Paper 1

NQB Work Programme
- closing the quality gap by 2020

National Quality Board
1 June 2015

Purpose

- The NQB has met twice: 11 March 2015 and 27 April 2015.
- It has agreed its terms of reference, and has discussed where it should focus, and what its work programme might look like.
- The Forward View Chief Executive's Group has set an expectation that the NQB's task will be to support the system to close the 'quality gap' as described in the 5YFV.
- The NQB will need to focus on the quality gap in the context of also having an impact on the health and wellbeing, and finance and efficiency gaps.
- This paper provides an overview of the overall 5YFV governance arrangements (section A); and sets out proposals for where the NQB should focus, and a broad shape for its work programme (section B).
- The NQB is asked to consider these proposals, with a view to providing an outline work programme to the Forward View Chief Executives, for their meeting on 15 June 2015.

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2. What are the existing quality priorities for NQB members?
3. Therefore, where should the NQB focus?
4. How should we go about taking forward our work programme?

A. Delivering the Five Year Forward View

- Sets out a shared view from the NHS about why change is needed, what success what might look like, and how we might get there. It concludes that:
- To meet the challenges of the 21st century, the NHS must close three gaps: the health gap, the quality gap and the finance gap
- These three gaps cannot be closed by the NHS alone: it needs a wider coalition of local government and other sectors, individuals, employers and Government action
- 5YFV was not a Plan, but it did set out some big ‘no regrets’ decisions the NHS must take to address these issues now
- In advance of the SR, the NHS has collectively taken steps to ensure momentum is not lost, so that the benefits for patients and the public can be realised by 2020

5YFV Governance arrangements: ALB CEO BOARD (1)

ALB CEO Board

NHSE | NTDA | Monitor | PHE | CQC | HEE

Established in January 2015, the ALB CEO Board meets monthly, and consists of the CEO of each of the 6 ALBs who authored the 5YFV, supported by their Directors of Strategy and with the Permanent Secretary of State in attendance. Non-statutory, it does not replace the individual accountabilities of each board, but provides the opportunity for collective oversight of the delivery of the 5YFV. It ensures that connections are made between different programmes, and provides a forum for discussion and aligned decisions and interventions.

NB: NICE is to become a member of this group from June.

Ministerial Priorities

5YFV Governance arrangements: ALB CEO BOARD (2)

ALB CEO Board

Coordinating Office of the ALBs

Finance

Workforce & Leadership

Prevention

New Care Models

Engaging Patients & Communities

National Quality Board

National Information Board

Cancer

Mental Health

Maternity

Collective leadership & oversight by all 6 ALBs

Programme specific Boards, chaired by an ALB

Time limited Task Forces, independently chaired

Business as Usual

5YFV Governance arrangements: ALB CEO BOARD (3)

Key stakeholders including other sectors and patients are involved in each of the programme boards and Task Forces where relevant. Each quarter, the CEOs meet with a core group of stakeholders, in recognition of the fact that transformation will require actions and engagement beyond the NHS statutory bodies

The 5YFV arrangements do not replace or duplicate existing networks and work programmes established by the ALBs to aid day-to-day delivery, although our professional networks & Task Forces are rapidly aligning themselves with the new systems of governance where relevant.

The detailed 5YFV governance arrangements are subject to review and revision as we learn more about what works - purpose trumps process.

Strategic Programme Office for the 5 Year Forward View

An independent team connecting and supporting health and care partners to implement the Five Year Forward View

What we need to tackle:

- Finance gap: An annual shortfall of £30bn between demand and supply
- Quality gap: Variation between organisations, areas and patient groups
- Health gap: Difference between the burden of disease and illnesses we could prevent

Implementation of the FYFV through concerted co-production of health and care system partners

What success looks like in 2020

- A clinically and financially sustainable NHS
- Reliable, integrated and person-centred health and care delivered across the system
- A population that has adopted an active and healthy lifestyle leading to a reduction in avoidable burden of disease and thereby demand on the system

DRAFT

The Forward View Programme Office acts as an enabler, working with stakeholders to: ensure robust action is taken across the health and care system; further co-production; and provide programme management for successful design and delivery of the work programme.

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B. NQB's role in closing the 'quality gap

The NQB has been tasked by the Forward View CEOs with focussing on closing the 'quality gap' as described in the NHS 5 Year Forward View. The following slides consider four questions:

1. The 'quality gap' – (a) how do we define 'quality', and (b) what basket of metrics do we want to use to measure the 'gap' and whether it is closing?
2. What are the existing quality priorities for NQB members?
3. Therefore, where should the NQB focus?
4. How should we go about taking forward our work programme?

1a. The ‘quality gap’

How do we define “quality”?

The NQB needs to agree a common definition for quality in the context of the 5YFV – this will provide the context and scope for the ‘quality gap’ which the NQB’s work programme will be striving to close.

Current definitions have a common structure running throughout, although consider quality from differing perspectives, e.g. provider vs population:

HSC Act 2012 definition	Clinical effectiveness			Positive experience		Safety	
CQC 5 questions	effectiveness			Caring	Responsive	Safety	Well led
NHS Outcomes Framework	Preventing amenable mortality	Recovery from illness and injury	Quality of life for people with long term conditions	Positive experience		Keeping people safe from avoidable harm	
Adult Social Care Outcomes Framework	Delaying and reducing the need for care and support		Enhancing quality of life for people with care and support needs	Positive experience		Safeguarding and keeping people safe from avoidable harm	

In defining quality, the NQB will need to consider how it relates to and can impact on the health and wellbeing, and finance and efficiency gaps.

1b. The ‘quality gap’

What basket of metrics do we want to use to measure the ‘gap’ and whether it is closing?

The NQB will need to identify metrics which it identifies as measuring the ‘quality gap’. Progress in these metrics will then be used to judge the extent to which the gap is closing over the coming five years.

The basket of metrics will need to be relevant from various different perspectives:

Commissioner	vs	provider
Individual patient	vs	population
Hospital	vs	community / primary care
Health care	vs	social care
Physical	vs	mental health
Clinically reported	vs	patient reported

Sources of metrics will include the following:

- CQC Intelligent Monitoring System and Ratings
- Morbidity and mortality data
- TDA’s Oversight and Escalation Scorecard
- Outcomes indicators from NHS Outcomes Framework and CCG Outcomes Indicator Set
- CCG Scorecards
- NHS England Acute Quality Dashboard (used to support Quality Surveillance Groups)

For each metric, the NQB will need to decide whether to attach a target and trajectory

2. What are the existing quality priorities for NQB members?

Clinical priorities from 5YFV

- Improving the quality of care and access to cancer treatment
- Upgrading the quality of care and access to mental health and dementia services
- Transforming care for people with learning disabilities
- Tackling obesity and preventing diabetes

Cross cutting quality priorities from 5YFV

- measure and publish meaningful and comparable measurements for all major pathways of care for every provider
- continue to redesign the payment system so that there are rewards for improvements in quality
- reviewing and refocusing the work of the NHS Leadership Academy and NHS IQ.
- develop a framework for how seven day services can be implemented affordably and sustainably

Priorities of individual member organisations

- Monitor: Clinical sustainability of services
- NHS England: new models of , urgent emergency, primary, specialised, elective care
- TDA: safety, end of life care, complaints handling, provision of an affordable workforce
- CQC: regulating new models of care, pathways of care, health and care systems
- HEE: Commissioning Quality Framework, measuring quality of education and training
- DH / Ministers: obesity and diabetes, end of life care, dementia, maternity,

3. Therefore, where should the NQB focus?

Supporting the system to 'close the gap':

1. **During 2015, develop a quality strategy,** to include:

- What we mean by quality;
- Our individual and collective responsibilities in respect of quality;
- Our description of the 'quality gap', including a basket of metrics; and
- How we will lead the system in closing it over the next 5 years.

2. **Develop a programme of activity to support the system in closing the gap over the 5 years to 2020**:

- Prioritisation methodology for national clinical/quality priorities, and resulting priorities, e.g. services, types of provider, aspect of quality
- Quality measurement programme
- Approach to exposing and tackling unwarranted variation
- Reducing low value procedures (non-procedure of the year)
- Measuring and reducing avoidable mortality in key areas
- Improvement in specific priority areas: e.g. end of life care

Operational alignment:

3. **Early identification of risks**: further develop and enhance the 'early warning system', building on the existing arrangements which include data monitoring, Quality Surveillance Groups, and Risk Summits;

4. **Reducing the burden**: consolidate the information requests and other demands on providers by commissioners, regulators and others; and

5. **Clinical sustainability**: considering how the system can best get advice on clinical sustainability to inform service changes

NB: This work programme will address some of the recommendations from the various reviews related to quality (Francis, Kirkup etc). However, the NQB will not be seen as a mechanism through which the system can respond comprehensively to such reports: this would continue to the responsibility of organisations individually and collectively, under the stewardship of the DH.

4. How should we go about taking forward our work programme?

We need to identify workstreams to further develop each element and take forward the proposed work programme. Falling out of the proposed priorities on the previous slide, the following workstreams could be established:

Quality Strategy	Defining quality, clarifying roles and responsibilities, setting out our shared framework and how we work together. To include how we will drive quality improvement, making links to the architecture coming out of the Smith Review.
Measurement	Initially identifying a basket of measures for describe the 'quality gap'. Then taking forward work to improve and align the measurement of quality, including exposing unwarranted variation. Will need to work closely with strategy worksteam.
Prioritisation	Developing a prioritisation methodology for national quality priorities, and then using this to identify specific priority areas e.g. particular services or pathways, procedures of low value. Individual workstreams may then need to be set up to drive improvement in specific priority areas.
Operational alignment:	Initially taking forward the operational alignment priorities e.g. the mechanisms to support early identification of risks, and reducing the burden. Then addressing any operational alignment issues that arise from the strategy and any other workstreams.

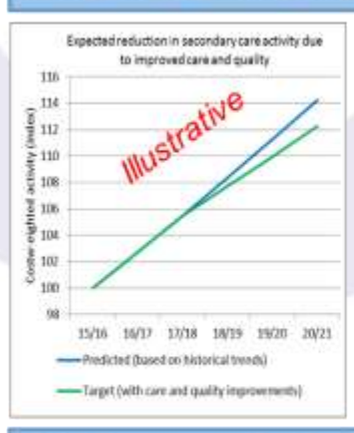
For each workstream, the NQB will need to identify a lead, and a subgroup of members and experts.

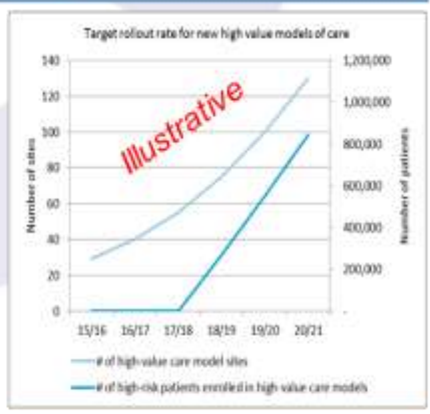
NB: In addition to these workstreams, individual NQB organisations might take forward particular pieces of work or workstreams which would report into, or consult with the NQB, in line with its terms of reference.

Once agreed, the NQB will be asked to report on progress in respect of closing the quality gap to the Forward View CEOs group using this template

Care and quality gap ILLUSTRATIVE

Progress against trajectory





Progress to date

- Selection of 29 vanguards across there of the four priority care models
- Rapid development of a central support programme following in-depth visits to each of the vanguard sites
- NQB has convened and has begun to define its priorities

What success looks like by March 2016

- Many of the 29 vanguards are making strong progress and we are beginning to see measurable improvements
- The £200m transformation fund has been successfully deployed, exemplifying what could be done longer term
- Replicable models are emerging and problems common across care models have been solved for the NHS more widely
- There is an agreed plan for expanding new care models to cover a substantially increased population over the 5 year period
- The NQB is driving a clear set of priorities that can demonstrably be tied to quality improvements in health and social care
- Credible metrics, combining both process and outcomes, are in place to track progress against the care and quality gap
- There is clear accountability for delivery of both national and local aspects of the care model programme

Key actions over next 6 months

- Complete recruitment to central new care models team
- Agree and begin deploying a support package across the vanguards
- Agree methodology and deploy initial tranches of transformation funding to vanguard sites
- Communicate continuously with vanguards and with wider system; achieve irreversible momentum
- Develop proposition / offer for 'fast followers"
- Re-launch acute hospitals model to include 'horizontal' options
- Agree NQB priorities, accountability, resources and timescales for delivery
- Design evaluation approach for vanguard sites, connecting this to metrics for tracking progress of the programme as a whole

QUESTIONS FOR DISCUSSION

1. The ‘quality gap’ – (a) how do we define ‘quality’, and (b) what basket of metrics do we want to use to measure the ‘gap’ and whether it is closing?

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