



To: National Quality Board

For meeting on: 20 September 2016

Report author: NQB Secretariat

Report for:

Decision	Discussion	Information
X	X	

Title: A Shared Commitment to Quality

Summary:

The purpose of this paper to update the NQB on the progress to develop the *Shared Commitment to Quality* document (attached at Annex A) and describe the proposed next steps in respect of finalising the content, further engagement and sign-off.

This paper also seeks to stimulate discussion between members as to what specific, concrete actions both the NQB and its member organisations can commit to, based upon the *Shared Commitment to Quality*.

Recommendations / Action(s) requested:

The NQB is asked to:

- note the progress in developing the *Shared Commitment to Quality* document;
- note and comment upon the proposed next steps in respect of finalising the content, further engagement and sign-off; and
- discuss and agree a number of specific, concrete actions both the NQB and its member organisations can commit to, based upon the *Shared Commitment to Quality*.

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

						
X	X	X	X	X	X	X

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](#).

A Shared Commitment to Quality

Purpose

1. The purpose of this paper to update the NQB on the progress to develop the *Shared Commitment to Quality* document (attached at Annex A) and describe the proposed next steps in respect of finalising the content, further engagement and sign-off.
2. This paper also seeks to stimulate discussion between members as to what specific, concrete actions both the NQB and its member organisations can commit to, based upon the *Shared Commitment to Quality*

Background

3. The document is intended as a resource for clinical and managerial leaders across health and social care that signals the commitment of the 5YFV national leadership to quality. It aims to make clear the collective commitment of the national bodies to both safeguard and improve quality and describes a single, shared view of quality. It reinforces that quality, financial sustainability and improvements to health and wellbeing should be pursued collectively and one should not be traded-off against another.
4. Whilst the focus of the document is largely the NHS, it is also relevant to social care, as the need for the NHS and social care to work more closely together grows stronger, and is increasingly a reality for providers and people who use services. The scope of the document includes social care where it relates most closely with the work of the NHS. The document is designed to complement the emerging Adult Social Care Quality Strategy, which explores in more detail how the system must work together to improve care quality in social care, and which is looking to adopt the same single shared definition of quality as in the *Shared Commitment to Quality*.

Update on the development of the *Shared Commitment*

5. The NQB's Quality Strategy Working Group¹ have led the development of this document, with the oversight and regular input of the NQB, including the insight provided at a workshop session that took place as part of the extended NQB meeting on 8 June 2016.

¹ Members include representatives from the ALBs, Dept of Health, People and Communities Board, and the team developing the National Improvement and Leadership Development Strategic Framework

Engagement

6. Since the July 2016 meeting of the NQB, a programme of engagement on the document has been undertaken and feedback and input has been gathered from a range of key stakeholders, including representatives from:
 - Local Government Association;
 - HealthWatch England;
 - Social Care Institute for Excellence;
 - General Medical Council;
 - ADASS;
 - NHS Clinical Commissioners;
 - NHS Providers;
 - Royal College of Physicians;
 - adult social care trade associations;
 - independent healthcare sector providers; and
 - senior commissioners through a satellite event at the Health and Innovation Expo event.
7. From the feedback received, some of the recurring themes were:
 - different views on what constituted a shared priority (*Slide 7*) – hence the proposed action to include those included in the NHS Shared Planning Guidance due to be published on 20 September 2016;
 - though this is intended to be an NHS facing document, clearer emphasis was needed in respect of social care and public health; and
 - the emphasis on person-centred care needed to be strengthened (personalisation, integration, enablement) to help align with social care quality definition.
8. NQB Secretariat has invited comments from a wide range of other bodies including other professional regulators and professional bodies; however some did not share feedback on this occasion. All comments have been considered in the latest iteration of the document.
9. Although senior leaders in health and social care are the target audience for the document, we recognise the critical value of involving people who use services in its development. To date, the approach to this has been limited by time and resource constraints; however the working group does include representation from the People and Communities Board / National Voices. Further engagement with patient and public voice representatives is planned over the coming weeks.

Next steps

Sign-off and publication of the document

10. The NQB will be seeking approval from the 5YFV CEOs via correspondence during September 2016, before finalising the design and publication of the document in October 2016.

11. NQB secretariat are developing a communications and engagement plan to support the dissemination of the document's messages within the health and social care system, and to support some NHS and social care-focused media to engage the service on quality issues. Key to appropriately landing the publication will be careful messaging to reinforce the principles that underlie the document, and to address some anticipated communications challenges, for example around the shared commitment's contribution to closing the quality gap, expressing a renewed commitment to quality, commitment to ensuring quality and financial sustainability are pursued in tandem, and reinforcing the positioning of the document in relation to the Adult Social Care Quality Strategy currently under development.

Agreeing key actions

12. As the *Shared Commitment to Quality* is almost finalised, the NQB should now focus its attention on discussing and agreeing some clear and concrete actions about how both the NQB collectively, and its constituent member organisations will take forward the commitment.
13. Some member organisations have already publically committed to action in line with the *Shared Commitment to Quality*. For example:

[NHS Improvement's revised Single Oversight Framework](#) published in September 2016, set out that NHS Improvement and CQC will work together to align approaches more fully as they move towards a single combined assessment of quality and use of resources. They intend to jointly develop the "well-led framework", to help identify support needs for leadership and improvement capability and will work together to share data and develop common data sets where possible. They have also committed to continue to develop close operational working, for example aligning the way they work together in engaging with individual providers.
14. Once finalised, the National Improvement and Leadership Development Strategic Framework (see *Paper 1*) will be launched in Autumn 2016 with a focus on a number of pledges allowing the 'centre' to role-model behaviour change. The latest draft includes the following examples, which complement and underpin the principles in the *Shared Commitment to Quality*. :
 - We will support local decisions through collectively and consistently reshaping the regulatory and oversight environment. In particular, we owe local organisations time and space to put these decisions into effect.
 - We will model in all our dealings with the sector and in our own organisations the compassionate leadership and attention to people development that establish continuous improvement cultures.
 - We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we speak to the sector with one voice.

15. It is anticipated that whilst some commitments to action may be more challenging or long term and require buy-in at CEO level, there may also be some specific examples of actions and activities that the NQB, or indeed its member organisations are already undertaking or could commit to in the short term. Suggested actions that could have a significant impact and effectively focus resources in year one could include;
- a) CQC and NHS Improvement to run a **joint pilot** with a local area to test out a more meaningfully aligned way of working with a local health economy;
 - b) NHS England, NHS Improvement and CQC to develop a **memorandum of understanding for the sudden closure of hospital facilities on the grounds of serious quality or safety concerns** (similar to the work led by CQC and NHS England on [Managing Care Home Closures](#));
 - c) NQB to **review the effectiveness** of Quality Surveillance Groups and Risk Summits;
 - d) **streamlining and aligning measurement activity** by CQC, NHS I, NHS E, PHE, DH & HEE through the NQB Measuring Quality Working Group; and
 - e) **aligning** the CCG Improvement and Assessment Framework with the NHS Improvement's Single Oversight Framework and CQC's Assessment Framework.

Questions for the NQB

16. The NQB is asked to:
- a) note the progress in developing the *Shared Commitment to Quality* document;
 - b) note and comment upon the proposed next steps in respect of finalising the content, further engagement and sign-off; and
 - c) discuss and agree a number of specific, concrete actions both the NQB and its member organisations can commit to, based upon the *Shared Commitment to Quality*.

NQB Secretariat

15 September 2016