NQB(12)(04)(02)

NATIONAL QUALITY BOARD

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THE FUTURE ROLE OF THE NATIONAL QUALITY BOARD

A note from the Secretariat

Summary

1. At the previous NQB meeting in June, members had an initial discussion about the NQB's role in the future system. The Secretariat has since had individual discussions with most NQB members to explore their views on the value of the Board, what it could have done more or less of and its purpose and place in the new system.

2. This note provides a summary of the views of members and sets out a proposal for the NQB's role moving forward. It also identifies several important new areas of work that the Board is asked to consider taking forward over the coming months.

Recommendation

3. The Board is asked to:

- note the summary of members' views;
- agree the proposed role and purpose of the NQB in the new system;
- agree the 'sponsorship' relationship between the NQB and the 'Common Purpose Group';
- agree the proposals for NQB membership; and
- agree to begin work on the issues listed at paragraph 23.

Background

4. Given the changes to the health and social care system, and the new organisations that will emerge as a result of the Health and Social Care Act 2012, there is a need to review the role of the National Quality Board in the system, where it should fit in terms of wider governance and accountability mechanisms, its membership, and its work programme going forward.

5. At its June meeting, the NQB had an initial discussion facilitated by the Secretariat as to where it might fit and on what it might focus in the new system. The Chair asked that the Secretariat meet with NQB members individually to discuss their thoughts with a view to reaching a consensus view on the future purpose and place of the NQB in the new system. The Secretariat met with various members, and discussed with them their views, using a common set of questions which are set out at **Annex A.**

6. This paper provides a high level summary of members' views, and corrals them into a proposal for agreement by the NQB, in terms of its:

   - role and place in the system;
   - relationship with the DH;
   - membership; and
   - scope of activity and areas of focus .

7. There are several immediate live issues in the system on which there is demand for the NQB to lead, for example, by establishing sub-groups to look at the topic. This paper also seeks the NQB's agreement to begin work on those topics.

Members' views on the NQB to date

8. Several common themes emerged from discussions with NQB members reflecting how the NQB has operated so far:

- By providing a forum where the leaders of the national system can come together around a common purpose – quality – the NQB had played an important role in strengthening relationships, collaboration and understanding between the national statutory organisations responsible for quality in the health and care system.

- It had added real value to the system in many of the specific areas of work on which it had focused. However, there had not always been sufficient follow through / focus on implementation around some of this work. Linked to this, there was a feeling that the Board could have done more to measure / assess its impact.

- The NQB had been most effective in its 'system alignment' role which represented an important part of providing leadership for quality. It had been less effective / visible in providing outward-facing leadership to the service on quality. Although this was something members had envisaged the Board providing when first established, there was a feeling that the nature of the Board made this difficult and that the added value of the Board lay principally in bringing about greater system alignment for quality.

- The role of the lay and expert members had been particularly important. bringing a constant and robust external challenge and insight to the collective actions of the statutory members.

- Much of the value of the NQB took place outside formal meetings, including through the work of the virtual secretariat in preparing for meetings and the work progressed through focused sub-groups.

- Although the Board's remit had rightly covered the interface between health and social care it had done relatively little in this space. This should be given far greater focus and attention going forward.

The role of the NQB in the future system

9. In terms of the future role of the NQB, there were a range of views on the NQB's place in the new system, its membership and how it should be run and chaired. The Secretariat have brought these together into a proposal for the NQB going forward:

    - **The NQB should continue**. Members should come together not because they are told to, but because they see value in the discussions and recognise the importance of the collective decisions that are taken. The Board therefore provides an important vehicle, but not the only one, for supporting the different statutory organisations in discharging their duties of cooperation.

    - The scope of the NQB should stay as is: it should be concerned with **the quality of NHS-funded services, and where they interface with social care services and with public health activity**. It should do more to ensure that it does look at issues relating to these boundaries.

    - **It should be less advisory in focus and more operational in its follow through, taking action** to align the system for quality, although not in any executive sense.

    - The four broad areas of focus, as set out at the previous NQB meeting, should frame the Board's future work programme:

        a. overseeing the development and implementation of **aligned quality frameworks for health and social care** to

systematically drive continuous quality improvement and better outcomes for patients and service users;

b. agreeing and overseeing **joint national action in pursuit of achieving shared quality and outcome goals** between the NHS, public health and social care;
c. overseeing the development of an **enabling programme of work to support local efforts to deliver more integrated services** for people with health and social care needs; and
d. ensuring the effective operation of an **'early warning system' for quality failure** in health and social care.

- The NQB should continue to **operate through a virtual secretariat**, with substantial pieces of **work being taken forward through sub-groups and committees**, chaired by NQB members, involving other interested NQB members, key experts and stakeholder organisations.

- **Membership should be revised** to reflect its more operational focus, and the architecture of the new system.

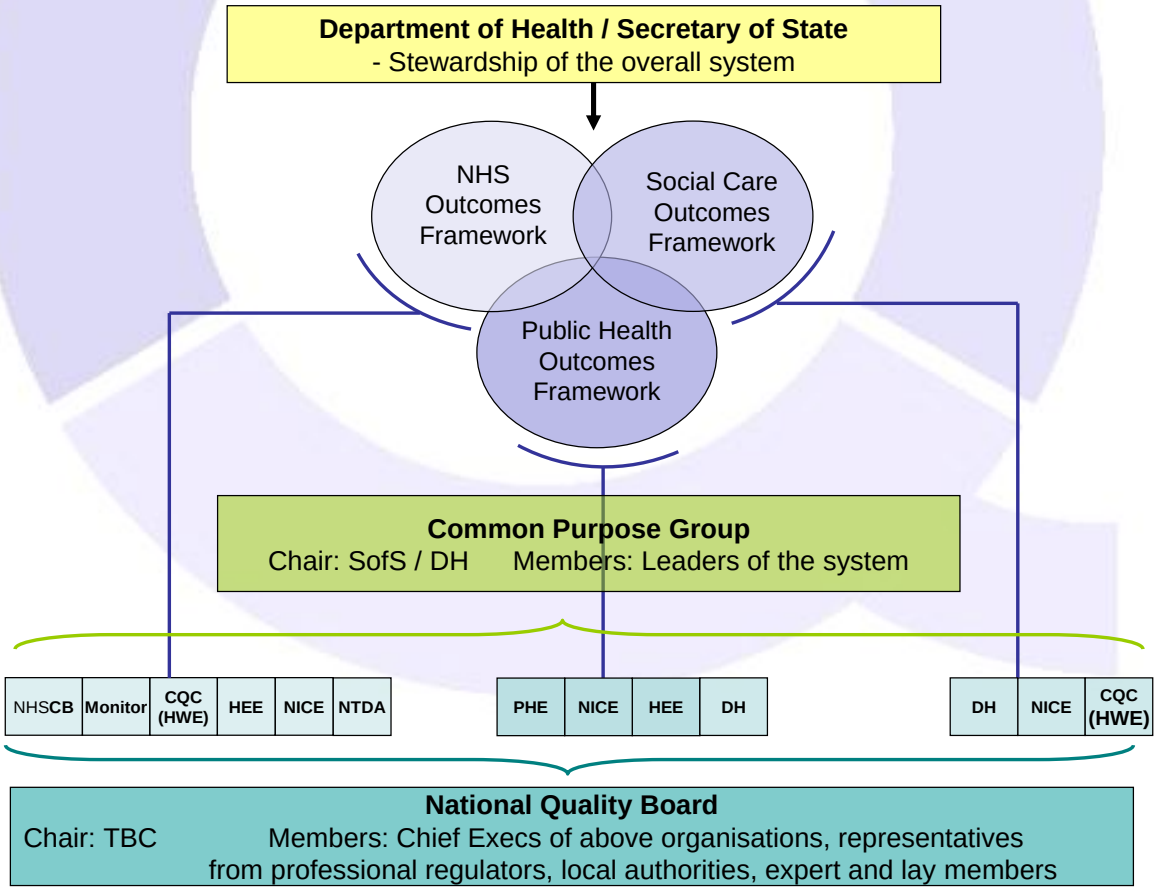
Does the NQB agree with this proposed role and purpose for the NQB in the new system?

The NQB's relationship with DH and the Secretary of State

10. An important issue that has been considered is the relationship the Board should have with the Department of Health, and through it, the Secretary of State. Members were clear that the Board should move away from advising Ministers, and towards taking on a more operational system alignment role, following through on the agreements that it reaches. Statutory members said that they should come together as a Board because they see value in it rather than because they are told to do so. Most members felt that it was important that the NQB retained its independence however some did make

the point that it should have a link back to DH and Ministers given their roles around 'stewardship' of the overall system.

11. Following discussions with the DH about how the NQB might link in to DH, wider system governance and accountability arrangements, the Secretariat propose that the NQB is 'sponsored' by the system through the 'Common Purpose Group' – an informal group, which comprises a small group of system leaders, together with the DH Permanent Secretary, lead DH Board Non-Executive Director and the Secretary of State for Health. The DH is working to put a more formal framework around the Common Purpose Group, determining its membership and the role of Ministers within it. The following diagram illustrates this relationship.



12. The 'Common Purpose Group', or whatever it becomes, would focus on longer-term strategic issues across the system and beyond just quality, asking questions such as *'Is the system able to deal with the challenges it will face in 10 years time?',* with the NQB focussing on how to realise

improvements in quality and outcomes in the shorter to medium term. Although the Common Purpose Group would be able to ask the NQB to do certain pieces of work and request advice, its work programme would primarily be determined collectively by members of the Board.

Does the NQB support this 'sponsorship' relationship with the wider system through the 'Common Purpose Group' (or its successor)?

Membership of the NQB

Ex-officio / statutory members

13. Under such an arrangement with the Common Purpose Group and reflecting the more operational role of the NQB, it is proposed that the Board should be composed of Chief Executives rather than Chairs.

14. Membership should be expanded to include the new organisations in the health system – Health Education England, the NHS Trust Development Authority and the NHS Commissioning Board.

15. To engage more effectively in issues concerning social care, there should be representation from ADASS and/or the LGA.

16. To engage in issues concerning public health, there should be representation from Public Health England.

17. DH representation should be through the Permanent Secretary to cover all three sectors.

Lay and expert members

18. There was a unanimous view amongst NQB members that lay and expert membership was vital going forward, for the purposes of challenge and for their valuable input and insight into issues. We need to ensure that the Board remains a manageable size, given the additional statutory

organisations who will be around the table. It seems sensible that the NQB should have 3-4 lay and 3-4 expert members.

19. In seeking lay members, it will be essential that there is patient and service-user representation. In seeking expert members, it will essential that there is provider and professional representation

20. Current lay and expert members' contracts have either expired or are due to expire by the end of the calendar year. The Secretariat proposes that these are all extended, where members are content, until 31 March 2013. A process will then be put in place to appoint lay and expert members to the NQB for the 2013/14 financial year.

Does the NQB support the proposals for ex-officio / statutory, lay and expert membership of the NQB?

NQB Chair

21. There has not been a single consensus view amongst members as to who, or which organisation, should Chair the NQB, indeed some have suggested that an independent Chair would be most appropriate. It is therefore recommended that the Secretary of State, working with the 'Common Purpose Group', should agree the NQB's chairing arrangements going forward.

22. The Secretariat will work with the Department of Health and the secretariat to the Common Purpose Group to facilitate that decision, and report back to the NQB at its next meeting in November.

Areas for NQB focus in the next months

23. There are several issues facing the system which sit firmly within the NQB's system alignment role, and which, subject to the Board's agreement, warrant immediate focus:

a. **Describing the role of the Care Quality Commission in the future system** – members will be aware that the CQC has been undertaking a strategic review as to its role and function, which is due to be published in early September. The conclusions of this review, which has been informed by extensive engagement with stakeholders across the system, will be published for public consultation. The final strategy will need to take account of findings from the Mid Staffordshire NHS Foundation Trust Public Inquiry and feedback from the consultation.

   In parallel, DH is leading a project on the CQC in the future system. This will deliver a narrative describing CQC's role; and ensure the supporting legislative framework enables CQC to fulfil its role effectively and efficiently by considering potential changes through the ongoing review of regulations, and the forthcoming post-legislative scrutiny of the Health and Social Care Act 2008.

   To ensure that these workstreams remain aligned, and that there continues to be clarity for the wider system, the narrative will describe the CQC's functions and how they work as part of the system. The narrative will also clarify those functions outside of CQC's responsibility and how they are delivered elsewhere within the system.

   It is proposed that a sub-group of the NQB is established to lead the development of this narrative, working with other key stakeholders. The aim would be to produce an agreed narrative by end-October / early-November 2012.

b. **Embedding a zero tolerance approach to avoidable hospital-acquired MRSA** – in 2008/09 the NQB led on the development of a new objective for MRSA reduction in the NHS. It was a constructive example of cross-system working, and we have seen a reduction in MRSA bloodstream infections by 25% since the new objective was first introduced for 2011/12. There is now evidence that providers of NHS services are capable of preventing avoidable hospital-acquired MRSA

bloodstream infections - 34 acute hospitals currently have infection rates of zero. Therefore, there is an argument that the system owes it to patients to expect that all providers should be performing at this level – that the system should take a 'zero tolerance' approach.

A zero tolerance approach to MRSA is an aspiration that could only be achieved through aligned and coordinated action from statutory organisations across the system including, the NHSCB, CQC, Monitor and the NHSTDA. It is therefore proposed that the NQB establish a sub-group to take forward work on this issue, seeking to produce an agreed set of actions to make the aspiration of zero tolerance a reality.

c. **The findings and recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry** – the final report is due to be received by the Department of Health as the Inquiry's sponsor on 15 October and will be published shortly after. There will undoubtedly be issues in the report which will require consideration from the system-wide perspective of the NQB, for example, around culture, values and behaviours of organisations and individuals across the system. We have already said that the NQB's report, *Quality in the new health system – maintaining and improving quality from April 2013*, will need to be updated in light of the Inquiry.

The Secretariat has delayed the next meeting (originally due for 25 October) until 13 November, to ensure that the Board can hold its next discussions in the knowledge of the Inquiry's findings. We will use that meeting to agree what issues the NQB will need to consider in advance of the system responding formally to Robert Francis' report. A further NQB meeting in early December will allow the Board to follow up on any urgent actions that have been identified.

Is the Board content to establish two sub-groups on the role of the CQC and on embedding a zero tolerance approach to MRSA?

The Board is asked to note the important role it can play in providing cross system consideration and action in response to the findings of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

Next Steps

24. The Mid Staffordshire NHS Foundation Trust Public Inquiry will report shortly, and its findings and recommendations could include system-wide issues with relevance to the role, focus and composition of the NQB. It therefore seems sensible to finalise the future role of the NQB in light of any relevant findings from the Inquiry.

25. Subject to the NQB's agreement, the Secretariat will seek expressions of interest from Board members for the two new sub-groups, which it will work to establish during September.

NQB SECRETARIAT
29 AUGUST 2012

ANNEX A **QUESTIONS FOR NQB MEMBERS**

- Is the National Quality Board valuable? What are its strengths? What could it have done more of?

- What should its scope be going forward- NHS, social care, public health?

- What about its purpose- less advisory and more 'getting on with the task of system alignment for quality' through identifying shared goals and following through on agreed actions?

- Is the concept of 'pooled sovereignty' helpful / worth holding on to?

- How might its membership need to change- new national bodies? CCGs? Local Government? Chairs or Chief Executives of national bodies?

- What role should the Department of Health play?