

NATIONAL QUALITY BOARD

GENERAL UPDATE

A note from the Secretariat

Annex A: List of published Quality Standards.

Annex B: Final set of mandatory indicators for Quality Accounts

Summary

1. This paper provides a brief update on progress in taking forward key aspects of the Board's work programme that do not have a dedicated agenda item for this meeting.
2. Updates on the following areas are included:
 - i. the work of the National Quality Team;
 - ii. the Quality Standards programme;
 - iii. work on Quality Accounts;
 - iv. developments in clinical audit; and
 - v. the Quality Information Committee.

Work of the National Quality Team

3. The Board has had regular updates from Ian Cumming on the work of the National Quality Team (NQT), which he has led as Managing Director for Quality during the Transition. Guided by the NQB, the team have been focussing on the following areas over the last 12 months with a view to supporting and assuring the NHS in maintaining quality during the transition period.

Develop and disseminate the new system architecture for quality

4. The NQB's draft report, '*Quality in the new health system – maintaining and improving quality from April 2013*', was published on 16 August. It can be found at: <http://www.dh.gov.uk/health/2012/08/quality-new/>. The report will be updated and finalised following publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry final report.
5. Extensive communications activity was rolled out to coincide with publication of the NQB's draft report and an implementation plan has been developed. The focus of action is to ensure that everyone who needs to be aware of the approach described in the report is aware, and to establish a network of Quality Surveillance Groups across the country by April 2013.

Develop and deliver an assurance process for handover of quality

6. The NQB's report, '*Maintaining and improving quality during the transition: safety, effectiveness, experience*', published in March 2011, required the NHS to produce 'legacy' or handover documents in order to help maintain quality during transition. It was agreed that whilst each board would retain responsibility for ensuring this happened, the NQT would lead a process to provide guidance to the system and assurance to the Department of Health. The NQT have:

- a. developed guidance, including milestones and templates, for the NHS to ensure quality issues were handed over as part of the PCT and SHA Clustering process;
- b. developed and run an initial assurance process in December 2011 / January 2012, which involved four one-day visits to each of the SHA Clusters to provide assurance to DH that the guidance had been followed with recommendations and feedback;
- c. used their learning from this process to produce and publish formal handover guidance for quality for all organisations in transition – *'How to Maintain Quality during the Transition: Preparing for Handover'*, published May 2012; and
- d. completed further assurance visits to each SHA in mid- August the outcome of which is being assessed. Each SHA will then receive written feedback and the assurance process will continue. The next stage involves receipt by the NQT of the first stage handover plans from SHA clusters. Additional assurance visits to the SHAs are being planned.

Develop and disseminate a single Quality Dashboard

7. The NQT has worked with the NHS, DH and external experts to identify a common set of metrics that are sensitive to quality issues, in a format that provides near-time comparative data. The purpose of the dashboard is to inform intelligent conversations about quality, so that the system can gain a better understanding of data and other information as a basis for quality assurance and service improvement. The NQT have secured agreement that the NHS Trust Development Authority and the NHS Commissioning Board will use the dashboard nationally, regionally and locally. Monitor and CQC are also engaged with the work. It is envisaged that the dashboard will provide a key tool for the new network of Quality Surveillance Groups once they are established.

8. The current version of the dashboard is being 'road tested' by the NHS Operations Executive and the four SHAs, and work is underway with a number of provider organisations.
9. Going forward, the team will focus on continuing engagement with each of the national organisations that will be using the dashboard. In addition the work to take the dashboard from an excel prototype into an IBM platform will conclude during mid-October. This will coincide with the testing of a training programme to support its use. Raising awareness of the dashboard across the NHS will continue to be a priority.

Develop and implement a single operating model for quality

10. The NQT have been developing a series of NQB guidance documents to support the NHS in maintaining quality, following feedback from PCTs and SHAs and their own observations, as to what would be useful. Four guides have been published already and there are five more to follow:
 - a. *When and How to Hold a Risk Summit* (published)
 - b. *How to assess the quality impact of a provider CIP* (published)
 - c. *How to carry out a Rapid Responsive Review* (published)
 - d. *How to use the Quality Dashboard*
 - e. *How to do a Case Note Review*
 - f. *How to Investigate SIRIs*
 - g. *How to Handover for Quality* (published)
 - h. *How to understand and respond to Mortality statistics* (in partnership with Public Health Observatories)
 - i. *How to ensure clinical safety in IT systems*
11. The guides published so far have been well received, but the NQT feel there is more to be done to ensure that current and future clinical and managerial leaders are aware of and able to implement the guidance;

and that the new organisations in the system build on the best practice they have identified as they design their operating models for quality.

NICE Quality Standards

12. Since the referral of the core library of Quality Standards in March 2012, NICE has been carrying out an exercise to determine whether there is already an underpinning evidence base from which to develop each Quality Standard, or whether NICE needs to develop a clinical guideline to provide the evidence base.

13. Following this exercise, NICE concluded that there is already a sufficiently robust evidence base for around two thirds of the Quality Standard topics, either in existence or in development. For the remainder, NICE concluded that it will need to develop a further 50 clinical guidelines to support the production of the remaining topics. Ministers referred these additional clinical guideline topics to NICE in May and July 2012.

14. There are now 21 Quality Standards published (a full list is at **Annex A**) with a further 27 in development, meaning that there are 132 Quality Standard topics within the library of 180 that have not yet been scheduled for development. The schedule for producing the next wave of healthcare Quality Standards is being discussed and agreed with the NHS Commissioning Board in early September, however, they fall into two categories:

- a. those that can be immediately prioritised for Quality Standard development as there is existing NICE or accredited guidance that can be used to develop a standard; and
- b. those where there will need to be a guideline developed or guidance accredited before Quality Standard development can begin.

15. For those topics that can be immediately prioritised, the following criteria have been used to identify a set of topics for development over the next 12-18 months:

- a. the ranking provided by the Academy of Medical Royal Colleges as part of the process of selecting topics for the library;
- b. the extent to which the underpinning guidance covers the full scope of the Quality Standard topic, rather than providing relatively incomplete coverage; and
- c. the extent to which the topics provide good coverage across the five domains of the NHS Outcomes Framework.

16. Using this approach, a draft set of 39 topics has been identified for discussion with the NHS Commissioning Board.

Aligning NHS and social care Quality Standards

17. Alignment of social care Quality Standards is considered a priority with NICE and, consequently, a single 'Health and Social Care' directorate has been created. This directorate is responsible for the development of Quality Standards in all topic areas, and is therefore in an excellent position to ensure alignment. To support this aim, a number of practical steps are being taken, in particular during the scoping and in presentation of the Quality Standard.

18. In defining the areas to be addressed within the scope of Quality Standards, NICE is implementing a process to ensure all relevant aspects are considered. This will ensure there are no gaps in the interface between health and social care, avoid duplication, and provide an efficient process wherever possible to encompass elements of social care within clinical topics that relate to long-term conditions.

19. Ensuring that Quality Standards cover all relevant areas across health and social care means that an individual topic may have relevance to different audiences. NICE are reviewing how best to facilitate easy access to particular aspects of Quality Standards and is considering a range of technical solutions, such as a search function. In practical terms, this could mean that someone commissioning cardiac services or services for children in care could readily identify all the appropriate statements across relevant Quality Standards. This facility will become more important as the number of Quality Standards grows.

20. It is anticipated that the Department and NICE will conduct a joint engagement exercise later in the year to identify further candidates for topics and priorities for action. This will involve working with the NQB, other government departments and stakeholders, with a view to creating a core library of social care Quality Standards.

Quality Accounts

21. During its meeting on 15 December 2011, the Board approved proposals to mandate a core set of 10 indicators for NHS trust and foundation trust Quality Accounts. Ministers accepted the Board's conclusions and decided to introduce the new indicator requirements in the 2012/13 reporting year, to allow time to explore additional indicators for mental health trusts and community trusts. However, providers could voluntarily include these 10 indicators in Accounts for 2011/12.

22. Since the Board's last update on Quality Accounts the list of 10 indicators has been refined to add some new indicators and replace others to ensure there is coverage across all five domains of the NHS Outcomes Framework and across all provider types required to produce a Quality Account. The revised indicator list is set out at **Annex B** with the changes highlighted in bold.

23. The Department of Health and Monitor jointly wrote to trusts to inform them of new indicator and audit requirements in February 2012. Following further advice from the Board and Ministerial approval of the proposed changes to the core set of indicators a further letter will be sent to trusts updating them on what the final indicators will be and when they can expect accompanying guidance to be issued.

External assurance

24. Building on last year's dry run, NHS acute and mental health trusts are now formally required to have their Quality Accounts externally audited each year, starting 2011/12, and the report included in their published Quality Account. The Audit Commission has undertaken this work on behalf of the Department.

25. The Audit Commission confirms that a limited assurance report has been completed for all NHS acute and mental health trusts with only one report issued after the target date of 30 June 2012. These reports provide an audit opinion, and any limitations to that opinion, that the providers' Quality Account is consistent with the requirements set out in the regulations.

26. Auditors issued standard reports for most trusts, non-standard reports were issued to two trusts that failed to:

- include a summary on the quality of services, a statement by the Chief Executive and a full list of clinical audits and national confidential enquiries that the trust was eligible to participate in; and/or
- share a draft report with stakeholders by 30 April. Some stakeholders commented on the limited time available for review.

27. In addition to these standard reports, auditors were asked to test three quality indicators and report their findings directly to management. As there is not yet a mandated set of indicators for NHS bodies, not all of these were reported in the Quality Account. A review was conducted on an indicator from each of the following areas:

- follow-up on an indicator reviewed in 2011/12;
- an indicator from the proposed new core set of mandatory indicators which will be reported on in 2012/13; and
- a locally determined indicator.

28. Following review by the Audit Commission and feedback from audit firms the Commission excluded some of the proposed 2012/13 indicators from the scope of the external assurance work. This is because the Information Centre calculates the indicator or there is involvement by another third party in calculating or processing the data. Options to increase the number of indicators included within the audit review will be explored over the next reporting period. One possibility is to provide assurance on third parties processes and controls to auditors.

29. Mandating the indicators and definitions in the Quality Account regulations will help to ensure consistent reporting by NHS bodies, enable comparability and will provide a common set of indicators for audit.

Social care Provider Quality Profiles

30. The NHS is invited to note that the White Paper *Care and Support* introduces a number of new tools to help deliver better quality services and to improve the care that people experience. Provider quality profiles, which will be available by April 2013, will help people access simple information online to help them compare care providers across England.

31. Provider quality profiles will help people to make decisions about care and support for them and their families. They will also help providers to:

- a. build their reputation;
- b. benchmark their performance;
- c. understand if and where they need to make improvements; and,
- d. inform their development and training of staff.

32. Provider quality profiles will pull together, in one place, a wide range of quality information from multiple sources covering all three domains of high quality care: effectiveness, safety and experience. It will also include some key quality measures identified by the sector, which will be updated on a regular basis. This information will be much richer than that conveyed in star ratings and can form the basis for new, simple quality ratings.

Clinical Audit

Management contract re-tender

33. The NQB has previously considered the importance of the clinical audit programme, the need to expand it and to bring it into alignment with the wider system architecture, such as the NHS Outcomes Framework and Quality Standards.

34. The current management contract for the National Programme of Clinical Audit & Confidential Enquiries is held by Healthcare Quality Improvement Partnership (HQIP) and is to end 31 March 2013, after the maximum term allowed of five years.

National stakeholders and professional bodies as well as local audit staff in the NHS have informed the scope and requirement for the new management contract. Currently, bidders are invited to submit tender

responses until 17 September. Following a period of evaluation and clarification, it is expected that contract award(s) will be made around the end of November. There will then be a period of transition before service delivery of the contract begins 01 April 2013.

New national clinical audits

35. The White Paper *Equity and excellence, liberating the NHS*, announced that the number of national clinical audits would be expanded. After an engagement exercise to determine which areas would be supported by a new audit, the following topics were chosen. The list indicates the progress made towards the audit becoming established.

- a. **Chronic Obstructive Pulmonary Disease** – it is expected that the successful award of this contract will be announced shortly.
- b. **Emergency laparotomy** – contract awarded to The Royal College of Anaesthetists in July 2012.
- c. **The national vascular registry** – it is expected that this contract will be awarded by the end September 2012.
- d. **Prostate cancer** – it is expected that this contract will be awarded by the end September 2012.
- e. **Healthcare for individuals with learning difficulties** – this project is currently out to tender with a contract anticipated to be awarded around December 2012.
- f. **Chronic kidney disease in primary care** – sign off of final specification expected imminently and procurement to be launched ASAP thereafter.
- g. **Rheumatoid and early inflammatory arthritis** – sign off of final specification expected imminently and procurement to be launched ASAP thereafter.

The following projects are either in the early stages of procurement or have yet to begin development:

- h. **Specialist rehabilitation for patients with complex needs** - Specification development meeting provisionally planned for October.
- i. **Ophthalmology** - Specification development meeting scheduled for October.
- j. **Breast cancer** - Specification development meeting provisionally planned for December.
- k. **Healthcare for individuals with sexually transmitted diseases and HIV** - Current scoping/development project under way to inform a future combined programme.

The Quality Information Committee

36. The Quality Information Committee (QIC) is continuing with its work regarding national data quality. Questionnaires have been issued and returned and the first draft of the report of the workstream has been submitted to QIC. This was discussed in a recent workshop with members where a series of recommendations were made and requests put forward for additional information and/or clarity.

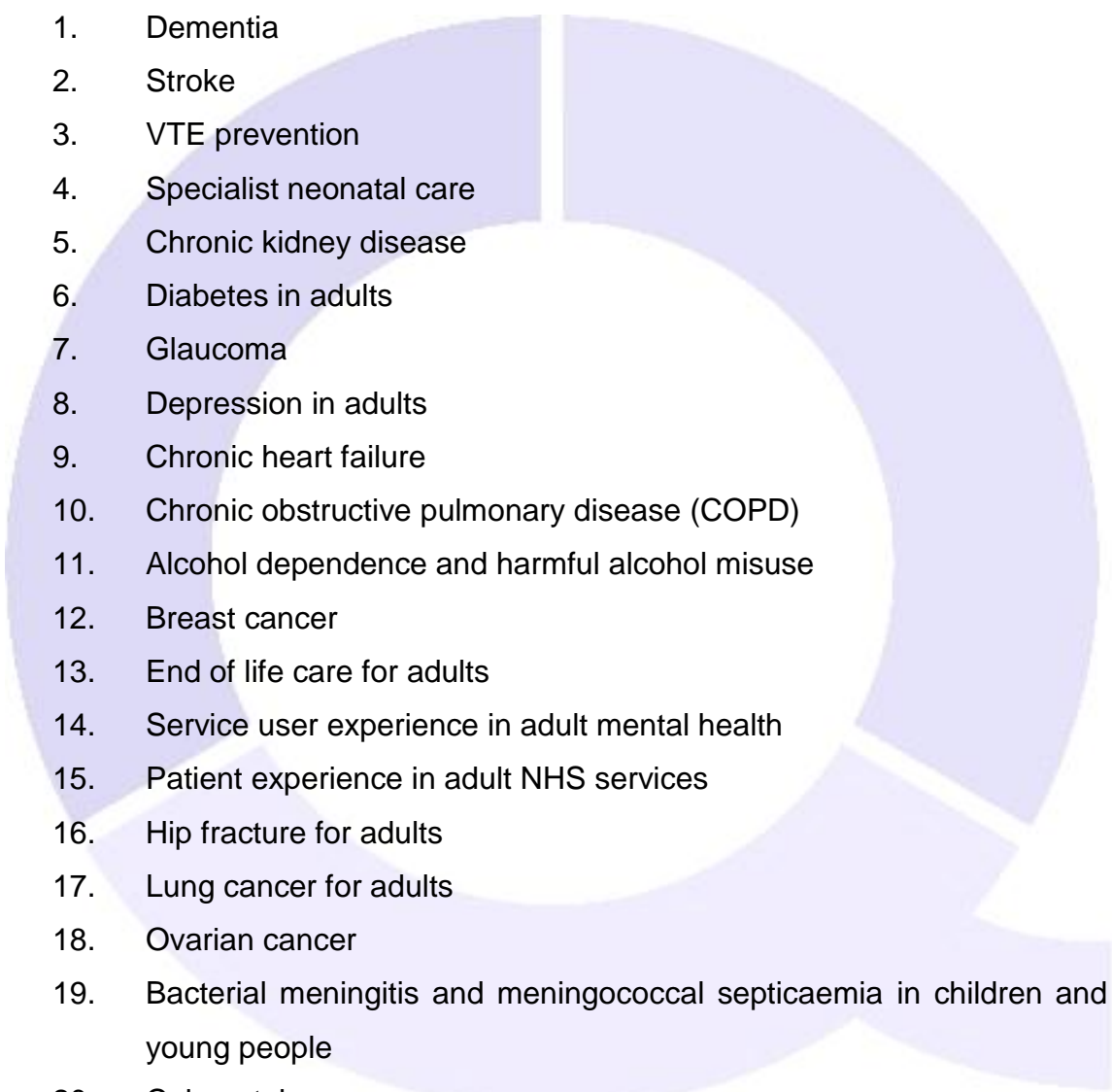
37. The report is now in its second draft phase, and the resulting requests for information have been issued. The intention is to take the second draft to the September meeting of QIC. The output from that will be recommendations and options regarding next steps, which will be presented to the November NQB meeting for your consideration

NQB Secretariat

29 August 2012

NICE NHS Quality Standards published

(Correct as of 29/08/12)

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1. Dementia
 2. Stroke
 3. VTE prevention
 4. Specialist neonatal care
 5. Chronic kidney disease
 6. Diabetes in adults
 7. Glaucoma
 8. Depression in adults
 9. Chronic heart failure
 10. Chronic obstructive pulmonary disease (COPD)
 11. Alcohol dependence and harmful alcohol misuse
 12. Breast cancer
 13. End of life care for adults
 14. Service user experience in adult mental health
 15. Patient experience in adult NHS services
 16. Hip fracture for adults
 17. Lung cancer for adults
 18. Ovarian cancer
 19. Bacterial meningitis and meningococcal septicaemia in children and young people
 20. Colorectal cancer
 21. Stable angina

ANNEX B

Superseded by final list of indicators, included in paper (NQB(12)(05)(04) General update) from 4 December NQB meeting

