

High Quality Care for All – Measuring for Quality Improvement: the approach

Our vision

1. Improving quality has always been a central motivation for all who work in the NHS. *High Quality Care for All*, the final report of the NHS Next Stage Review (NSR), set out an ambitious vision for making quality improvement the organising principle of everything we do in the NHS. It placed a particular emphasis on the need to measure what we do as a basis for transforming quality. This document sets out the approach that we believe is necessary to embed quality improvement and measurement in all that we do.
2. *High Quality Care for All* defined quality as having three dimensions: ensuring that care is safe, effective, and provides patients with the most positive experience possible. Our vision is to place improvement across all three dimensions of quality at the core of everything the NHS does – both as ends in themselves, but also because delivering the best quality of care will ultimately yield the best value from the whole system.
3. Improvements in quality are led and delivered by teams of health professionals and supporting staff, working together as part of a whole system. Evidence shows that high-performing teams are characterised by the use of measurement to support improvement. Our vision therefore starts with local teams and health systems, and works upwards from them. Our vision is for an NHS where teams consistently measure what they do, using good and timely information as a basis both to improve the care they provide and to compare themselves with other teams. Measurement should guide local innovation and improvement efforts – it is not an end in itself, only a means to the end of better quality care. At the same time, patients should be able to use some of this information to have greater control over their care and support decisions they make with their clinicians.
4. Local teams and organisations will have the freedom to determine which metrics they want to measure internally, supported by valid and appropriate measures for benchmarking regionally, nationally and – where possible – internationally.

Principles for change

5. Achieving this vision will require an ambitious programme of change across the NHS. As a consequence, we cannot rely on traditional methods of implementation. We do, however, have an increasing body of experience of improvement techniques to draw upon. We also need to build on the successful bottom-up process which drove the development of the NSR regional visions. And we should base our work programme on four key principles – drawn from the international evidence for how best to deliver effective systemic change. These principles are:

- *Co-production* – implementation should be discussed and decided in partnership with the NHS, Local Authorities and key stakeholders;
 - *Subsidiarity* – where necessary, the centre will play an enabling role, but wherever possible, the details of implementation will be determined locally;
 - *Clinical ownership and leadership* – all of our staff must continue to be active participants and leaders as we take forward this work;
 - *System alignment* – in doing this work we should ensure that the whole system is aligned around the same vision, allowing us to use our combined leverage at every level to drive up quality.
6. Despite the organisational differences across the NHS, these principles are the same from the largest Trust to the smallest primary care provider. These principles should be applied to the measurement and quality improvement vision objectives set out below.

The framework for measurement and improvement

7. In moving forward on quality measurement and improvement, we wish to back local freedom and flexibility with the right kinds of support from regional and national levels. The approach to measurement and improvement should be within the following framework:
- Improvements in quality are delivered first and foremost by teams, working in all settings across the NHS. These teams consist both of health professionals and all those who support them to deliver care. Many teams already measure what they do, to help them improve the quality of care they provide. We should support this by making available measures that already exist, enabling data to be collected and analysed. Teams must also be supported to develop their improvement skills in order to act on this information. Longer term, the development of new indicators should be facilitated where appropriate. Local teams will have the freedom to determine which metrics they want to measure internally. This should be the starting point both in order to gain clinical ownership at the outset, and because, applying the principle of subsidiarity, this is where transformational change will happen
 - At team level, the main purpose of indicators is to support improvement. High-performing teams also benchmark themselves against other teams. Indicators already exist, including through clinical audit systems, that enable this to happen. With the support of Royal Colleges, Specialist Associations and others, this approach should be extended and assisted wherever possible through the use of nationally standardised data definitions and/or collections. This will

help ensure we align the system around what teams need, and also support wider clinical ownership among professional bodies

- Individual teams do not work in a vacuum, however. They are part of wider systems and pathways – and it is ultimately commissioners who must take responsibility for ensuring high quality care across pathways and systems. Commissioners must therefore play a central role in driving and achieving the vision set out here, and to develop effective measures of quality across pathways. As part of this work, commissioners will also need to be discussing with organisations how to use the Commissioning for Quality and Innovation (CQUIN) payment framework locally to encourage quality improvement. The framework will make a proportion of a provider's income conditional on some of the locally agreed measures identified as part of this process.
- A key aim of measurement at organisational level is to support improvement, while providers will want to be able to report against the improvements in quality being made, and to compare their own quality achievements to those of their peers (again using standardised data definitions). Organisations will find that they need to provide both practical resources, leadership and a culture which supports teams to improve quality as part of their core business.
- At regional level, SHAs will need to be able to measure overall improvement on some key measures as they implement their visions, and account for the quality of care delivered. Measuring success in achieving the SHAs' visions for improved quality is likely to require a small set of measures, probably using the eight pathways of care used during the NHS Next Stage Review. SHAs will provide support and coordination so that measurement and improvement take place coherently across systems - while actively encouraging local innovation.
- Nationally, there should be a small core set of metrics, spanning the three dimensions of quality, to help measure progress against national priorities and to allow international comparisons. In line with the principle of subsidiarity, the role of the centre should be to support and enable measurement elsewhere in the system by helping to avoid duplication, enabling prioritisation of the development of new metrics, and ensuring where appropriate that data definitions and standards are consistent and that collection is cost-effective and minimal in its impact.
- The Quality Pyramid presents the key features of this framework at each level of the NHS

8. Over time, we will move towards our ultimate vision – one where all clinical care provided anywhere in the NHS is appropriately measured for its safety, effectiveness and patient experience, where we can increasingly measure the ultimate outcomes of care, and where information on quality is acted upon rapidly and effectively to ensure continual improvement. Realising this vision clearly requires a progressive approach, demanding considerable developmental effort and support.

Building the framework: next steps at regional and local levels

9. Achieving this vision will require work at every level of the NHS – and will depend heavily on harnessing the creativity, energy and appetite for improvement of our staff from the bottom up. There is an important need for coordination in an effort of this scale, and we are therefore asking SHAs to play a key role in enabling this work at local level; DH will also have a role to play in providing support across the system.
10. SHAs should shape the local and regional elements of this framework and will be held to account for achieving the following:
 - engaging all provider and commissioning organisations in each region to identify the metrics teams are currently using and/or would want to develop for local and regional measurement of quality improvement, and providing appropriate technical support where required on both measurement and improvement techniques.
 - ensuring commissioners play an appropriate leading role in measurement and improvement to guarantee coherence across pathways, including identifying appropriate measures for inclusion in their local CQUIN scheme.
 - Quality Accounts should assume the same significance for NHS organisations as their financial accounts. For the first time, all organisations will account publicly for the quality of care they provide. SHAs therefore have a vital role to play in supporting providers to decide which locally determined metrics will be included in their Quality Accounts. This would be in addition to a core set of information that will be a part of all providers' accounts (see below). For NHS Foundation Trusts, Monitor will define this through their reporting framework. The first Quality Accounts will (subject to

legislation) be published in 2010, based on information about quality improvement in 2009/10. Measures therefore need to be identified and in place prior to April 2009. It is likely that the early focus of this work will be on acute and Trusts, but with the approach then extended to mental health Trusts, community services and primary care services.

- engaging actively with commissioners, clinical teams and provider organisations across each region to co-produce a set of metrics that will enable each SHA to measure improvement as its vision is implemented. This, supported by existing work and underpinning analytical work will form the regional element of the framework. The proposed Quality Observatory, once established, should provide a service to teams and organisations across the region, providing analysis, advice and coordinated access to academic expertise.
11. In order to provide appropriate national support, DH and the National Quality Board would like to see the conclusions each SHA reaches through this process. It would help DH to have a progress report from each SHA by 30th January 2009 summarising their thinking to date on: i) the local measures identified for use in Quality Accounts, ii) proposed regional measures and iii) suggestions or recommendations for national indicators and benchmarking measures and iv) suggestions or recommendations for national support to develop quality improvement skills and capacity. This will help DH, through the National Quality Board, to contribute to developing a core set of national metrics and supporting activities.
 12. This process will also identify gaps in the metrics framework that clinicians will want to see filled. DH will consider these areas alongside the set of core metrics and will advise the NQB on where to prioritise the development of a new generation of more sensitive, relevant and robust measures for use across all areas of the NHS.
 13. The new generation of quality indicators will be developed based on careful consideration of evidence and by a wide-ranging process of co-production – developed by clinicians and for clinicians, but with the very active involvement of public and patient views at every stage. Each tier of the framework – local, regional and national – will need to include indicators relating to each of the three dimensions of quality: safety, effectiveness, and patient experience.
 14. Nationally, DH will support this work by:
 - Setting out clearly the vision and goals we expect you to achieve
 - Setting out clearly the key dimensions of the quality framework :

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safety	effectiveness	patient experience
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- Integrating national cross-cutting initiatives (e.g. on measures of quality in nursing care and for Allied Health Professionals)
- Identifying and sharing supporting materials and resources to ensure they are readily available to staff across the NHS, starting with the following:
 - i. The development of a quality-assured “menu” of existing measures from which local teams can choose indicators that meet their needs. In partnership with Royal Colleges, Specialist Associations and others, we will open an NHS Information Centre-hosted web survey to enable all NHS staff to help review the utility of existing metrics that have, over the summer, been identified and submitted by NHS Trusts across the country. We will also encourage the submission of any other measures that are currently available nationally, but which may have been overlooked in our earlier work. This survey will run until 12th December. The survey will provide essential assurance on the appropriateness and utility of these measures. Once completed, we want this to be a tool for teams in each region – to raise awareness of what is already available for local and regional teams to draw on as they wish as they take forward their work. The survey website address is: www.ic.nhs.uk/cqi
 - ii. Share the experience gained by NHS North West in its *Advancing Quality* initiative, to enable other SHAs to consider whether aspects of their approach could be applied to support the measurement of delivery of strategic visions. NHS North West has kindly provided the attached summary of this work (Annex 2).
 - iii. The Information Centre has kindly provided access to their *E-supplier forum*. This resource provides brief details of a wide range of commercial informatics providers, whose products might potentially be of interest. Clearly, these products would be for local purchase, and the IC has not undertaken any assurance process on them. Further details are available at www.ic.nhs.uk/work-with-us (click on E-suppliers forum). DH will also work with universities and the academic sector to identify potentially helpful products over coming months.
 - iv. Fourthly, we have provided a short background brief on the emerging shape of Quality Accounts in order to facilitate the co-production process we described earlier (see Annex 3). This will provide you with more information on the aspects you will need to cover in future Quality Accounts. Following the conclusion of the web-based survey, further detail will be provided on the nationally-

determined content of Quality Accounts.

- v. Providing guidance on how organisations might choose to use the Commissioning for Quality and Innovation (CQUIN) payment framework to help improve quality. This guidance will be published shortly.
 - vi. We are actively investigating which other supporting materials might be of value, and will make these available as soon as possible.
15. The Clinical Dashboard programme now being piloted will also support this process. The locally drive clinical dashboards will have the facility to display a range of indicators as chosen by local teams. These could include indicators selected via the *Measuring for Quality Improvement* process where appropriate data are available.
 16. These resources should support the process we have described, but should not inhibit local initiative and creativity – we anticipate that they will provide only the smaller part of the measures ultimately decided upon at local level.
 17. The SHA progress reports will support the National Quality Board in identifying and prioritising further requirements for national support, in both measurement and improvement capacity at all levels of the system.

Conclusion – achieving this vision

18. Setting out on this journey requires concerted effort by every tier of the NHS. To help all staff understand how they can best be part of this effort, the relative contributions of different tiers and groups have been summarised below.

Local clinical, support teams and practices can contribute by:

- Investing to develop their own skills in quality measurement and improvement techniques
- Developing and using local measures of quality appropriate for their service pathways
- Accessing the expertise of Royal Colleges, specialist associations etc. to ensure that local measures reflect best practice
- Participating in the Information Centre's consultative survey on the best currently available measures of quality

Local NHS organisations and Boards can contribute by:

- Ensuring that (where constituted) Boards and senior managers develop the skills and understanding required to make quality measurement and improvement central to their work

- Applying the same Board-level attention to Quality Accounts they currently give to financial accounts
- Investing in developing skills in quality measurement and improvement techniques across the organisation, and training improvement leaders
- Identifying and using the key local measures they wish to include in their Quality Accounts
- Ensuring that provider organisations, commissioners and other local partners work together from the outset to measure and improve quality across care pathways and organisational boundaries
- Commissioners and providers could use the CQUIN (Commissioning for Quality and Innovation) payment framework to focus specifically on supporting measurement for improvement, and to make even more effective use of the quality measures emerging locally

Strategic Health Authorities can contribute by:

- Promoting and supporting local innovation and creativity
- Engaging effectively with the local NHS to determine where the greatest gains can be made from regional coordination and support, and in reducing undesirable duplication of effort
- Establishing appropriate resources to support quality measurement and improvement within each region
- Ensuring a coherent and concerted approach to the development and use of Quality Accounts across each region
- Identifying and reporting to the National Quality Board on those areas which can best be supported through national action

The Department of Health can contribute by:

- Articulating a clear national vision for quality measurement and improvement, and applying it consistently across all its policies
- Providing the right enabling support to the NHS to help it deliver the vision locally

19. Enabling measurement for quality improvement at all levels of the system offers a great opportunity to signal our commitment to putting quality at the heart of the NHS system. This is therefore a vital first step in realising the commitment set out in *High Quality Care for All* of making quality our organising principle.