The Conditions: In Brief

Enabling, supportive and aligned regulation and oversight

condition 5
Developing People Improving Care was created by the thirteen organisations that form the National Improvement and Leadership Development Board. Every month the operational leads for Developing People Improving Care from those thirteen organisations meet as an implementation group, which drives our approach to the framework, and ensures greater alignment between our work.
**Introduction**

This short guide is the fifth in a series of five which aims to provide more information to those with a deeper interest in any of the five conditions that underpin Developing People Improving Care. This guide relates to Condition Five ‘Enabling, supportive and aligned regulation and oversight’. This guide also covers three pledges that national bodies have made to the health and care system which support delivery of the whole of the Developing People Improving Care framework.

Condition Five recognises that the behaviour of national organisations, in terms of the manner and nature of the way we approach our oversight functions, has a direct impact on leadership and improvement across health and care. With that in mind it proposes actions to reduce duplication and unnecessary requests for information. Significantly, the actions in this condition also seek to ensure a balance between measurement for improvement and judgement.

The three pledges set out on page 5 underpin the behaviour change required by national bodies to achieve the above.
Developing People Improving Care Together.

Developing People Improving Care is the national framework to develop leadership and improvement capability throughout the health and care system. It seeks to create the right conditions to equip and encourage all staff and organisations involved in NHS funded activity to continually improve their local health and care systems.

The change we want to see:

• Behavioural change from the centre, with oversight bodies modelling compassionate and inclusive leadership
• Enhanced systems leadership capacity throughout the NHS
• Improvement skills for all staff
• Compassionate, inclusive leadership delivered by staff at all levels
• The right numbers of diverse, appropriately developed people to fill current and future senior management vacancies.
Why this is important

Evidence and experience from high performing health and care systems shows that having these capabilities enables teams to continuously improve population health, patient care, and value for money. Developing these capabilities and giving people the time and support required to see them succeed is vital if the healthcare system is to meet the challenges it faces.

The three pledges

The oversight bodies that are part of Developing People Improving Care recognise that our behaviour and approach to how we do our jobs directly affects the time and space that those on the frontline have to focus on leadership and quality improvement.

Because of this, we made three pledges in Developing People Improving Care:

1. We will model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.

2. We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.

3. We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.
**Condition Five: Enabling, Supportive and aligned regulation and oversight**

Targeted investment in skill-building, leadership development and talent management at all levels will only have the desired impact if local organisations and systems are in control of driving their learning and improvement to suit the needs of their local communities. The regulatory and oversight bodies that set the national priorities for local organisations and systems must allow them that control and give them the space and support they need to succeed.

The purpose of regulating and overseeing local organisations is to make sure patients and other service-users receive the best care possible. Regulatory and oversight bodies do this by ensuring core standards are met, and making appropriate interventions when serious problems are identified. There is increasing recognition that the national bodies’ and commissioners’ general response to a worsening operational environment has been to increase their grip on local organisations and focus on short term performance management interventions. Those subject to the various regimes sometimes regard the different bodies' individual responses as inconsistent and uncoordinated. Although any inconsistencies are unintended, they can divert local management attention to responding to regulators and local oversight bodies at the expense of focusing on operations.

The regulatory and oversight bodies take these views seriously. We are working on more supportive approaches that focus on building the capability of people across the health and care system. For example:

- An aligned regulation and oversight approach between NHS Improvement, Care Quality Commission (CQC) and NHS England for accountable care organisations and new care models.
• Joint work between CQC and NHS Improvement on updating and fully aligning the Well-Led Framework, based on a single shared view of quality that draws on the same sources of evidence

• The Shared Commitment to Quality developed by the National Quality Board (NQB), which re-affirms and signals the commitment of the FYFV national leadership to quality and makes clear the collective commitment of the national bodies to safeguarding and driving improvements in quality

• Implementing NHS Improvement’s Single Oversight Framework, which directs support for improvement to trusts.

As a priority, we seek to ensure that the regulatory and oversight system does not stand in the way but encourages professionals, organisations, teams and local systems to improve patient care and outcomes. The national organisations, our regional presences and local oversight bodies must remove any unnecessary hurdles and burden, and make sure we all work closely together.
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<tr>
<th>ACTION</th>
<th>Create a consistent, supportive, regulatory approach</th>
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<tr>
<td>• Continue and strengthen inclusive dialogue across the system</td>
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<td>• Develop mechanisms for the organisations we work with to feedback constructively on their dealing with national bodies</td>
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<td>• Update each organisations regulatory or oversight approaches to prioritise the strategic frameworks ambitions</td>
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<td>• All oversight bodies ensure their staff are enabled to behave in line with the principles of Developing People – Improving Care</td>
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<th>ACTION</th>
<th>Streamline and automate requests for information</th>
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<td>• Develop a joint initiative to assess current measurement activist</td>
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<td>• Implement the cross sector strategy to measure what matters</td>
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<tr>
<th>ACTION</th>
<th>Balance measurement for improvement and judgement</th>
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<td>• Develop guidance on good practice in combining measurement for judgement and measurement for improvement</td>
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<td>• Pilot a comprehensive measurement strategy in a local area across all levels</td>
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<td>• Include analytical skill building as an explicit element of ‘leading for improvement’ training offers</td>
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<td>• All members of the NILD board to review their own internal board reporting processes</td>
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Case Studies

Case study one: Working with Trust boards to Make Data Count

Samantha Riley, NHS Improvement

Over the past 12 months, the Improvement Analytics team has worked with Trust boards across the country to introduce a different approach to looking at data. Currently, red, amber, green (RAG) reports are commonly used to display performance information within board reports. There are considerable dangers associated with making decisions on data presented in this format.

A much more effective way to analyse data is to use a technique called Statistical Process Control (SPC). This:

- enables unusual patterns (which may indicate improvement or decline) to easily be identified
- enables boards to understand whether a target or standard can be consistently met
- reduces the amount of time spent unnecessarily investigating changes in data which are due to normal variation.

Sessions have been held with 15 Trust boards so far – all of whom have decided to move away from RAG reports and instead utilise SPC. Several Trust boards have already transformed their performance reports and have reflected that this has supported more effective decision making and use of time. A further 50 Trusts have requested a Making Data Count board session. Educational materials and ‘Train the Trainer’ sessions are being provided to support this transformation throughout the NHS.
Case study two: Leadership and governance for a new health environment

Care Quality Commission (CQC) / NHS Improvement

An updated version of the Well-led framework is giving NHS organisations updated leadership and governance guidance for our changing times.

The original Well-led framework was released in 2014 and used by CQC, Monitor and The TDA to oversee and support the development of good governance and leadership in NHS provider organisations. As the operating and regulatory environment has evolved significantly in recent years, CQC and NHS Improvement agreed that the Well-led framework should be updated, increasing focus on culture, leadership, improvement and system working, in line with emerging policy and the latest research and evidence.

In Developing People Improving Care, arm’s-length bodies (ALBs) also committed to simplifying and aligning our regulatory approaches where possible. As a result, NHS Improvement and the CQC have worked together to update and harmonise existing approaches to assessing and improving provider leadership and governance. This has resulted in a single, joint Well-led framework of eight Key Lines of Enquiry bringing together content from CQC’s previous Well-led question and NHS Improvement’s Well-led framework.
CQC: The framework structures assessments of the Well-led question, roughly annually.

- Focuses on current position / immediate actions
- Results in a published rating, identification of areas for improvement and / or regulatory actions
- Informs sharing of good practice.

NHS Improvement: The framework structures the guidance for in-depth, developmental reviews owned by the trusts as part of their continuous improvement.

- Focuses on identifying future risks / development actions
- Reviews strongly encouraged every 3-5 years on ‘comply or explain’ basis
- Use of peer reviewers promoted.
Condition 5: Enabling, supportive and aligned regulation and oversight

Well-led Framework

8 Key Lines of Enquiry

Is there the leadership capacity and capability to deliver high quality, sustainable care?

Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Is appropriate and accurate information being effectively processed, challenged and acted on?
<table>
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<th>3</th>
<th>Is there a <strong>culture</strong> of high quality, sustainable care?</th>
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<td>Is there a clear <strong>vision</strong> and credible <strong>strategy</strong> to deliver high quality sustainable care to people, and robust plans to deliver?</td>
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<td>1</td>
<td>Are the <strong>people</strong> who use services, the public, <strong>staff</strong> and <strong>external partners</strong> <strong>engaged</strong> and involved to support high quality sustainable services?</td>
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<td>5</td>
<td>Are there clear and effective processes for managing <strong>risks</strong>, issues and <strong>performance</strong>?</td>
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<td>6</td>
<td>Are there robust systems and processes for <strong>learning</strong>, continuous <strong>improvement</strong> and <strong>innovation</strong>?</td>
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**Are services Well-led?**
Case study three: Helping regulators improve quality

The Hackney Project, East London

This project brought the regulators, commissioners and providers together to find ways to make regulation feel more consistent and supportive to those on the ground.

Regulators and commissioners play a critically important role in overseeing health and social care services and making sure they offer high-quality, person-centred and sustainable care. Their work helps to encourage improvement in the quality of care, keeps people safe from harm, and holds health and social care providers to account.

But there can be unintended consequences. To health and social care providers, the responses from different bodies can sometimes seem inconsistent. This can divert local management attention away from the delivery of high-quality care, as they respond to regulators and local oversight bodies.

The Care Quality Commission wanted to address these unintended consequences, and believes that the first step was to understand them fully. So, they led a deep dive into these issues, working with one local area – Hackney, East London – to understand how regulation and oversight works in practice within a local health and social care system.

Listening to people working in local health and social care providers, local commissioners, as well as other regulators and national bodies, the CQC found widespread support for a more consistent approach to oversight.
People wanted bodies to use a common language about quality, with more joined-up support to help improve care quality, and a more streamlined approach to collecting data and monitoring quality.

Put simply, people and organisations across the system called for commissioners and regulators to come together around a single shared view of quality.
Where can I find out more?

Resources

Care Quality Commission
www.cqc.org.uk

Department of Health

Health Education England
hee.nhs.uk

Local Government Association
www.local.gov.uk

National Institute for Health and Care Excellence (NICE)
www.nice.org.uk

NHS Clinical Commissioners
www.nhscc.org

NHS Confederation
www.nhsconfed.org

NHS England
www.england.nhs.uk

NHS England – Improvement Hub
www.england.nhs.uk/improvement-hub

NHS Improvement
improvement.nhs.uk

NHS Improvement – Developing People Improving Care
improvement.nhs.uk/resources/developing-people-improving-care

NHS Improvement – Improvement Hub
improvement.nhs.uk/improvement-hub
NHS Leadership Academy
www.leadershipacademy.nhs.uk

NHS Leadership Academy – Resources
www.leadershipacademy.nhs.uk/resources

NHS Leadership Academy – Aspire Together
www.leadershipacademy.nhs.uk/aspirogether

NHS Leadership Academy – Systems Leadership
www.leadershipacademy.nhs.uk/about/systems-leadership

NHS Providers
nhsproviders.org

Public Health England
www.gov.uk/government/organisations/public-health-england

Skills for Care
www.skillsforcare.org.uk/Home.aspx
Overall aim of the framework

Continuous improvement in care for people, population health and value for money

The five conditions (primary drivers)

- Leaders equipped to develop high quality local health and care systems in partnership
- Compassionate, inclusive and effective leaders at all levels
- Knowledge of improvement methods and how to use them at all levels
- Support systems for learning at local, regional and national levels
- Enabling, supportive and aligned regulation and oversight
## Secondary drivers

- A joint ambition: clear aims for health and healthcare
- Positive relationships and trust in place at all levels
- Governance structures to enable local decision-making
- Knowledge and practice of compassionate, inclusive high impact leadership behaviours
- Development and support for all staff
- A system and approaches for attracting, identifying and deploying the right people into the right jobs
- Leadership for improvement in practice
- Applied training in improvement methods (from micro-systems to system transformation)
- Partnering with staff, patients and communities for improvement
- Improvement and support systems in organisations
- Data systems to support improvement
- Systems and networks for sharing improvement work locally, regionally and nationally

### National bodies working effectively together

- Local systems and providers in control of, and accountable for, driving improvement
- Helpful interventions and support offers from the national bodies to local systems