



To: National Quality Board

For meeting on: 13 July 2016

Report author: NQB Secretariat

Report for:	Decision	Discussion	Information
	X	X	

TITLE: Summary of findings and recommendations from the Health Foundation Report

Summary:

The Health Foundation (HF) report "[A clear road ahead: Creating a coherent quality strategy for the English NHS](#)" was published on 8 July 2016.

A roundtable event with NQB members has been organised by the Health Foundation on 14 July 2016 and will be facilitated by the HF's chief executive Jennifer Dixon. The purpose of the session is to reflect on the findings of the report and discuss how the HF could most usefully support the quality agenda and the work of the NQB in the future.

The purpose of this paper is to:

- summarise the key findings and recommendations from the report and reflect on links to the work of the NQB and the Five Year Forward View (both current and proposed); and
- generate a discussion with NQB members as to potential next steps with the HF in advance of the event on 14 July 2016.

Actions requested:

The NQB are asked to:

- consider and discuss the key findings and recommendations of the HF report and how they link to current and proposed NQB and FYFV activities; and
- in advance of the roundtable event with HF on 14 July 2016, consider and discuss what the HF could most usefully do to support the NQB to progress the quality agenda.

ALB Involvement in development and sign-off of paper:

	X					

Summary of findings from, and reflections on the Health Foundation Report: “A clear road ahead: Creating a coherent quality strategy for the English NHS”

Background

1. [A clear road ahead: Creating a coherent quality strategy for the English NHS](#), published on 8 July 2016, is the result of an 8 month project by a team from the Health Foundation, working with Professor Sheila Leatherman to recommend how the different parts of the NHS should work together to support and accelerate improvements in quality of care.
2. The recommendations in the report are informed by an assessment of the organisations, initiatives and approaches to improving NHS quality in England and an analysis of the impact of selected national initiatives over the last two decades.

Summary of findings

3. The report identifies a number of issues that the team believe need to be addressed (pages 3 and 4):
 - a) **Improving quality remains a stated priority, but implementation is weak:** *Following the second Francis Inquiry, strengthening control functions became an understandable and necessary priority, but there has not been a concomitant effort devoted to strengthening planning and improvement. The overall effect is that planning and improvement functions are underdeveloped and core functions are unbalanced.*
 - b) **Gaps in national leadership:** *In England, responsibility for quality is distributed between the main national NHS bodies, with no individual or organisation having presiding authority to lead the quality agenda on behalf of the system. Pursuit of a common agenda therefore depends heavily on the relationships between the national bodies, which have not always been without issue.*
 - c) **The complexity of the system architecture:** *The organisational structure enacted through the Health and Social Care Act 2012 has created a system where more national bodies share responsibility for leading work to improve quality. Lack of clarity about the roles and responsibilities of different national bodies in relation to quality is not a new issue, but the reforms undertaken in the last parliament appear to have exacerbated the situation.*
 - d) **Control and improvement are out of balance:** *Moves to strengthen systems of quality control at an institutional level in the wake of the Francis Inquiry were necessary, but in the absence of equal emphasis on developing improvement functions, the overall effect of the current approach to improving quality is likely to be perceived as overly punitive. The formation of NHS Improvement is an encouraging development, but the new organisation faces daunting objectives.*
 - e) **Opportunity costs from the surfeit of objectives and requirements:** *There have been a large number of recent policy changes, beginning with the report of the NHS Future Forum on the Health and Social Care Bill and continuing in the wake of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Between June 2011 and the end of 2015, a total of 179 quality-related policy measures were announced by government – almost one a week. Such ‘priority thickets’ may lead organisations to resort to a defensive, compliance-based approach to meeting externally-imposed demands, at the expense of intrinsically-motivated efforts to improve quality.*

- f) **An unfocused approach to building capability:** There are a number of specific national programmes to support the development of new models of care. Beyond such initiatives, too little emphasis has been attached to building capability in the essential operational, analytical and change management skills needed to make sustained improvements in quality at all levels of the health service.
- g) **Inconsistent arrangements for local accountability:** The various frameworks used to oversee the performance of clinical commissioning groups (CCGs), foundation trusts (FTs), NHS trusts and primary care contain a number of differences in how national priorities are translated into local action. This is also reflected at regional level, where there are differences of approach between national bodies operating within the same locality, as well as how each body operates in different localities.
- h) **Asymmetries in measurement and reporting:** A large volume of data relating to quality is collected and published by the national bodies, but substantial gaps remain in important areas of NHS spending. At the same time, there is considerable duplication in reporting in other areas, such as general practice.

Role and membership of the NQB

4. As highlighted in para 3 b) above, the report describes the perceived national leadership issues as follows (page 72)

*“Responsibility for quality is distributed between the national NHS bodies, with no individual or organisation having authority to lead the quality agenda on behalf of the system. Pursuit of a common agenda therefore depends heavily on the nature of the relationships between the national bodies. Following the NHS Next Stage Review, the National Quality Board (NQB) was established to bring the leaders of the national organisations together to promote collective decision making and alignment of plans and actions. **As of 1 July 2016 the NQB is now co-chaired by Professor Sir Bruce Keogh (Medical Director at NHS England) and Professor Sir Mike Richards (Chief Inspector of Hospitals at CQC), and the membership includes a number of impressive and highly respected individuals. However, there are concerns that the now primarily clinical membership leaves the NQB with insufficient influence over all of the organisations it represents to make the necessary changes happen. The chief executives of the national bodies instead now sit on the new Five Year Forward View Board (Forward View Board), with the NQB as one of seven subcommittees”***

NHS Quality Framework


5. The report sets out a “modified” NHS Quality Framework as detailed below (changes shown in brackets):
- **SET DIRECTION AND PRIORITIES (new)**
Setting clear quality priorities and an agenda for the system based on policy initiatives from the Mandate, other national reports (e.g. State of Care) and desired outcomes and performance data.
 - **BRING CLARITY TO QUALITY**
Setting standards for what high quality care looks like across all specialties.
 - **MEASURE AND PUBLISH QUALITY (combined)**
Harnessing information to improve quality of care through performance and quality reporting systems that provide feedback to providers of care at systemic, institutional or

individual levels; and information to users and commissioners of services for accountability and choice.

- **RECOGNISE AND REWARD QUALITY**
Recognising and rewarding improvement in the quality of care and service through financial and non-financial recognition (e.g. enhanced reputation or prestige).
- **SAFEGUARD QUALITY**
Using regulation to improve health care, to guarantee minimum acceptable standards and to reassure the public about quality of care.
- **BUILD CAPABILITY (updated and renamed from RAISING STANDARDS)**
Improving leadership, management, professional and institutional culture, skills and behaviours to provide quality assurance and improvement.
- **STAY AHEAD (expanded)**
Developing research, innovation and planning to provide progressive, high quality care.

Summary of recommendations

6. The HF report recommends the creation of a **single quality strategy for the NHS in England**. The report suggests that in the first instance, the new quality strategy could form the means to implement current priorities on quality. In the medium term, however, it could become fully embedded as a strategic framework for driving improvements in quality across the health service, in a balanced and coherent way.
7. The report sets out a number a number of suggested actions to, both safeguard and improve care within current priorities, as well as support the development of the NHS for the future.
8. It recommends that **national bodies undertake coordinated action to:**
 - articulate a single set of quality goals and common definition of quality;
 - provide unified national leadership for quality
 - build on experience and evidence
 - update a set of core quality metrics
 - articulate a shared understanding of how improvements in quality and costs are linked and pursue both in tandem
 - provide unified regional leadership for quality; and
 - inform the future quality agenda.
9. The table on the following pages lists each of the recommendations in more detail and details links to existing National Quality Board and FYFV activity.

Health Foundation Recommendations	Links to FYFV and NQB activities – current and proposed
<p>Articulate a single set of quality goals and common definition of quality: The national bodies should take the various priorities, actions, objectives and standards set out in a range of documents, and publish a consolidated and balanced set of quality priorities with explicit, measurable goals for improvement. The national bodies should agree a definition of quality to provide a shared conceptual framework and a common language for quality. The five questions used by the Care Quality Commission (CQC) in its inspections of care services is a reasonable option, given their link back to Lord Darzi’s quality definition of safety, effectiveness and experience, their salience with providers, and the role the regulator will take in assessing use of resources.</p>	<ul style="list-style-type: none"> The NQB’s “single shared view of quality” is currently under development.  <ul style="list-style-type: none"> NHS Improvement and CQC have agreed to ensure a shared definition of quality and efficiency and NHS Improvement will undertake the new use of resources assessment on CQC’s behalf. <i>The FYFV sets out the quality priorities for the NHS which should be reiterated in the NQB’s “single shared view of quality”, which should be published in the autumn, after socialising with Ministers</i>
<p>Provide unified national leadership for quality: The Forward View Board currently provides a unified focus for action across the national bodies at the highest level. As such, for pragmatic reasons, the Board should become the main national committee for making decisions about quality. It should be supported in this role by advice from the NQB, acting as the conscience and intelligence of the system on quality. The re-chartered NQB should act as an expert advisory group with a formal mandate to proactively develop and advance a national agenda for quality for agreement by the Forward View Board, as well as being commissioned to provide advice to the Board on specific issues. The NQB would benefit from an expanded membership to include a wider range of organisations operating at national level, such as Healthwatch England, and representation from professional organisations and regulators, to secure a greater range of public and professional involvement.</p>	<ul style="list-style-type: none"> Recent discussions at the Five Year Forward View (FYFV) CEO Board re: governance and role of the FYFV Programme Boards (including NQB) are leading to the conclusion that the NQB provides oversight and assurance for the “quality gap” on behalf of the FYFV Board. This broadly aligns with the HF recommendation <i>The NQB should again consider expanding its membership in light of the recommendation whether it should</i>

Health Foundation Recommendations	Links to FYFV and NQB activities – current and proposed
<p>Build on experience and evidence: Our evidence review concluded that research on the impact of policy on quality provides few definitive answers. However, sensitive use of the available evidence can guide policymakers towards a number of ‘best bets’: interventions that are more likely to have a meaningful impact and more prudently employ limited resources. Important components in a balanced approach to improving quality seem to be:</p> <ul style="list-style-type: none"> • setting evidence-based national standards • the creation of National Service Frameworks, involving strong clinical leadership and professional engagement in setting standards across a pathway • the focused use of inspection and performance targets • well-designed decision support tools for patients and providers. • developing new roles – such as community matrons and emergency care practitioners (ECPs)s – and building the capability of the NHS workforce • exploring and boosting the available evidence base, and actively working to fill the gaps that exist, forming part of a stronger national quality strategy. 	<ul style="list-style-type: none"> • The HF report provides a helpful assimilation of evidence around what works in terms of driving and incentivising quality. NQB and member organisation will use this to inform how they discharge their functions going forward • <i>In addition, further building the evidence base could be a further ask of the HF</i>
<p>Update a set of core quality metrics: Based on advice from the re-chartered NQB, the Forward View Board should co-produce a unified set of core quality measures for the NHS, to be used as the basis of performance measurement by all national bodies. The development of the new CCG scorecard, along with a small set of sentinel metrics for GP practices, may provide a useful starting point. Work in this area will require meaningful engagement with a diverse range of stakeholders, but it should be possible to achieve a consensus on a core set of indicators that can be piloted in a small number of local health economies.</p>	<ul style="list-style-type: none"> • Links to the ongoing work of the NQB’s Measuring Quality Working Group, the National Information Board and Carter Review Implementation Team. • Progress in aligning how quality metrics are designed and being used is already being made. • <i>The NQB could explicitly decide to develop a core set of quality metrics which would be used to measure the “quality gap”.</i>
<p>Articulate a shared understanding of how improvements in quality and costs are linked and pursue both in tandem: The national bodies also need to develop a more sophisticated and granular view of the relationship between quality and resources. The conventional wisdom that improving quality will result in lower costs is attractive, but the reality is likely to be more complex. Being explicit where investment and disinvestment may occur, with what intended effects and risk mitigation, would provide a transparent basis for addressing quality within a seriously resource-constrained NHS.</p>	<ul style="list-style-type: none"> • A high level narrative setting out the link between quality and financial sustainability was recently published in the NQB’s “Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing”. • Further work to develop case studies to support this narrative is being taken forward as part of the development of the National Improvement and Leadership Development Strategic Framework.

Health Foundation Recommendations	Links to FYFV and NQB activities – current and proposed
<p>Provide unified regional leadership for quality: The Forward View Board should consider taking further steps to bring together their various regional and local presences to share information, develop joint working arrangements and streamline requests for information from commissioners and providers. This already happens to some extent, for example through quality surveillance groups, but there is clear potential for achieving much greater alignment.</p>	<ul style="list-style-type: none"> • NHS Improvement is forming four regional teams which will mirror those of NHS England and CQC (North, South, Midlands & East, London). For some posts, joint appointments are being made between NHSE and NHSI. • The 44 footprints for the Sustainability and Transformation Plan (STP) geographies include provider chief executives, CCG accountable officers, local authority senior leaders and clinicians, recognising the need for local systems to work in partnership. • Links to the development of the National Improvement and Leadership Development Strategic Framework
<p>Inform the future quality agenda: There are in effect twin tracks to developing a comprehensive quality strategy. The first is strategy development that is seen across many international health systems to ensure sustainability and progress in quality of care. The second involves short-term legitimate government priorities to operationally improve quality. The critical issue at stake now is to tend to both, ensuring the approaches are coherent, and that the balance between planning, control and improvement is healthy.</p>	<ul style="list-style-type: none"> • The NQB has already proposed to build on work that was done under the previous NQB and develop a prioritisation approach and methodology which could provide a vehicle for collective priority setting and leadership for quality in the context of quality and value in the future.

Roundtable event with the Health Foundation

10. In advance of the roundtable event with HF on 14 July 2016, the NQB are asked to consider and discuss what could the HF most usefully do to support the NQB to progress the quality agenda. For example:
- a) Are there specific / particular pieces of independent policy analysis it might be helpful for the HF to conduct?
 - b) Is there are any events HF could convene to further constructive discussion on quality?
 - c) If the HF were to commission further evidence reviews on the impact of particular policies on quality, what would be the NQB's priorities for this?

**NQB Secretariat
July 2016**