EXECUTIVE SUMMARY
The attached paper is a revision of the LCFT quality improvement strategy originally issued in February 2009. The draft document (quality strategy 2) has been developed by looking at what has worked for other trusts and talking to service users, governors and staff about how we could make these ideas work for us. Our Quality Improvement Strategy is based on four simple actions:-

Action one: collect useful information on quality (that is: safety, effectiveness, and the patient experience) across all parts of the organisation.

Action two: share this information quickly with the people who are best placed to improve care.

Action three: empower these people to get things done.

Action four: keep making sure that the process is working.

The detailed strategy attached is about getting better at these four actions.

1.0 BOARD ACTION
The Board are asked to review the draft document for discussion at the meeting.
2.0 INTRODUCTION
The purpose of the paper is for members to review the draft document (quality strategy 2).

3.0 BACKGROUND
Quality is about protecting people from harm, giving them treatments that work, and making sure that they have a good experience of care. Quality is part of our Trust value of excellence.

The main purpose of this strategy is to make it easier for everyone who works for the Trust to provide better quality care.

It is also important that we can show the public and our regulators that we are providing quality care. For example, every year we are required to produce a “Quality Account” that lists our achievements (and failures). This strategy will help us produce a good Quality Account.

Soon service users will be able to choose from a variety of providers. All providers will receive the same price or “tariff” for each service user that they see. Because all providers have to charge the same price, to stay in business we will need to convince service users and commissioners that our care is better. The Quality Improvement Strategy will help us do this.

4.0 ISSUE
N/A

5.0 SUMMARY AND CONCLUSIONS
The draft document has been developed using feedback from a number of events with stakeholders.

6.0 RECOMMENDATION
The Board are asked to review the draft document for discussion at the meeting.
The purpose of the Quality Improvement Strategy is to make it easier to do better.
TABLE OF CONTENTS

1.0 SUMMARY ................................................................................................................................. 2

2.0 INTRODUCTION ................................................................................................................... 3
   2.1 What is quality? ...................................................................................................................... 3
   2.2 Why have a quality improvement strategy? ........................................................................... 3
   2.3 How will the strategy work? ................................................................................................ 3
   2.4 How was the strategy developed? ....................................................................................... 4

3.0 FOUR ACTIONS TO IMPROVE QUALITY ........................................................................ 4
   3.1 Action one: collecting useful information ........................................................................ 4
      What we will do to collect useful information ...................................................................... 7
   3.2 Action two: sharing the information quickly ..................................................................... 8
      What we will do to share information quickly ....................................................................... 9
   3.3 Action three: empowering people to get things done ...................................................... 9
      What we will do to help people get things done .................................................................. 10
   3.4 Action four: making sure it works ................................................................................... 11
      What we will do to make sure it works .............................................................................. 11

4.0 HOW WILL WE KNOW IF OUR STRATEGY IS WORKING? ......................................... 13
   4.1 Our Implementation Plan .................................................................................................. 13
   4.2 Our Goals ............................................................................................................................ 13

5.0 APPENDICES ....................................................................................................................... 14
   5.1 Appendix 1. Quality in the NHS – the Policy Context ...................................................... 14
   5.2 Appendix 2. What is a Quality Account? ........................................................................... 18
   5.3 Appendix 3. Quality Initiatives in the North West ............................................................ 19
   5.4 The Advancing Quality Alliance ..................................................................................... 20
1.0 SUMMARY

Quality is about protecting people from harm, giving them treatments that work, and making sure that they have a good experience of care. In this strategy we explain how we will make it easier for everyone who works for the Trust to provide better quality care.

We developed our strategy by looking at what has worked for other trusts. Then we talked to service users, governors and staff about how we could make these ideas work for us.

Our strategy describes four actions necessary for improving quality:

1. Collecting useful information on quality (that is: safety, effectiveness, and the patient experience) across all parts of the organisation.

2. Sharing this information quickly with the people who are best placed to improve care.

3. Empowering these people to get things done.

4. Making sure that the first three actions keep working.

We explain what we mean by each action and describe how we intend to get better at it.

Finally, we describe how we will know if the strategy has succeeded.

This document has several Appendices that contain information for people who want to understand the ideas in more detail. However, you do not need to read them to understand the strategy.
2.0 INTRODUCTION

2.1 What is quality?

Quality is about protecting people from harm, giving them treatments that work, and making sure that they have a good experience of care. Quality is part of our Trust value of excellence. If you want to know more about quality in the NHS you should read Appendix 1.

2.2 Why have a quality improvement strategy?

Almost everyone who comes to work for our Trust tries to do a good job, and would like to do better. But doing better can be surprisingly difficult. The main purpose of this strategy is to make it easier for everyone who works for the Trust to provide better quality care.

It is also important that we can show the public and our regulators that we are providing quality care. For example, every year we are required to produce a “Quality Account” that lists our achievements (and failures). This strategy will help us produce a good Quality Account. If you want to know more about Quality Accounts, you should read Appendix 2.

The Trust currently receives part of its income for achieving quality targets. In the future this is likely to be even more important. This strategy will help us meet these (CQUIN) targets. If you want to know more about this you should read Appendix 3.

Soon service users will be able to choose from a variety of providers. All providers will receive the same price or “tariff” for each service user that they see. Because all providers have to charge the same price, to stay in business we will need to convince service users and commissioners that our care is better. The Quality Improvement Strategy will help us do this.

2.3 How will the strategy work?

Our Quality Improvement Strategy is based on four simple actions.

*Action one:* collect useful information on quality (that is: safety, effectiveness, and the patient experience) across all parts of the organisation.

*Action two:* share this information quickly with the people who are best placed to improve care.

*Action three:* empower these people to get things done.

*Action four:* keep making sure that the process is working.

The detailed strategy that follows is about getting better at these four actions.
2.4 How was the strategy developed?

The strategy is based on ways of improving quality that have been shown to work across all healthcare organisations. Atul Gawande describes these principles in a readable way in his best-selling book “Better”. We have worked out how to apply these principles to our Trust in three ways by:

1. learning from our previous quality strategy.
2. learning from other organisations.
3. seeking the advice of staff, governors and service users on previous drafts of this strategy. A summary of this advice is provided in Supporting Document 1, which can be found at: click here.

3.0 FOUR ACTIONS TO IMPROVE QUALITY

3.1 Action one: collecting useful information

For information to be useful, it has to be:-

(i) the right kind of information, and
(ii) collected at the right time and place.

(i) The Right Kind of Information

Quality is about protecting people from harm (safety), giving them treatments that work (effectiveness), and making sure that they have a good experience of care (patient experience). These are the three categories of information that we need to collect to improve quality. We need information from all three categories for every service we provide. However, within categories, the particular type of information we collect will vary, depending on the service. We will say more about the categories of information below.

Safety Information: Safety information is mainly about the number of incidents that have caused harm, or could have caused harm. Safety information includes: medication errors, infection rates, pressure ulcers, falls, or suicides and self-harm. Sometimes these incidents are not our fault (such as when people are discharged from hospital with pressure ulcers into the care of our district nursing teams). The most useful safety information tells us about incidents that we could have avoided (such as pressure ulcers that people acquired under our care). We already have ways to collect safety information, but you have told us that we are not very good at getting this information back to the people who can make a difference. These people are mainly the clinicians and team-leaders who work in the teams where the errors are being made. Occasionally safety information is not about counting incidents, but is to do with how well we comply with basic safety procedures, such as infection control or safeguarding of children and vulnerable adults.

Effectiveness Information: Effectiveness information comes in two varieties. The first variety is when we actually measure how much service users have
improved whilst receiving our care. This is the best way of telling how effective we are, but it has drawbacks. The first drawback is that to see if someone has improved you need information from before and after they received care. Collecting this can be difficult and time-consuming. The second drawback is that it is hard to choose the right means (instruments) for collecting the data. For example, some instruments take too much time, or are not particularly relevant to service users, or may not be sensitive to change. The third drawback is that some service users, or groups of service users, are not able or willing to provide this kind of information. Sometimes clinicians can provide this information instead of the service user, but this is generally unsatisfactory.

The second variety of effectiveness information shows that we are providing the right type of care to the highest standards. This information is easier to collect than the first variety, but is not such strong proof of effectiveness. The National Institute of Clinical Excellence (NICE) sets the NHS standards for treating particular conditions. NICE uses experts and service users to review all the available evidence and to recommend how particular conditions should be treated. NICE guidelines are regularly updated. Nearly every illness has a set of NICE treatment guidelines. Recently NICE begun to set out detailed quality criteria so that we can tell how well a condition has been treated. It is important that we meet these criteria because commissioning organisations will use them to decide which provider to choose. You can find out more about NICE at http://www.nice.org.uk.

We use clinical audit to show that we are achieving high standards of care. We often audit our services against NICE guidelines and other standards. Often we do well, and sometimes we do not. In our consultation we heard that our audits are too complicated. It can be hard to tell who is doing well and who is not. We heard that it takes too long to get audit reports back to the clinical teams who provided the information. We have found that some teams are not good at providing information for audit. Our Audit Committee has found that we sometimes struggle to improve our audit results.

Patient Experience Information: Patient experience information is about what it feels like to receive care from our services. For example, did service users find us helpful and respectful, did we provide good information, were service users involved in their care plans, did we pay attention to issues of privacy and dignity, and so on. Patient experience information is easy to collect and understand. It is critical to providing high quality care. There are many ways of collecting it, for example:

- complaints and compliments;
- meetings that record feedback from service users, such as ward meetings, acute care forums, or focus groups;
- real-time feedback that allows service users to comment on how well a therapy session has gone, or how well a clinician has treated them;
- surveys or questionnaires (such as the annual patient survey);
– customer insight tools such as “pulse groups” and “mystery shoppers” (who are service users trained to report on their experience of care and to keep their identities secret);
– video booths, where service users record their experience for sharing with the organisation;
– information from governors and members.

The main issue with patient experience information is that there are so many ways of collecting it. Sometimes it can be difficult to decide which method to use. A lot of service improvements can be achieved simply by holding regular face-to-face feedback meetings with service users. More complex methods, like surveys, are useful for showing that care is getting better or for comparing ourselves with other organisations. “Mystery shoppers” are good for making sure that everyone is sticking to agreed standards. NICE has set standards for the service user experience in adult mental health settings, that can be found at: http://www.nice.org.uk/guidance/qualitystandards/service-user-experience-in-adult-mental-health/ and draft guidance for generic service user experience link can be found at: http://guidance.nice.org.uk/?action=byID&o=13259

In our consultation we heard that we are not collecting enough patient experience information. We also heard that we are not making good use of the information we collect. Clinicians were often confused about what information they should be collecting and how they should use it. Some people suggested we develop a short survey for use across the whole Trust. We found that some other trusts had made better progress in this area. We also found that we struggled to join up patient experience information from different sources, for example, complaints and surveys.

(ii) Collecting Information at the Right Time and Place.
If we want information to be useful we have to collect it at the right time and in the right place.

We have mentioned the importance of collecting outcome information before and after receiving care. However, before and after can mean different things in different services. Some services see lots of new service users for a short time, but have few long-term clients; others have both, whilst some see mainly long-term clients. We need to take this mixture into account when deciding how to collect information on outcome and patient experience. When a service sees lots of new service users we need to compare the outcome and patient experience for groups of similar patients (or “cohorts”) who have gone through the service recently. If the service is getting better the outcome and patient experience should be improving in the more recent cohorts.

Some service users receive nearly all the care they need from a single team or service (for example a dental clinic or a clinic that that offers sexual health care). When this is the case, the clinic may be the right place to collect our quality information. Others follow more complex “care pathways” during which they receive care from several services, some of which may not be
within our Trust (for example people with perinatal psychiatric conditions). These service users receive care from different services within the pathway at different times.

When we want to measure the outcome of a complex care pathway we have a choice. One option is to look at the most important or commonly used parts of the pathway. The other option is to use the “cohort” approach described above. For example, we could take all new patients with rheumatoid arthritis who came to the Trust in 2010. We could ask them to rate how well they felt before starting treatment and then ask them again six months later. Then we could compare their scores with service users who came to the Trust in 2011 and 2012. If our treatments are getting better, we should be able to show that the patient “cohorts” are getting better scores each year. We could take a similar approach with patient experience information in this group.

In summary, we cannot get a complete picture of the quality of our services unless we consider both time and place. We must measure quality in ways that are flexible enough to fit all the different types of services and pathways that we provide. In our consultation we heard that it was important to understand the pathways that exist in the services that have joined us recently. We also heard that some “universal” services, such as child health, might not fit well into this approach.

What we will do to collect useful information.

1. We will make sure that all clinical teams in Lancashire Care report the quality information that we require.
2. Working with the Lean programme, we will make sure that every team has a highly visible Information Board that shows at a glance how well it is doing on safety, effectiveness and patient experience. This board will be obvious to team members and visitors and will use a traffic light rating system.
3. We will set team standards for red, amber and green quality ratings.
4. We will ensure that each team Information Board shows how many safety shortcomings have occurred in that team and any lessons learnt.
5. We will develop an “M.O.T. Test” of safeguarding procedures in clinical teams and report the result on each team’s Information Board.
6. We will require each team to have an up-to-date quality improvement plan based on regular feedback from their service users. We will not direct how this information is gathered to allow for flexibility within our diverse services.
7. We will set up a Trust-wide Customer Insight Group, which will include expert service users. This group will:
   i. Set standards for service user involvement at team, service and Network level.
   ii. Receive information on patient experience from various sources, including: complaints; compliments; PEAT (Patient Environment Action Team) inspections; surveys;
whistle-blowing reports; and Mental Health Act Commission visits;

iii. Direct, organise, analyse and disseminate surveys of patient experience using different methodologies;

iv. Integrate patient experience data from different sources and provide patient experience ratings for the clinical teams;

v. Identify trends and themes to inform strategic-level planning and decision making, community engagement and improvement.

vi. Ensure that timely and appropriate action is taken as a result of insights from service users and that service users are kept informed about what has been done;

vii. Provide the Trust Board with quarterly reports.

8. We will identify all care pathways in our Trust that are subject to NICE guidance.

9. We will require Network Clinical Directors to set up “ownership groups” of clinicians and service users for the main care pathways in their networks. “Ownership groups” will be responsible for improving the quality of the pathways.

10. The Psychological Therapies Governance Committee will make a list of approved measures of effectiveness and patient experience. We will invite “ownership groups” to choose measures for their pathway and begin collecting data.

11. We will work with the Information Technology Department to ensure that, when appropriate, service users are allocated to care pathways.

12. We will audit the care of service users on our main pathways against NICE Quality Standards.

13. We will adapt our electronic patient record system so that before and after information is collected on cohorts of service users passing through our pathways.

14. We will set standards for the proportion of service users on each care pathway cohort for whom outcome data must be collected.

3.2 Action two: sharing the information quickly

Out of date information is not much help when it comes to improving quality. We need to understand how we are doing right now, not how we were doing this time last year. There are several ways we can help share information more quickly with the people who need it.

First, we can make the information easier to collect. In our consultation we heard that our clinicians spend so much time collecting unimportant information that they do not have time to collect the information that really counts. We also heard we need to improve our IT systems so that they help us collect the information we require.

Second, we can analyse information faster so we can get it quickly to the people who need it. In our consultation we heard that audits took too long to get back to the teams who provided the information.
Third, we can make the information easy to understand. Too much information is as bad as too little. In our consultation we heard that our audits had so many standards that teams found it difficult to tell how well they were doing. We realised that we needed to summarise data from audits and to put it in a common format. We have also learnt from other organisations the importance of presenting summary information visually.

**What we will do to share information quickly.**

1. We will work with the Lean Programme to carry out an *information housekeeping exercise* in every clinical team. We will be clear about what information is essential and we will give teams permission to stop collecting unimportant information. The Lean Programme will help set up systems within teams to collect information in efficient ways, and to reduce requests for unimportant information.

2. Working with the Performance Department we will set up an Information Factory to analyse quality data faster.

3. When we analyse serious incidents and find that a mistake has been made we will post this information quickly on the Information Boards of the teams that made the error.

4. We will score all audits in a common format from 0 to 100% and award a green, amber or red performance to each participating team. Each team will receive a score of 0-100 for each service user that they enter in an audit. This will allow us to feed audit results back more quickly, and to present the results from different audits in the same way. Each team’s Information Board will show the mean score for all audits they have entered, coded green, amber or red.

5. We will work with the IT department, clinicians and service users to find new efficient ways of collecting information on quality.

6. We will make it easy for teams to compare themselves with similar teams by creating a “Quality Map” of the Trust. This map will be available on the Trust Intranet and will show the current safety, effectiveness and patient experience ratings of our clinical teams.

**3.3 Action three: empowering people to get things done.**

Actions one and two were about helping clinical teams see how well they were doing. This information, which includes feedback from service users and carers, will lead to ideas for doing things better. Action three is about making it easier to put these ideas into practice.

We will do this in four ways.

First, we will strengthen clinical leadership throughout Lancashire Care, and will give clinical leaders the power to take action to improve and protect quality. We will do this because we know that the best healthcare organisations have strong clinical leaders.
Second, we will make sure that everyone in Lancashire Care understands our plan, and knows what they need to do to improve the quality ratings of their team.

Third, we will provide the training, expertise, and funding to help people get good ideas into practice.

Fourth, we will celebrate and share the achievements of pioneers (both staff and service users) who have found new ways of improving quality

**What we will do to help people get things done.**

1. We will appoint Clinical Directors who will be responsible for improving quality within our Networks. You can learn more about our approach to clinical leadership Supporting Document 2 “Inspiring Change” [http://lcftranet/Pages/Useful_Documents_List.aspx](http://lcftranet/Pages/Useful_Documents_List.aspx) We will give trusted senior staff the right to instantly downgrade the quality ratings on team Information Boards if they find evidence of unacceptable standards in their area of expertise. These staff will include:
   a. The Chief Pharmacist
   b. The Lead Nurse for Safeguarding
   c. The Lead Nurse for Infection Control
   d. The Modern Matrons
   e. The Trust Lead for Occupational Therapy
   f. The Trust Lead for Psychology
2. We will make sure that once a week every team discusses its current quality rating and its improvement plan.
3. We will provide training to help teams develop quality improvement plans with service users. We will provide concise instructions for team leaders that explain what they need to do.
4. We will have a communications plan that makes sure that everyone in Lancashire Care understands our quality strategy.
5. We will make sure that our communications and training materials are concise and easy to follow. We will use different ways of communicating so that we can reach everyone who works for the Trust.
6. If we find that our staff lack the skills they need to deliver quality we will use our Organisational Development Programme to provide the training they need quickly.
7. We will have a Programme of Innovation that will encourage people to find, develop and share new ideas.
8. We will find ways of funding our best ideas and developing them into business plans for the whole organisation. You can learn more about our Programme of Innovation in Supporting Document 3: [http://intranet/innovation/Shared%20Documents/LCFT%20Innovation%20Strategy.pdf](http://intranet/innovation/Shared%20Documents/LCFT%20Innovation%20Strategy.pdf)
9. We will recognise the achievements of pioneering individuals and teams by:
a. Putting ratings of excellence on the Information Boards of high performing teams;
b. Seeking out and publicising examples of outstanding quality;
c. Helping pioneers to share their stories across Lancashire Care;
d. Making sure that the Annual Trust Awards ceremony recognises our best performing teams and individuals;
e. Making sure that Networks have meetings where similar teams can discuss quality and learning from one another;
f. Helping outstanding teams and individuals to apply for awards.

3.4 Action four: making sure it works

It takes constant vigilance to keep quality standards high. In England, the Care Quality Commission (CQC) supervises and inspects the essential standards for any facility providing health care. (You can find out more about these standards at http://www.cqc.org.uk.) We must perform well in CQC inspections. We believe that the best way to do this is by regularly inspecting ourselves using the same standards as CQC. Our inspectors have told us that we need to have good care plans right across the Trust, so we will pay particular attention to this area.

In a Trust of our size we have to make choices about which teams to inspect and how often. Our Quality Map of all the teams in the Trust will help us make these decisions. We will use the map to identify teams that may be in trouble, and to identify teams that are performing well. We will inspect both types of teams, so we can help struggling teams and learn from excellent ones.

We will take every opportunity to compare ourselves with similar Trusts and to share these comparisons.

What we will do to make sure it works.

1. We will require our Networks to self-certify every clinical team in the Trust annually against the standards in the CQC judgement framework.
2. We will require our Networks to carry out regular unannounced inspections of wards and other residential or day care units, using the CQC judgement framework.
3. Our clinical governance team will validate the quality and independence of each Network’s inspection framework.
4. We will require Modern Matrons to visit each ward or residential unit weekly and complete a checklist based on their visit. We will expect them to raise any quality issues that they cannot resolve, if necessary by going to the Director of Nursing.
5. Before announced visits from CQC, we will expect each Network to complete a pre-visit inspection, that will cover all areas likely to be assessed by CQC.
6. We will require Networks to sample and grade care plans produced by clinical teams, including community mental health teams and inpatient units. Care plans will be scored according to our audit marking system and will contribute to each team’s patient experience rating. We will devise a system for assessing care plans based on plans that CQC have praised.

7. We will use the Quality Map to identify clinical teams that give cause for concern, and will carry out unannounced responsive inspections with inspectors from the Network.

8. We will use the Quality Map to identify clinical teams that are providing excellent care and will carry out good practice inspections, involving non-executives and governors to see what can be learnt.

9. We will participate in Regional and National Comparisons with other Trusts whenever possible. We will engage in the following initiatives:
   a. The Advancing Quality initiatives in Early Psychosis and Dementia and other Benchmarking reports from the Advancing Quality Alliance [http://www.advancingqualityalliance.nhs.uk](http://www.advancingqualityalliance.nhs.uk).
   i. Inspections visits from the North West Deanery and other educational bodies [www.nwpgmd.nhs.uk](http://www.nwpgmd.nhs.uk).
   j. Other Service Quality and Accreditation Projects, including Memory Service Accreditation, ECTAS Accreditation, ‘Your welcome’ Accreditation, Healthy Child Programme, Time to Care, Confidence in Caring and Nursing Dashboards – Measuring quality.

10. We will publicise our performance in these initiatives on our website and explain how we compared with other trusts, in plain English.
4.0 HOW WILL WE KNOW IF OUR STRATEGY IS WORKING?

4.1 Our Implementation Plan
We will produce a detailed implementation plan by July 2012. This plan will list the tasks that need to be done and set timescales. We will use an Enterprise Assurance Management approach to identify the risks to our plan, to put controls in place, and to be clear about who is responsible for what. We will set up an implementation group, with service user representation, to supervise the plan. We will report our progress to the Trust Board on a quarterly basis.

4.2 Our Goals
We expect it to take three years before our strategy is in place across the whole organisation. If our strategy is working then we will achieve these goals:

- Goal 1: In comparisons with similar organisations we will always be in the top 25% for quality.
- Goal 2: We will perform well in CQC inspections and CQC will have no major concerns about our services.
- Goal 3: Every clinical team will have an improvement plan based on feedback from service users.
- Goal 4: Every clinical team will know how well it is doing in terms of safety, effectiveness and patient experience.
- Goal 5: Our care pathways will meet NICE Quality standards and will show steady improvements in quality.
5.0 APPENDICES

5.1 Appendix 1. Quality in the NHS – the Policy Context

Quality arrived at the forefront of national health policy following the NHS Next Stage Review, led by Health Minister Lord Darzi, which culminated with the publication of "High Quality Care for All" in November 2008 (Darzi 2008). According to the review, centrally determined targets based on process (i.e. how many?), must give way to locally determined targets based on quality (i.e. how good is it?).

The NHS Next Stage Review set out seven key aspects that are needed to improve the quality of services. These are:

- Bringing clarity to quality – ensuring there is a coherent approach to setting standards
- Measuring quality – ensuring quality improvement can be measured at every level
- Publishing quality performance – making information about quality widely available to staff, patients and the public
- Recognizing and rewarding quality – ensuring the right incentives are in place to support quality improvement
- Raising standards – ensuring quality improvement can be driven by strong clinical leadership at every level
- Safeguarding quality – providing assurance that care is of a high quality
- Staying ahead – supporting innovation to foster a pioneering NHS

The Next Stage Review defined quality in terms of:

(i) Patient Safety
   - Ensuring the environment is clean
   - Reducing avoidable harm

(ii) Patient Experience
   - How personal care is, including treating patients with dignity, respect and compassion

(iii) Effectiveness of Care
   - Good quality outcomes of care, including from the patient’s own perspective

The review stated that quality must be at the heart of everything that the NHS does. Clinicians and clinical teams were seen as having a central role in delivering quality and all must be empowered to measure the effectiveness of the care they provided. This measurement would not be for its own sake, but to drive quality improvement. Lord Darzi’s report envisages that quality of care will be raised across the NHS by linking “within provider” quality initiatives to “commissioning for quality”. The idea was that commissioners
would increasingly source services from proven high quality providers. Despite a change of government and a major economic recession, the importance of quality and the Darzi definition of quality are unchallenged, and remain at the heart of national health policy.

The Operating Framework for the NHS in England 2012/13 (DH, 24th November 2011) stated that “The NHS is moving to a system where quality and outcomes drive everything we do. Our model of delivery needs to be overhauled and 2012/13 is the year to make that change happen. The NHS Outcomes Framework will act as a catalyst for driving quality improvements and outcome measurement throughout the NHS. It defines and supports a focus on clinical outcomes, including the reduction of health inequalities, to drive a change in culture, behaviour and the way we deliver clinical services”.

The NHS Outcomes Framework first published in December 2010, reflects the vision of the white paper and has a purpose that is threefold:

- To provide a national level overview of how well the NHS is performing, wherever possible at a national level
- To provide an accountability mechanism between the Secretary of State for Health and the proposed NHS Commissioning Board; and
- To act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities

It is “structured around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. The five domains are derived from the three part definition of quality first set out by Lord Darzi as part of the NHS Next Stage Review. Domains one to three include outcomes that relate to the effectiveness of care, domain four includes outcomes that relate to the quality of patient experience and domain five includes outcomes that relate to patient safety. The government has since built this definition of quality into the Health and Social Care Bill currently before Parliament. The definition frames the proposed new duties on the Secretary of State for Health, the NHS Commissioning Board and clinical commissioning groups to act with a view to securing continuous improvement in the quality of services provided to patients” (NHS Outcomes Framework 2012/13, DH, 7th December 2011).

In 'Innovation, Health and Wealth – Accelerating Adoption and Diffusion in the NHS’ (DH, 5th December 2011), the need to meet the demands from within current real terms funding, while at the same time improving quality is raised. This document emphasises that doing what we have always done is no longer an option and we need to do things differently. Radical transformation is required and innovation is the only way to meet these challenges. It is suggested that “searching for and applying innovative approaches to delivering healthcare must be an integral part of the NHS does business. Doing this consistently and comprehensively will dramatically improve the quality of care and services for patients”.
Regulating Quality

The influence of the Darzi review can be seen in recent statements from the main NHS regulatory organisations. Thus Monitor, the Independent Regulator for NHS Foundation Trusts (FTs), has stated that: “we strongly agree that quality should now be the priority for healthcare commissioners and providers in the UK…… improving the measurement and reporting of the quality of healthcare is perhaps the single most important change (FTs could) make over the next three years…..What is needed is national leadership of a persistent and determined effort to develop, implement and use quality metrics for all specialties. Quality performance should be transparent and compared to relevant peers.”(Monitor 2008)

The National Quality Board publication “Quality Governance in the NHS – a Guide for provider boards notes the important and positive correlation between the governance behaviours a board demonstrates throughout the organisation and the level of performance of the organisation. The report states clearly that the “provider Board is responsible for overseeing the quality of care being delivered across all services within the organisation and assuring itself that quality and good health outcomes are being achieved”. It emphasises the importance of effective governance arrangements that make sure Boards pay as much attention to the quality of care as they do to the management of finances.

Following the failings in quality identified in a number of Foundation Trusts most notably Mid – Staffordshire, Monitor developed their Quality Governance Framework. All trusts authorised for foundation trust status after 1st August 2010 are required to be assessed under this framework. The board will recall that this overall approach was used to underpin our approach to quality during the TCS exercise and the Monitor board to board process.

Monitor have now introduced requirement that all foundation trusts self-certify against the requirements of the Quality Governance Framework on a quarterly basis. There is a requirement in the Compliance Framework that all trusts are compliant with the framework and that there is evidence to support this process.

In a similar vein, the Manifesto of the Care Quality Commission (CQC) states that its mission is: “To make care better for people, by regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice.” (CQC 2008)
A new emphasis on quality is also squarely on the agenda of commissioning organisations (who will be subject to inspection by the CQC). For example, the New Mental Health Contract includes a range of “quality indicators”, and provides a mechanism through which quality improvement might be contracted.(DoH 2008) In a similar vein, from 2010, there have been financial bonuses for NHS organisations that provide high quality care under a scheme known as Commissioning for Quality and Innovation (CQUIN).(DoH 2008)

The CQC has recently emphasised the importance of the following areas for assessing quality:

- Compliance with NICE guidance when available and also taking into account nationally agreed guidance when planning and delivering care and treatment
- Clinical care and treatment carried out under supervision and leadership
- Clinicians continuously updating skills and techniques relevant to their clinical work
- Clinicians participation in regular audit and reviews of clinical services
- Importance of robust, valid and reliable outcome measures to assess clinical quality
- Assurances that demonstrate compliance from board level through to level of clinical delivery
5.2 Appendix 2. What is a Quality Account?

From April 2010 Trust Boards were required to publish annual Quality Accounts. These will be independently reviewed by the Care Quality Commission, who will publish an annual report to Parliament on the provision of NHS care within England. Trust Boards are expected to pay close attention to their Quality Account and decide which aspects of quality they wish to measure. They will invest in quality measurement and improvement and will work closely with partners to improve quality. They will ensure that their senior managers develop skills in quality measurement and improvement. Providers are required to prepare accounts which follow the financial year, and which are published by 30 June following the end of the financial year. The content of the account is nationally mandated and locally driven.

What is a Quality Account?

*High Quality Care for All* introduces Quality Accounts as a mechanism for public reporting on quality. It states that: “we will require, in legislation, healthcare providers working for or on behalf of the NHS to publish their ‘Quality Accounts’ from April 2010 – just as they publish financial accounts. These will be reports to the public on the quality of services they provide in every service line – looking at safety, experience and outcomes.”

The purpose of Quality Accounts is to enable:
- Boards of provider organisations to focus on quality improvement as a core function
- the public to hold providers to account for the quality of NHS healthcare services they provide
- patients and their carers to make better informed choices

To ensure that Quality Accounts can achieve these purposes they should cover the provision of NHS healthcare services and contain information that is:
- A truthful and fair picture of the quality of services provided
- Meaningful and relevant to users of Quality Accounts
- Designed to allow for comparisons to be made
- Produced in a timely fashion; and
- Published in a way which promotes easy access for users.
5.3 Appendix 3. Quality Initiatives in the North West

The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of providers’ income to the achievement of local quality improvement goals. For both the community and mental health contracts which LCFT are commissioned to deliver, in 2011/12, the CQUIN indicators were developed together with the Lancashire PCT’s to include both nationally specified indicators such as service user experience and Advancing Quality and local measures to demonstrate improving quality in locally defined areas such as safeguarding.

LCFT has ensured simple, practical steps to develop systems for monitoring and improving quality through CQUIN for both community and mental health services and continues to work with PCT colleagues and CCG representatives, moving towards agreeing goals that reflect measured improvements in performance on quality, building on the progress in developing common indicators to support benchmarking.

The sustainable delivery of QIPP targets will focus the direction of the Trust in the coming year. The QIPP targets will be highlighted and managed through the contract through alignment with CQUIN income, aspirational commissioning intentions and LCFT will continue its on-going involvement with the Advancing Quality initiative.

Key priorities reflected in the CQUIN indicators for 2011/12 for the community contract have been service user experience, quality of life for stroke patients and safeguarding outcomes for children and young people. For the mental health contract, the CQUIN targets relate to GP engagement, advancing quality re dementia and psychosis and the introduction of PbR.

Early guidance has been published which outlines the CQUIN plans for 2012/13 and this suggests that in 2012/13 for all standard contracts, the CQUIN amount that providers can earn will be increased to 2.5 per cent on top of actual outturn value and that monies for CQUIN can be made recurrent only where the commissioner is satisfied it is the necessary means to maintain the improvement. National indictors are likely to include patient involvement, the NHS safety thermometer and stroke and the regional mental health CQUIN indicators for 2012/13 as agreed through the PCT clusters will continue to include AQ dementia and AQ psychosis.
5.4 The Advancing Quality Alliance

Advancing Quality is a voluntary program to improve the quality of care by providing financial incentives to providers in the North West of England. The scheme has been running since 2007 under the aegis of the Strategic Health Authority. Until now the scheme has been concentrating on acute conditions, but the intention is to involve Mental Health Trusts in the coming year. Experience gained from this initiative is being used to inform the national CQUIN Scheme (Commissioning for Quality and Innovation) proposed in the Darzi Review. The SHA has recently set up an Advancing Quality in Mental Health and Learning Disability Group, chaired by Bev Humphrey, to help implement the scheme for mental health and learning disability Trusts. At the same time the Strategic Health Authority has initiated a consultation on metrics measures that might be used at a local and regional level to improve quality (see appendix two).

Advancing Quality aims to improve standards in NHS hospitals across the North West of England. Focusing on several clinical areas which affect many patients in the North West - heart failure, heart bypass surgery, heart attack, hip and knee replacement surgery, pneumonia, stroke, dementia and first episode psychosis - Advancing Quality provides NHS trusts with a list of key measures which should be delivered to every single patient to ensure they receive the highest standard of care. The idea is, if every hospital achieves the measures set out by Advancing Quality, it will help to save lives, reduce admissions, reduce complications and decrease the length of time patients have to spend in hospital. In turn, this will enable the hospitals to reduce costs and the savings can be ploughed back into improving care and facilities. In the initial years of the programme, the top performing trusts, and the trusts who improved the most, were awarded bonus payments. Now a part of the CQUIN framework, commissioners may withhold payment if agreed improvements are not met. It is the AQ ethos that such quality payments are directed back to clinical teams for further investment in clinical services.

www.advancingqualitynw.nhs.uk

Advancing Quality is the flagship programme of the Advancing Quality Alliance (AQuA), an NHS membership body dedicated to helping NHS organisations in the North West provide high quality health care services and improved health. AQuA’s mission is to stimulate innovation, spread best practice and support local improvement in health and in the quality and productivity of health services.

www.advancingqualityalliance.nhs.uk