



Quality Framework

***An overview for the *Turning Data into Information
for Improvement* Programme***

**Simone Bayes/Julia Thomas
21/22 January 2009**

High Quality Care for All – a vision for quality improvement

- Help to stay healthy
- Empowering patients
- Most effective treatments for all
- Keeping patients as safe as possible

Leadership for quality

- NHS Leadership Council
- Leadership training embedded in undergraduate curricula
- Accredited leadership standards for clinicians and managers

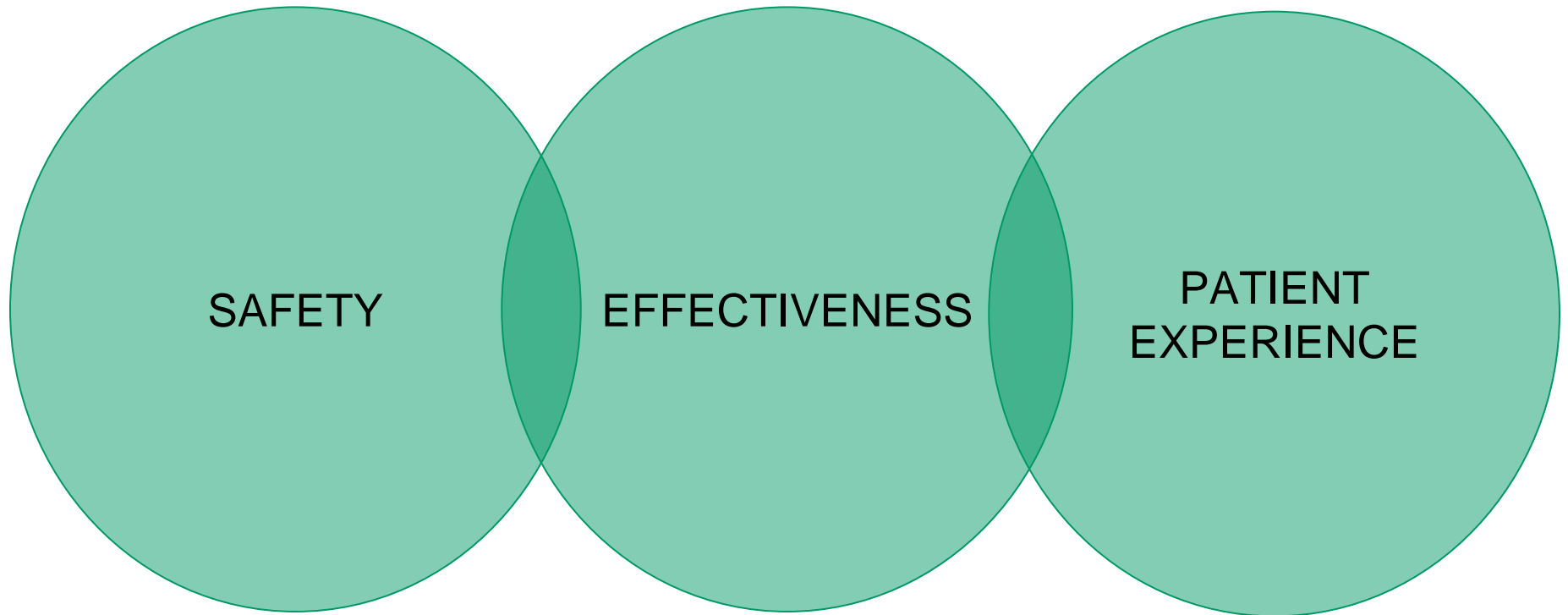
Quality as the organising principles

High quality care for patients and the public

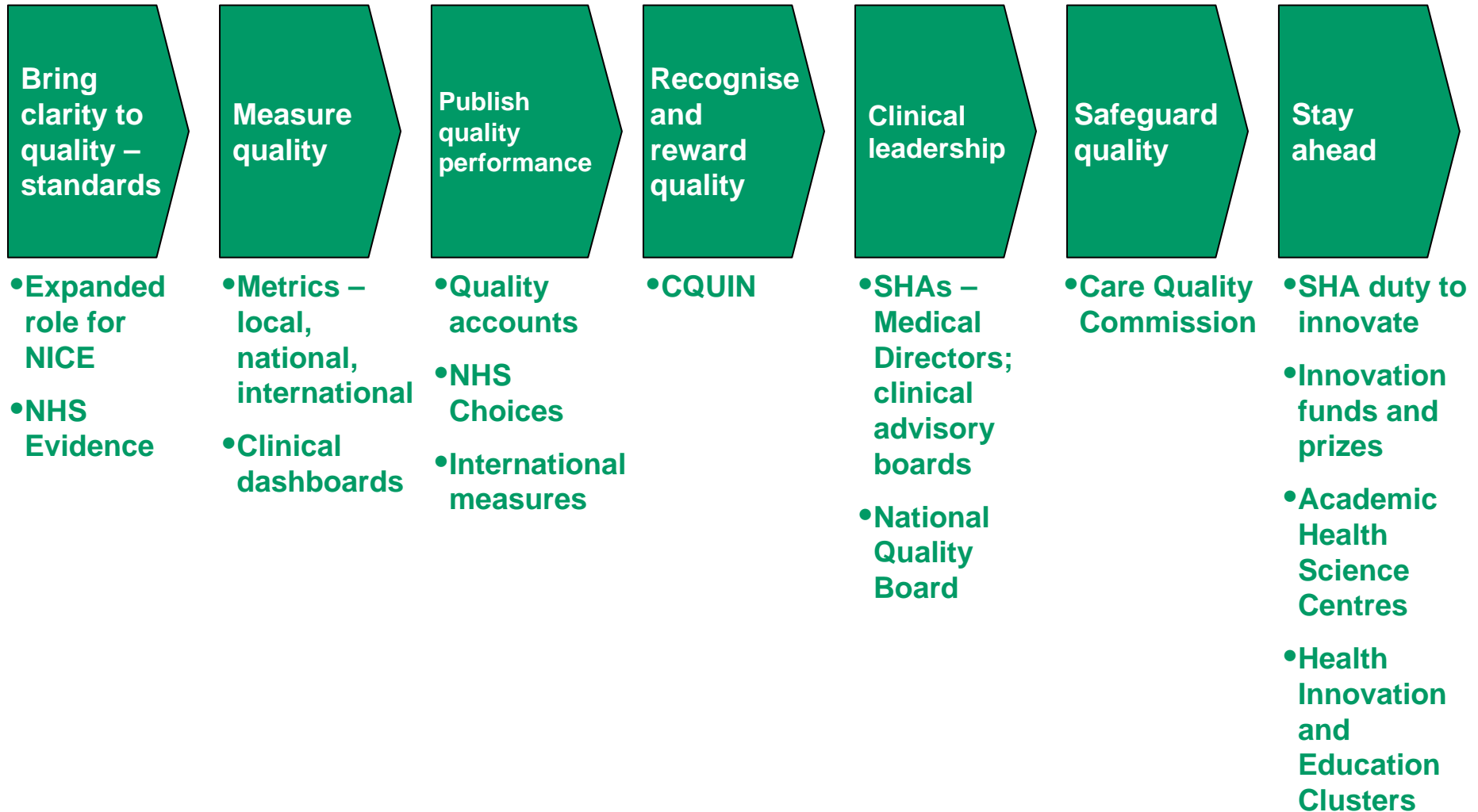
Freedom to focus on quality

- Empowering frontline staff to lead change that improves quality for patients
- Valuing the work of NHS staff

A definition for Quality



A Quality Framework to enable quality improvement



Developing our approach to leading change

Lessons and challenges:

- **Role of the system** – we need to get people thinking in terms of the whole system rather than within traditional organisational boundaries; this applies particularly to improving quality
- **Role of leadership** – we need to change the nature of leadership its focus on targets to prioritising quality, taking risks, and looking out not up
- **Pace of change** – we cannot expect consistent pace of change across the system, so we must encourage innovators and not hold back the “leading edge”
- **Change not churn** – we must avoid change for change’s sake e.g. further structural reform (“messing about masquerading as action”)

Resulting principles for change:

- **Co-production** – need to work jointly with NHS / stakeholders, examples of NSR; World-Class Commissioning; quality metrics; Op Framework
- **Subsidiarity** – devolving power / decision-making as close to patients as possible e.g. Practice-based Commissioning, clinical dashboards
- **Clinical leadership** – aligning managerial and clinical priorities and leadership e.g. SHA Medical Directors, Service Line Reporting
- **System alignment** – making sure all parts of the system work together and pull in the same direction, example of National Quality Board

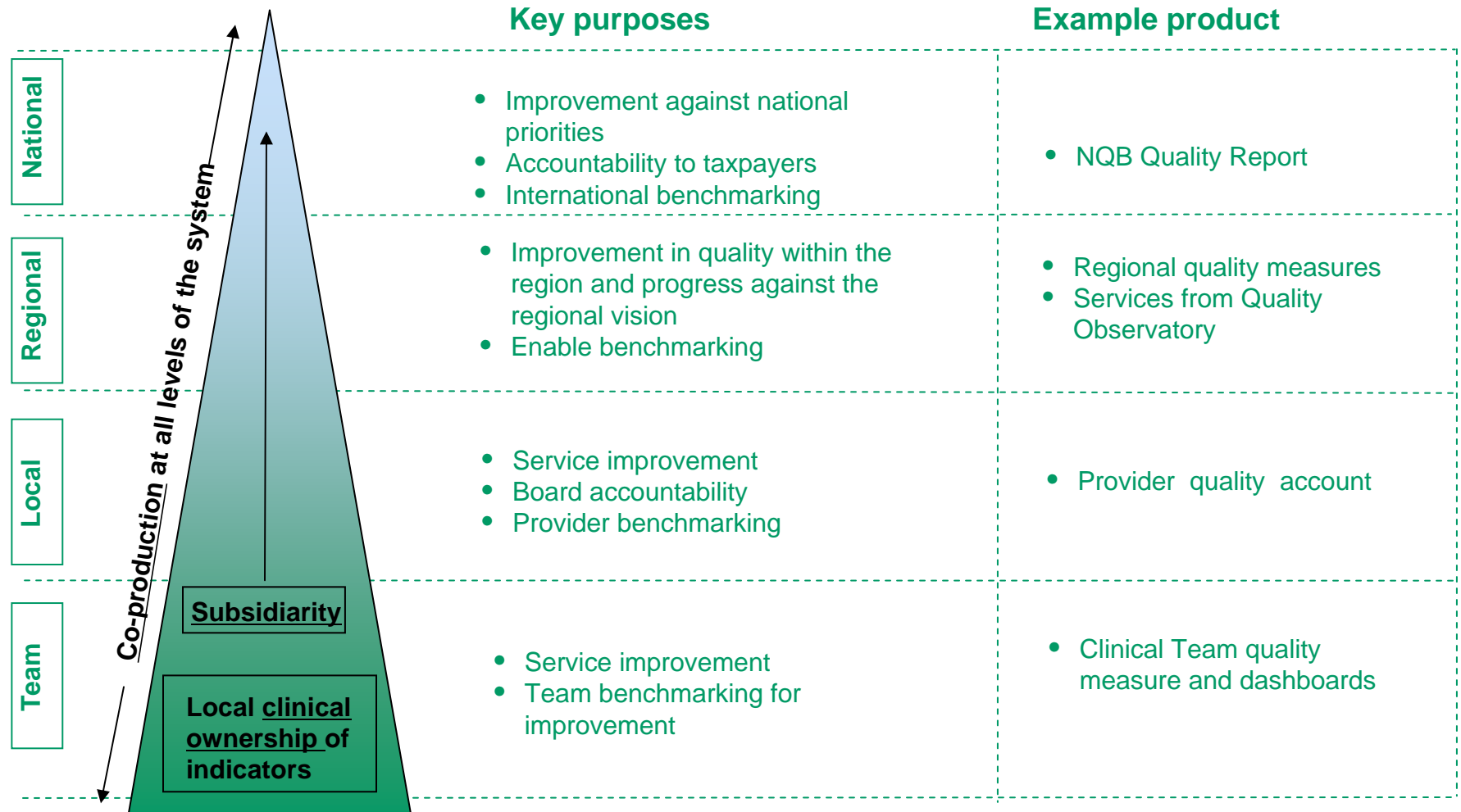
Bring Clarity to Quality

“Sea of Standards”



- NICE to create Quality Standards – either through its own work or by selecting the best available standards
- NHS Evidence – a new, single portal to access clinical and non-clinical evidence and best practice

Measuring for Quality Improvement (MQI)



Sources of evidence-based indicators include Royal Colleges, specialist societies, NHS Information Centre, universities, commercial sector

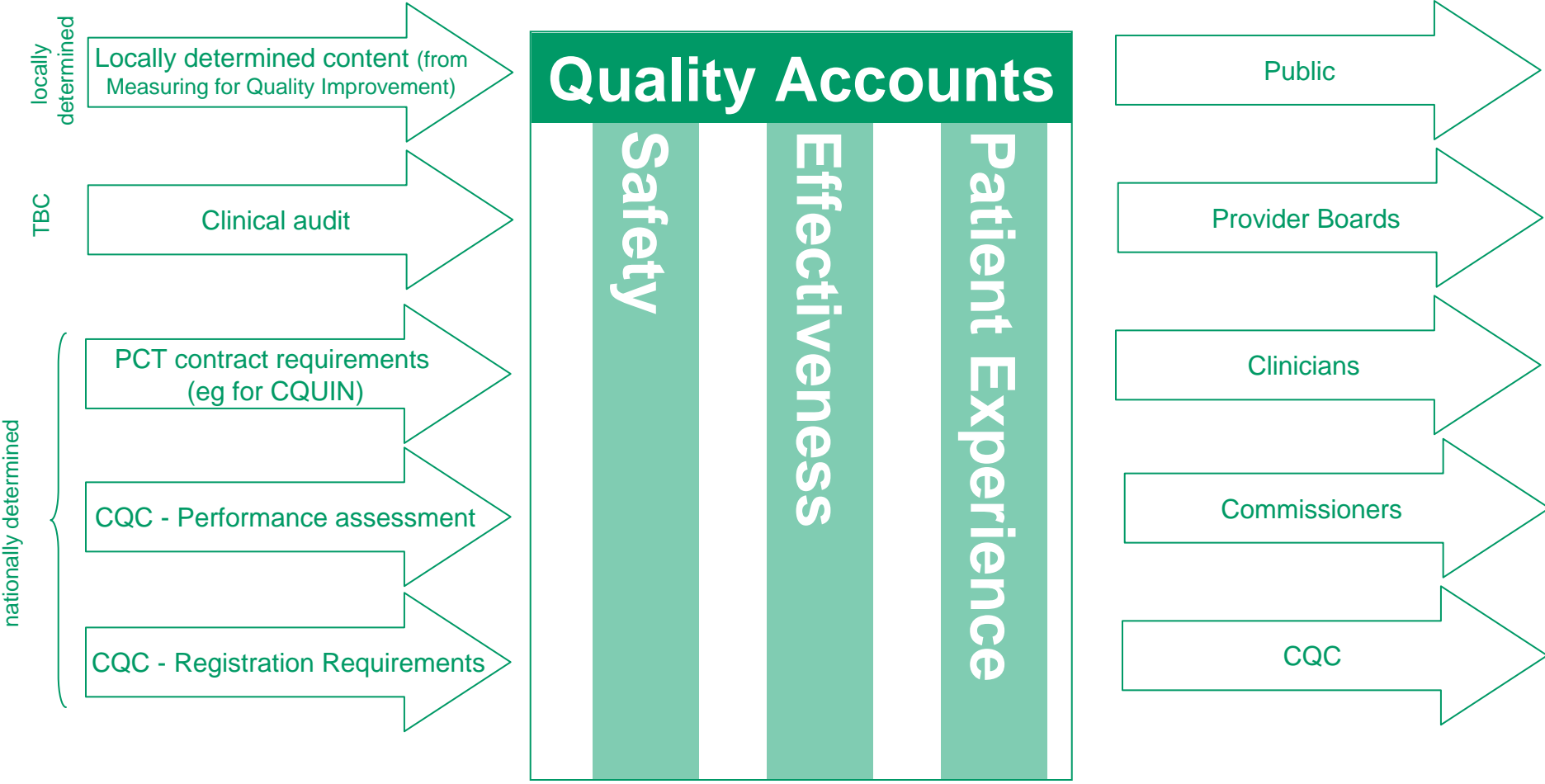
MQI – Progress updates for end Jan

SHAs engaging locally with providers, commissioners and at the level of clinical teams.

At the end of January, SHAs will report progress on:

- local measures identified for use in Quality Accounts
- proposed regional measures
- recommendations for national indicators and benchmarking measures
- recommendations for national support to develop quality improvement skills and capacity
- gaps in the metrics framework

Quality Accounts



CQUIN Payment Framework

The Commissioning for Quality and Innovation (CQUIN) payment framework will make a small proportion of a provider's contract value conditional on local quality improvement and innovation goals

- Quality improvement and innovation will be integral to what PCTs pay for
- *High Quality Care for All* made clear this would begin from 2009/10. This will embed the focus on improved quality of care in commissioning and contract discussions
- PCTs should agree local schemes with all providers on national contracts, though for non-acute services in 2009/10, an improvement plan will suffice
- In the 1st year, schemes can incentivise measurement for quality improvement though should then start to consider including goals on improving quality (safety, effectiveness, experience) and innovation
- Local CQUIN schemes should be published – showing both achievement against past goals, and promised goals for the next year, to help learning

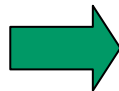
How will CQUIN Payment Framework schemes work in practice?

DH sets framework for local flexibility and specifies amount - likely to start small eg 0.5%

Commissioners to make available 0.5% of contract value in 2009/10 to be linked to CQUIN schemes for acute services (covering safety, effectiveness, experience and innovation) or, as a minimum, to Quality Improvement Plans for mental health, community, ambulance and specialised services.

Develop a local scheme

- Agree local roles, responsibilities and who to involve
- Lead commissioner & provider agree priority areas to improve, indicators and realistic improvement goals
- Agree overall scheme and how payment will reflect the indicators



Publish scheme

(for acute services or Quality Improvement Plan as minimum for mental health, ambulance, community and specialised services)



Monitor and manage scheme

- Make payments
- Review progress against goals
- Make sensible assessment of performance and reconcile payment
- Review the scheme

SHAs support, oversee as part of commissioning assurance and ensure fairness

National Quality Board

- Roles in:
 - prioritising development of Quality Standards
 - overseeing the development of metrics
 - publishing a report to the Secretary of State for Health accounting for Quality in the NHS, including international comparisons
- Membership:
 - chaired by CE of the NHS
 - CMO, NHS Medical Director, CNO, DG for Social Care
 - NICE, CQC, Monitor
 - 4 experts
 - 4 lay members

A Quality Framework to enable quality improvement

