



**National Quality Board**

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**National Quality Board Members**

*By email*

21 November 2012

Dear Colleagues

I am writing to follow up the discussions you had at the last meeting of the National Quality Board (NQB) on 4<sup>th</sup> September. I was sorry not to be able to join you at that meeting which, unfortunately, coincided with the Cabinet reshuffle. I understand that the discussion you had about the future role of the NQB was constructive. Building on that discussion and subsequent conversations I have had with Una O'Brien, the purpose of this letter is to provide clarity about the role of the NQB going forward which I hope you will all support. We should, of course, keep the role, purpose and composition of the NQB under constant review and it will be important to reflect again on these issues in light of any relevant findings and recommendations from the Francis inquiry

Over the past two and a half years, the NQB has become an increasingly important forum for cross-system collaboration on quality. It is the only place where the leaders of the national health and care system come together with the express aim of improving quality. With the support and challenge provided by the Board's expert and lay members, I believe we have taken some important steps forward, but there is much left to do.

Although the current system is changing significantly, I do not think this requires us to completely re-imagine the role and purpose of the NQB. Quality remains our organising principle and we must continue to align our efforts around this common purpose if we are to deliver the best possible services for patients. We should, therefore, look to build on what we have already created.

## **Role and place of the NQB in the new system**

Fundamentally, the role of the NQB should be about driving greater alignment for and sharpening the focus on quality right across the system at every level. Our success or otherwise in achieving this does not rest in any executive powers held by the Board - it has none. Rather, it is dependent on how we behave and how we choose to align and deploy the various powers, tools and levers that the organisations represented on the Board individually hold.

The Health and Social Care Act places many of the statutory bodies represented on the NQB under important new duties of cooperation. These duties recognise the systemic nature of quality and the critical importance of the different parts of the system working together in the best interests of patients, service users and whole populations. The NQB already provides us with an important mechanism for supporting and nurturing cooperation and collaboration at the highest level. We will have failed in our duties and responsibilities to patients if this happens only as a result of Department of Health direction, coordination or intervention.

Nevertheless, the Department does have an important stewardship role to play in the future, where ultimate accountability continues to reside with the Secretary of State for Health. Therefore, I feel it is critical that the activities of the NQB remain fully connected to the work and role of the Department of Health. For this reason, I am pleased that Una O'Brien has agreed to join the Board with immediate effect. However, recognising the new relationship that the Department wishes to have with its arms length bodies, she has asked me to continue to Chair the NQB on behalf of the whole system until the end of 2014/15.

## **Scope and membership**

Over the past few years, we have not always been as clear as we might have been about the scope of the Board's remit. Going forward, I think we can be quite clear about this. Our remit should extend to any area where we believe greater alignment between the three statutory sectors - NHS, public health and social care - would lead to improved quality and outcomes for patients, service users and the population of England. Where and how we then decide to focus our collective effort is a crucial but separate question.

On this basis, it is essential that all the key organisations that make up the national system are represented on the Board. Our membership has already been extended to include the NHS Trust Development Authority and Health Education England as well as the General Medical Council and the Nursing and Midwifery Council. I will now be inviting Public Health England and HealthWatch England to join us too. To strengthen our focus on social care, I will also be seeking local government representation on the Board with the help of the Local Government Association.

In future, the national organisations on the NQB should feel free to decide whether they are represented by their Chair or their Chief Executive.

In terms of our lay and expert members, I am very keen to maintain a degree of continuity as we transition to the new system and as we welcome a number of new members to the Board. Therefore, and subject to the views of the individuals concerned, I propose extending the appointments of our lay and expert members until March 2014. However, both Tim Kelsey and Victor Adebowale have decided to stand down after our next meeting given their new respective roles as executive and non-executive directors at the NHS Commissioning Board. To ensure we continue to have strong lay input to the Board's work, we should look to recruit to these two vacancies as quickly as possible.

A revised membership list is attached at **Annex A**.

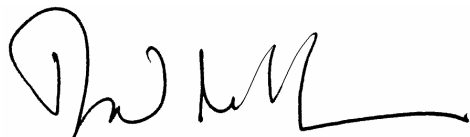
### **Future work programme**

Over the last 12 months, the Board has rightly focussed on the transition: both in terms of ensuring there is clarity about roles and responsibilities for quality during the transition as well as ensuring there is clarity once the new system goes live. We will need to maintain this focus over the coming months.

However, as we prepare for the new system to go live from April 2013, we should collectively establish a clear, coherent and dynamic programme of work going forward. We should not rush to finalise this until we have had the opportunity to reflect on the findings and recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry. Nevertheless, I am keen to dedicate time at our next meeting in December to start thinking about this. Our discussion should be informed but not constrained by the priorities of the new Secretary of State (improving standards of care, particularly for older people; dementia; supporting people with multiple long- term physical and mental health conditions; and reducing premature mortality from the big killers) and the first Mandate that has now been set for the NHS Commissioning Board.

Once we have agreed our work programme, we should then write to the Secretary of State for Health to set this out, including exactly how we intend to measure our impact and report progress.

I hope this letter has been helpful in providing clarity around the future role of the NQB. I look forward to continuing to work with you and to seeing you all at our next meeting on 3<sup>rd</sup> December 2012.

A handwritten signature in black ink, appearing to read 'D Nicholson', with a long horizontal flourish extending to the right.

**SIR DAVID NICHOLSON KCB**  
**Chair, National Quality Board**

## Membership of the National Quality Board

### **Chair**

- Sir David Nicholson

### **Ex-officio members**

- Department of Health, Permanent Secretary
- Monitor
- Care Quality Commission
- Healthwatch England
- National Institute for Health and Clinical Excellence
- Social Care Institute for Excellence
- Health Education England
- NHS Trust Development Authority
- Public Health England
- National Medical Director for England, NHS Commissioning Board
- Chief Nursing Officer for England, NHS Commissioning Board
- General Medical Council
- Nursing & Midwifery Council

### **Local Government**

- *Vacancy x 2*

### **Expert Members**

- Stephen Thornton
- Hilary Chapman
- Ian Gilmore
- John Oldham
- David Haslam

### **Lay Members**

- Sally Brearley
- Margaret Goose
- Don Brereton
- *Vacancy x 2*

**Total = 26**