



# Shared commitment to quality

from the National Quality Board



# Foreword

Healthcare services around the world are facing the combined challenges of rising demand, escalating costs, advancing science changing expectations and tough economic circumstances. Meeting these challenges whilst maintaining and improving quality will not be easy, but is essential for the sustainability of our NHS. It has been said that *"quality without efficiency is unsustainable, but efficiency without quality would be unthinkable"*. To get this right, we need, more than ever before, to become a health and care service focused on continual learning and improvement at all levels.

This document sets out a **Shared Commitment to Quality** from leaders in national organisations responsible for overseeing quality across the NHS, public health and social care. It provides a nationally agreed definition of quality and is intended as a guide for professionals leading work to improve care in their areas. It is intended to support us all in our dual responsibilities of maintaining quality of care, and continuously improving care, so we are always striving for the best.

In addition we will support local leaders working to improve quality by: providing the tools, information and support to pursue quality improvement; reducing the administrative requirements of oversight and regulation; and championing quality with and for people who use services. Whilst the focus of the document is health care, it is designed to align with public health and social care and the forthcoming Adult Social Care Quality Strategy.

## The National Quality Board

The purpose of the National Quality Board (NQB) is to provide coordinated leadership for quality on behalf of the national bodies: Department of Health, Public Health England, NHS England, Care Quality Commission, NHS Improvement, and the National Institute of Care Excellence. We work to: promote quality in all we do nationally; support local quality improvement with providers, commissioners and those who use services; and identify new challenges and opportunities to improve quality.

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# The quality challenge

Quality must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care. But quality challenges remain, alongside new pressures on staff and finances.

## Improving quality, alongside finance, health and wellbeing

The quality of care in this country has dramatically improved over recent decades and we are proud to provide excellent care in most areas. But, as the NHS Five Year Forward View set out, there is a quality gap. This gap is seen in areas where our health outcomes are below that of other comparable countries, and in unwarranted variation between organisations, areas and populations. Services are also facing additional pressures from a changing population with more complex needs, changing expectations and unprecedented financial constraint.

Over many years, the focus has swung back and forth between finance and quality. Also, when pursuing quality, we do not always get the right balance between assurance and support for improvement. Sometimes the effort and commitment we put in to delivering immediate services has meant we have neglected the wider benefits of preventing ill health, keeping people well and reducing health inequalities. We have learned the hard way that these are not trade-offs that can be made.



# A single shared view of quality

## High-quality, person-centred care for all, now and into the future

The NHS Five Year Forward View confirms a national commitment to high-quality, person-centred care for all and describes the changes that are needed to deliver a sustainable health and care system.

### For people who use services

Building on our existing definition of quality, the areas which matter most to people who use services:

- **Safety:** people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- **Effectiveness:** people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
- **Positive experience:**
  - **Caring:** staff involve and treat you with compassion, dignity and respect.
  - **Responsive and person-centred:** services respond to people's needs and choices and enable them to be equal partners in their care.

### For those providing services:

We know that to provide high-quality care, we need high performing providers and commissioners working together and in partnership with, and for, local people and communities, that:

- Are **well-led:** they are open and collaborate internally and externally and are committed to learning and improvement.
- **Use resources sustainably:** they use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.

Are **equitable for all:** they ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.



# What the shared view means for you



<b>People who use services, carers and their advocates</b> should know what to expect from high-quality care.	You should have a clearer understanding of what to expect from services. Services should be safe, effective in addressing your health needs and you should have a positive experience of care. Additionally, services should also respond to what matters to you, to your choices, for example over the right treatment option for you. You should feel listened to by staff and more empowered to manage your own health and care. Services should work well together to deliver high-quality care - and to keep you well - using language that you understand.
<b>Professionals and staff</b> should have a clear understanding of what quality is.	As skilled professionals you should be consistently supported to put quality at the centre of all you do. As leaders in quality improvement, you should have helpful information on the different dimensions of quality relating to your services, which supports continual learning and improvement. Where you see a need, you should feel empowered and supported to make changes to improve care. The information on quality asked of you for assurance should be consistent with this shared view of quality. The science and practice of quality improvement should be part of your continuing education as a professional. As a leader, you should be able to create a culture where improvement, learning and support are valued, over blame and criticism. You will feel able to work with people who use services as partners in their care and partners in driving service improvement.
<b>Providers</b> should be supported by clear national guidelines, policy and priorities on quality, and understand how they can contribute to improving quality.	You will have a clearer view of the quality of your services and your service will be well-led in continually striving to improve care. Existing ways of understanding quality, including safety, effectiveness and positive experience, will be considered alongside the efficient and equitable use of resources. You should experience a coherent system of assurance, measurement and regulation, and be able to align your own internal quality assurance systems with the wider system (such as CQC's five key questions and NHS Improvement's Single Oversight Framework). This system should support and encourage providers to maintain and improve care quality. People who use services should be present and meaningfully involved in your organisation.
<b>Commissioners and funders</b> should be supported by clear national guidelines, policy and priorities on quality, and understand how they make best use of tools and support to commission services.	This shared definition of quality should support you at all stages of the commissioning cycle, from strategic planning, through procurement, to how you monitor and support service improvement. Your understanding and measurement of quality should align better with providers, regulators and national policy, reducing burdens and improving clarity on what needs to be done.
<b>National bodies</b> communicate consistent messages about what they mean by 'quality', what the quality priorities are, and how they can support providers and commissioners to maintain and improve quality.	The National Quality Board and the Five Year Forward View Board will provide a consistent approach to quality and to our priorities. We will work together to celebrate and share examples of high-quality care, and support the growth and development of staff to ensure quality is a central aim of their work and that they are equipped to continually improve quality. Definitions, measurement and information collection should be simplified, clear and aligned wherever possible, and in a way that is accessible to people who use services, providers and commissioners. We will role-model behaviours that encourage improvement, including listening to and acting on feedback from everyone we work with.



# The organisations of the National Quality Board commit to:

## Promote quality through everything that we do

- ✓ We will always champion quality as a central principle, demonstrating that it should and can be maintained and improved alongside financial sustainability.
- ✓ We will provide clarity and consistency by using a shared view of quality and aligning our expectations.
- ✓ We will listen, involve and act on the views of the public and people who use services , understanding and measuring their views of the quality of services, being transparent about how their views have shaped services.

## Support and encourage improvement

- ✓ We will listen to the views of health and care staff to learn how we can better support them – individually and collectively.
- ✓ We will use our combined intelligence to highlight and act on emerging problems and to guide and share best practice.
- ✓ We will identify and provide advice on the priorities for quality improvement and will align our effort where the need for improvement is greatest.

## Coordinate action

- ✓ We will align our measurement and monitoring activities, so that we streamline requests, reduce duplication and 'measure what matters'.
- ✓ We will offer advice, develop guidance and provide a forum to resolve issues where there are competing views about quality between national bodies.



# National priorities



Quality should permeate everything we do – from the way we plan and commission care, to the way we work with services to drive improvement and innovation. Alongside the “must do’s” in respect of **1. Sustainability and Transformation Plans** and **2. Finance** the **NHS Shared Planning Guidance 2017 – 2019** also describes priority areas where we need a particular focus:

## 3. Primary Care, including:

- implementing the [General Practice Forward View](#);
- ensuring local investment meets or exceeds minimum required levels;
- tackling workforce and workload issues; and
- extending and improving access in line with requirements for new national funding.



## 4. Urgent and Emergency Care (UEC), including:

- delivering the four hour A&E standard, and standards for ambulance response times;
- meeting the four priority standards for seven-day hospital services for all urgent network specialist services; and
- implementing the [UEC Review](#), ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint.



## 5. Elective Care, including:

- delivering the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from RTT;
- delivering patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018;
- streamlining elective care pathways; and
- implementing the national maternity services review, [Better Births](#).



## 6. Cancer, including:

- implementing the [cancer taskforce report](#);
- delivering the NHS Constitution cancer standards; and
- improving one-year survival rates.



## 7. Mental Health, including:

- delivering the implementation plan for the [Mental Health FYFV](#);
- ensuring delivery of the mental health access and quality standards;
- maintaining a dementia diagnosis rate of at least two thirds of estimated local prevalence; and
- eliminating out of area placements for non-specialist acute care.



## 8. People with Learning Disabilities, including:

- delivering Transforming Care Partnership plans with local government partners;
- reducing inpatient bed capacity;
- improving access to healthcare for people with learning disabilities; and
- reducing premature mortality.



**9. Improving quality in organisations:** All organisations should implement plans to improve quality of care, particularly for organisations in special measures; drawing on the NQB's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services; and participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.



# Seven steps to improve quality

These seven steps set out what all of us need to do together to maintain and improve the quality of care that people experience. We have strong foundations to build on – not least, the impressive improvements in care quality we have seen in many areas in recent years – but there is also much more for all of us to do if we are to close the care and quality gap.



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|-----------|--|
| <b>1.</b> | <b>Setting clear direction and priorities</b> based on evidence.   |
| <b>2.</b> | <b>Bringing clarity to quality</b> , setting standards for what high-quality care looks like across all health and care settings.  |
| <b>3.</b> | <b>Measuring and publishing quality</b> , harnessing information to improve care quality through performance and quality reporting systems.                                |
| <b>4.</b> | <b>Recognising and rewarding quality</b> .   |
| <b>5.</b> | <b>Maintaining and safeguarding quality</b> .  |
| <b>6.</b> | <b>Building capability</b> , by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement. |
| <b>7.</b> | <b>Staying ahead</b> , by developing research, innovation and planning to provide progressive, high-quality care.  |

**Note:** Health Foundation A Clear Road Ahead (2016) developed this modified version of the NHS Quality Framework.



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1.

## Setting direction and priorities

- The [NHS Five Year Forward View](#) sets out a shared vision for the future of the NHS, and the [NHS Operational Planning and Contracting Guidance 2017 - 2019](#) sets out how every organisation can translate that vision into concrete action that improves care quality. The priorities described in the Five Year Forward View remain important focus areas to reduce unwarranted variation and enable more people to experience high-quality care. Sustainability and Transformation Plans will identify the key local priorities each footprint needs to tackle over the next five years to achieve lasting improvement.
- The Department of Health's (DH) [Shared Delivery Plan: 2015 to 2020](#) describes DH's and its Arms Length Bodies (ALBs) priority objectives for 2015 to 2020.

### We will:

- work more effectively as a system to establish and communicate clear, collective and consistent priorities for quality and continue to provide evidence-based advice on priorities for quality improvement; and
- base future priorities on the evidence, where there is scope for improvement and in those areas where the quality gap is greatest.

2.

## Bringing clarity to quality

- There are clear standards for many areas of care, for instance through tools such as [NICE Quality Standards](#) which define what high-quality care looks like and [NICE Guidelines](#) which make evidence-based recommendations on a wide range of topics to improve the health of communities. In addition, [CQC's standard set of key lines of enquiry \(KLOEs\)](#) directly relate to the five key questions – are they safe, effective, caring, responsive and well-led? These, along with [CQC's characteristics of good and outstanding care](#), describe how we will know good and outstanding care when we see it.
- In July 2016, the NQB published [Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time](#) to help providers safeguard high-quality care through the way they plan and deploy staff.

### We will:

- continue to support NICE in development of their quality standards and guidelines and align our efforts to support their implementation; and
- develop setting-specific safe staffing improvement resources in the following areas: Acute Adult Inpatients, Urgent and Emergency Care, Maternity, Children's Services, Community (district nursing), Mental Health and Learning Disability.



# Seven steps to improve quality

3.

## Measuring and publishing quality

- We have many ways to measure and publish quality. For example, [NICE indicators](#) measure outcomes that reflect the quality of care, [CQC inspection reports and ratings](#) that assess the quality of individual providers, and the [CCG Improvement and Assessment Framework](#) considers how local commissioners contribute to quality.
- [MyNHS](#) is a transparency web tool that allows the public, organisations and professionals to compare the performance of services across health and care, over a range of measures, and on local and national levels.
- [Quality Accounts](#) are annual reports about the quality of services by an NHS healthcare provider and are available to the public.

### We will:

- align our measurement and monitoring activities to reduce duplication and 'measure what matters' and produce a set of principles to guide this; and
- align [NHS Improvement's Single Oversight Framework](#) with the [CCG Improvement and Assessment Framework](#).

4.

## Recognising and rewarding quality

- A number of initiatives are in place to reward high-quality care such as the [Quality Premium](#) which rewards CCGs for improvements in the quality of the services that they commission, and the [CQUIN](#) payment framework which enables commissioners of services to reward excellence.
- The [national tariff](#) is a set of prices and rules to help local CCGs work with providers to identify which healthcare services provide best value to their patients.
- The [best practice tariff \(BPT\)](#) is a national tariff that has been structured and priced to incentivise and adequately reimburse care that is high-quality and cost effective with the aim of reducing unexplained variation in clinical quality and universalise best practice.
- The [Quality and Outcomes Framework](#) aims to improve the quality of care patients are given by rewarding GP practices for the quality of care they provide to their patients and helps standardise improvement in the delivery of primary medical services.
- Providers delivering the best quality services are recognised through CQC inspection reports and, for rated services, an 'Outstanding rating'.

### We will:

- strengthen our approach to recognising and rewarding quality by making sure our incentives are aligned around our single shared view of quality; and
- continue to ensure that our financial incentives are aligned with our national priorities, and that the way we pay for services, incentivises and rewards high-quality care.



# Seven steps to improve quality

5.

## Safeguarding quality

- **Quality Surveillance Groups** enable commissioners and regulators to share information proactively and take action to reduce the risk of poor quality care. **Risk Summits** bring together different people and organisations to share information and take action when a serious concern about the quality of care in a particular provider has been raised.
- In social care, **Safeguarding Adults Boards** and Children Safeguarding Boards act to support vulnerable people. Furthermore, to support service users of adult care homes **Managing Care Home Closures** acts as a good practice guide for Local Authorities, CCGs and national bodies.
- Where there are significant concerns about the quality of care an NHS Trust or Foundation Trust is delivering, it can be put into **Special Measures** by NHS Improvement.
- Equivalent measures are in place for NHS England to support CCGs to address concerns about commissioning quality through the CCG Special Measures regime.

### We will:

- conduct a review of Quality Surveillance Groups and Risk Summits to ensure they are as effective as possible in executing their functions and to identify and share best practice;
- develop a cross-system protocol to ensure people are protected when faced with the sudden closure of hospital services; and
- support CQC's more targeted, responsive and collaborative approach to regulation.

6.

## Building capability

- We have **Clinical Senates** which provide evidence-based clinical advice to commissioners and providers on major service changes and **Clinical Networks** which connect commissioners, providers, professionals and people who use services to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement.
- The **Learning Environment** is an online space where CCGs can share good practice and access offers of commissioning support from a range of providers.
- **NHS RightCare** supports CCGs to identify priority programmes which offer the best opportunities to improve healthcare for populations, improve the value that patients receive from their healthcare and improve the value that populations receive from investment in their local health system.
- For acute providers, the **Getting It Right First Time** programme features targeted self-assessment and peer review by clinical services in acute providers using local level data.
- **Leading Change, Adding Value** provides a framework to support nursing, midwifery and care staff locally to reduce unwarranted variation and improve care quality.
- **Patient Safety Collaboratives** exist to empower patients and healthcare staff to work together to identify safety priorities, develop solutions and build local capability and energy for change.

### We will:

- through the National Improvement and Leadership Development Board's Framework for Action, have an evidence-based set of shared priorities for developing improvement and leadership capacity and capability, and will update and adapt them to reflect the learning as we work with people across the NHS in England; and
- through **HEE's Quality Framework**, we will continue to drive improvements in the quality of education and training to ensure we have a healthcare workforce to deliver high-quality care in partnership with patients.



# Seven steps to improve quality

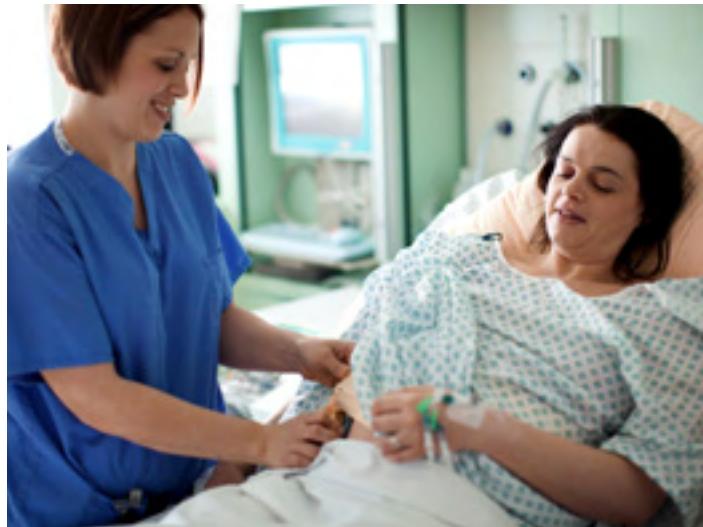
7.

## Staying ahead

- We are championing and investing in leading research, including experimental, translational, clinical and applied research. This is funded by both commercial and non-commercial organisations, including the National Institute for Health Research.
- We have an infrastructure to stay ahead – locally, regionally and nationally. Locally, **Vanguards** are leading the way in delivering new models of care as described in the FYFV and supporting improvement and integration of services, whilst **Test Bed sites** are exploring the potential of new technologies to offer both better care and better value.
- Regionally, **Academic Health Science Networks** enable and catalyse change through collaboration and the spread of innovation and best practice.
- Nationally, **NICE's Developmental Quality Statements** set out an emergent area of cutting-edge service delivery or technology currently found in a minority of providers and indicating outstanding performance.

### We will:

- undertake horizon scanning to ensure that national and local bodies are best placed to plan for future quality challenges; and
- continue to champion and spread innovation by making better use of our collective insight to inform research, adapting how we work so we can respond to and support innovative new models of care, helping to develop cultures of innovation, pressing ahead with inclusion strategy and effectively managing knowledge.



# Find out more about the NQB and its member organisations



**About the NQB:** To find out more about the NQB, visit our web page: [www.england.nhs.uk/ourwork/part-rel/nqb/](http://www.england.nhs.uk/ourwork/part-rel/nqb/)

**About the NQB member organisations:** To find out more about any of the national leadership organisations, visit the links below:

**NHS England** provides national leadership in commissioning NHS services. It oversees the planning, budget and operation of the NHS commissioning system with a view to improving the health and care outcomes for people in England. It is also the commissioner of primary care, offender healthcare, some services for the armed forces and specialised services.

[www.england.nhs.uk](http://www.england.nhs.uk)



**NHS Improvement** provides strategic leadership and practical help to the provider sector, supporting and holding providers to account to achieve a single definition of success.

[www.improvement.nhs.uk](http://www.improvement.nhs.uk)



The **Department of Health** helps people to live better for longer. It leads, shapes and funds health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

[www.gov.uk/government/organisations/department-of-health](http://www.gov.uk/government/organisations/department-of-health)



Department of Health



**Health Education England** has responsibility for providing national leadership and strategic direction for high-quality education, training, and workforce development, and to ensure that a nationally coherent system is in place for a sustainable workforce for now and the future.

[www.hee.nhs.uk](http://www.hee.nhs.uk)



**NICE** improves outcomes for people using the NHS and other public health and social care services by:

- Producing evidence based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning services.
- Providing a range of information across the health and social care system.

[www.nice.org.uk](http://www.nice.org.uk)



The **Care Quality Commission (CQC)** is the independent regulator of quality for health and adult social care in England. It provides assurance and encourages improvement by registering providers, monitoring, inspecting and rating their quality, taking enforcement action and using its independent voice to share information and insight.

[www.cqc.org.uk](http://www.cqc.org.uk)



Public Health England

**Public Health England** exists to protect and improve the nation's health and wellbeing and reduce health inequalities.

[www.gov.uk/government/organisations/public-health-england](http://www.gov.uk/government/organisations/public-health-england)



# Resources

**NHS Five Year Forward View:** sets out a vision of a better NHS, the steps we should now take to get us there, and the actions we all need to take.

**NHS Operational Planning and Contracting Guidance 2017 - 2019** sets out a clear list of national priorities for 17/18 and 18/19 and longer-term challenges for local systems, supported by the national bodies that support and oversee the health and social care system.

**Developing People: Improving Care:** a framework from the National Improvement and Leadership Development Board

**Adult Social Care Quality Strategy:** which is currently being developed to support quality across the wider adult social care system.

**DH's Shared Delivery Plan: 2015 to 2020** sets out DH's and the ALBs' shared plans for improving the health and social care system over the course of the current Parliament.

**Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time** sets out expectations for nursing and midwifery staffing to help NHS provider boards make local decisions that will deliver high-quality care for patients within the available staffing resource.

**A narrative for person-centred coordinated care** sets out what matters most to patients and service users, and develops 'I Statements' from the perspective of service users.

**Six principles for engaging people and communities: definitions, evaluation and measurement** sets out the basis of good person-centred and community focused health and care.

**Leading Change, Adding Value:** a framework to support nurses and midwives focus on reducing unwarranted variation and meet the 'triple aim' measures of better outcomes, experiences and use of resources.

**HEE Quality Framework 2016/17** sets out the quality domains and standards expected from placement providers to demonstrate a high-quality clinical learning environment for all education and training.

## Resources for the priorities set out in the Five Year Forward View:

Maternity:

**Better Births: A Five Year Forward View for Maternity Care**

Mental Health:

**The Five Year Forward View for Mental Health**

Diabetes:

**Healthier You, NHS Diabetes Prevention Programme**

Urgent and Emergency Care:

**Transforming Urgent and Emergency Care Services in England**

Learning Disabilities:

**Building the right support**

Cancer:

**Achieving World-Class Cancer Outcomes**



#FutureNHS

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