

## National Quality Board (NQB) Workplan

### Background

1. Following agreement at the July 2015 meeting of the Five Year Forward View (5YFV) Board that the ALB CEO's should work with the DH to ensure that delivery plans for the 5YFV align with the DH Single Departmental Plan, each of the 5YFV Programme Boards, including the NQB, has been asked to complete the enclosed template (Annex A) to set out their workplan, and its interdependencies to other programmes.
2. The aim is to minimise the bureaucratic burden, ensure a shared understanding of success and progress across the 5YFV programme, and consistency of purpose across the service and DH.
3. The NQB workplan seeks to both incorporate work that is already going on across the system which is relevant to the objective of 'closing the quality gap', as well as setting out where the NQB needs to initiate cross-system work. The NQB work programme overall seeks to take a pragmatic approach for this first year (2015/16), whilst also ensuring that the foundations are laid for the NQB to support the system to drive real improvement over the five year period.
4. It is recognised that the all 5YFV Programme Board workplans will be iterative as a shared understanding about what success looks like and how best to measure it is developed.

### Developing the NQB workplan

5. An initial draft of the NQB workplan was circulated for comment to NQB members and was also discussed and challenged at a 5YFV & DH Delivery Plan Workshop on 10 September 2015. As such, the workplan will continue to be updated to reflect the comments received. For example it is recognised that further work is needed to strengthen the plan to reflect the interface with social care.

6. Our understanding is that the both the success and impact of the National Quality Board will be based on how well it is perceived to be contributing to 'closing the quality gap'. Unlike the "finance gap" which is clearly defined in the 5YFV, the "quality gap" is, as yet, not clearly defined. This has highlighted the importance and urgency of progress in relation to two elements of the Quality Strategy workstream:
  - defining quality; and
  - measuring the "quality gap".

### **Next steps**

7. The 5YFV Strategic Programme Office is in the process of setting-up regular meetings for all 5YFV Programme Board Secretariats. This will enable NQB Secretariat to further develop close links with the other 5YFV Programme Boards.
8. Revised iterations of all 5YFV Programme Board workplans will be submitted for consideration by the ALB's CEO's meeting on 19 October 2015, before being submitted to Cabinet Office.
9. The DH Single Departmental Plan will be published alongside the Spending Review in November 2015.

### **Areas for discussion**

10. From the various comments received on the NQB Workplan, several comments were raised which the NQB may want to sense check the workplan against:
  - *Does the NQB and its members have capacity to lead on all the different areas set out in the plan or should the NQB consider commissioning specific pieces of work to support the programme?*
  - *Is the NQB clear about its unique role in respect of those areas where work is already going on, e.g. measurement, staffing, and challenged providers? The NQB has previously agreed that its added value is in providing a forum for*

*alignment, avoiding duplicating efforts and minimising complexity in such areas of mutual interest.*

- *How can the NQB ensure it maintains a balance between a strategic focus and supporting the system on improving quality in specific areas? The workplan includes supporting the system to align efforts to deliver the Cancer, Mental Health, and Maternity programmes. This must not be lost and could risk being underplayed.*

### **Action required**

11. NQB members are asked to:

- note the latest iteration of the NQB workplan (Annex A) and its intended purpose; and
- confirm that it is content, in light of the comments highlighted above.

**NQB Secretariat  
September 2015**

National Quality Board (NQB) Workplan (DRAFT)

What does success look like for the board by 2020?	What are the key high-level milestones for the board?	What is the role of the Board?
<p>The overarching aim of the board is to provide collective leadership for quality across pathways of care, in the context of the SYFV, with a focus on healthcare, and its interaction with social care and public health. The board's work programme is aimed at system ownership and alignment of efforts to improve quality in England by 2020, through organisations working together to maintain and improve quality.</p> <p>NQB will identify priorities for strengthening how quality is maintained and improved, make recommendations and take action to strengthen how organisations work together to maintain and improve quality, and develop system-wide approaches to quality improvement by 2020. As a result, there will be a measurable improvement in quality of care across the system.</p> <p>The NQB will take forward a workstream in 15/16 to agree a core set of metrics to measure quality and quality improvement, drawing from CQC's quality ratings for providers and existing outcomes frameworks.</p>	<p>Aug 2015: agree work-plan Oct 2015: quality measures developed Mar 2016: quality strategy developed Mar 2016: 15/16 priorities delivered: unwarranted variation, safe staffing, provider failure, taskforces Sept 2016: prioritisation to 2020 Sept 2016: operational alignment in place Apr 2017 and annually: review progress and priorities based on quality measures</p>	<p>The NQB's role is to provide system leadership for quality in the context of value. It facilitates effective joint working between the ALBs and supports delivery of shared priorities and responsibilities. Individual ALBs will continue to have a lead for particular aspects of quality policy or delivery, and will act independently within their statutory responsibilities.</p>

Workstream	Lead Individual(s) & Organisation(s)	Contributing ALBs	Objective	Funding Assumptions	Key Milestones	RAG Rating	RAG Commentary	Link to DH/SoS Priorities	Interdependencies with other Programme Boards and Task forces	Engagement of people & communities
<p><b>Quality strategy: defining quality</b> The NQB will develop a common definition for quality in the context of the SYFV – this will provide the context and scope for the 'quality gap' and will consider how it relates to and can impact on the health and wellbeing, and finance and efficiency gaps. The NQB will consider the interrelationship between quality in health and social care. The NQB will seek to consolidate definitions organisations are using where possible, and explain where variances lie.</p>	CQC and NHS England	Monitor, NHS TDA, PHE, HEE, DH and NICE  Working alongside parallel and linked work by Health Foundation	<p>System partners agree one shared definition of quality by Spring 2016</p> <p>Definition reflected within regulatory, commissioning and education programmes by 17/18</p>	NHS England and CQC provide Secretariat. NQB member organisations resource additional work individually or collectively.	<p>Quality definition drafted: Oct 2015</p> <p>Stakeholder engagement: Dec 2015</p> <p>Final agreed definition published as part of Quality Strategy: Spring 2016</p>	Green - Delivery on-track	Health Foundation attending the September 2015 meeting of the NQB to discuss their work to review the policy framework in England for improving quality and to set out key action required to re-establish a coherent framework in the context of the reforms.	Addressing the care and quality gap - narrowing the gap and raising the bar.	National Information Board	Engagement with NQB Stakeholder Forum
<p><b>Quality strategy: measuring quality</b> The NQB will identify a core set of metrics to the 'quality gap'. I.e. the distance between high quality care for all, and current quality of care across the system. The basket of measures will draw from existing data sources, in particular the outcomes frameworks, NICE Quality Standards and CQC ratings, to be relevant from a range of perspectives, e.g. provider/commissioner; patient/population; health/care; primary/secondary  The NQB will coordinate activities to support the system in using measurement to drive quality improvement, working with the improvement architecture. This will include delivery against the FYFV commitment re Comparable measures of quality developed across all major pathways of care by 2020.</p>	CQC and NHS England	Monitor, NHS TDA, PHE, HEE, DH and NICE  Working alongside parallel and linked work by Health Foundation	<p>A core set of metrics to measure the 'quality gap'. I.e. the distance between high quality care for all, and current quality of care across the system identified by Spring 2016</p> <p>System partners use agreed metrics to measure quality gap from 2016</p> <p>Measures inform prioritisation by Sept 2016</p> <p>Measurable improvement in quality by 2020</p>	NHS England and CQC provide Secretariat. NQB member organisations resource additional work individually or collectively.	<p>Quality measures drafted: Oct 2015</p> <p>Stakeholder engagement: Dec 2015</p> <p>Final agreed measures published as part of Quality Strategy: Spring 2016</p> <p>Comparable measures of quality developed across all major pathways of care by 2020</p>	Green - Delivery on-track	To reduce variation through publication of quality metrics.	National Information Board  Improvement Board	Engagement with NQB Stakeholder Forum	
<p><b>Quality strategy: prioritisation</b> The NQB will develop a methodology for identifying and selecting quality priorities e.g. population groups, service types, providers, aspects of quality.  The NQB will use this to determine longer term priorities for quality improvement beyond our current set of priorities.</p>	CQC and NHS England	Monitor, NHS TDA, PHE, HEE, NICE and DH	<p>A high-level narrative re: prioritisation developed by October 2015.</p> <p>A methodology for identifying and selecting quality priorities developed by Spring 2016</p> <p>Systematic identification of quality priorities enables evidence-based planning by Sept 2016.</p> <p>Individual and collective responsibilities agreed and reflected in ALB business plans 17/18</p> <p>Measurable improvement in priority areas by 2020</p>	NHS England and CQC provide Secretariat. NQB member organisations resource additional work individually or collectively.	<p>Strategic prioritisation approach referred to in Quality Strategy: Spring 2016</p> <p>Available for use for 2017/18 planning and reflected in ALB business plans</p>	Green - Delivery on-track	Addressing the care and quality gap - narrowing the gap and raising the bar.	National Information Board	Engagement with Stakeholder Forum	

<p><b>Quality strategy: roles and responsibilities</b> The NQB will clarify each individual organisation's &amp; collective role &amp; responsibilities, setting out our shared framework for quality and how we work together.</p> <p>This will include how we will drive quality improvement, making links to the architecture and improvement strategy coming out of the Smith Review, the quality improvement support in adult social care, and focussing on where we will align our tools and levers, for example:</p> <ul style="list-style-type: none"> <li>• Incentives on individuals such as revalidation and appraisal, clinical excellence awards</li> <li>• Supporting the utility and implementation of NICE guidelines and Quality Standards</li> <li>• Measurement tools and levers, such as national clinical audit, intelligent monitoring and other quality indicators</li> </ul>	CQC and NHS England	Monitor, NHS TDA, PHE, HEE, NICE, DH	<p>An initial draft of roles and responsibilities developed by October 2015.</p> <p>Role of system partners for quality improvement is understood and articulated by Spring 2016</p> <p>Priorities for operational alignment agreed and embedded within ALB business plans for 17/18</p>	NHS England and CQC provide Secretariat. NQB member organisations resource additional work individually or collectively.	<p>Roles and responsibilities defined and published as part of Quality Strategy: Spring 2016</p> <p>ALB business plans 17/18 include objectives for operational alignment</p>	Green - Delivery on-track	NQB Secretariat working with the team responsible for implementation of the Smith Review recommendations, to ensure correct links with Improvement Strategy.	System alignment for quality and improvement.	Improvement Board	Engagement with NQB Stakeholder Forum
<p><b>Operational alignment: early identification of risks</b> NQB will further develop and enhance the 'early warning system', building on the existing arrangements which include data monitoring, Quality Surveillance Groups, and Risk Summits. This will sit alongside the development of the quality strategy, where we will clarify roles and responsibilities of organisations and how they work together.</p>	CQC and NHS England	Monitor, NHS TDA	Early warning system' for quality failure is strengthened	NHS England and CQC provide Secretariat. NQB member organisations resource additional work individually or collectively.	Early warning system' for quality failure is reviewed and mechanisms identified to strengthen it by Mar 2016	Green - Delivery on-track		Effective sharing of intelligence on quality across the system.		To be decided
<p><b>Operational alignment: reducing the burden on providers</b> NQB will facilitate and co-ordinate the work of ALBs to review information requests and other demands on health and care providers by commissioners, regulators and others, particularly in situations of distress or failure, with a view to achieving consolidation, better information sharing and reducing the burden</p>	Monitor and NTDA	CQC, NHS England	<p>NQB to ensure links are made with the work that has been started by the DH to align information requests from GPs, including for inspections and revalidation.</p> <p>Mechanism to facilitate a reduction on the burden of regulation and performance management on providers is agreed by Sept 2016</p> <p>Number of separate information requests reduced (staged approach throughout 2017/18)</p>	NHS England and CQC provide Secretariat. NQB member organisations resource additional work individually or collectively.	Review information requests: Mar 2016 Plan consolidated approach: Sept 2016	Amber - Delivery delayed	Yet to agree approach for taking this work forward.	Effective sharing of intelligence on quality across the system.	National Information Board	Engagement with Stakeholder Forum
<p><b>Operational alignment: clinical sustainability</b> NQB will advise the system on how to get advice on clinical sustainability to inform service changes</p>	Monitor and NTDA	NHS England, NICE	A Clinical Advisory Group to support service reconfiguration established by end 2016	Funding model to be developed by Monitor	Clinical Sustainability Steering Group established: Mar 2016	Green - Delivery on-track	Discussion at NQB meeting on 8 July 2015. Monitor now taking forward work to establish Clinical Sustainability Steering Group.	Addressing the care and quality gap; introducing new models of care	New Care Models; Success Regime	To be decided
<p><b>Operational alignment: waiting times standards</b> The NQB will support Bruce Keogh in reviewing the current waiting times standards for clinical appropriateness, providing a single clinical perspective from across the system</p>	NHS England	Monitor, NHS TDA, NICE, DH, CQC	Provide a single clinical perspective from across the system by Sept 2016	NQB member organisations resource additional work individually or collectively.	Provide a single clinical perspective from across the system by Sept 2016	Amber - Delivery delayed	Initial discussion at NQB meeting on 8 July 2015, though yet to agree the approach for taking this work forward.	SoS request for a consistent approach		To be decided
<p><b>Quality priorities: unwarranted variation</b> To include:</p> <ul style="list-style-type: none"> <li>• Supporting providers to understand and learn from in-hospital deaths due to problems in care</li> <li>• Harnessing the wealth of information held by ALBs, e.g. CQCs intelligent monitoring system, and ratings of individual services</li> <li>• Building on the work of the NHS RightCare programme, commissioning for value and atlas of variation</li> </ul>	PHE and NHS England	Monitor, NHS TDA, NICE, DH, CQC	Reduce variation in the quality of care by promoting better understanding of in-hospital deaths due to problems in care, through better use of existing information, and building on NHS Right Care by 2020	NQB member organisations resource additional work individually or collectively.	Develop work programme to tackle variation: Mar 2016	Green - Delivery on-track	NHS RightCare paper received by NQB in July 2015, with a discussion scheduled for the October 2015 meeting.	Reduce variation in quality and safety of care, and outcomes	Prevention; New Care Models; Success Regime and Finance & Efficiency Board	To be decided

<p><b>Quality priorities: safe staffing</b> Bringing together the work being taken forward in relation to staffing in mental health, urgent and emergency care, for people with learning disabilities, in community care</p>	<p>NTDA, Monitor, NICE and NHS England</p>	<p>HEE</p>	<p>By September 2015 NHS Improvement, with the CNO, will identify leads for each of the programmes (Mental Health, Learning Disability, Urgent and Emergency Care, Primary and Community Services and Maternity) and work with them to scope the plan and delivery. This will involve identifying what evidence reviews and other support is needed, finalise the expert members of each and confirm links with key stakeholders including patients. Establish a multi-stakeholder advisory group who's role is to assure that there has been effective widespread engagement and to quality assure the outputs of the programme, review the impact on patient outcomes, together with the economic, workforce development, and operational impact.</p>	<p>NQB member organisations resource additional work individually or collectively.</p>		<p>Amber - Delivery delayed</p>	<p>Initial discussion re: safe staffing at NQB meeting on 8 July 2015 with a further discussion scheduled for NQB meeting on 28 October 2015.  The Mental Health Taskforce has agreed to lead the work on establishing what is the right balance of staff in the many settings treating those with mental illness. They will report back by the end of 2015 and take into account the mental health staffing guidance that has recently been developed with colleagues from the Mental Health Directors of Nursing Network and commissioned through the Compassion in Practice Strategy.  Nominations from academia, providers and from those interested in leading or contributing to the programmes of work requested for the Multi-Stakeholder Advisory Group  No milestones identified as yet.</p>	<p>Ensure safe staffing levels in the NHS</p>	<p>Workforce and Leadership; Mental Health Taskforce</p>	<p>To be decided</p>
<p><b>Quality priorities: provider failure</b> NQB partners will work together to identify credible alternatives to special administration/cancellations for trusts and foundation trusts that have not made sufficient improvement after 18 months in Special Measures</p>	<p>NTDA, Monitor and CQC</p>	<p>NHS England</p>	<p>Established mechanism for intervention for trusts beyond 18 months of special measures in place by Mar 2016  Reduce number of trusts in special measures by 2020</p>	<p>NQB member organisations resource additional work individually or collectively.</p>	<p>Provider failure mechanism in place: Mar 2016</p>	<p>Green - Delivery on-track</p>	<p>Initial discussion at NQB meeting on 8 July 2015. CQC, Monitor and NHS TDA are now considering a possible addendum to the original special measures guidance, which will focus on the escalation of intervention past the six months extension period. Once completed, CQC, Monitor and TDA will update NQB fully on the options for the escalation of intervention at a future meeting</p>	<p>Addressing the care and quality gap</p>	<p>Success Regime</p>	<p>To be decided</p>
<p><b>Quality priorities: facilitation of, and advice to taskforce implementation</b> Cancer Taskforce Report published in July 2015. Mental Health Taskforce is due to report in Summer 2015, and the Maternity Review by the end of the 2015. The SYFV also set out diabetes and learning disabilities as priorities. The NQB will work to facilitate, advise and support the implementation of their findings, using the tools and lever available to ALBs, and to quantify the impact of changes in the context of closing the 'quality gap'</p>	<p>NHS England and CQC</p>	<p>Monitor, NHS TDA, PHE, HEE, NICE, DH</p>	<p>Recommendations of mental health, cancer, and maternity taskforces / review implemented by 2020</p>	<p>Funding model proposed by taskforce</p>	<p>All taskforce reports: end maternity taskforces: April 2016  Implementation plans: April 2016</p>	<p>Green - Delivery on-track</p>	<p>Cancer Taskforce Report published on 19 July 2015 recommending 6 strategic priorities. Discussion scheduled for October 2015 meeting of the NQB re: what the ask of commissioners and providers, via the planning guidance, should be in 16/17 re: Cancer.  Awaiting joint decision from NHS England and SYFV Strategic Programme Office re: cross-system governance for Taskforce Implementation</p>	<p>Addressing the care and quality gap - narrowing the gap and raising the bar.</p>	<p>Taskforces, Workforce and Leadership, New Models of Care, National Information Board</p>	<p>Taskforce-led</p>
<p><b>Communications and engagement</b> NQB will engage proactively with people who use services, the public &amp; lay representatives, clinical &amp; non-clinical experts, commissioners, providers and partners.</p>	<p>NQB Secretariat</p>	<p>NHS England, CQC, Monitor, NHS TDA, PHE, HEE, NICE, DH</p>	<p>Establish an NQB Stakeholder Forum to work with NQB on how it can best implement the actions necessary to close the care and quality gap. The Forum will comprise national partners and stakeholders, provider &amp; commissioner representatives, and appointed citizens by end of October 2015  Invite citizen members from its NQB Stakeholder Forum to attend NQB meetings  Work with the ALBs' existing citizen's panels and through other engagement channels;  Consult with wider audiences, including health and social care staff and/or the public on key topics, as appropriate.  Promote the message that quality remains the focus of the health and care system, in the context of value, seeking to connect the public and professionals at every level</p>	<p>NQB member organisations resource additional work individually or collectively.</p>	<p>Stakeholder Forum established: October 2015  1st NQB Stakeholder Forum Event held: Nov 2015.  Stakeholder Forum continues to meet 2-3 times per year through to 2020</p>	<p>Green - Delivery on-track</p>		<p>Engagement around the three gaps</p>	<p>People and Communities Board  SYFV Central Team Communications Lead to help link into wider SYFV communications and other Boards' work in this area</p>	<p>Stakeholder Forum; NQB members' websites; public engagement and consultation; NQB members existing citizen's panels; and publication of agendas, papers and minutes on NQB webpages</p>