

NATIONAL QUALITY BOARD

Context and purpose of meeting

A note from the Secretariat

Summary

1. The NQB meeting on 21st May will be the first since the new system went live on 1st April 2013. Coming out of this meeting, it will be important for the NQB to have achieved greater clarity about its future work programme. This should be squarely focussed on improving quality for patients (safety, clinical effectiveness, patient experience) and look to harness the unique role the NQB can play around providing collective leadership and system alignment to the quality agenda.
2. The agenda for the meeting has therefore been designed to support this objective by allowing the Board to consider the following broad themes:

Theme	Supporting Agenda Items
How can the NQB provide collective leadership and system alignment to drive improvements in patient safety ?	Item 2- Review into the safety of patients in England Item 3- Human Factors in healthcare
How can the NQB provide collective leadership and system alignment to drive improvements in patient experience ?	Item 5- Patient Experience
How can the NQB provide collective leadership and system alignment to drive improvements in clinical effectiveness ?	No agenda item at this meeting – discussion as part of future work programme item 6

How can the NQB ensure the overall quality architecture (safety, effectiveness, experience) is coherent, aligned and operationally robust?	Item 4– The Quality Architecture post-Francis
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3. The final agenda item on the NQB’s future work programme provides an opportunity to take stock of the conclusions that have been reached as part of the agenda items under each theme and consider what, if any, other areas the NQB wishes to focus on. Rationale for each theme and the vehicle for taking each forward are set out below:

Theme 1: Patient Safety - Don Berwick is leading a major review following the Francis Inquiry to develop a patient safety implementation programme, with a view to moving the NHS to a zero harm environment. This objective will only be achieved through collaboration and alignment across the system, and the NQB could play a key role in taking forward elements of the programme. The NQB is currently taken forward work to embed an understanding of Human Factors in healthcare across the NHS, through the development of a joint statement of actions. These two elements will need to be strongly linked and aligned. The Human Factors sub-group’s remit could be expanded and membership adjusted to take a broader remit over patient safety. Both areas are on the NQB’s agenda.

Theme 2: Patient Experience - the serious failings at Mid Staffordshire, Winterbourne View and the Francis Inquiry highlighted again the work that is needed to support improvement in patient experience. The NQB has a key role to play in embedding this as a common purpose across its member organisations, and exploiting the tools and levers across the system which can drive improvement. The NQB has previously taken forward work in this area through a patient experience sub-group, which could be revived to take this work forward. To help the NQB think about what it might do next it in this area, Jane Cummings and Neil Churchill will lead a discussion on the work NHS England has been taking forward.

Theme 3: Clinical Effectiveness - domains 1-3 of the NHS Outcomes Framework set out the goals for the NHS in delivering clinically effective care.

NHS England is working to drive improvement through the commissioning levers at its disposal. Other organisations represented on the NQB will be able to play their part in delivering these goals, particularly where they require the different sectors – public health, adult social care and the NHS – to work together. There is potential scope for the NQB to consider how there might be better alignment in relation to the drivers of innovation in the system, for example, the Innovation Scorecard and the ‘Comply or Explain’ regime in relation to NICE technology appraisals. Suggestions as to areas of focus under this theme from NQB members will be helpful.

Theme 4: Overall Quality Architecture - it will be important for the NQB to continue its strategic oversight and leadership for the overall architecture of the system, including ensuring that minimum standards are met, as well as the architecture can support quality improvement. This will encompass but not be confined to the respective roles and responsibilities of different parts of the system, the operation of Quality Surveillance Groups and Risk Summits, and how these interface with new policies and initiatives announced in recent months. A sub-group of the NQB could be convened to bring together those discussions already taking place bilaterally and multi-laterally across the system focussing on aligning the existing quality architecture with the new elements that are being introduced. An initial paper on this area is included on the agenda.

4. The role and place of the NQB’s **Quality Information Committee** (QIC) needs to be considered in the context of these themes. There could be a role for it to work across the four themes on those issues concerning information, data and information systems. Alternatively it could become a sub-committee of the Information Standards Commissioning Group, a cross-system group established to oversee the use of information systems budget for the NHS, which has already taken on the role of implementing QIC’s National Data Quality Report.

The NQB is asked to:

- **reflect on the suggested four themes and whether there is anything else they feel should be included in their work programme going forward; and**
- **provide a view as to the on-going role and place of the Quality Information Committee**

NQB SECRETARIAT

16 MAY 2013

