LCA Integrated Quality Assurance Framework (IQAF) & Escalation Protocol 2015-16

DOCUMENT VERSION CONTROL

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5		11 June 2015 Approved by the Clinical Board	
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1   INTRODUCTION

The London Cancer Alliance (LCA) is an integrated cancer system. LCA works with 15 NHS provider organisations to ensure LCA's local population has equitable access to world-class cancer services. Aim is to improve outcomes and experience for patients, improve the quality of care, and reduce variation in access to cancer services.

2   LCA CORPORATE OBJECTIVES- 2015/16

Objective		Key Deliverables
A	**Enhance cancer services**	1. Monitor compliance against LCA and ongoing implementation of the LCA QA framework
		2. Deliver service recommendations against the MoC and NHSE specialised services requirements
		3. Continue implementation of the informatics strategy to measure LCA's benefits and impact
B	**Improving quality, safety and patient experience**	4. Performance monitor implementation of e-prescribing
		5. Agree priorities/action plans for improving patient experience including the user partnership programme
		6. Improve patient access to clinical nurse specialists/AHPs
C	**Developing partnerships and influence**	7. In partnership with AHSNs and Macmillan deliver the joint business plans and work programmes
		8. In partnership with LETBs implement an LCA education & training strategy
		9. Ensure LCA work programmes are aligned with TCST, commissioners and primary care
D	**Developing the Alliance**	10. Commence implementation of the LCA R&D strategy
		11. Establish the E&T Board and implement priorities in partnership with the LETBs
		12. Ensure LCA's position in the future NHS landscape is sustainable and fit for purpose

3   LCA MISSION - 2015/16

LCA's mission is to work collaboratively across the integrated system to deliver safe and effective care, improve clinical outcomes in cancer and enhance patients' and carers' experience and quality of life. Established in 2011, LCA works in partnership with 15 NHS provider organisations, as well as two academic health science networks and the voluntary sector.

LCA also work on improving services with primary care and organisations such as Macmillan Cancer Support, two academic health science networks (Imperial College Health Partners and Health Innovation Network South London) and centres, and NHS England (London). Through this collaborative working, and our close relationship with London Cancer, we have been able to identify gaps in cancer care or unwarranted variation, and work with our partners to develop solutions and recommendations for improvement.

4   QUALITY ASSURANCE COMPLIANCE MONITORING

To ensure there is a clear monitoring and accountability structure for quality across pathways and organisations, including the Quality Surveillance Team's [peer review] process for reporting, monitoring and escalating quality concerns, LCA has developed a Quality Clinical Board Exception Report monitoring tool. The collaborative work with pathway groups, cancer service managers and quality assurance managers has enabled the LCA clinical leadership team to offer concentrated support to Trusts in improving patient care.

5   LCA QUALITY ASSURANCE GOVERNANCE STRUCTURE

LCA QCBER is a quality roadmap for members to understand the quality issues identified and allows benchmarking against LCA provider organisations, therefore leading to integrated learning and enabling improvements in cancer services. Please see figure 1 of the reporting governance framework.

Figure 1

LCA Quality Assurance Framework (modified 06/02/2014)
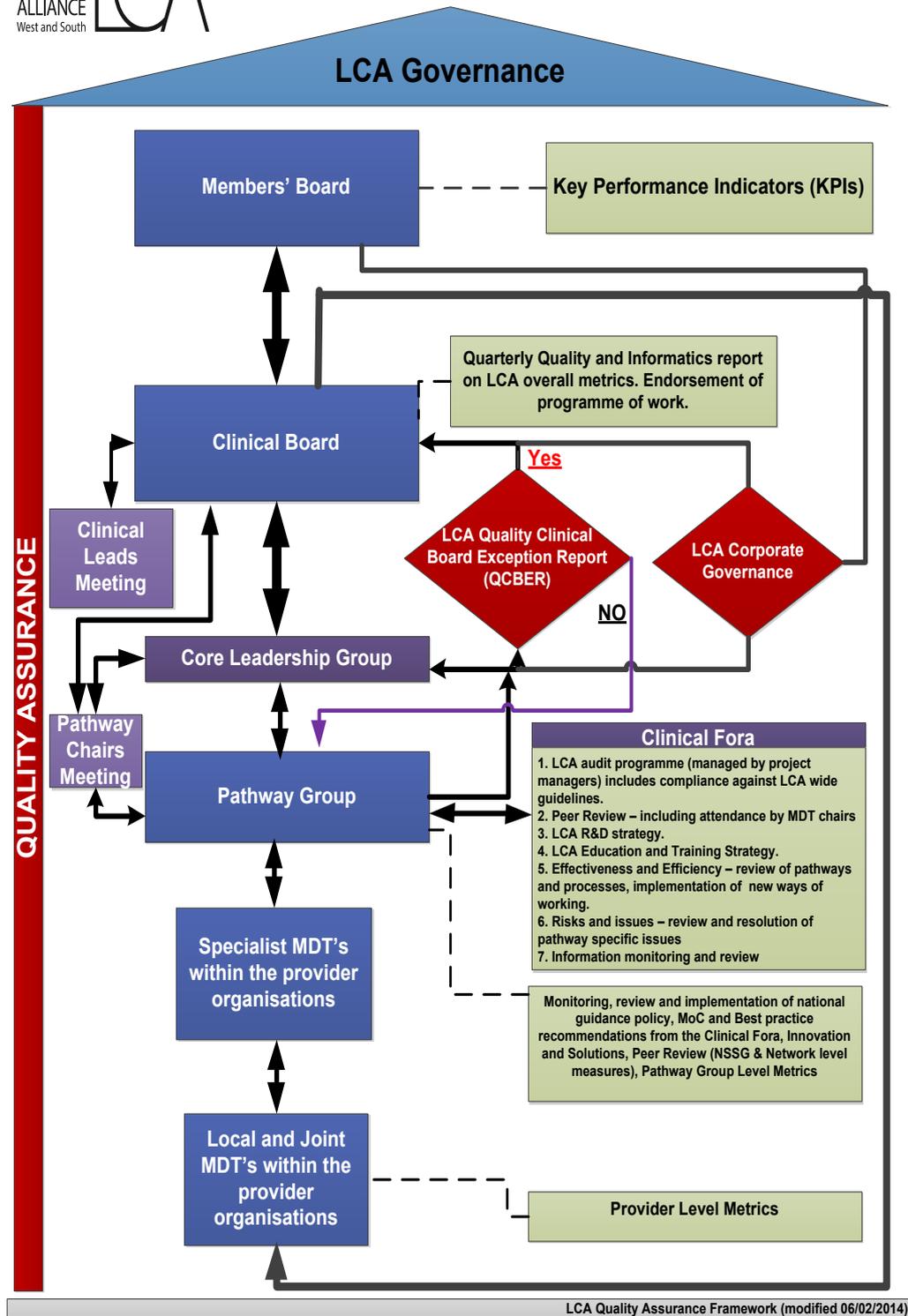
6.   LCA QUALITY ASSURANCE AGREED QUALITY PRIORITIES 2015/16

The quality metrics will be used to support the processes to drive quality improvement and to identify key areas where the LCA will need to work with provider organisations to address performance issues. See appendix 1 for the agreed LCA quality metrics for 2015/16.

7.   QUALITY SURVEILLANCE TEAM [FORMERLY - NATIONAL PEER REVIEW PROGRAMME (NPRP)

Please refer to the LCA Constitution for Quality Review 2015-16

For immediate reporting of concerns please contact LCA Quality Assurance Manager

Contacts: Seraphim Patel seraphimpatel@nhs.net

8.   ESCALATION PROTOCOL

The Clinical Board will lead this process and support the Clinical Directors. On occasions where performance indicators are not within the range of acceptable performance or cannot be achieved by the clinical teams or by providers working individually, issues will be escalated to the Members' Board for resolution. Ultimately, for serious concerns that significantly impact on service quality, patient safety or the standards set by the LCA and its members, the Board may decide to notify the commissioners and suggest that a service or range of services should no longer be commissioned from an individual organisation. Where this happens it should be regarded as a failure for the LCA.

9.   RISKS AND ISSUES WILL BE IDENTIFICATION

Risks And Issues Will Be Identified by:

- Clinical leads of individual providers
- Chairs of the pathway and cross-cutting groups
- Commissioners and other external bodies
- Clinical board

Issues identified are likely to involve issues that cannot be resolved by one organisation working alone or where, despite best efforts there has been a failure to improve. Concerns should be raised with the Clinical Director (CD) or Associate Clinical Director (ACD) who will clarify the issue, help identify solutions, organise appropriate peer support (from within the LCA wherever possible) and decide whether to inform the Clinical Board. Where more than one organisation is involved the LCA will organise appropriate cross-organisational discussions and, if appropriate, involve the Pathway Group Chair or Chair of the Clinical Board as a neutral Chair of these meetings.

10. COMMISSIONERS AND OTHER EXTERNAL BODIES

Concerns may be expressed about a range of issues. Data accuracy and completeness and waiting times are the most probable issues to be raised but there may be concerns about progress against plans, relationships or, on rare occasions, patient safety. Routine reports on peer review or other quality monitoring may also raise concerns. Initial contact should be through the CD/ACD who will follow the route identified above.

11. CLINICAL BOARD

The Clinical Board is responsible for assessing and commenting on the LCA Quality Performance Scorecard (which will be validated by the 15 provider organisations prior to consideration by the Clinical Board) and identifying concerns of general or service specific level for individual organisations or those which have system wide significance to more than one member of the LCA. The Board will also receive regular updates (specified time intervals) on actions against agreed action plans and will determine whether there are any causes for concern. If identified these should be added to the corporate risk register until resolved. The CD will act as Chief Advisers on the level of risk identified.

The Clinical Board will identify which of these risks and issues should be reported upwards to the Members Board for resolution. These may involve issues that cannot be resolved by clinicians without the support of the Chief Executive, where several organisations are involved or risks to patient safety or the reputation of the LCA.

See Appendix 2 for the 205-16 Escalation Policy

LCA Integrated Quality Priorities: 2015/16

Updated and reviewed by Seraphim Patel: 18 June 2015

CLINICAL EFFECTIVENESS

LCA Indicators Domain 1 Preventing people from dying prematurely				
LCA Indicators QUALITY OF SERVICE		Quality	Informatics	Other
1	Using compliance against guidelines and triangulating as appropriate to pathway metrics	Y	Y	
2	Data quality feeds to National Cancer Registration Service, focus on four key data items:		Y	
2.1	Stage at diagnosis		Y	
2.2	Basis of Diagnosis		Y	
2.3	Performance data		Y	
2.4	Patient Discussed at MDT [In development]			
3	Attendance and engagement with LCA priorities through clinical fora	Y		
4	Quality and Information requirements - contractual agreements	Y	Y	
5	SACT data			
5.1	data completeness		Y	
5.2	treatment intent		Y	
5.3	performance status		Y	
5.4	Post chemo mortality (30 days)		Y	
6	Peer review compliance: peer review and validated self-assessments	Y		
6.1	Clinical Fora attendance			*Communication team*
6.2	Haematology 95% MDT Quorum - Peer Review measure 13-2H-102	*Y*		
7	Data quality for Radiotherapy (RTDS) - In development		Y	
8 LCA Indicators EDUCATION & TRAINING		Quality	Informatics	Other
8.1	Schwartz rounds	Y		
8.2	Sage and Thyme	Y		
8.3	Psychological support	Y		
8.4	AOS eLearning	Y		

8.5	Uptake of AOS apps	Y		
8.6	Access to Clinical Trials	Y		

Domain 2 Enhancing quality of life for people with long-term conditions				
LCA Indicators		**Quality**	**Informatics**	**Other**
9	% of patients receiving end of treatment within 6 weeks		Y	
10	RD: Health services research address variations in practice (inc. GPs) [In development]	Y		
11	Improving access to psychological support		Y	

Domain 3: Helping people to recover following episodes of ill health or after injury				
LCA Indicators		**Quality**	**Informatics**	**Other**
12	Percentage of patients undergoing holistic needs assessment (HNA) within 31 days of diagnosis		Y	
13	Suitability of stratified follow up within OG	Y		

PATIENT EXPERIENCE

Domain 4 Ensuring that people have a positive experience of care				
LCA Indicators		**Quality**	**Informatics**	**Other**
14	CNS present at diagnosis		Y	
15	CNS JD specification compliance	Y		
16	Scan to Report : Radiology (diagnostic) *set the benchmark in development*		Y	
17	Users and carer engagement strategy			**Communication team**

PATIENT SAFETY

Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm				
LCA Indicators		**Quality**	**Informatics**	**Other**
18	Monitoring of serious concerns and immediate risks as identified via peer review assessments	Y		
19	Application of the LCA Escalation protocol	Y		**Pathways**
20	Compliance with MSCC audit		Y	

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APPENDIX 2

LCA ESCALATION POLICY 2015/16

ALERTING LOCAL CLINICAL LEADS

1. The Clinical Director will contact the cancer clinical lead and chief operating officer /general manager/divisional director at the relevant Trust to arrange a date to meet. The Trust will provide a written acknowledgement of the concern raised and agree a date to meet within 10 working days of receipt of the request.

2. This meeting will also be attended by any other relevant colleagues from within the LCA (including the Pathway Group Chair), the Trust and the MDT lead of the service. Where appropriate individual clinicians involved in delivering the performance indicator will be invited to attend. The remit of the meeting will be to discuss:

   • Validation of data and assessment of data quality to determine if there is a case to answer.

   •Factors leading to performance indicator falling outside the range of acceptable performance, and consideration of justifiable explanations.

   •Actions already implemented to resolve issue.

   •Unresolved problems: The LCA will offer support and work with the provider to develop an action plan which will include necessary actions, required resources and specified milestone dates.

3. The Trust lead clinician or cancer lead will submit progress reports every 10 working days to the CD to provide assurance that performance is improving.

4. The CD will determine whether the issue is significant enough to be drawn to the attention of the Clinical Board and added to the CB risk register and QCBER. He/she will take appropriate advice as necessary. If raised with the Board, follow up reports will be provided every 20 working days (Clinical Board Meeting - agenda item) until the risk is removed from the register.

ALERTING TRUST MANAGEMENT

Where issues cannot be resolved at a service level and need raising with the Clinical Board, the LCA Clinical Director will inform the Medical Director and CEO of the relevant Trust and request a meeting. The Trust will respond within 5 working days of receipt of

the request. The remit of the meeting will be to review the current performance data and potential risks in order to revise the action plan. The Trust will agree to submit progress reports every 10 working days and QCBER will be updated.

Following the meeting, if the CEO / Medical Director are unable to provide assurance that that the Trust is able to deliver an effective action plan the issue should be escalated to the Members Board.

CLINICAL BOARD OVERSIGHT

On the advice from the CD - the Board will receive reports and determine when the actions required are completed and the issue can be removed or closed from the CB register and QCBER.

Where the Clinical Board is concerned about the failure of the Trust to comply with the agreed action plan with the agreed timeline the Board will ask the Chair of the Clinical Board, supported by the CD/ACD to raise the concerns directly with the Cancer Lead and the CEO. The Trust will respond within 5 working days of receipt of the request

This will result in either

• Agreement that adequate progress is being made against the action plan despite failure to meet timeline. The LCA will determine whether additional support is required to enable the Trust to improve performance or

• Decision that the Trust is failing to improve performance as required and that the issue will be escalated to the Members Board.

ESCALATION TO THE MEMBERS' BOARD

The Clinical Board will advise whether failure of the Trust to improve performance indicators following support from the Clinical Board should result in escalation to the Members' Board. Risks and issues will be reported to the Members' Board when:

•The risk/issue has not or cannot be resolved at Clinical Board level and requires the intervention of the Members' Board

•The risk/issue is so significant that it needs to be brought to the attention of the Members' Board, irrespective of on-going resolution

• The risk/issue falls outside the direct remit of the Clinical Board

The Members' Board will trigger appropriate action to resolve the issue with specified milestone dates. Where there is no resolution despite involvement of the Members' Board the Clinical Board will provide clear advice about whether the continued failure of a Trust to meet performance standards on quality of services should result in the LCA informing the commissioners that there are serious concerns about the quality of cancer services at the relevant Trust and whether contracts should be withdrawn. Whilst this is the last resort and will happen rarely it is an important part of the system.

If a member organisation fails to respond within the specified time period of the request, the LCA will escalate to next level.

URGENT ESCALATION

In some cases, for example if patient safety is at risk urgent action may be needed. The CD will identify these issues and alert the Chair of the Clinical Board.

The Clinical Board will send a formal letter to the Trust(s) Chief Executive(s) and Clinical Lead copied to the relevant pathway group chair and to the Chair of the Members' Board outlining the concerns and setting a timescale for response as currently mandated by the peer review process where urgent issues are identified. The Trust will respond within 5 working days of receipt of the request.

LCA will expect follow-up correspondence, within the requested timescales and the Clinical Director/Associate Clinical Director will organise an urgent meeting (within 5 working days) to discuss action. For issues of this degree of significance the Clinical Board will monitor progress and report monthly to the Members' Board.

ROLES AND RESPONSIBILITIES

CLINICAL DIRECTOR

These are the key advisers to the Clinical Board and Members' Board. They will work with Pathway Chairs and Clinical leads to identify issues of concern and determine proportionate action.

• To advise on progress against plans and whether this is satisfactory

• To trigger urgent escalation process for issues of major concern

•Represent the Clinical Board's view at the Members' Board

CHAIR OF CLINICAL BOARD

Support the work of the Board and ensure CEOs are alerted to issues that might need their resolution or might affect patient safety or the reputation or financial position of the organisation.

PATHWAY GROUP

- •To be responsible for identifying pathway specific risks
- •To agree mitigating actions for identified risks
- •To monitor progress of mitigating actions at each pathway group meeting
- •To ensure all risks are on the pathway risk register and that significant issues are also included on the LCA risk register
- •Significant risks including those requiring immediate intervention should be discussed by the Pathway Group Chair with the Clinical Director or Associate Clinical Director with oversight for that group

CROSS-CUTTING GROUPS

- •To be responsible for identifying cross cutting risks
- •To agree mitigating actions for identified risks
- •To monitor progress of mitigating actions aimed at minimising risk at each cross cutting group meeting
- •To ensure all risks are on the pathway risk register and that significant issues are also included on the LCA risk register
- •Significant risks including those requiring immediate intervention should be discussed by the Pathway Group Chair with the Clinical Director or Associate Clinical Director with oversight for that group

CLINICAL BOARD

- • To review the LCA Performance Scorecard, concerns raised by Pathway or Cross-cutting Groups and progress against peer review and/ or other agreed action plans at agreed regular intervals.

- To consider significant risks and performance issues on a monthly basis at the Clinical Board meeting.
- To monitor progress of mitigating actions aimed at minimising risk on a monthly basis.
- Where required, to agree interventions to address significant risks.
- To identify risks that should be reported up to the Members Board.
- To agree any required mitigating actions for these identified risks.

MEMBERS' BOARD

- To consider significant risks highlighted by the Clinical Board.
- To monitor progress of mitigating actions aimed at minimising risk.
- Where required, to agree interventions to address significant risks which may include notification of other parties including commissioners and the Quality Surveillance Team (QST), Care Quality Commission/ Monitor.

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