



Agreement between:

**Care Quality Commission and NHS
Commissioning Board**

January 2013

Joint Statement

This agreement sets out the strategic intent and commitment for the Care Quality Commission (CQC) and the NHS Commissioning Board (NHS CB) to work together.

We recognise our respective statutory responsibilities and independence, but will always seek to collaborate and cooperate in the public interest when relevant and appropriate to do so in delivering our core functions and in the course of our day-to-day working relationship. This agreement establishes an initial framework for our working relationship, setting out the priority areas where we will collaborate and the governance framework we will use.

In delivering our aims we recognise a common, significant set of challenges including an ageing population, integrating services locally and the financial pressures in the public sector and commit working together at all levels to achieve our aim of ensuring safe and effective high quality care which improves health outcomes for patients and reduces inequalities.

Collaboration must go beyond the words written in this document: it must be embedded into everything we do and the way in which we work. This may mean working in different ways to enable us to make the difficult decisions that will set the direction for truly transformational change, during transition and improving outcomes for patients and users of services.



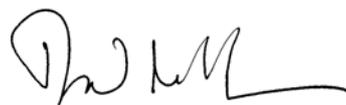
Dame Jo Williams



David Behan



Prof Malcolm Grant



Sir David Nicholson

1. Context and Shared Purpose

Purpose

- 1.1 This agreement sets out the nature of the working relationship between the Care Quality Commission (CQC) and the NHS Commissioning Board (NHS CB). It captures how we intend to work together at a strategic level to carry out our respective functions for the benefit of patients, users of services, their carers, and the public. We recognise that further thinking is required to develop detailed working protocols, and we have identified key priorities on which we will focus in the first year of this agreement. We set out our intention to establish management arrangements to support and oversee this agreement, and to enable it to develop and mature as the new health and social care landscape takes shape.
- 1.2 This agreement will sit alongside others which both NHS CB and CQC have in place with organisations operating within the wider health and social care system. It will be reviewed regularly for example to take into account the outcome of the Francis Inquiry.

Ambition

- 1.3 CQC and the NHS CB are committed to working together to deliver our statutory duty to cooperate and our common purpose to improve outcomes for patients. Our ambition is to foster a culture in which there is support, challenge, engagement, openness and co-ordination at all levels.

Roles

- 1.4 Our statutory roles are defined in the Health and Social Care Act 2008 and 2012. They are underpinned by the values and behaviours we want to demonstrate by effective joint working. A summary of the legal relationship is included at Annex A.

NHS CB:

- 1.5 The NHS CB is an autonomous non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. The NHS CB will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.

- 1.6 The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas like quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community.

CQC:

- 1.7 The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 (HSCA) as the independent regulator of health and social care providers in England. CQC protects and promotes the health, safety and welfare of people who use health and social care services. This is for the purpose of ensuring services improve; there is a focus on the experience of people using services and; that services are efficient and effective. CQC also has a role to protect the interests of people whose rights are restricted under the Mental Health Act. We do this by:

- Regulating and monitoring services.
- Listening to people and putting them at the centre of our work.
- Acting quickly when standards aren't being met.
- Drawing on our information and unique insight to provide an authoritative voice on the state of care.
- Working with strategic partners across the system.

- 1.8 Healthwatch will be a statutory committee of CQC, established to enable people to help shape and improve health and social care services. It will operate at both a local and national level, championing the views and experiences of patients, their families, carers and the public. A separate agreement will be developed between the NHS CB and Healthwatch England.

- 1.9 Both organisations share the fundamental goal of working in a way which supports and promotes the delivery of safe and good quality care for the public. We have identified some joint priority areas for our initial focus in order to achieve this goal. These are set out in detail below.

2. Joint Priorities

2.1 Together we have identified three priorities on which to work in 2012/13:

- Information sharing
- Maintaining quality, early warning and escalation
- Ways of working locally and in the wider landscape

Information sharing

2.2 We commit to working together proactively to share information and intelligence about the quality of care in order to spot potential problems early, and manage risk. To do this we seek to explore ways of sharing data where there is a shared interest or common benefit. We will focus on:

- common data eg data accessed from the Information Centre;
- specific data eg regulatory compliance; and
- data from third parties eg patient data and soft intelligence.

2.3 We will also work together to understand how to make long-term developments to our information sharing, and strive for continuous improvement and increased effectiveness over time.

Commitment

- By April 2013, we will agree a protocol for exchanging information and the mechanism by which we will share it.

Maintaining quality, early warning and escalation

2.4 The commissioning and regulatory landscape is changing. The NHS CB and CQC recognise that, as our new organisational strategies and structures are developed, the priority must be to maintain a continued focus on quality to ensure that early warning and escalation processes are in place.

Commitment

- We commit to implement the mechanisms proposed by the National Quality Board (NQB) in their document, *Quality in the new health system: Maintaining and improving quality from April 2013 (January 2013)*, on how the health care system should prevent, identify and respond to serious failures in quality.

Ways of working locally and within the wider landscape

- 2.5 We recognise that most interactions between CQC and the NHS CB will take place at a local and regional level. As well as maintaining a strong bi-lateral relationship, the NQB arrangements will provide a platform for us to come together with other key parties, to champion quality and collectively push for high standards.
- 2.6 We recognise that relationships will work differently at different levels in the system. For example, each organisation's relationships will differ and flex depending on the purpose of engagement.
- 2.7 At the national level we have a role to play in setting the tone for good working relationships between our organisations at local, regional and national level.

Commitment

- By April 2013, we will set out operational details of how CQC and the NHS CB will work together. For example we expect the Area Teams (ATs) of the NHS CB will work with CQC regional operation teams as part of the Quality Surveillance Groups arrangements being put in place following the proposals from the NQB.
- We will have developed appropriate training materials to assist this process.
- We will work together to understand each other's strategic vision and consider our own impact on the wider landscape to ensure the best possible outcomes for patients.

3. Governance for Delivering Joint Priorities.

3.1 This initial agreement has been driven by the views of our senior teams, and is a Board-to-Board level agreement. Both the NHS CB and CQC will want to work individually with their respective teams, and together, at all levels, to realise this agreement in practice. This on-going engagement will inform future agreements and establish further joint priorities.

Mechanisms for Overseeing the Agreement

3.2 We will establish governance arrangements to ensure effective working at national and local level as set out below. These will be supplemented by specific task and finish groups which will be tasked with taking forward the joint priority areas outlined above. These arrangements are summarised in table 1 and will be kept under review.

3.3 As the operation of the local and regional quality surveillance architecture is introduced, the NHS CB and CQC will work together to reflect and agree whether this mechanism needs to be supplemented by additional bilateral arrangements to achieve the aims of the agreement. Work is underway to establish relationships between CQC and Area Teams in view of the NQB proposals.

Table 1: summary of governance arrangements:

Meeting	Purpose	Frequency	NHS CB	CQC
National – Board to Board	Set joint strategic priorities for year ahead, review operation of partnership agreement	Annual	Chairman and Chief Executive, CNO, and others as deemed appropriate	Chairman and Chief Executive, and others as deemed appropriate
National – Business Co-ordination group	Operation of the partnership agreement and oversight of delivery of the strategic priorities/ Day to Day co-ordination	Quarterly/as required	Lead National Director (CNO), Director of Partnerships, Nominated Regional Director, supported by co-ordinating teams	CQC Lead Director, CQC Director of Regulatory Policy, Nominated CQC Regional Lead, supported by CQC co-ordinating team

National: Board-to-Board

- 3.4 Through the annual Board-to-Board meeting, CQC and the NHS CB will agree the joint strategic priorities for the year ahead. They will also review the impact and benefits of working together each year. The key responsibilities of the Board to Board are to:
- agree joint priorities to enable organisations at all levels of the system to deliver their shared objectives; and
 - review progress and develop terms of reference which build on the agreement to reflect any changed circumstances.
- 3.5 The group will be co-chaired by the CQC Chairman and NHS CB Chairman and attended by the Healthwatch England Board Chair, and the lead national directors for the relationship who will provide input and support and ensure continuity with the Lead Directors Business Co-Ordination Meeting (below).
- 3.6 The group will meet annually to prepare for the following business planning year and review progress.

National - Lead Directors Business Co-Ordination Meeting

- 3.7 The Lead Directors will identify the strategic priorities for the agreement and once approved by the Board to Board will develop a clear strategy and plan for implementation.
- 3.8 The key responsibilities are to:
- work across the system to identify and develop priority areas for engagement;
 - support the Board to Board in translating high level priorities into practical deliverables;
 - allocate resources within the respective organisations to implement the agreed strategy; and
 - understand the strengths and weaknesses in the operation of the agreement, so it can be continuously improved
- 3.9 The group will be co-chaired by the CQC and NHS CB National Directors, and attended by a core team including regional representatives. Suitable deputies may attend where chairs or members are unable to attend. The Group will meet quarterly/a required.
- 3.10 We are clear that patient quality and safety issues are a priority for our organisations, and we will work effectively at all levels to ensure we deal with these concerns.
- 3.11 It is envisaged that the day-to-day implementation of the support through the joint priorities will be carried out by lead officials within the NHS CB and the

3.12 The ways of working build and strengthen the commitment of each organisation to support local partners to develop strong and successful partnerships. Any differences of opinion between the CQC and NHS CB will be resolved at the most appropriate level. For local issues this will be through established local arrangements, at national level this will be through the day-to-day co-ordinating leads and, should issues need to be escalated the business co-ordinating group then Board-to-Board level groups will provide resolution as a last resort.

Wider Landscape

3.13 It is also important to recognise that there are other important existing and emerging organisations at a national level. The business co-ordination group will establish ways of working at the national and sub-national level with a number of organisations who will play a key role in the successful delivery of better health outcomes.

Our agreement:

3.14 We would describe our approach to joint working as follows:

Support	Communicate	Review
<ul style="list-style-type: none"> • Mutually supportive, both deriving value from it; • Develop trust, and an appropriate setting for challenge; • Allow us to act independently, where necessary; • Understanding and acknowledgment of respective roles and cultures; • Influence each other's approaches, as appropriate; • Reduce burden where possible. 	<ul style="list-style-type: none"> • Empower and enable communication at all levels of the organisations; • Open and transparent; sharing information in a timely manner, culture of no surprises; • Aspire to collectively provide a coherent picture of quality of services to the public. 	<ul style="list-style-type: none"> • Valued at highest level of organisation, visible leadership, clear accountability and coherent corporate approach; • Captured in written documents, co-produced and available to all; • Relationship should be kept under review, so we can constantly learn.

Annex A

This annex summarises the statutory relationship between the NHS CB and CQC.

This is not an exhaustive list of each of the CQC and NHS CB duties and powers. The Annex focuses on those duties and powers where there is relevance across both bodies. Not all of the powers and duties listed below are currently in existence. A number are as set out in The Health and Social Care Act 2012.

Summary of NHS CB and CQC statutory relationship

General duties

Quality

- CQC's main objective is to protect and promote the health, safety and welfare of people who use health and social care services.
- CQC is also required to perform its functions for the general purpose of encouraging:
 - (a) the improvement of health and social care services,
 - (b) the provision of health and social care services in a way that focuses on the needs and experiences of people who use those services, and
 - (c) the efficient and effective use of resources in the provision of health and social care services.
- The NHS Commissioning Board (NHS CB) performs its functions to continue the promotion of a comprehensive health service designed to secure improvements in the physical and mental health of the people of England and in the prevention, diagnosis and treatment of physical and mental illness.

Co-operation

- CQC and NHS CB are both under a duty to cooperate with each other in the exercise of their respective functions.

NHS Constitution

- CQC must have regard to and NHS CB must promote the NHS Constitution, in the exercise of their respective functions.

Specific duties

Involvement

- CQC must have regard to the views expressed by or on behalf of members of the public about health and social care services.
- CQC must have regard to the views expressed by local involvement networks or, in future, Local Healthwatch organisations or Local Healthwatch contractors about the provision of health and social care services in their areas,

- The NHS CB has a duty to promote the involvement of patients, and their carers and representatives, if any, in decisions which relate to them in terms of the prevention or diagnosis of illness, as well as their care and treatment.

Consultation

- CQC must consult such persons as it considers appropriate about any proposed amendment to the Guidance about Compliance where there would be a substantial change. It is the CQC's view that this would include the NHS CB.
- Where CQC intends to issue any guidance or revised guidance in relation to how it will exercise its functions in relation to enforcement actions it must consult those person that it considers appropriate and it is the CQC's view that this will include the NHS CB.
- NHS CB must consult the Healthwatch England committee of the CQC before publishing any guidance for CCGs on the discharge of their commissioning functions.

Reviews

- CQC must consult NHS CB on proposals for topics for reviews, studies and investigations
- CQC can carry out an investigation where it considers there is a risk to health and safety or welfare. Its inspection powers extend to NHS health and social care providers and commissioners of health and social care, including the NHS CB and CCGs.
- CQC has power to give advice to NHS CB about any inquiries into the provision of healthcare

Information collection and exchange

- NHS CB must establish and operate systems for collecting and analysing information relating to the safety of services provided by the health service and make it available to those it considers appropriate.

Regulatory action

- CQC must notify the NHS CB in the event of taking enforcement action with a provider.
- CQC can require the NHS CB to give an explanation of matters necessary or expedient for the purposes of its regulatory functions in relation to the NHS CB

Information governance

- CQC must keep the NHS CB informed of about information governance practice of registered providers
- NHS CB must consult CQC before publishing an information standard and CQC must have regard to information standards published by the NHS CB