

| То:             | National Quality Board |            |  |  |
|-----------------|------------------------|------------|--|--|
| For meeting on: | 30 November 2016       |            |  |  |
| Report author:  | NQB Secritariat        |            |  |  |
| Report for:     |                        |            |  |  |
|                 | Decision               | Discussion |  |  |
|                 | Ň                      | X          |  |  |

### Title: NQB's Role in Delivering the Shared Commitment to Quality

### Summary:

The purpose of this paper is to set out proposals for the NQB's role in delivering the *Shared Commitment to Quality* (to be published next month).

Information

### Recommendations / Action(s) requested:

The NQB is asked to:

a) Consider the proposals outlined in the paper, including proposed ways of working and proposed agenda items for future NQB meetings.

### ALB Involvement in development and sign-off of paper\*:

| CareQuality | NHS     | Health Education England | NHS         | NICE National Institute for | Public Health | Department |
|-------------|---------|--------------------------|-------------|-----------------------------|---------------|------------|
| Commission  | England |                          | Improvement | Health and Care Biosteince  | England       | of Health  |
|             | Х       |                          |             |                             |               |            |

### ADDENDUM

The Shared Commitment to Quality - from the National Quality Board was published by the National Quality Board in December 2016. To access this, please click on the following link.



# Role of the National Quality Board Proposal for discussion



National Quality Board 30 Nov 2016

## Contents

| • | Aim and Role of the National Quality Board | (slides 3 and 4) |
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| • | Proposed forward look                      | (slide 13)       |

# Aim of the NQB

The NQB's overarching aim is to support and drive improvement in the quality of care, taking into account the need to secure financial balance.

Whilst scope of the NQB's focus is primarily the NHS, it also recognise the important interdependencies with public health and adult social care sectors, and these connections are within the scope of the NQB.

The NQB's role in achieving its aim is four-fold:

- 1. Providing <u>collective leadership</u> for quality
- 2. Securing <u>alignment</u> for quality
- 3. <u>Holding up a mirror</u> to the system
- 4. Taking <u>action</u> to support quality

# **Role of the NQB**

- 1. Providing <u>collective leadership</u> for quality so that the national parts of the system are able to speak with one voice in respect of quality, providing consistency and clarity of purpose. This will be particularly important in our collective ambition to embed a culture of learning and improvement throughout the system, and of positioning quality as an equal ambition, alongside financial balance, and not as an alternative.
- 2. Securing <u>alignment</u> for quality by harnessing opportunities for the national organisations, working nationally and regionally to discharge their responsibilities in respect of quality in a joined up and aligned way that does not duplicate or undermine, but reinforces and supports each other.
- **3.** <u>Holding up a mirror</u> to the system both privately and publically by supporting the system to 'measure what matters' and identifying and drawing attention to emerging problems in care quality or emerging learning from good practice at both a national and regional level.
- 4. Taking <u>action</u> to support quality where it is needed, taking collective and coordinated action to support the system in its joint aims of maintaining and improving quality, involving troubleshooting, where necessary, to identify solutions to collective problems, in line with our collective aims. This may mean providing advice to national bodies on quality issues, setting out guidance to the system on quality or using individual organisations' tools and levers in an aligned way to meet shared goals in respect of quality. Everything that we do should be with a view to supporting the frontline, and seeking to reinforce a culture of learning and improvement.

# Shared commitment to quality

### Our single shared definition of quality which as national bodies we have committed to embed at every level of our work and in all our interactions.



### Our seven steps to improving quality that we all need to do together to maintain and improve the quality of care that people experience.



Following publication of the *Shared commitment to quality*, the focus will be:

- dissemination of and engagement; and
- delivering the actions described

# **Dissemination and engagement**

Following publication of the *Shared commitment to quality*, one focus will be on dissemination and engagement with the health and social care sector and people who use services

Plans include, but are not limited to:

- All staff within the health and social care system: inclusion in a number of ALB Bulletins (audiences to include staff within ALBs, CCGs, Providers);
- Service users: inclusion in a number of bulletins for people who use services; working with the People and Communities Board to identify potential opportunities for joint work to further engagement with people who use services; working with the NHS England Learning Disability Engagement Team to produce an accessible video, focusing on the single, shared view of quality and what this means to people who use services;
- All: promotion via ALB Social Media;
- Press specialist press coverage
- **Professionals:** looking into costs of dissemination of hard copies through publications e.g. Nursing Times.

# **Delivering the actions to improve quality**

The second focus will to deliver against the actions set out in the **Shared Commitment to Quality** against each of the seven steps to improve quality:

### **1. Setting direction and priorities**

### 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

### We will:

- continue to support NICE in development of their quality standards and AII 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.

### Lead:

Lead:

All

All

NHS Improvement

# **Delivering the actions to improve quality** (continued)

### 3. Measuring and Publishing Quality

### 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

### 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.

### Lead:

All (NQB Measuring Quality Working Group)

NHS Improvement and NHS England

### Lead:



?

### Paper 1

### Paper 1

# **Delivering the actions to improve quality** (continued)

### 5. Safeguarding quality

### 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 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.

### Lead:

All (NQB Working Group)

NHS England and CQC

All

### Lead:

HEE and NHS Improvement

# **Delivering the actions to improve quality** (continued)

### 7. Staying ahead

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

# Reflecting the Shared commitment to quality in the NQB's work

Ensure that our work can be directly linked to:

- the single shared definition of quality; and
- the seven steps towards improving quality

### For example, NQB's Safe, Sustainable and Productive Staffing Guidance......

| Single, shared view of quality            |                                   |   |   |                         |          |                        |                    |                  |  |
|---|-----------------------------------|---|---|-------------------------|----------|------------------------|--------------------|------------------|--|
| Safety                                    | Ехр                               | perience                                  | Clinical                                |                         | Well-led |                        | Sustainable use of |                  |  |
| Salety                                    | Caring                            | Responsive                                | Effectivenes                            | Effectiveness           |          | weil-lea               |                    | resources        |  |
| *   |                                   |   |   |                         |          |                        | *                  |                  |  |
| Seven steps to improving quality          |                                   |   |   |                         |          |                        |                    |                  |  |
| Setting<br>direction<br>and<br>priorities | Bringing<br>clarity to<br>quality | Measuring<br>and<br>publishing<br>quality | Recognising<br>and rewarding<br>quality | Safeguarding<br>quality |          | Building<br>capability |                    | Staying<br>ahead |  |
|   | <b>*</b>                          |   |   | 2                       | *        |                        |                    |                  |  |

# **PROPOSED:** Ways of working

The NQB are asked to consider and agree the following ways of working:

- ensure discussions are person centred;
- increase the number of agenda items which are workshop style in approach;
- ask the NQB Quality Strategy Working Group to focus efforts on communicating and engaging with the sector on the shared commitment to quality and the associated actions to make this a reality; and
- consider whether we need to regularly invite other bodies to be part of NQB discussions.

# **PROPOSED: NQB Meeting Forward Look for 2017**

| January 2017  | March 2017   | May 2017  |
|---|--|---|
| <ul> <li>Regional QSG Reflection</li> <li>NQB Safe Staffing: Setting<br/>Specific Guidance</li> <li>Getting it right first time<br/>programme (GIRFT)</li> <li>NHS RightCare</li> </ul> | <ul> <li>Early findings from the review of QSGs and Risk Summits</li> <li>NQB Safe Staffing: Setting Specific Guidance</li> <li>Elective Care</li> <li>Maternity Taskforce Implementation</li> </ul> | <ul> <li>Final report from review of<br/>QSGs and Risk Summits</li> <li>Measuring Quality</li> <li>Mental Health Taskforce<br/>Implementation</li> <li>Common dataset for<br/>monitoring and quality<br/>improvement across the<br/>ALBs</li> </ul> |
| July 2017   | September 2017   | November 2017   |
| <ul> <li>Urgent and Emergency Care</li> <li>Special Measures</li> </ul>   | <ul> <li>Learning Disabilities</li> <li>Primary Care</li> </ul>  | Cancer Taskforce     Implementation   |