

# A shared commitment to quality

for those working in health and care systems



Developed by the National Quality Board

# Foreword

## Introduction

The health and care landscape has changed considerably since the Shared Commitment to Quality was published by the National Quality Board in 2016.

The development of Integrated Care Systems (ICSs) brings significant opportunities to improve quality, but also challenges and risks. As ICSs develop and we recover from the pandemic, it is critical that quality is prioritised in decision-making and planning.

The original Shared Commitment set out a single vision of quality, based on the need to provide high-quality, personalised care for all. It summarised the changes needed within health and care to achieve this and confirmed the commitment of national bodies to support it. This document builds on the original version, providing an updated definition of quality for those working in health and care systems and partnerships.

## Purpose

The development of ICSs and associated partnerships has provided impetus to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health and social care, as well as wider services including housing and the economy. The new partnerships are also helping to prioritise self-care and prevention, so that people can live healthier and more independent lives.

The NQB is committed to ensuring that quality is central to planning and decision-making within health and care systems. This document:

- sets out what good and outstanding care and services look like within systems - across different organisations, services and local levels of delivery
- provides the foundation for system working around quality – based on collaboration, trust, transparency, and ongoing learning
- champions the need to ensure that quality is a shared goal that requires us all to commit and act.

The Shared Commitment has been refreshed to align with the two quality frameworks for Public Health and Adult Social Care, the NHS Patient Safety Strategy and the People Plan. The updated version does not change the statutory responsibilities of individual organisations, nor undermine their independence, but highlights the strategic importance of working together to champion and drive improvements in quality.

## The National Quality Board

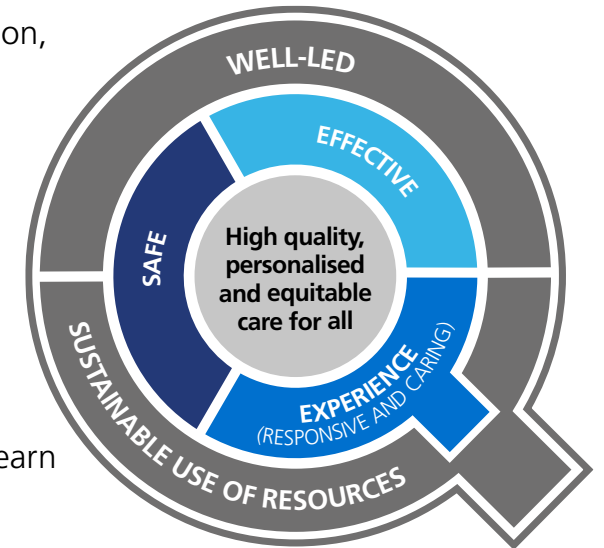
The purpose of the National Quality Board (NQB) is to champion the importance of quality and drive system alignment across health and care on behalf of the national bodies: NHS England and Improvement, NHS Digital, the Care Quality Commission, Public Health England, the National Institute for Health and Care Excellence, Health Education England, the Department of Health and Social Care, and Healthwatch England. Our aim is to support delivery of the Long Term Plan's ambition for quality in the NHS, while encouraging high quality care for all across health, public health, social care and wider services.

# A shared single view of quality

## High-quality, personalised and equitable care for all, now and into the future

**What does this mean in practice?** That people working in systems deliver care that is:

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.
- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
- **Positive experience**
  - **Responsive and personalised** - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.
- **Caring** - delivered with compassion, dignity and mutual respect.
- **Well-led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.
- **Sustainably-resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Quality care is also equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.





# What is an Integrated Care System?

Integrated Care Systems (ICSs) are partnerships between the organisations that meet people's health and care needs across an area. They coordinate services and plan in a way that aims to improve health and reduce inequalities between different population groups.

Since 2018, ICSs have been deepening the relationship between the NHS, local authorities and other key partners such as the voluntary, community and social enterprise sector. By April 2021, all parts of England will be served by an ICS, with the government's recent White Paper setting out legislative proposals to develop statutory ICSs.

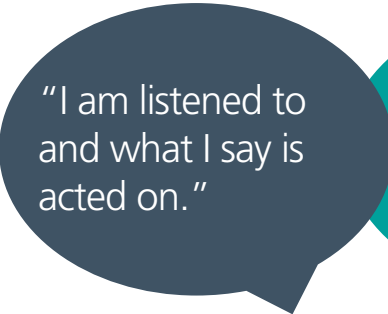
## What does this mean in practice?

Integrated Care Systems will:


- Focus on strengthening partnerships with staff, local communities and people using services to deliver higher-quality care and tackle health inequalities
- Ensure that decisions are taken closer to the communities they affect, so that they are more likely to lead to better outcomes

- Provide people with an improved experience of health and care, as services are more coordinated, focused on addressing health inequalities and based on the latest evidence, learning and best practice
- Support people delivering health and care services to work together to do what is best for people, including being able to work across different organisations and services, such as primary and secondary care, physical and mental health.

It is important that ICSs are clear about what matters to people using services, and that they use this understanding to shape how services are designed and how outcomes are measured:



"I am listened to and what I say is acted on."



"I make decisions that are respected, and I have rights that are protected."

# Working together to deliver quality

Collaboration, trust and transparency  
Transformation  
Equity and equality

## Commissioners and funders

- Set clear quality standards and expected outcomes when commissioning, which are considered as part of performance management
- Have clear governance and accountability arrangements for quality
- Work together to ensure seamless pathways between commissioned services, including identifying and managing quality issues
- Develop a just culture which is open, transparent and continuously improving
- Work with local communities to shape the design and delivery of services.

## Professionals and staff

- Enjoy their work and feel motivated and supported to deliver high-quality care
- Receive training and support to enable career progression and allow them to continually improve the quality of care they provide
- Are inclusive and respond to the needs of those who face disadvantage and potential discrimination
- Are safe and confident to speak up when they have concerns and are supported afterwards.

## People and communities

- Know what high-quality care looks like, what they have the right to expect and what to do when their experience falls short
- Have care that is personalised and empowering, including access to different types of support from voluntary and other organisations
- Are respected, listened to and treated with dignity and equity, as well as able to live the life they want to
- Are equal partners in decision-making about their own care
- Shape and coproduce how services are designed, delivered and improved locally.

## Providers

- Set clear quality standards and expected outcomes
- Experience a coherent system of quality assurance, measurement and regulation
- Are accountable for the quality of care they provide, driving quality improvement which translates into improved health outcomes and reduced health inequalities
- Understand their wider role as an anchor institution, including bringing local people into the health and care workforce and helping them build careers
- Develop a just culture which is open, transparent and continuously improving.

## Regulators

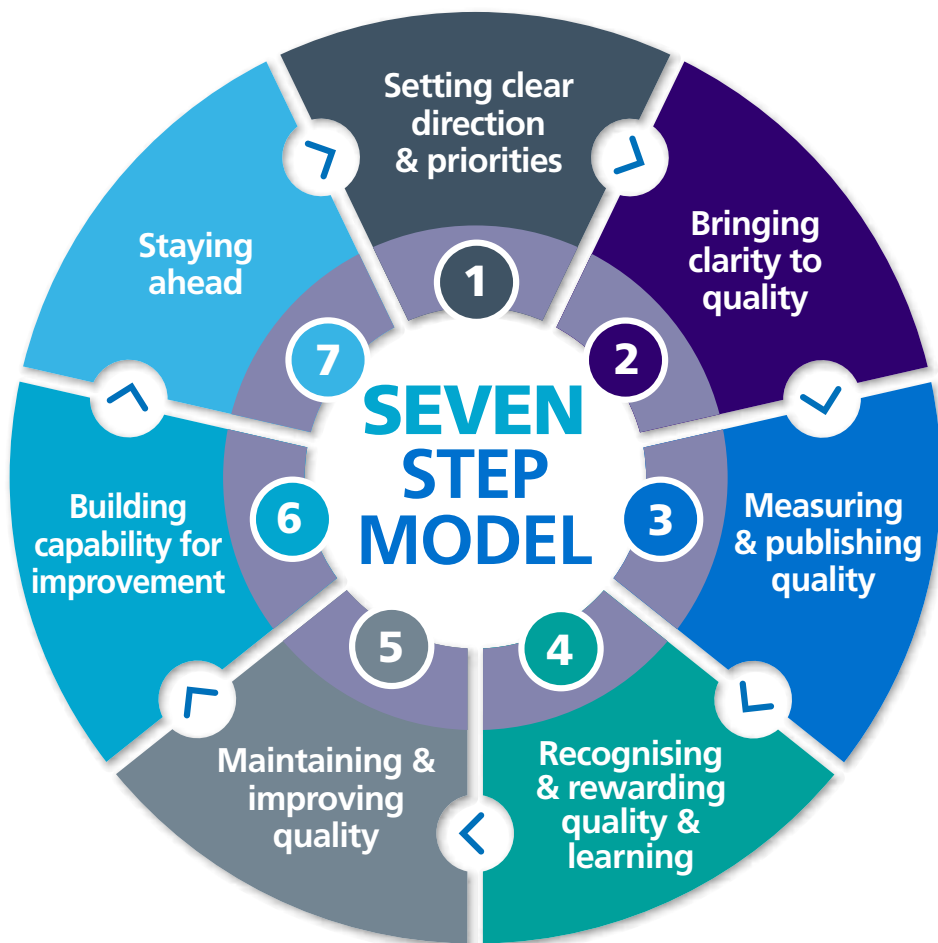
- Ensure that providers are delivering high standards of quality and care, monitoring & inspecting against these standards
- Share learning, best practice & insights across system partners to support improvement
- Work together with commissioners to share intelligence on quality issues and risks
- Support improvement where potential or actual failures in the quality of care are identified
- Set clear standards of competence and conduct for health and social care professionals.

## Research and innovation partners

- Support providers and commissioners to continually improve and maintain quality
- Triangulate data and evidence across pathways and services, presenting it in a meaningful way. This includes feedback from those accessing services
- Share learning, best practice & innovations across system partners to influence and improve delivery.



# Delivering quality care in systems: **the seven steps**



## 1 Setting clear direction and priorities

To deliver a new service model for the 21st century, which delivers better services in response to local needs, invests in keeping people healthy and out of hospital, and is based on clear priorities, including a commitment to reducing health inequalities.

## 2 Bringing clarity to quality

setting clear standards for what high quality care and outcomes look like, based on what matters to people and communities.

## 3 Measuring and publishing quality

Measuring what matters to people using services, monitoring quality and safety consistently, sharing information in a timely and transparent way, using data effectively to inform improvement and decision-making.

## 4 Recognising and rewarding quality and learning

Recognising, celebrating and sharing outstanding health and care, learning from others and helping others learn, recognising when things have not gone well.

## 5 Maintaining and improving quality

Working together to maintain quality, reduce risk and drive improvement.

## 6 Building capability for improvement

Providing multi-professional leadership for quality; building learning and improvement cultures; supporting staff and people using services to engage in coproduction; supporting staff development and wellbeing.

## 7 Staying ahead

By adopting innovation, embedding research and monitoring care and outcomes to provide progressive, high-quality health and care policy.



# Delivering quality care in systems: **key principles**

Based on learning from systems to date, there are six key principles that should underpin decisions around quality in health and care systems:



## 1: A shared commitment to quality

Partners have a single understanding of quality, which is shared across all services. Partners work together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges.



## 2: Population-focused

Clear quality improvement priorities are based on a sound understanding of quality issues within the context of the local population's needs, variation and inequalities.



## 3: Co-production with people using services, the public and staff

Meaningful engagement ensures that people using services, the public and staff shape how services are designed, delivered and evaluated.



## 4: Clear and transparent decision-making

Partners work together in an open way with clear accountabilities for quality decisions, including ownership and management of risks, particularly what happens when serious quality issues arise.



## 5: Timely and transparent information-sharing

Partners share data and intelligence across the system in a transparent and timely way.



## 6: Subsidiarity

Management of quality largely takes place locally, but is done at scale where needed to improve the health and wellbeing for the local population.

The NQB's Position Statement on quality in ICSs highlights these principles, as well as some consistent operational requirements that all ICSs are expected to have in place in 2021-22 and beyond.





# Delivering quality care in systems: the Juran trilogy

There are three core quality 'functions' that need to be delivered by systems. These are described in the Juran Trilogy, a quality management model that is based on international best practice.

Central to these three functions is open sharing and learning. When delivered effectively, these functions work together in an integrated way to ensure that systems can:

- Identify and monitor early warning signs and quality risks
- Plan and coordinate transformation locally and at a system level
- Deliver ongoing improvement of quality experience and outcomes.

The NQB commits to supporting systems in effectively delivering these functions and setting up quality management systems, including through the development of a Quality Toolkit and refreshing the Guidance on Quality Surveillance Groups and Risk Summits.

## QUALITY PLANNING

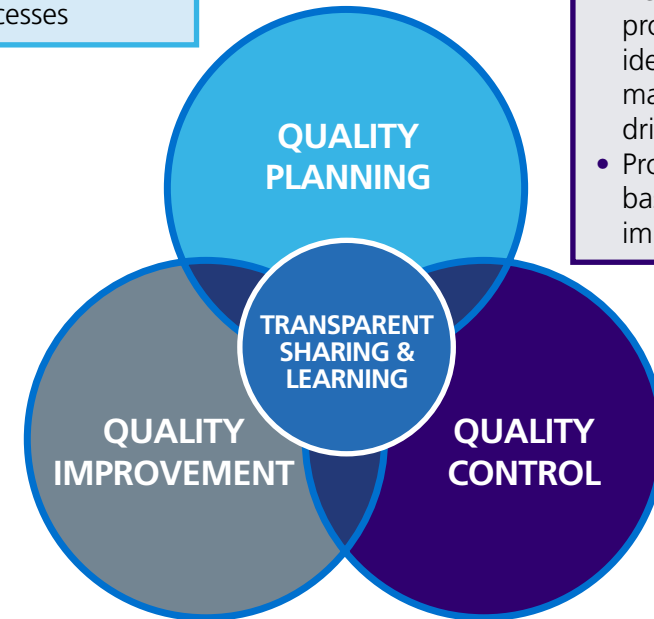
- Strategy & policy development
- Establishing systems & processes

## QUALITY CONTROL

- Designing processes to identify and manage risks and drive improvement
- Providing stable basis on which to improve

## QUALITY IMPROVEMENT

- Building & nurturing a learning culture
- Supporting & enabling quality improvement & transformation at all levels
- Ensuring staff have the right skills & capabilities for quality improvement
- Sharing best practice





# The organisations of the NQB commit to:



NHS England and NHS Improvement



## Promote quality through everything that we do

- We will always champion quality as a central principle in how health and care services are designed and delivered
- We will use a shared view of quality and identify key priorities for quality improvement in health and care, aligning our effort to support the delivery of these priorities
- 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, and 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 work to understand and address variation and inequalities in the quality of care and outcomes
- 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 support system alignment for assurance, developing common standards and working to reduce duplication wherever possible alignment of measurement and monitoring activities, in order to 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 is intrinsic to the Long Term Plan – the focus of Chapter 3 and a golden thread that cuts across all priority areas.

## Improving care quality and outcomes

- Strong start for children and young people
- Better care for major health conditions, including cancer, stroke diabetes & cardiovascular disease
- Delivering integrated services to help people with mental health issues, learning disabilities, autism and other conditions.

## New service model for the 21st century

- Growth in out-of-hospital care
- Reduced pressure on emergency hospital services
- Increased personalised care
- Digitally-enabled outpatient and primary care
- Increased focus on population health.

## Increased action on prevention and health inequalities

- Smoking
- Obesity
- Alcohol
- Air pollution
- Addressing health inequalities and discrimination, promoting diversity, inclusiveness and equality
- Health inequalities.

## Digitally-enabled care

- Supporting health and care professionals
- Supporting clinical care
- Improving population health
- Improving clinical efficiency and safety
- Enabling access to disadvantaged groups.

## Increased support to NHS staff

- People Plan and Promise
- Growth in clinical workforce
- Leadership and talent management
- Improve staff well-being and retention
- High quality education and training environments.

## Sustainability

- Increased effectiveness and efficiency
- Improving patient safety through the new NHS Patient Safety Strategy
- Targeting resources according to need
- Net Zero NHS by 2040.

These priorities sit alongside those determined locally within systems. The COVID-19 pandemic has had an impact on the delivery of these priorities, and yet effective partnership working has still led to real changes. Due to its disproportionate impact on those with the greatest challenges, including Black, Asian and minority ethnic communities and colleagues, COVID-19 has also given added urgency to the need to tackle health inequalities.



# Resources on quality

## Setting direction and priorities

- [NHS Long Term Plan](#)
- [Quality Framework for Public Health](#)
- [Adult Social Care – Quality Matters](#)
- [NHS Patient Safety Strategy](#)
- [Place-based Approaches to Health Inequalities](#)
- [HEE Quality Framework \(for education and training\)](#)

## Measuring quality

- [System Oversight Framework](#)
- [Adult Social Care Outcomes Framework](#)
- [CQC's Local System Review framework](#)
- [NICE Quality Standards and Indicators](#)
- [NICE Guidelines](#)
- [Think Local Act Personal 'I' and 'We' Statements](#)
- [CREST tool](#)
- [Making Data Count](#)

## Delivering quality care and outcomes

- [Long Term Plan Implementation Framework](#)
- [National Quality Board's Improving experiences of care: Our shared understanding and ambition](#)
- [NHS People Plan](#)
- [Universal Personalised Care](#)
- [Delivering a Net Zero NHS](#)



# NQB member organisations

## 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)

**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)

## The Department of Health and

**Social Care** serves as a system steward, responsible for ensuring that the health and care system as a whole is maintaining and improving quality.

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

## NHS England and NHS Improvement

provides national leadership in commissioning NHS services, as well as supporting and holding providers to account to achieve success. 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 Digital** is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

<https://digital.nhs.uk>

## National Institute for Health and Care Excellence (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)

**Healthwatch England** serves as the independent national champion for people who use health and social care services. It works with service users and communities to ensure their views shape the support they need.

<https://www.healthwatch.co.uk/>

**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)

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