



To: National Quality Board

For meeting on: 6 April 2016

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Report for:

| Decision | Discussion | Information |
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TITLE: NQB paper for the NHS Five Year Forward View (FYFV) CEO Board

Summary:

Building on the discussions at the NQB meeting on 17 February 2016, the enclosed document is the latest iteration of the paper for consideration and agreement by the NHS Five Year Forward View (FYFV) CEO Board on 18 April 2016.

The purpose of the paper is to set out the role and proposed focus of the NQB for 2016/17 and beyond, in the context of the delivery of the FYFV and the development and implementation of Sustainability and Transformation Plans (STPs).

Recommendations / Action(s) requested:

The NQB is asked to consider and provide feedback on the paper, specifically:

- a) the four-fold description of the NQB's role as described in paragraph 9; and
- b) the proposed actions and products for 2016/17 and beyond as set out in the table on pages 4-6.

ALB Involvement in development and sign-off of paper:

|  |  |  |  |  |  |  |
|---|---|---|---|--|---|---|
| X | X | | X | X | | X |

NHS Five Year Forward View CEO Board: 18 April 2016

The role and focus of the National Quality Board in 2016/17 and beyond

A paper from the NQB Chairs and Secretariat (CQC and NHS England)

Purpose

1. To set out the role and proposed focus of the National Quality Board (NQB) for 2016/17 and beyond, in the context of the delivery of the NHS Five Year Forward View (FYFV) and the development and implementation of Sustainability and Transformation Plans (STPs), for consideration and agreement by the FYFV CEO Board.

Recommendation

2. That you:
 - a) Endorse the role and purpose of the NQB as described at paragraph 9; and
 - b) Agree the proposed actions and products for 2016/17 and beyond as set out in the table after paragraph 12.

Background

3. The National Quality Board was first established in 2009 as part of the implementation of High Quality Care for All, the final report of the 2008 NHS Next Stage Review. Its role was to provide collective leadership for quality, pooling sovereignty between national organisations to secure alignment around the shared goals of maintaining and improving quality.
4. After taking some time to establish itself, understand the respective perspectives around the table, and to get to grips with its role and potential, between 2010--2014 the NQB was very active in providing cross-system leadership for quality; advising Ministers and national bodies on the development of key policies in respect of quality; securing alignment between organisations in how they discharge their responsibilities; and producing guidance to the system on how to maintain and improve quality. The table on pages 4-6, sets out a list of achievements and products of the NQB in this period.
5. During 2014/15 the NQB went through a hiatus, as the infrastructure that would facilitate joint working between national organisations evolved, and the strategy for the NHS in the FYFV was developed.

6. The FYFV set out that the NQB should be ‘reenergised’ with clinical leadership from across the system. Since March 2015, the newly established NQB has been working to understand how it can add value in the system, complementing but not duplicating the other cross-system governance that is in place, whilst adding value to commissioners, providers and professionals. They have wrestled with the challenge of providing collective leadership in a system with dispersed accountability, and in getting genuine commitment from member organisations to focus resources on aligning quality and improvement approaches while attentions might be elsewhere.
7. In the last few months, there have been significant developments in terms of the focus of the system, with national taskforces publishing strategies for improving care in particular areas and the commencement of the STP process. The narrative and focus on quality must evolve to be relevant in these contexts.

The role of the NQB

8. As we move into 2016/17, the NQB is keen to re-articulate its role in respect of quality and in the context of the other cross-system governance that is in place, and to take forward a practical, focussed, and value adding work programme between its member organisations to support the system in maintaining and improving quality in the context of the FYFV and the STPs.
9. The NQB’s overarching aim is to support and drive improvement in the quality of care. It’s role in achieving this aim is four-fold:
 - a. **Providing collective leadership 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.
 - b. **Securing alignment for quality** – 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.
 - c. **Holding up a mirror to the system** – both privately and publically by identifying and drawing attention to emerging problems in care quality or emerging learning from good practice in care quality.
 - d. **Taking action 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. 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.
10. The next section sets out the proposed specific areas of focus for the NQB in 2016/17, which are consistent with the four-fold role and purpose. Individual areas of focus may fall into one or more of the components of its role.

Areas of focus for 2016/17 and beyond

11. In considering where it could best add value going forward, the NQB has considered the work that is going on in other parts of the cross-system governance supporting delivery of the FYFV, to avoid duplication and ensure alignment. For example, the Finance Board, and Workforce Boards; the National Information Board; the new delivery architecture of STPs and joint working between NHS Improvement and NHS England; and the programme boards for each of the FYFV priorities. Whilst all of these will have a focus on quality either directly or indirectly, they will not be exclusively focussed on supporting the system to maintain and improve overall. The NQB has also drawn on its past experience and where it has added most value, as well as intelligence on what commissioners, providers and professional would find most useful.
12. With this in mind, the NQB proposes the following actions and products for the year ahead and beyond. It also stands ready to provide collective advice on any issues related to quality that might be referred to them by the FYFV Board, by any individual member organisation, or by Ministers.

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| No | NQB workstream | Product(s) | Context | Timeframe | Lead(s) |
|--------------------------------------|--|---|---|------------------------|---|
| Short Term – BY END JUNE 2016 | | | | | |
| 1. | Sustainability and Transformation Planning | Input to STP guidance on the care and quality gap | <ul style="list-style-type: none"> • NQB is providing input to the development of the detailed STP guidance on ‘diagnosing’ the care and quality gap, and support on how to close it, spanning the key priorities in the FYFV. • It will continue to do this throughout the planning period as is required. | March 2016 and ongoing | FYFV secretariat – Charlotte Goldman NHS England – Lauren Hughes NICE – Nicola Bent |
| 2. | Sustainability and Transformation Planning | Clinical support offer to success regime sites | <ul style="list-style-type: none"> • Improving the quality and sustainability of clinical services will be a significant part of what the Success Regime does in each of the sites, and there is a need to make use of the resources available within the national health and care system in doing this. | | NHS Improvement / FYFV secretariat – Tom Rafferty |
| 3. | Safe Staffing | Refreshed Safe Staffing Guidance | <ul style="list-style-type: none"> • NQB developed guidance in [2013] on nurse staffing, which now needs to be updated. • Guidance has parallel sign off process (Jim Mackey, Mike Richards, Robert Francis). | April 2016 | NHS Improvement - Ruth May NHS England – Jane Cummings DH – William Vineall |
| Medium Term – BY END 2016/17 | | | | | |
| 4. | A shared view of quality | A FYFV narrative for quality | <ul style="list-style-type: none"> • NQB published reports in 2010 and 2013 on what quality means in the health system and who does what to maintain and improve it. • This needs to be refreshed, in the context of the FYFV and creation of NHS Improvement. • It needs to set out how quality relates to the other two gaps, what is our collective theory of change, roles and responsibilities for maintaining and improving quality in the context of local health economies working to deliver their STPs. • It will provide a vehicle for taking forward any actions or statements needed following the Health Foundation’s quality strategy due out in April 2016. • Once published, the NQB will actively promote the narrative through individual members and collectively. | Sept 2016 and ongoing | CQC - Malte Gerhold NHS England – Lauren Hughes |

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| No | NQB workstream | Product(s) | Context | Timeframe | Lead(s) |
|----|-----------------------------------|---|---|---|---|
| 5. | Operational Alignment for Quality | Quality Surveillance Group stocktake and guidance Risk Summit stocktake and guidance | <ul style="list-style-type: none"> • The NQB developed the concept of both Risk Summits and QSGs through its 2010 and 2013 reports respectively. It has produced guidance on how to operate these mechanisms and make them most effective, last published in 2014. • Given changes to the system and the establishment of NHS Improvement, it is timely to examine how these mechanisms are operating and whether they could be more effective. We know that those who use them are also keen to share best practice, which revised guidance should look to do. | By April 2017 | NHS England – Lauren Hughes CQC – Malte Gerhold NHS Improvement – Kathy McLean / Ruth May |
| 6. | Operational Alignment for Quality | Protocol on managing the impact of regulatory action on individual providers | <ul style="list-style-type: none"> • There is a practical need to consider between NHS England, NHS Improvement and CQC the process and procedures around the closure of services and providers of care following regulatory action, to ensure that organisations operate in as joined up a way as possible in the best interests of patients and service users. • A protocol is in development in the North in respect of care homes and this could form the basis of a wider protocol. | Protocol developed by September 2016 for reference in quality narrative | CQC – Malte Gerhold NHS England – Lauren Hughes NHS Improvement – Suzie Bailey |
| 7. | Measuring quality | Shared understanding and principles of quality measurement Actions to align how we measure quality between organisations | <ul style="list-style-type: none"> • There is a plethora of activity and initiatives associated with measuring quality, developed for various purposes and audiences. While much of it is useful, it is not aligned, and can be confusing for people locally trying to make sense of what is available to them, and being used with them. • This workstream is setting out a common set of principles that all national bodies will sign up to in respect of measuring quality to guide us going forward. • It will also identify opportunities for better alignment between activities and initiatives, and help guide their future development, including: CCG outcomes indicator set; Clinical Service Quality Markers; Clinical Audit programme; NHS England / NHS Improvement / CQC dashboard development; NICE indicators; HSCIC priorities; Work of the NIB | Workshop – March 2016 Principles published reference in quality narrative – Sept 2016 Alignment actions - ongoing | NHS England – Lauren Hughes CQC – David Harvey NHS Improvement – Richard Wilson |

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| No | NQB workstream | Product(s) | Context | Timeframe | Lead(s) |
|----------------------------------|--------------------------|--|--|---|--|
| 8. | Reducing the burden | <p>Addressing the culture of non-compliance with recommendations in regulating organisations.</p> <p>Addressing the burden associated with visits, discussions and meetings with regulating organisations.</p> | <ul style="list-style-type: none"> There have been numerous historical attempts to reduce the regulatory and inspection burden on providers however the impact of such initiatives had been tempered by both a focus on data collection only; and the prevailing cultures within regulating and inspecting organisations. | | NHS Improvement – Kathy McLean |
| Longer Term – BY END 2017 | | | | | |
| 9. | Prioritising for quality | A collective prioritisation approach and methodology | <ul style="list-style-type: none"> The FYFV sets out a set of priorities for quality improvement and transformation for the next few years. In 2-3 years, the national organisations will need to consider what its priorities should be for the next period. The NQB proposes 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 in future. | Initial proposal for consideration by FYFV Board – March 2017 | CQC – Malte Gerhold NHS England – Lauren Hughes NHS Improvement – Suzie Bailey |

Stakeholder views

13. As you are aware, the Health Foundation is working with Sheila Leatherman to develop a report on quality strategy in the NHS. It has been pitched as providing a view on the extent to which the policies and principles from *High Quality Care for All* in 2008 have been implemented, and how effective the strategy for quality is in the current health system. It is due to report in early April 2016, and Sheila and the Health Foundation have met with many members of the FYFV Board, NQB members, and with the NQB collectively on two occasions.
14. To inform the report, they have spoken to key stakeholders and opinion leaders nationally, as well as a cross section of stakeholders locally. Their findings will reflect the key themes that have emerged from these discussions and evidence gathering. Indications from the Health Foundation are that findings will focus in the following areas:
 - a) The NHS in England lacks a coherent and explicit quality strategy, and as such is an international outlier. The NHS in England has the potential to be able to develop and implement such a strategy, given its relatively unified national tier, ability to set national priorities, and availability of levers to drive change.
 - b) Quality is a stated priority but implementation and messaging is inconsistent, with a multitude of national policy initiatives, not necessarily reinforcing or coherent. The proliferation of short and medium term initiatives is crowding out the development of capability for improvement in the system
 - c) The nature of disparate responsibilities for quality across the system means that the ability of national bodies to work in a coordinated way hinges on relationships. Collective responsibility and leadership is therefore vital.
 - d) Using the Juran trilogy of control – planning – improvement, the control and improvement elements are out of balance. There is an over focus on control, more that could be done to coordinate planning, and no coherent approach to supporting improvement.
 - e) The reporting, measurement and local accountability arrangements are not aligned between national organisations which causes an increased burden on the front line and confusion as to priority of focus.
15. Recommendations may include:
 - a) Articulating a single set of quality goals and definition of quality, and linked to this, a shared understanding of the link between improvements in quality and costs.
 - b) Provide unified national leadership for quality and ensure the effectiveness of the NQB as part of that, and provide unified regional leadership for quality.
 - c) Draw on the evidence base as to what works in terms of leveraging and incentivising quality improvement.
 - d) Develop a core set of metrics in respect of quality.

- e) Drive improvement in the current priorities while ensuring capacity and capability building in the longer term.
16. Through our discussions with the Health Foundation, we have been seeking to influence their recommendations so that they can practically be taken forward given the current context that the system is operating within. Similarly, in designing the areas of focus and products of the NQB for 2016/17 and beyond, we have sought to ensure that wherever possible, the Health Foundation's possible findings will be addressed. Developing a FYFV narrative on quality and the work on measuring for quality are particularly relevant in this respect.

Recommendation and next steps

17. The FYFV Board is asked to:
- a) endorse the role and purpose of the NQB as described at paragraph 9; and
 - b) agree the proposed actions and products for 2016/17 and beyond as set out in the table after paragraph 12.
18. It will be important going forward that the NQB develops and maintains a strong relationship with the FYFV Board, ensuring that how it takes forward its work is consistent with the FYFV's priorities and perspective. As such, the NQB will:
- a) provide monthly reports to the FYFV Board on progress;
 - b) the NQB Chairs will attend the FYFV Board as requested to update on progress and seek steers on direction of travel and products; and
 - c) the FYFV Board will have the opportunity to comment on and, if it wishes, sign off key NQB products prior to publication.
19. The NQB will continue to liaise with and work alongside other cross-system infrastructure, such as the Improvement and Leadership Board, the Finance and Efficiency Board and the Workforce Advisory Board to influence their objectives and ensure that the work they are taking forward is aligned.

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