

# Quality Governance in the NHS

## *- A guide for provider boards*

National Quality Board



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# Introduction



1. The primary purpose of the NHS, and everyone working within it, is to provide a high quality service, free at the point of delivery to everyone who needs it. This common goal unites all those working in the NHS, from hospital doctors, to nurses, to GPs, to dentists, to allied health professionals, to clinical managers and non-clinical staff.

2. The NHS has coalesced around the definition of quality set out by Lord Darzi in 2008<sup>1</sup>. Care provided by the NHS will be of a high quality if it is:

- **Safe;**
- **Effective,**
- with positive **Patient Experience.**

3. Quality care is not achieved by focusing on one or two aspects of this definition; high quality care encompasses all three aspects with equal importance being placed on each.

4. This is not an easy task; quality is a moving target. Continuous improvement in quality means that what is considered of an acceptable quality today may not be acceptable this time next year. Well-publicised failures in quality are testament to the complexities associated with a service as large and multifaceted as the NHS working to ensure that all care, every day, for every person, is of a high quality.

5. **Individuals working in clinical teams providing NHS services are at the frontline of ensuring quality of care to patients.** Many of these frontline staff work within a framework of professional regulation that makes them personally accountable for the quality and safety of care they provide to individual patients. **However, ultimately, it must be the board and leaders of provider organisations<sup>2</sup> that take final and definitive responsibility for improvements, successful delivery, and equally failures, in the quality of care.**

6. Evidence suggests there is significant correlation between the governance behaviours<sup>2</sup> a board disseminates to its organisation and the level of performance achieved at that same organisation. A key finding in the article *Hospital Governance and the Quality of Care* supports this assumption, stating that, “The large difference in board activities between high-performing and low-performing hospitals we found suggests that governing boards may be an important

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<sup>1</sup>Department of Health. High quality care for all: NHS Next Stage Review final report. Department of Health. 2008. P.47.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_085828.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf)

<sup>2</sup> See Machell, Gough, Naylor et al. Putting Quality First in the Boardroom. The King’s Fund. 2010.

target for intervention for policy makers hoping to improve care in US hospitals”<sup>3</sup>. This finding emphasises the link between governance at board and leader level and the wider achievements of an organisation and highlights the importance of quality governance at board level to ensure quality care.

7. Therefore, 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 throughout the organisation<sup>4</sup>. **Effective governance therefore requires that boards pay as much attention to quality of care as they do to management of finances.**<sup>5</sup>

### Purpose of this guide

8. Past service failures have illuminated gaps in knowledge amongst board members and a lack of clarity as to what good governance for quality looks like. This guide seeks to provide that clarity and acts as a route map to support provider boards as they navigate the system and lead their organisation in delivering improved quality and outcomes.

9. This guide considers how to govern for quality, both in terms of driving continuous improvement across the organisation and ensuring that the essential levels of quality and safety are met. It recognises that processes and structures are vital in governing for quality, but also that values and behaviours are essential to a culture that supports quality.

### Context: the transition and productivity challenge

10. The Government’s July 2010 White Paper, *Equity and Excellence: Liberating the NHS*, set out an ambitious and far reaching programme of change for the NHS aimed at:

- Putting patients at the heart of all NHS care;
- Delivering improved healthcare outcomes; and
- Empowering local organisations and professionals to improve quality

11. Over the next four years, the NHS will make the transition to the new system architecture described in the White Paper resulting in **major structural changes to how the NHS is organised and run**. Subject to the passage of legislation, by April 2014:

- An independent NHS Commissioning Board will have been established, taking over responsibility from the Department of Health for overseeing the commissioning of NHS services and the allocation of the NHS budget (April 2012)

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<sup>3</sup> Health Affairs. Hospital Governance And the Quality Of Care. Health Affairs. 2010. 1. P182-187

<sup>4</sup> Most NHS provider organisations, notably GP practices, do not have a ‘board’ as such. However, even in such organisations there is a collective responsibility for quality, which goes beyond the responsibility of individual clinicians. Therefore, much of the material in this guide will be relevant to such organisations, with references to the ‘board’ understood as meaning the collective clinical leadership.

<sup>5</sup> See Machell, Gough & Steward. From Ward to Board Identifying good practice in the business of caring. The Kings Fund. 2010.

- Strategic Health Authorities will have been abolished (March 2012)
- Primary Care Trusts will have been replaced by new GP Consortia, who will be responsible for the commissioning of local health services for their populations
- Monitor will have become the new Economic Regulator for the NHS (April 2013)
- All Trusts will have become Foundation Trusts, free from central direction or control but subject to a new system of economic regulation
- A new champion for patient voice will have been created with the establishment of HealthWatch
- A number of arms length bodies will have been abolished, including the National Patient Safety Agency and the NHS Institute for Innovation and Improvement, with their roles and functions transferring elsewhere

12. In addition to these structural changes, despite the strong financial settlement afforded by the spending review, rising demand, demographic changes and the cost of new drugs and technologies mean the NHS will need to offer efficiency savings of up to £20 billion over the next four years to improve the quality of the comprehensive service on offer to patients.

13. However, despite the significant changes and reforms ahead, the role of provider organisations and their boards will remain relatively constant. It is therefore critical that we capitalise on this stability, with the leadership of provider organisations truly becoming champions of quality.

### **Context: the NQB's Review of Early Warning Systems in the NHS**

14. This guide will support provider boards in navigating this journey providing a framework for governing for quality with the necessary definitions, advice and information on where to find useful tools which board members can draw on. It has been developed by the National Quality Board (NQB) as part of its role in supporting the NHS around quality. It follows on from the NQB's *Review of Early Warning Systems in the NHS* (February 2010), a report that looked to describe how the NHS should be preventing and taking action in relation to serious failures in quality.<sup>6</sup>

15. The report recommended that provider boards be given further guidance on how best to govern for quality. This follows recommendations that came out of the reviews of the serious failings at Mid Staffordshire NHS Foundation Trust, which found that there had been a breakdown in the structures and governance of the board resulting in an overall lack of focus on quality at the organisation<sup>7</sup>.

16. Following the Shipman Inquiry and the problems in the paediatric cardiology service at Bristol Royal Infirmary, the concept of clinical governance emerged as a support to clinicians

<sup>6</sup> Department of Health. *Review of Early Warning Systems in the NHS*. 2010. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_113021.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113021.pdf)

<sup>7</sup> Dr. David Colin-Thomé. *Mid Staffordshire NHS Foundation Trust: A review of lessons learnt for commissioners and performance managers following the Healthcare Commission investigation*.2010.

and individual providers in ensuring the care delivered and commissioned is of a high quality. Since its first articulation in 1998, the concept of clinical governance has been widely accepted within the NHS, bringing together the culture and structures and processes which healthcare organisations, clinical teams, and individual clinicians, need to assure and improve the quality of care they deliver.

17. This guide looks to bring together the concept of quality governance with the already familiar doctrine of clinical governance under a single banner. Clinical governance has traditionally been the realm of clinicians and clinical managers within NHS trusts. Given that the primary focus of all NHS funded care is to be the delivering of improving quality and outcomes, the distinction between quality governance and clinical governance is less relevant as clinicians and managers are working towards the same ends – the delivery of the highest quality services.

18. This guide aims to do three things:

- **Firstly, it looks to define quality governance and give shape to what it means to govern for quality across an organisation**
- **Secondly, it seeks to provide support to provider boards in achieving and delivering this quality governance**
- **Thirdly, it looks to identify and provide links to further publications, documents and concepts that provide detail on supporting aspects of quality governance**

# Chapter 1

## Quality in the NHS



### What is Quality?

1.1 Over the last three years, the NHS has coalesced around a shared definition of quality. This was set out by Lord Darzi in the *NHS Next Stage Review Leading Local Change*<sup>8</sup> as comprising three elements:

- **effectiveness of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes. There is much evidence of wide variation in the clinical effectiveness of care delivered across the country;
- **the safety of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what NHS services must be delivering. It has risen up the agenda over the last ten years following the publication of *An Organisation with a Memory*<sup>9</sup> and *Safety First: a report for patients, clinicians and healthcare managers*<sup>10</sup>. High profile failures in more recent years, such as at Mid Staffordshire and Basildon and Thurrock, have brought further, and considerable, media attention to the agenda; and
- **the experience patients have of the treatment and care they receive** – how positive an experience people have on their journey through the NHS can be even more important to the individual than how clinically effective care has been.

1.2 Whilst it is important to identify and deliver against the three separate elements that comprise quality, it is critical to recognise that, though different, they are all aspects of the same thing: high quality care. Quality is only achieved if all three of these domains are present equally and simultaneously in care – delivering on just one or two in isolation is not enough.

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<sup>8</sup> Available here:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_084643.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_084643.pdf)

<sup>9</sup> Available here:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_406508\\_6.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_406508_6.pdf)

<sup>10</sup> Available here:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_064159.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_064159.pdf)



## What is Quality Governance?

1.3 Ultimately, the board of a provider organisation is responsible for the quality of care delivered across all services that the organisation provides.

1.4 As with other aspects of activity, for instance, financial management, this is achieved through governance arrangements, which delegate responsibility down to the operating levels in the organisation. In the case of quality, this means that although individuals and clinical teams are at the frontline and responsible for delivering quality care, it is the responsibility of the board to create a culture within the organisation that enables clinicians and clinical teams to work at their best, and to have in place arrangements for measuring and monitoring quality and for escalating issues, including, where needed, to the board. Boards should encourage a culture where services are improved by learning from mistakes, and staff and patients are encouraged to identify areas for improvement, and not afraid to speak out.

1.5 In this document, we use the term quality governance to refer to the values and behaviours and the structures and processes that need to be in place to enable the board to discharge its responsibilities for quality. The board's responsibilities for quality are threefold:

- to ensure that the **essential standards of quality and safety** (as determined by CQC's registration requirements) are at a minimum being met by every service that the organisation delivers
- to ensure that the organisation is striving for **continuous quality improvement and** outcomes in every service; and
- to **ensure that every member of staff that has contact with patients**, or whose actions directly impact on patient care, is **motivated** and **enabled to deliver effective, safe and person-centred care**

1.6 The arrangements for quality governance should complement, and be fully integrated with, the governance arrangements for other aspects of the board's responsibilities, for example, finance governance and research governance.

1.7 As part of its assessment process for new applicants for FT status, Monitor developed and consulted on a definition of quality governance, and a supporting framework and good practice structure. This breaks down into manageable chunks the structures and processes that relate to quality and that can act as levers to ensure good governance for quality within a trust.

1.8 This guide will use both Monitor's definition of quality governance and its quality governance framework as the basis of its guidance on how to govern for quality.

1.9 Monitor defines quality governance as: "...the combination of structures and processes at and below board level to lead on trust-wide quality performance including:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing and ensuring delivery of best-practice

- identifying and managing risks to quality of care”

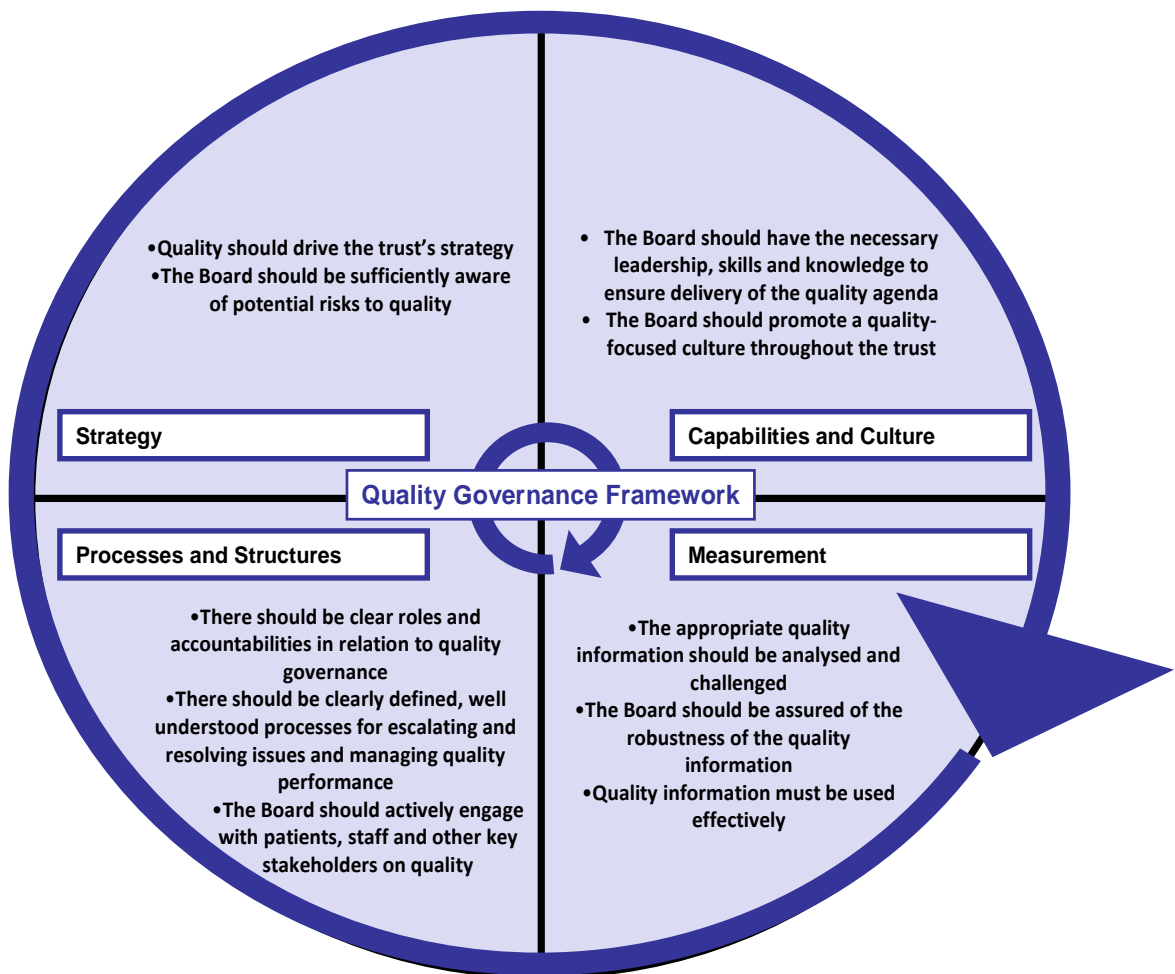
1.10 This definition looks to pinpoint the key components of quality governance and how provider boards can assure their organisation against them. It breaks down quality to encompass the practicalities of how a board can go about using its expertise and building up a governance structure and culture that inspires quality from board to ward.

### The Quality Governance Framework:

1.11 Drawing on Monitor’s Quality Governance Framework<sup>11</sup>, Figure 1 below sets out the definition of quality governance in terms of its four component parts:

- Strategy;
- Capabilities and culture;
- Processes and structures; and
- Measurement

**Figure 1: The Quality Governance Framework**



<sup>11</sup> This can be found in Monitor. Applying for NHS Foundation Trust Status: Guide for Applicants. 2010. [http://www.monitornhsft.gov.uk/sites/default/files/Amendments%20to%20Applying%20for%20NHS%20Foundation%20Trust%20Status%20July%202010\\_0.pdf](http://www.monitornhsft.gov.uk/sites/default/files/Amendments%20to%20Applying%20for%20NHS%20Foundation%20Trust%20Status%20July%202010_0.pdf)

1.12 These are the key areas provider boards need to look at when wanting to redesign their governance structures and outputs around quality. Ensuring that there is good governance for quality within an organisation is not a tick box exercise and these four components of the Quality Governance Framework are not separate categories of process. Rather they are elements of a continuous cycle or journey which boards will need to use to assure themselves that their organisation is both compliant with the essential levels of quality and safety and striving for continuous quality improvement.

1.13 In the next few chapters, we outline the framework, posing a series of questions provider boards can use to assess the adequacy of the procedures and processes within their organisation and to suggest possible improvements. We also reference supporting documents and guidance that will support boards in developing comprehensive governance arrangements under each of the framework headings. At the end of every chapter is a 'Further Reading' section that will provide links and further information to references made within the text. This guide is not intended to be prescriptive and not all elements will be applicable to all providers. The guide is structured so that boards can find further information on the specific development needs appropriate to their own organisation.



### Summary

Defining and leading a strategy is a fundamental responsibility of NHS boards. Given that quality care is the primary function of NHS providers, the quality strategy is a key component of the organisation's overall strategy. In this context, a 'quality strategy' implies a strategic statement that:

- ***defines the priorities for quality improvement and sets realistic, measurable goals;***
- ***identifies the risks to quality and the steps needed to mitigate these risks; and***
- ***sets out the vision for quality in a way that engages staff, patients and the local community.***

This section examines the structures and processes which are needed to underpin the board's strategic responsibilities for quality. Boards need to engage with patients, staff, and the wider community in developing their strategy, set out publicly what their strategy is, and commit to open and honest reporting against what they have intended to deliver. (One example of this is the use of Quality Accounts). We would expect provider boards to have a quality sub committee in place to support this and to ensure delivery of quality and continuous improvement and tracking against quality goals.

### I. Does quality drive your trust's strategy?

***Do you look to identify on a regular basis how quality drives your overall trust strategy? Do you have in place systematic processes to create a strategy that the whole trust, from CEO to receptionist and from medical/nursing director to care assistant can sign up to? Once identified, are these processes working? This might include processes such as:***

- Dialogue with commissioners on possible changes to patient pathways and on the ways in which providers can contribute, e.g. developing outreach services to bring care closer to patients <sup>(1)</sup>
- More generally, the full involvement of patients, the local community, commissioners and staff to help identify the major strategic choices facing the organisation and to determine the way forward <sup>(2)</sup>
- An analysis of the organisation's performance on key quality indicators, benchmarked against national/international comparisons and against the

organisation's improvement performance over time, leading to the identification of possible priorities for quality improvement <sup>(2)</sup>

- Ongoing review of clinical developments, (e.g. NICE guidance <sup>(3)</sup>), and national guidance, (e.g. guidance from Royal Colleges), in order to determine which to adopt and how quickly
- Assessing the implications for workforce of the strategy and building this into detailed workforce planning
- Clear processes and clearly defined responsibilities for putting strategy into action, including devising indicators to monitor progress in implementation

***Is your strategy clear, periodically reviewed and refreshed as opportunities/challenges change and seen as a living document that is continuously monitored by the board?***

***Do you work to ensure that your quality goals are consistently consulted on and are effectively communicated across your trust and community? For example, boards must:***

- Utilise and engage with Quality Accounts <sup>(4)</sup>
- Actively communicate specific board decisions
- Actively disseminate quality goals <sup>(5)</sup>

***Do you track your ongoing quality performance and work to drive up improvement relative to your quality goals where necessary? This can be achieved by:***

- Designing a quality dashboard for your board which picks up the main aspects of quality relevant to your strategy
- Ensuring there are more detailed sets of ward to board quality indicators at lower levels with clear procedures for escalating to the board

## **II. Are you aware of the potential risks to quality at your organisation?**

***Do you look to monitor and understand current and future risks to quality and take steps to address these? This should involve:***

- Maintaining oversight of risks to compliance with essential standards of quality and safety (as set out in CQC's guidance about compliance) <sup>(7)</sup>
- Regular review of risk estimates contained in CQC Quality and Risk Profiles and taking further action to pinpoint underlying issues <sup>(8)</sup>
- Reviewing ongoing performance in national clinical audits, clinical registries, clinical services accreditation schemes and related national quality improvement initiatives that provide data that permit comparison with other providers
- Assuring yourself against these so that minimum common standards will not be compromised
- Reviewing incidents from within the trust and wider NHS, including safety alert notices and other publications from the NPSA, <sup>(9)</sup> to identify similarities or areas for organisation learning

- Reviewing the learning from complaints (upheld and non-upheld) following a Health Service Ombudsman investigation where recommendations have been made for systemic improvements
- Act on learning from HM Coroner’s Inquest and specifically on Rule 43 decision

***Do you use appropriate risk assessment tools and engage in appropriate formal processes to assess potential impacts on quality and safety? An example of a risk template can be found below.<sup>(11)</sup>***

***Do you look to monitor the impact of financial and operational initiatives at your organisation? This should involve using quality indicators as an early warning indicator or ‘temperature check’ for your organisation. More information on temperature checking can be found in Maintaining and Improving Quality during the Transition (paragraph 3.24) which has been published alongside this report.***

## FURTHER READING FOR CHAPTER 2:

### Generally across the whole chapter:

NPSA Questions are the answer

<http://www.npsa.nhs.uk/nrls/reporting/seven-questions-every-board-member-should-ask-about-patient-safety/>

### Specific references:

(1) DH: Delivering care closer to home: meeting the challenge. DH. 2008.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_086051.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086051.pdf)

(2) The Intelligent Board: Patient Experience.2010

<http://www.drfoosterintelligence.co.uk/patientexperience/Intelligent%20Board%202010.pdf>

(3) NHS Institute for Innovation and Improvement. NHS Better Care, Better Value Indicators.

<http://www.productivity.nhs.uk/Dashboard/For/National/And/25th/Percentile>

(4) NICE Implementation Programme;

[http://www.nice.org.uk/usingguidance/niceimplementationprogramme/nice\\_implementation\\_programme.jsp;](http://www.nice.org.uk/usingguidance/niceimplementationprogramme/nice_implementation_programme.jsp)

(5) DH. Quality Accounts Toolkit. DH.2010

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122540.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf)

(6) Bradford Teaching Hospitals NHS Foundation Trust  
<http://www.bradfordhospitals.nhs.uk/about-us/annual-report/Bradford%20Teaching%20Hospitals%20Quality%20Report.pdf>

(8) CQC. Essential Standards of quality and safety  
[http://www.cqc.org.uk/\\_db/\\_documents/Essential\\_standards\\_of\\_quality\\_and\\_safety\\_March\\_2010\\_FINAL.pdf](http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf)

(9) CQC: How to use your Quality and Risk Profiles  
[http://www.cqc.org.uk/\\_db/\\_documents/20100921\\_QRP\\_v1\\_NHS\\_How\\_to\\_Use\\_Guidance\\_FINAL.pdf](http://www.cqc.org.uk/_db/_documents/20100921_QRP_v1_NHS_How_to_Use_Guidance_FINAL.pdf)

(10) NPSA: Safety Alerts  
<http://www.nrls.npsa.nhs.uk/resources/type/alerts/>

(11) Example of a risk template  
[www.uhcw.nhs.uk/clientfiles/File/CIP\\_Quality\\_Assessment.pdf](http://www.uhcw.nhs.uk/clientfiles/File/CIP_Quality_Assessment.pdf)

## Chapter 3

# Capabilities and culture



### Summary

The international literature shows that the culture of an organisation and the commitment to quality of all members of staff is a crucial determinant of quality performance. Boards have a key role in fostering this culture through their own focus on quality issues and through bringing the knowledge and skills needed to provide an informed challenge to the organisation.

Consider the below checklist for capability and culture. Are any of these statements new to you? What are you doing to ensure your capability and culture are as good as they can be?

#### **I. Do you the board have the necessary leadership, skills, and knowledge to maintain and improve the quality of all clinical services?**

***Do you know whether you are seeing the full quality picture at your organisation? Are the indicators presented comprehensive or are there gaps? Do you know what should be included and reported on as a minimum data set?***

***Do you understand your quality data? How do you use the data to ensure that quality performance is subject to rigorous board challenge on a consistent basis? This might include:***

- Regularly challenging any unexpected trends or outliers in the main “dashboard” indicators and Quality and Risk Profiles
- Undertaking a regular cycle of review of more detailed indicators in specific clinical areas
- Requiring exception reporting of lower-level indicators where they give rise to concern, with clear cut principles for escalation
- On occasion, closely investigating particular clinical areas
- Carrying out leadership/patient survey visits to clinical areas

***Does your board comprise the appropriate mix of skills and capabilities in relation to delivering good quality governance? Do you have skills among your non-executive directors in the following areas:***



- Clinical skills
- Public health skills
- Health economics
- Systems analysis
- Risk management
- Education, financial management, human resources and workforce, organisational change and research
- Stakeholder engagement
- Continuous quality improvement
- Skills across the health and social care continuum, creating a link between the NHS, Public Health and Social Care.

***Do you have a systematic process to assess the training needs of new and existing board members and provide access to training as needed? You should consider:***

- Availability and relevance of short courses and training needs
- Induction and support for new board members
- Appropriate support and materials in accessible formats for non-executive directors <sup>(1)</sup>

## **II. Do you promote a quality-focused culture throughout your trust?**

***Do you take an active leadership role on quality? This might include:***

- An organisational vision and set of values
- Structured walk rounds by board members
- Visible board leadership of specific quality initiatives
- Positive feedback to staff
- The integration of a range of patient feedback into key performance indicators
- Building quality objectives and impact statements into all business development plans <sup>(2)</sup>
- Taking a structured approach across the organisation to raising awareness of what is required to achieve compliance with essential standards of safety and quality and to embed this with staff

***Does your organisation take proactive steps to listen to patients and involve them in all aspects of service monitoring and design? This might include:***

- Regularly reviewing the results of patient and staff feedback
- Ensuring that an item on patient feedback, including a patient story (complaints and commendations), is taken at an early stage in each board meeting
- Giving specific responsibility to one non-executive director for overseeing the operation of the complaints system and ensuring that all board members review a sample of complaints each year

- Ensuring that all patients who give detailed feedback on their experience receive a summary of the actions made as a result
- Referring back all proposals for service redesign which do not have evidence of patient involvement
- Ensuring a mixed methodology approach to patient engagement <sup>(3)</sup>
- Ensuring patients are told when things go wrong, and receive an apology and proper redress, if applicable <sup>(4)</sup>

***Is there a strong culture of reporting and learning from evidence at your organisation using both quantitative and qualitative methods - evidenced by an increase in incident reporting and learning? This might include:***

- Well sign-posted systems for staff concerns/patient complaints <sup>(5)</sup>
- Self-completion postal surveys, e.g. national patient (and staff) surveys
- Interview – administered telephone surveys
- Online ratings sites
- Online surveys (web or email)
- Surveys using handheld devices (onsite)
- Exit cards and discharge surveys
- Routine administrative data, e.g. the Secondary Users Survey (SUS) and Mental Health Minimum Dataset
- Complaints handled in line with the Ombudsman’s Principles <sup>(6)</sup>
- Remedies for justified complaints e.g. acknowledgements, apologies, explanations, financial remedies and system improvements <sup>(7)</sup>
- Letters and compliments
- Face to face interviews
- Focus groups
- Comments cards and suggestion boxes (on site)
- Mystery shopping and observation
- Patient stories and diaries
- Customer journey mapping <sup>(8)</sup>

***Do you effectively communicate your quality success, (and failures), across your organisation? This might include:***

- The publication of high level indicators of performance against your organisation’s strategy
- Systematic publication of lower level indicators at clinical team/ward level<sup>(9)</sup>
- Regular publication of reports to the board on the results of internal clinical audits <sup>(10)</sup>, and analysis of patients safety incidents <sup>(11)</sup> and the action taken
- Regular publication of reports to the Board on the number/type of complaints, including detailed analyses of any areas where a rise or particularly high rate of complaints has been experienced, the number referred to the Ombudsman, the number that were upheld and any individual and systemic remedies provided

- Using the learning from complaints in staff induction and training, including the importance of good complaints handling in all staff inductions

## FURTHER READING FOR CHAPTER 3:

### Generally across the chapter:

#### NPSA: Seven Steps to Patient Safety

<http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/>

### Specific References:

#### (1) NHS Institute for Innovation and Improvement

[http://www.institute.nhs.uk/building\\_capability/general/board\\_development\\_tool.html](http://www.institute.nhs.uk/building_capability/general/board_development_tool.html)

#### (2) Portsmouth Hospital NHS Trust

<http://www.porthosp.nhs.uk/Custom%20Care%20Strategy%202010-2012.pdf>

#### (3) The Intelligent Board. Patient Experience. 2010

<http://www.drfoosterintelligence.co.uk/patientexperience/Intelligent%20Board%202010.pdf>

#### (4) NPSA. Being open: communicating patient safety indicators with patients, their families and carers. 2010.

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=65077>

#### (5) DH. Listening, responding, improving: a guide to better customer care. DH. 2009.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/document/digitalasset/dh\\_095439.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_095439.pdf)

#### (6) Health Service Ombudsman. Principles of Good Complaint Handling. February 2009.

[http://www.ombudsman.org.uk/\\_\\_data/assets/pdf\\_file/0005/1040/Principles-of-Good-Complaint-Handling.pdf](http://www.ombudsman.org.uk/__data/assets/pdf_file/0005/1040/Principles-of-Good-Complaint-Handling.pdf)

#### (7) Health Service Ombudsman. Principles for Remedy. February 2009

[http://www.ombudsman.org.uk/\\_\\_data/assets/pdf\\_file/0009/1035/Principles-for-Remedy.pdf](http://www.ombudsman.org.uk/__data/assets/pdf_file/0009/1035/Principles-for-Remedy.pdf)

#### (8) The Intelligent Board: Patient Experience.2010

<http://www.drfoosterintelligence.co.uk/patientexperience/Intelligent%20Board%202010.pdf>

(9) DH. Essence of Care. DH. 2010.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_119978.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119978.pdf)

(10) HQIP. Clinical Audit. A simple guide for NHS Boards and partners. 2010.

<http://www.hqip.org.uk/assets/Dev-Team-and-NJR-Uploads/HQIP-NHS-Boards-Clinical-Audit-Simple-Guide-online1.pdf>

(11) NPSA. Root Cause Analysis (RCA) Investigation tools and guidance. 2010.

<http://www.nelm.nhs.uk/en/NeLM-Area/News/2010---August/23/NPSA-Root-Cause-Analysis-RCA-investigation-tools-and-guidance/>



### Summary

Capability and culture will underpin the successful implementation of a quality strategy, but structures and processes make sure it happens and it is embedded throughout the organisation. Without effective processes and structures that are recognised, understood and owned by board members and staff, it will be impossible for your trust to successfully govern for quality.

Consider the checklist below for processes and structures. Does your trust have those, or equivalent, elements? If not, what might be the priority areas for improving your governance for quality?

#### I. Does your trust have clear roles and responsibilities in relation to quality governance?

*Do your board members understand and acknowledge their ultimate accountability for quality and the responsibility for delivering quality performance that must be cascaded from 'board to ward'? Are you satisfied that:*

- The responsibilities of different levels of management are clearly defined
- Relevant processes and structures to support this are in place
- Reward systems are aligned with the recognised accountabilities
- Quality receives effective coverage both in board meetings and in relevant committees/sub-committees below and at board level.
- All board members recognise that they are accountable jointly and severally for all aspects of governance

#### II. Do you have clearly defined, well-understood processes for identifying opportunities for quality improvement, for identifying potential risks to quality, and for escalating and resolving issues?

*Does your organisation make effective use of the following processes to identify opportunities for quality improvement? Can you point to examples in which these processes have resulted in demonstrable improvements?*

- Clinical audits, including participation in relevant national audits and registries <sup>(1)</sup>
- Clinical services accreditation schemes and other professionally led national quality improvement programmes
- Annual professional appraisals and CPD <sup>(2)</sup>
- Analysis of quality indicators, in particular outlier analysis
- Regular reviews of compliance with essential standards supported by Quality Risk Profiles (QRPs)
- Risk assessment and proactive risk management <sup>(3)</sup>
- Use of information from errors and near-misses including root cause analysis <sup>(4)</sup>
- Use of information from complaints and concerns <sup>(5), (6), (7)</sup>
- Other ways of capturing proposals for quality improvement from staff or from patients <sup>(8)</sup>
- Management of poor performance including reskilling, remediation and rehabilitation <sup>(9)</sup>

***Does your organisation also make effective use of continuous improvement approaches? Can you point to examples? This might include the use of:***

- Business process re-engineering
- Collaboratives
- Lean methodology <sup>(10)</sup>
- Plan, Do, Study, Act cycles (PDSA)
- Six Sigma <sup>(11)</sup>
- Statistical process control
- Total Quality Management (TQM) <sup>(12)</sup>

***It is important to remember that a coherent narrative around why you are launching a project and what became of a previous one is vital. Boards should look to encourage quality improvement approaches but ensure staff are not overwhelmed. It is important to see through and complete on ongoing projects and to explain to staff the value and linkage between projects and the overall strategy.***

### **III. Do you actively engage patients, staff and other key stakeholders on quality?**

***Do you systematically involve patients, carers, patient and carer organisations, staff, including FT governors, local authorities and the wider community in defining the quality strategy, monitoring outcomes and developing plans for quality improvement? <sup>(9)</sup> This can be achieved by:***

- Ensuring full involvement of representatives of patients, staff and the wider community in developing and refreshing your quality strategy
- Involving patients, carers and staff in all service and process redesign

- Ensuring that all information on quality and process outcomes are made public without delay and are accessible to patients, staff and the wider community
- Ensuring that patients and carers know how to give feedback, (complaints and commendations), are appropriately supported to do so, and that they regularly receive reports on how this feedback has been used to improve services
- Use patient ‘champion’ governors who are fully involved in your internal quality assurance and quality improvement processes, e.g. clinical audit, complaints handling, staff training, and patient safety. <sup>(9)</sup>

## FURTHER READING FOR CHAPTER 4:

(1) National Clinical Audits

<http://www.hqip.org.uk/what-is-a-national-clinical-audit/>

(2) GMC - revalidation

<http://www.gmc-uk.org/doctors/7330.asp>

<http://www.gmc-uk.org/doctors/revalidation/5786.asp>

[http://www.gmc-](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)

[uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)

(3) NPSA: Risk assessment and management

<http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/risk-assessment-management/>

(4) NPSA Guidance on root cause analysis

<http://www.nelm.nhs.uk/en/NeLM-Area/News/2010---August/23/NPSA-Root-Cause-Analysis-RCA-investigation-tools-and-guidance/>

(5) Healthcare Commission report on complaints handling

[http://www.cqc.org.uk/\\_db/\\_documents/Is\\_anyone\\_listening\\_\\_A\\_report\\_on\\_complaints\\_handling\\_in\\_the\\_NHS.pdf](http://www.cqc.org.uk/_db/_documents/Is_anyone_listening__A_report_on_complaints_handling_in_the_NHS.pdf)

(6) Ombudsman: Principles of Good Complaints Handling

[http://www.ombudsman.org.uk/\\_\\_data/assets/pdf\\_file/0005/1040/Principles-of-Good-Complaint-Handling.pdf](http://www.ombudsman.org.uk/__data/assets/pdf_file/0005/1040/Principles-of-Good-Complaint-Handling.pdf)

(7) Ombudsman: Listening and Learning – review of complaints handling

<http://www.ombudsman.org.uk/improving-public-service/reports-and-consultations/reports/health/listening-and-learning-the-ombudsmans-review-of-complaint-handling-by-the-nhs-in-england-2009-10>

(8) Luton and Dunstable: Patient Pathway Re-design  
[http://www.ldh.nhs.uk/service\\_development\\_02.htm](http://www.ldh.nhs.uk/service_development_02.htm)

(9) DH: Tackling Concerns Locally  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_096484.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096484.pdf)

(10) Health Foundation: Quality Improvement made Simple  
<http://www.health.org.uk/publications/quality-improvement-made-simple-2010-09-06/>

(11) Quality Improvement: Theory and Practice in Healthcare – NHS Institute  
[http://www.institute.nhs.uk/service\\_transformation/quality\\_improvement/quality\\_improvement%3A\\_theory\\_and\\_practice\\_in\\_healthcare.html](http://www.institute.nhs.uk/service_transformation/quality_improvement/quality_improvement%3A_theory_and_practice_in_healthcare.html)

(12) Health Foundation: Quality Improvement made simple  
<http://www.health.org.uk/publications/quality-improvement-made-simple-2010-09-06/>



## Chapter 5

# Measurement



### Summary

Measurement to support quality improvement should underpin all the quality processes previously described in this guide and if the right culture is in place will become second nature to those working in your organisation. Boards should look to ensure they have the capability internally to do the work of analysis, benchmarking, presenting good, clear reports to boards and that the capability they have is serving the functions that are most needed.

The NHS Outcomes Framework provides the basis for thinking about the quality measures that matter to an organisation. The Framework is organised into five domains and measurement across these domains will involve a mixture of patient outcomes and supporting process indicators that will demonstrate positive or negative trends in delivering better outcomes in terms of:

- Preventing people from dying prematurely (where healthcare interventions could help)
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill-health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Useful information will come from a variety of sources, for example:

- Hospital Episode Statistics (HES) data, including, (re)admissions data and mortality data for specific conditions, procedures and types of admission
- Patient experience surveys
- Complaints: the outcomes, impact of and numbers escalated to Ombudsman and upheld by her
- Staff surveys
- Patient Reported Outcome Measures (PROMS)
- Clinical audit findings
- Patient safety incident reporting
- Locally agreed measures designed to judge the potential of improvement projects and initiatives before deciding their wider applicability
- Clinical services accreditation schemes
- Adverse incidents
- Near misses
- Cases of severe harm

Consider the checklist below for measurement. How does your trust and board perform against the criteria and statements listed? What can you do to improve your performance and what should you be looking at and focusing on?

## **I. Is appropriate quality information analysed and challenged at your organisation?**

***Do you as a board consider what information is routinely available to you across all the domains of quality (as set out in the NHS Outcomes Framework), and whether this is appropriately aligned with your local strategic quality goals and assessment of the key risks to quality?***

***How do you know it is a comprehensive picture? Are there obvious risks associated with not considering specific outcome measures (and associated process measures) that your organisation is responsible for? If so, are you taking steps to address the gap? Do the chosen indicators readily identify for you where there is the greatest need/potential for improvement?<sup>(1)</sup>***

***Do you consider a sufficiently broad range of information to reflect the full spectrum of your services? Does this information reflect the impact on the mortality and health status of your patients, including but not limited to:***

- Analysis of hospital mortality data as set out in the National Review of Hospital Standardised Mortality Ratios, which should be ‘a spur for investigation and the visibility of that investigation is important’<sup>(2)</sup>
- Analysing local mortality data, and mortality outliers relating to a range of specific conditions and admission types, as used by the Care Quality Commission<sup>(3)</sup>
- Information about the Quality of Life of patients, e.g. Patient Reported Outcome Measures for a variety of procedures<sup>(4)</sup>
- Information about patients’ experience of an array of services e.g. through NHS surveys<sup>(5)</sup>
- Patient safety incident reports about the location, nature and severity of reported incidents<sup>(6)</sup>

***How regularly do you review quality measures for progress and for appropriateness to changing local circumstances?***

***Do you ensure that you have access to the relevant information for benchmarking your performance against:***

- relevant national quality standards
- peer organisations
- your own track record

***Where necessary do you use this to update your quality strategy?***

***Is the information that you review backed up by more detailed information within the organisation? For instance:***

- Is there assurance that there are systems providing quality information at a more detailed level for review by trust sub-committees, divisions and teams
- Local audits and the involvement of individual services in national audits, registries and accreditation schemes
- Qualitative information from staff and patients, as well as quantitative data from systems and processes

## **II. Do you consistently assure the robustness of all information relating to quality?**

***Do you continually assure ongoing information, accuracy, validity, timeliness and comprehensiveness? This can be achieved through:***

- Following good practice in clinical record keeping
- Audit and coding accuracy tests
- Analysis of outliers
- Data quality Indicators

## **III. Do you work to ensure that all information relating to quality effectively?**

***Do you ensure that quality information is used to drive improvement in quality performance? Can you give examples?***

***Do you have a systematic process for following up any issues in which you have challenged quality information?***

***Do you ensure that quality measurement is seen as mainstream business throughout the organisation, from board level to staff delivering care?***

***Do you work with local health care information analysts who can help interpret a wide range of data, to distinguish real issues from data anomalies, and identify innovative practice to support quality improvement?***

### **FURTHER READING FOR CHAPTER 5:**

**Generally across the chapter:**

Patient Safety First: Measurement for Improvement

<http://www.patientsafetyfirst.nhs.uk/ashx/Asset.ashx?path=/How-to-guides-2008-09-19/External%20-%20How%20to%20guide%20-%20measurement%20for%20improvement%20v1.2.pdf>

Measuring for Quality Improvement

<http://www.ic.nhs.uk/services/measuring-for-quality-improvement>

Links to Quality Observatories

<http://www.ic.nhs.uk/services/measuring-for-quality-improvement/links-to-quality-observatories>

**Specific references:**

(1) The Health Foundation: Quality improvement made simple

<http://www.health.org.uk/publications/quality-improvement-made-simple-2010-09-06/>

(2) Report from the Steering Group for the National Review of the Hospital Standardised Mortality Ratio

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_121328.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_121328.pdf)

(3) Following up mortality 'outliers'

[http://www.cqc.org.uk/\\_db/\\_documents/Following\\_up\\_mortality\\_outliers\\_200906054425.pdf](http://www.cqc.org.uk/_db/_documents/Following_up_mortality_outliers_200906054425.pdf)

(4) Patient Reported Outcome Measures (PROMs)

<http://www.ic.nhs.uk/proms>

(5) NHS Surveys – Focused on patients' experience

<http://www.nhssurveys.org/>

(6) Organisation Patient Safety Incident Reports

<http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/>

## Conclusion



1. This guide reminds boards of the importance of effective quality governance. It is not prescriptive and should be read in conjunction with the National Quality Board's reports Review of Early Warning Systems in the NHS (February 2010) and Maintaining and Improving Quality during the transition: safety, effectiveness, experience (published alongside this guide).
2. This guide provides a definition of quality governance and several questions and prompts for boards, together with further reading materials, to help ensure that boards are effectively discharging their duties in relation to improving quality.
3. However, clinical practice is constantly improving, offering new opportunities to improve the quality of care. Quality is therefore a moving target and as this guide makes clear, quality governance should be more than a static tick box exercise. While individuals and clinical teams are responsible for delivering quality care, ultimately, boards are accountable for improvements, successful delivery, and equally failures, in the quality of care across every service line. To do this successfully organisations need to draw on the experiences of patients and staff. Effective quality governance therefore requires boards to strive for continuous quality improvement and establish a culture where quality is measured and monitored and whereby organisations continue to evolve through learning from their experiences.