves that PCTs are commissioning high quality services that meet the needs of the population and that they are holding all providers to account for performing against their contracts. They also directly manage the performance of NHS trusts (non FTs)” In the event of a serious failure, the SHA is responsible for holding the ring and ensuring that “the management and regulatory responses remain aligned and coordinated at all times.”</td>
</tr>
<tr>
<td><strong>Care Quality Commission</strong></td>
<td>“is the independent regulator for health and adult social care in England. It registers all providers of health and adult social care against registration requirements (essential levels of quality and safety), and attaches conditions to registration where appropriate. It then monitors ongoing compliance against these requirements and takes enforcement action where necessary”</td>
</tr>
<tr>
<td><strong>Monitor</strong></td>
<td>“is the independent regulator of NHS Foundation Trusts. It determines whether NHS trusts are ready to become, FTs authorising those that meet certain pre-determined criteria...Monitor sets the regulatory and reporting framework for all FTs via its Compliance Framework, which it uses to monitor whether or not NHS foundation trusts are complying with their terms of authorisation. As part of this Compliance Framework, all foundation trusts must comply with CQC’s registration requirements...Monitor looks to CQC for judgements as to whether an NHS foundation trust is complying with their registration requirements...”</td>
</tr>
<tr>
<td><strong>Department of Health</strong></td>
<td>“is accountable to Parliament for the provision of health services to the population of England. It designs the health system, including setting registration requirements in legislation, setting out national priorities through the NHS Operating Framework, and delegating responsibility to regional and local levels. It is the responsibility of the Department of Health to ensure that there are effective flows of information on emerging concerns and risks throughout the system”</td>
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11. ASSURANCE AND REPORTING

The Integrated Governance and Performance Report and supporting reports will be used to inform the Integrated Governance Committee and Governing Body of quality matters and to provide assurance that quality issues have been identified and necessary actions taken.

We rely on both quantitative and qualitative information, hard and soft intelligence to provide assurance on quality of care in our providers. High levels of trust and well developed relationships between commissioners and providers are vitally important.

No one source of information by itself is sufficient to provide complete assurance or to signal potential areas of risk. Much of the data (hard and soft intelligence) comes from providers and the LCCG draw assurance from this information along with triangulating information from other sources to develop a complete picture as possible on quality of care for any and each provider:

- Providers own assurance methods including bi-monthly provider quality presentations to Governing Body / Integrated Governance Committee
- Routine information and datasets (internal and external) including GP Quality Alerts, Care Quality Commission Quality and Risk profiles (CQC QRPs), National Reporting and Learning (NRLS) reported incident provider reports
- Contract information e.g. activity based data, quality meetings, specific KPIs, CQUINs, safeguarding evidence, serious incident reporting and serious incident monitoring meetings, complaints
- Patient and public information e.g., Surveys and complaints
- Information from about provider staff e.g. staff surveys
- Quality assurance site visits – at least three CCG site visits per year as defined in contract and agreed at CQRGs. Visits in line with the, ‘Lambeth and Southwark Quality Assurance Site Visits: Lambeth and Southwark CCG Framework’.
- External performance assessment, CQC assessments and visits, NHS litigation authority, Patient Environment Action Team (PEAT)
- Clinical audit
- Soft intelligence e.g. changes in leadership, patient and service user participation
- Anecdotal information

It is recognised that the quality of data used for monitoring and measuring provider performance impacts on the quality of decision-making at commissioning level. Identified data quality issues are addressed with our Information Governance work stream, raised with relevant providers and actions agreed for improvements.
12. IMPLEMENTATION AND DISSEMINATION OF DOCUMENT

The Commissioning for Quality Framework will be

- uploaded onto the CCG intranet and the document location confirmed to all CCG staff

13. ASSOCIATED DOCUMENTS

This Framework is supported by a number of key CCG policies:

- Lambeth CCG Incident Management Policy
- Lambeth CCG Complaints Policy
- Lambeth Risk Management Strategy
- Safeguarding policies and procedures including - Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse; Safeguarding Children and Young people: roles and competencies for health care staff intercollegiate document
- ‘Involving Peoples’ Lambeth CCG Communications and Engagement strategy
- Information Governance policies
- Do Not Resuscitate Policy
- South East London Interface Prescribing Policy
- Whistleblowing Policy

The following Terms of Reference are integral to the implementation of this Framework:

- NHS Lambeth CCG Integrated Governance Committee
- Engagement Equalities and Communications Committee
- Provider Clinical Quality Review Meetings
- Provider Serious Incident Monitoring Meetings

14. CONCLUSION

The NHS Lambeth CCG Commissioning for Quality Framework outlines the Framework by which the CCG Governing Body will secure excellent quality within services it commissions on behalf of Lambeth patients. It provides the means by which the Governing Body can assure itself and its stakeholders of the clinical quality and responsiveness of the services it commissions and provides a means to establish where remedial action may be required. On an annual basis the Integrated Governance Committee will review this Framework on behalf of the Governing Body to ensure that learning is taken on board and that the Framework prompts continuous improvement in support of delivery of the CCG’s mission and of its statutory responsibilities. Earlier review may be undertaken in light of new national guidance.

15. APPENDICES

| Appendix 1 | Review of early warning systems in the NHS, National Quality Board, February 2010 |
## APPENDIX 1 – REVIEW OF EARLY WARNING SYSTEMS IN THE NHS, NATIONAL QUALITY BOARD, FEBRUARY 2010

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Summary of Tools and Levers relevant to Quality Failure</th>
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<tbody>
<tr>
<td>Provider Organisation</td>
<td>Continuous monitoring of quality and performance metrics collected as part of the provision of care</td>
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<td></td>
<td>Organisational action to improve quality and performance Action with individuals to improve capacity or capability</td>
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<tr>
<td>Clinical Commissioning Groups</td>
<td>Information gathering and reporting as part of contract management and from wider sources</td>
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<tr>
<td></td>
<td>Contractual levers:</td>
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<tr>
<td></td>
<td>• breach of contract; financial penalties; commissioning from another provider; Referring primary care providers to the NHSCB</td>
</tr>
<tr>
<td>NHS Commissioning Board</td>
<td>National Quality Dashboard and corporate intelligence from local area, regional and national support teams</td>
</tr>
<tr>
<td></td>
<td>Contractual levers where it is a direct commissioner:</td>
</tr>
<tr>
<td></td>
<td>• breach of contract; financial penalties; commissioning from another provider; Referral to the regulators</td>
</tr>
<tr>
<td>Care Quality Commission</td>
<td>Quality and Risk Profiles Information from people using services</td>
</tr>
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<td></td>
<td>Range of powers to restrict or remove a healthcare professional's right to practice</td>
</tr>
<tr>
<td>Monitor</td>
<td>Via third party information, e.g., CQC’s Quality and Risk Profiles</td>
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<tr>
<td></td>
<td>Support and intervention to NHS trusts to improve performance and secure sustainable future</td>
</tr>
<tr>
<td>Professional Regulators</td>
<td>Assessment of individual competence through revalidation/re-registration and investigation of complaints about individuals. Quality assurance of education and training.</td>
</tr>
<tr>
<td></td>
<td>Holding the NHSCB and other arm’s-length bodies to account for their performance</td>
</tr>
<tr>
<td>NHS Trust Development Authority Department of Health</td>
<td>Continuous monitoring of performance of NHS Trusts against agreed plans Monitoring of performance of the NHS overall against the indicators in the NHS Outcomes Framework. Regular assessment of the performance of arm’s-length bodies against their objective</td>
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