



To: National Quality Board

For meeting on: 13 July 2016

Report author: NQB Secretariat

Report for:

Decision	Discussion	Information
X	X	

TITLE: NQB’s Measuring Quality Working Group: update and next steps

Summary:

This paper sets out the progress made by the NQB Measuring Quality Working Group. The working group has made progress in a number of areas:

- developed a set of principles for measuring quality;
- developed an outline narrative for the role of measurement in quality;
- mapped existing quality measurement initiatives; and
- contributed to the development of wider measures to support monitoring the impact of staffing on quality (as part of the refresh of the NQB Safe, Sustainable and Productive Staffing Guidance).

The paper also asks for comments on two of these emerging products:

- the draft principles for how we measure quality. Once agreed these principles will be signed up to across ALBs; and
- the outline structure for the emerging narrative for measuring quality.

The paper also sets out the next steps for taking this work forward.

Actions requested:

1. NQB to note progress made so far and proposed next steps.
2. Does the NQB agree with the draft principles and related actions for measuring quality? (slide 4).
3. Does NQB agree with the outline for the emerging narrative (slide 5 - 10)?

ALB Involvement in development and sign-off of paper:

X	X	X	X	X		X



NQB's Measuring Quality Working Group: update and next steps

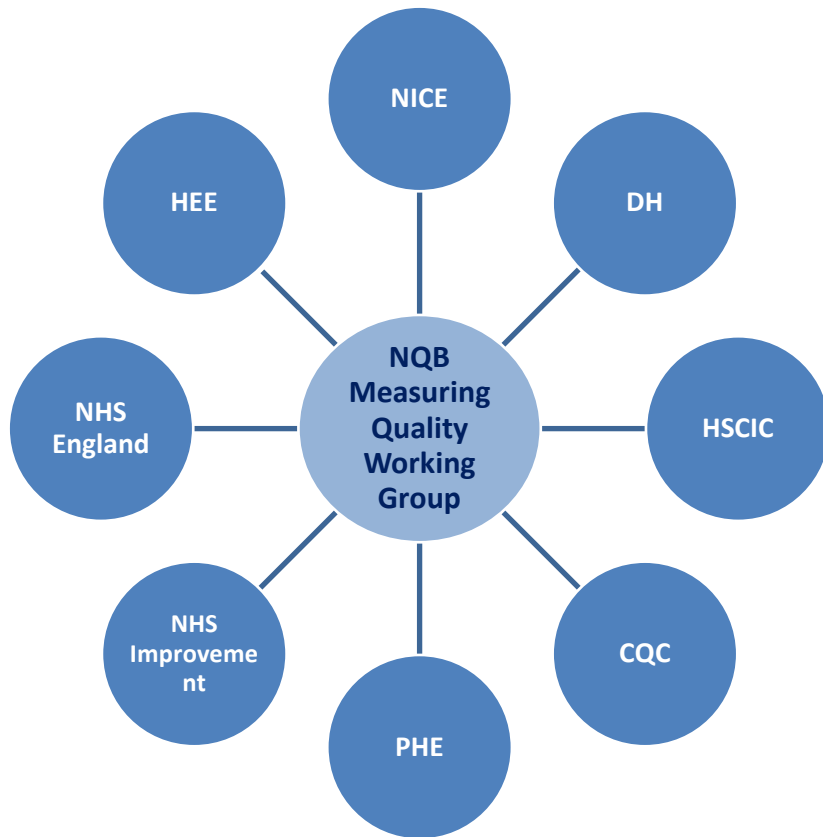
National Quality Board
13 July 2016

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Measuring quality working group

In Oct 2015 a working group was formed to support the NQB in meeting its ambitions for measurement. The group has met six times and includes membership across the NQB.



The working group has made progress in a number of areas:

- Developed a set of **principles** for measuring quality.
- Developed an outline narrative for the role of measurement in quality.
- Mapped existing **quality measurement initiatives** – including a workshop exploring the relationships between primary and secondary data sources, indicators, portals and dashboards (Annex A & B).

The working group has also contributed to the development of wider measures to support monitoring the impact of staffing on quality.

DRAFT Principles for measuring quality

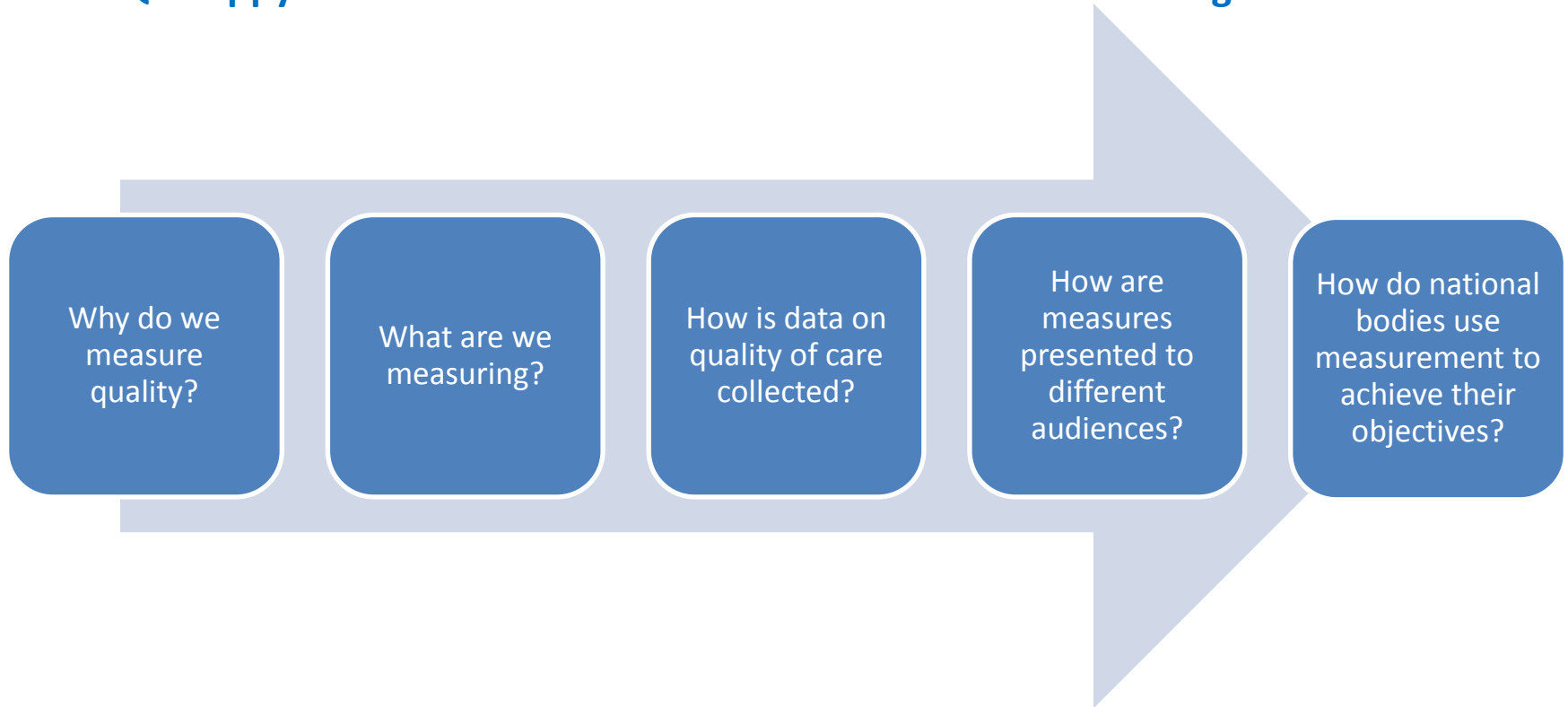
The working group has developed a number of principles for measuring quality which will be signed up to by all national bodies. **Does the NQB support these principles and actions?**

Principles	Actions to be taken
We use a shared definition of quality for the purpose of measurement.	NQB to agree a single shared definition of quality.
We ensure that each individual measurement tool articulates its purpose and how it can and cannot be used.	Working Group to map purposes of measurement tools used across the system.
We want high quality data but data is not an end in itself, we recognise it can come with limitations and caveats.	NQB to be a key customer for work of the National Information Board's work on data.
We should always start with the presumption that we will be transparent and open with information.	NQB organisations to consider how they could best share information between each other and with the public.
We support the system to have the correct skills and capability to use measurement, and as national organisations we set the standard.	NQB organisations to have consistent standards on using and presenting information.
We ensure that the benefit of any measure/tool is evaluated on a case by case basis and built into any roll out.	Working Group to consider value of Dashboards identified in the mapping exercise.
We aim to improve efficiency by working together to ensure measures/tools do not duplicate each other's purpose.	To consider where duplication could be reduced. For example, NHS England and NHS Improvement have shared dashboard view on quality for Acute Trusts.

Narrative for measuring quality

Discussions at the working group and work on mapping has drawn out an emerging narrative for the role of measurement in quality. Articulation, publication and promotion of this narrative aims to provide an overarching agreement on quality measurement which all partner organisations are signed up to. This is important in ensuring that different parts of the system work together efficiently and effectively, avoiding duplication.

Is the NQB happy with the outline narrative as set out in the following slides?



To note: the most relevant principles for measuring quality have been referenced in each section

Why do we measure quality?

Why is measurement important?

We use measurement all the time across health and care.

Clinicians use measures of clinical parameters to assess patients' health, such as taking an individual's blood pressure.

Commissioners use measures to assess the performance of the system, such as measuring how many patients in a CCG population are having annual blood pressure taken.

Providers are unable to make improvements for patients unless they measure and understand the service they provide.

At a national level, measuring and reporting has often been used as a catalyst for shifting the focus of the NHS. For example, the NHS Outcomes Framework was introduced to move discussions away from processes and towards outcomes for patients.

For what purposes do we measure quality?

Data which can give information about the quality of services is measured for a number of purposes across health and care. They include:

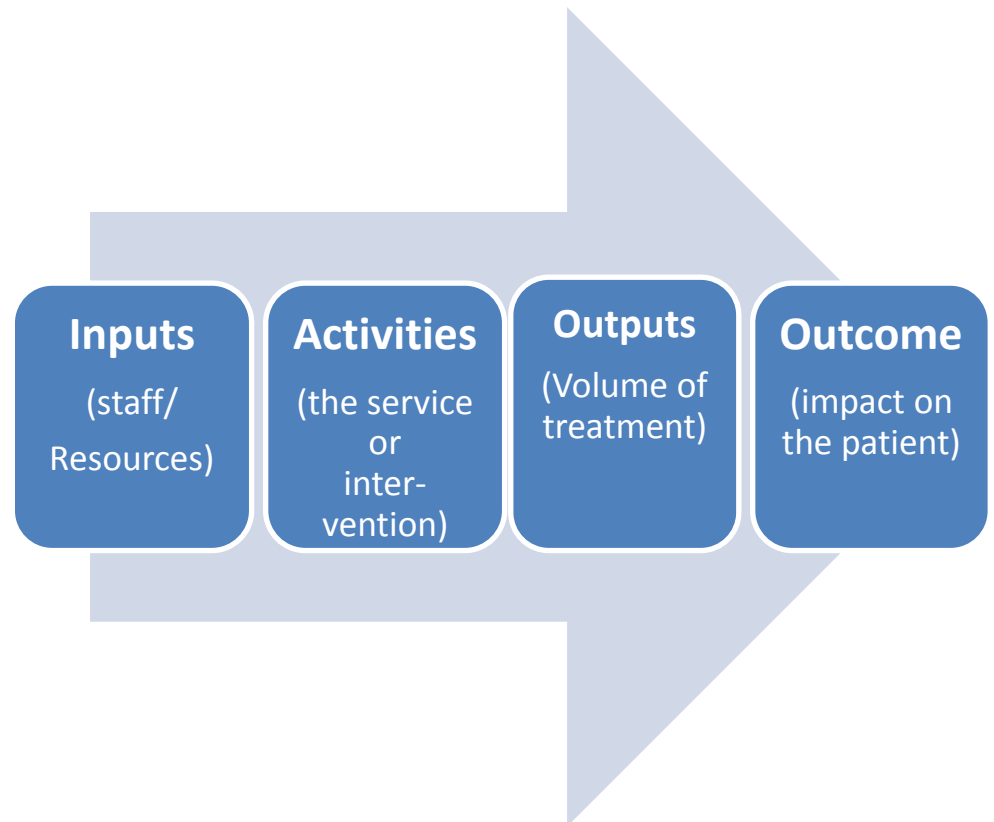
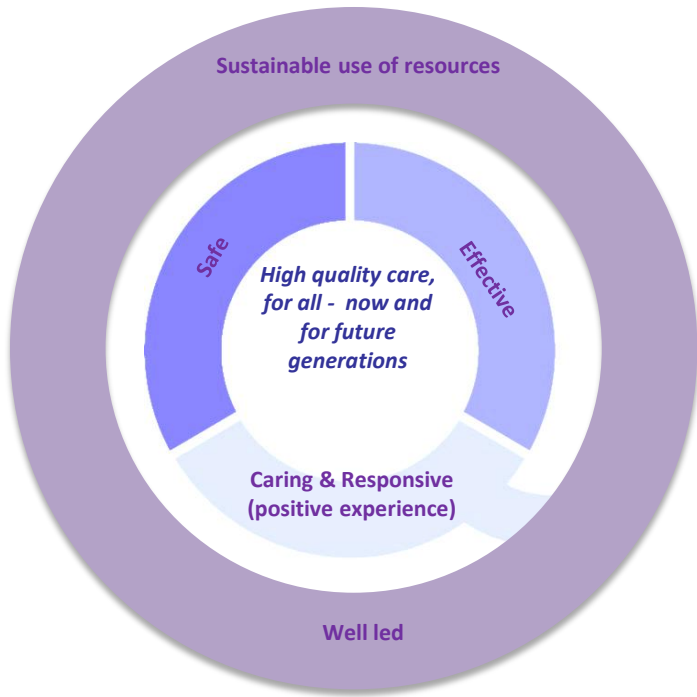
- **Managing patient care** – e.g. an individual's hospital record, providers' data systems
- **Benchmarking for improvement and identifying variation** – e.g. Right Care, clinical audit
- **Setting and measuring against standards** – NHS Constitution or CQC fundamental standards
- **Rewarding the system** – e.g. through contract management and using financial incentives such as CQUIN, QOF and Quality Premium
- **Informing patient choice** e.g. My NHS, NHS Choices
- **Research for clinical discovery** – e.g. clinical trials, genomics data



What are we measuring?

In order to measure quality, we must always be clear about what are trying to measure. Having a single shared vision for quality allows us to break quality down into measurable aspects.

We can then consider measuring these aspects across a health or care service. The NHS is a complex system, so in order to measure quality we can break services down into structures, activities, outputs and outcomes.

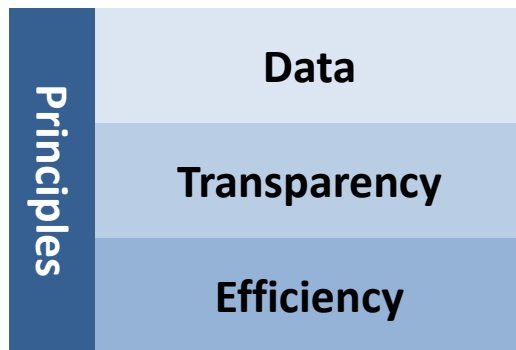


Principle	Definition
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How is data on quality of care collected?

It is clear that to enable the effective measurement of the quality of care that the right data sources and flows need to be available and accessible at the right time to the right organisations, teams and individuals. To facilitate this and to ensure that this is achievable we need a transparent and open system.

We should ensure we have the correct data across our definition of quality and that it is appropriate for the purpose. It is key that we recognise the importance of high quality data but be realistic about limitations. Data collection must not become an end in itself.



How do we collect data?

There are numerous data sources we draw on (Annex A & B) spanning quality safety, effectiveness and experience including:

Primary Sources – information directly sourced

- Patient Records
- Surveys
- Population events
- Incidents or complaints

Secondary Sources – information that has been collated or processed

- Hospital Episode Statistics
- National data sets e.g. mental health minimum data set, IAPT
- Incident and complaints databases
- Clinical audits

How are measures presented to different audiences?

Data presentations have multiple purposes including:

- Quality improvement
- Judgement
- Patient choice

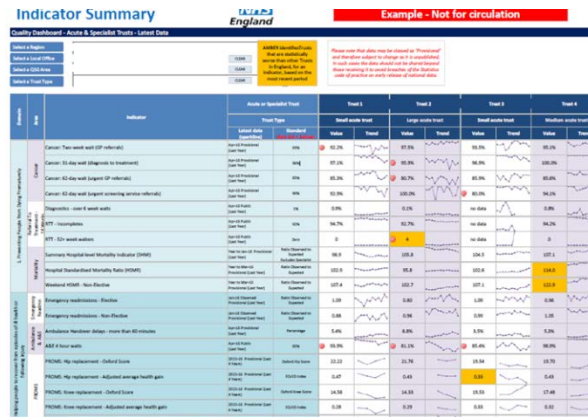
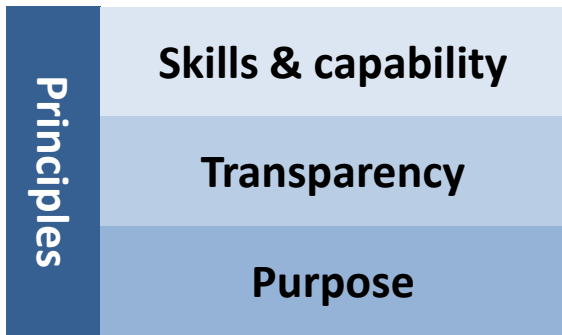
Data presentations also have multiple audiences including:

- Patients
- Commissioners
- Providers
- Regulatory bodies
- ALBs

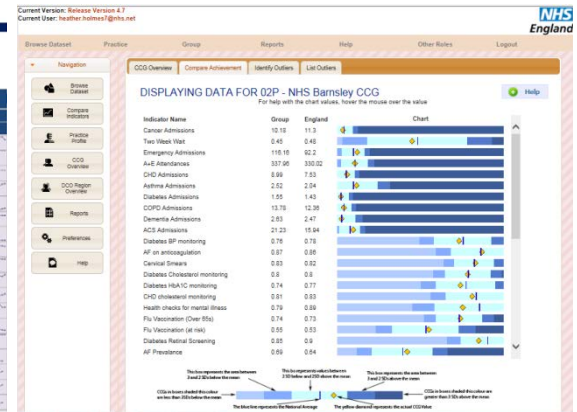
We must be clear on purpose and audience whenever we present data.

The measuring quality working group mapping (Annex A & B) summarises a wide range of types of tools and presentations including:

- Dashboards e.g. acute quality dashboard
- Diagnostic tools
- Outcomes frameworks
- Incentivised schemes e.g. QOF
- National clinical audit programmes
- Value focused schemes e.g. Right Care



Acute Quality Dashboard



Primary Care Web Tool

How do national organisations measure quality?

Measuring quality is a key way that national organisations perform their functions:

NHS England – Reward and incentivise the system and hold CCGs to account.

Care Quality Commission - Register providers, monitor, inspect and rate their quality, and share information and insight for the public.

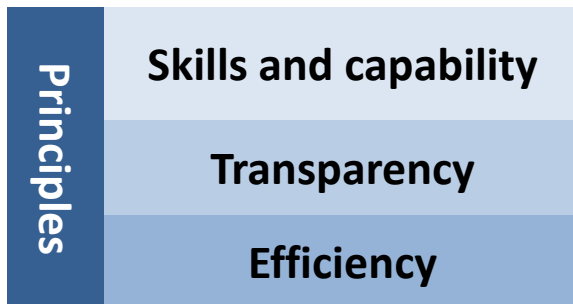
NHS Improvement – Assess trusts against a set of criteria which we have determined to be our definition of quality, aligned to the CQC.

Department of Health – Hold the system to account using tools such as Outcomes Frameworks.

Health Education England – Developing a Quality Framework with a common set of indicators and metrics that can be applied nationally and locally.

Public Health England – Present a range of measurement tools through the ‘Finger Tips’ tool in order to protect and improve the nation’s health and wellbeing, whilst addressing inequalities.

NICE – Develop quality standards and formal indicators that can be used nationally in the QOF, CCG OIS and IAF, and also at a local level.



Progress to date on alignment and reducing duplication

- There are good examples of cross system working and alignment during the creation of quality initiatives to avoid duplication, for example:
 - NHS England has developed an Acute Quality Dashboard, which is based on CQC's intelligent monitoring system, which is shared with CQC and NHS Improvement monthly, and which is used to inform Quality Surveillance Groups where organisations meet locally and regionally to monitor quality. Similar approaches are being developed for mental health and other services.
 - In developing their intelligent monitoring system, CQC worked with the patient safety team (then in NHS E, now in NHS I) to develop measures which could be used consistently across national bodies and the system. These are now the established safety measures used by all national bodies.
 - NICE use their Quality Standards development process to identify indicators that can be used to measure the quality of services. These are used by NHS England in measuring the quality of CCG commissioned services, through the CCG Outcomes Indicator Set and IAF and are embedded in National Clinical Audits, commissioned by NHS England.
- The working group has facilitated further conversations between ALBs and other bodies on how to rationalise and align development of dashboards. This work continues, with ALBs helping DH in their potential development of a DH Quality Dashboard.
- The working group continues to make links with the National Information Board's Domain H: *data outcomes for research and oversight*.
- There is still work to be done though and it is important that we pursue our measurement of quality, and any initiatives in train or in development, in line with the principles set out in these slides.
- Inevitably some of the duplication may require particular initiatives to be stopped, or potential gaps that have been identified to be prioritised. These opportunities are being identified via the working group and reported to the NQB and NIB for action where appropriate.

Proposed next steps

- To further develop the **narrative** on measurement of quality alongside the work to develop a overarching narrative on quality.
- For NQB organisations to agree and sign up to the measurement **principles** and for the working group to follow up on actions needed to put these principles into practice.
- To complete the **initiative mapping work** and present in a form that helps the system to better navigate the various data sets, measures and initiatives.
- To provide **recommendations** to the NQB for where action might need to be taken by members organisations to improve alignment and reduce duplication.
- To work in partnership with the **NIB's Domain H** to develop and share a set of validated data metrics and outcomes measures for **integrated care**, linked to [CQC's thematic review of integrated care for older people](#).
- To explore opportunities support the work the [Carter Review](#) Implementation Team.

Recommendations and questions for the NQB

1. NQB to note progress made so far and next steps.
2. Does the NQB agree with the draft principles and related actions for measuring quality? (slide 4)
3. Does NQB agree with the outline for the emerging narrative ? (slides 5 - 10)