NQB (13) 4th Meeting

NATIONAL QUALITY BOARD

MINUTES of a meeting held at Room 102A
NHS England, Skipton House, 80 London Road, London, SE1 6LH

Tuesday 1 October 2013, 13:00 – 16:00

PRESENT			
Bruce Keogh (Chair)			
Jane Cummings	David Haslam	David Behan	Sally Brearley
Ian Cumming	Katherine Rake	Don Brereton	Emma Westcott
Toby Lambert	Hilary Chapman	Anna Dixon	Ralph Coulbeck
Amanda Edwards	Ian Gilmore	Margaret Goose	Stephen Thornton
Paul Philip	Anthony Kessell		
IN ATTENDANCE			
Elizabeth Modgill			
APOLOGIES			
David Nicholson	David Bennett	Jackie Smith	Duncan Selbie
Sally Davies	John Oldham	David Flory	Niall Dickson
Anna Bradley	Una O'Brien	Julie Mellor	
SECRETARIAT			
John Stewart (NHS England)	Lauren Hughes (NHS England)	Sally Chapman (NHS England)	James Ewing (GMC)

Agenda

1. Welcome, context and purpose
2. System alignment for quality (Paper Ref: NQB(13)(04)(01)
3. Human Factors in Healthcare (Paper Ref: NQB(13)(04)(02)
4. Patient Experience (Paper Ref: NQB(13)(04)(03)
5. Nursing, midwifery and care staffing (Paper Ref: NQB(13)(04)(04)
6. Quality Accounts evaluation (Paper Ref: NQB(13)(04)(06)
7. OECD Quality Review (Paper Ref: NQB(13)(04)(05)
8. Any other business

ITEM 1: WELCOME AND INTRODUCTION

BRUCE KEOGH (Chair) welcomed members to the twenty sixth meeting of the National Quality Board (NQB). He also welcomed Amanda Edwards (SCIE), who was replacing Andrea Sutcliffe who had moved to the CQC as Chief Inspector of Adult Social Care, Paul Philip (GMC) attending for Niall Dickson, Emma Westcott (NMC) attending for Jackie Smith, Katherine Rake (Healthwatch) attending for Anna Bradley, Toby Lambert (Monitor) attending for David Bennett, Anthony Kessell (PHE) attending for Duncan Selbie, and Anna Dixon (DH) attending for Una O'Brien.

BRUCE KEOGH (Chair) informed members that Sir David Nicholson (NQB Chair) had sent his apologies and that he was to chair the meeting in his place.

BRUCE KEOGH (Chair) outlined that the NQB had agreed its work programme for the next two years at its meeting on 16 July. The aim of this meeting was to discuss the work underway and make the key decisions required to support its progression.

NQB(2013)(04)(01) – SYSTEM ALIGNMENT

BRUCE KEOGH (Chair) set out that there were a large number of important issues with respect to quality which required close co-operation from the statutory organisations represented on the NQB to be successful.

DAVID BEHAN (CQC), TOBY LAMBERT (Monitor), and DAVID FLORY (NHS TDA) were invited to report on the work they were taking forward along with partners across the system to secure alignment in three broad workstreams: accountability; surveillance; and governance, leadership and culture.

The work was progressing well. A considerable challenge was highlighted in relation to the work to assess governance, leadership and culture and the organisations were working in close collaboration to take this forward.

The following points were raised in discussion:

a) membership should be expanded to include HEE given its role and input into Quality Surveillance Groups, Deaneries, colleges, leadership and quality improvement and responsibility for LETBs.

b) other organisations potentially had a role to play in ensuring that the work aligned with their responsibilities, such as PHE and HealthWatch England. Consideration was also to be given to the role of the GMC and LMC.
c) the development of a narrative for patients and the public to explain how the system is working together to improve quality should be developed;
d) the development of a common set of cultural and behavioural standards in relation to what national statutory organisations would do and how they would demonstrate delivery would be useful; and
e) it might be useful to explore where organisations have delivered improved quality, for example, responsiveness and openness to feedback, and what improvement mechanisms had been put in place in response which could be shared across the NHS.

BRUCE KEOGH (Chair) welcomed the work to-date and acknowledged the importance of this work as key to ensuring alignment. He summed up the discussion asking that HEE be added to the group and that membership be kept under consideration on an on-going basis. The products from this work should come together in a narrative providing clarity and consensus on the individual roles of the statutory organisations and how they would work together in the devolved system to maintain and improve quality in the NHS, including common purpose and shared objectives (a reprise of the NQB's '*Quality in the new health system'*).

ITEM 2: HUMAN FACTORS IN HEALTHCARE

BRUCE KEOGH (Chair) invited DAVID HASLAM (Chair, Human Factors Sub-group) to update members on the development of the Human Factors in Healthcare Concordat.

DAVID HASLAM (Chair, Human Factors Sub-group) presented paper: NQB(13)(04)(02). He informed members that the near final draft of the Concordat reflected comments received from the Berwick Group that the Concordat should not set out a top-down approach the Human Factors agenda and should recognise that taking forward this agenda would require involvement and engagement from the front line. The Concordat now set out a number of steps to be taken forward by the statutory organisations following publication of the Concordat, to be overseen by NHS England and HEE.

The following points were raised in discussion:

g) NQB members recognised the value of Human Factors in the NHS and provided the steers on the draft Concordat;

h) the concordat should be signaled in the autumn response to Francis and could be framed as part of the more detailed system response to Berwick, as there were concerns that if taken forward in isolation it could be perceived as optional;

i) Human Factors should form part of the broader work programme on Patient Safety led by Mike Durkin (NHS England), who was to present to the NQB at its meeting on 3 December. Discussion at this meeting was to include how the Human Factors work would segue into the patient safety agenda, particularly in relation to the work on safety improvement collaboratives;

j) the Concordat needed to include further case studies, reflecting the work of the DH Human Factors Reference Group on 'never events' and the safer surgery checklist; and

k) the Concordat should recognise the importance of developing a 'just' culture as opposed to a 'no blame' culture as accountability was important.

In summing up, BRUCE KEOGH (Chair) noted the importance of communicating what Human Factors means at both an individual and organizational level. He highlighted the importance of this work being progressed through the wider work being taken by individual organisations and welcomed the wider discussion on patient safety to be brought to the next meeting. The NQB would sign off the Concordat via correspondence to allow publication in line with the Francis response in the autumn.

ITEM 3: PATIENT EXPERIENCE

BRUCE KEOGH (Chair) acknowledged the importance of patient experience to the future of the NHS and asked Don Brereton (Chair, Patient Experience Sub-group) to update members on the first meeting of the Patient Experience Sub-group held on 23 September.

DON BRERETON reminded member that patient experience merits that same emphasis as the other domains of quality. The Sub-group was to look not only at the experience of NHS services, but also the boundaries between primary, secondary and social care. The Sub-group had agreed to undertake a mapping

exercise to establish what individual organisations understand by patient experience, with the aim of identifying areas for alignment, gaps and duplication.

The following points were raised in discussion:

k) NQB members strongly endorsed the decision not to focus solely on the acute sector and recognised that there were real opportunities to align this work across the organisations to make a real difference to patients.

l) the Sub-group should consider specific service developments - patient experience cuts across all three dimensions of quality and those exposed to healthcare settings needed to be fully involved in shaping, designing and improving services;

m) there was a need for analytical vigor – not just a focus on what individual organisations were doing, but their approach to ensuring and encouraging providers to provide a good patient experience and to engage with those that use their services. For example, how long were boards spending considering information on patient experience, and was information on patient views gathered; and

n) there was a potential need for an individual Sub-group to consider engagement and involvement across all three domains of quality due to the scale of the task.

BRUCE KEOGH (Chair) thanked the Sub-group for its work to-date and acknowledged the breadth of patient experience, ranging from customer service to patient participation. A progress update would be brought to the next NQB meeting in December following the second Sub-group meeting which was to examine where there were commonalities and differences in language and expectations, and explore the evidence base, barriers, the role of commissioners and guidance.

ITEM 4: NURSING, MIDWIFERY AND CARE STAFFING CAPACITY AND CAPABILITY

BRUCE KEOGH (Chair) invited Jane Cummings (NHS England) to update members on the guidance for nursing, midwifery and care staffing levels discussed at the July meeting.

JANE CUMMINGS reminded members that at the previous meeting it had been agreed that the publication of guidance (a ‘How to’ guide) on getting staffing levels

right for nursing, midwifery and care staff would be more powerful and meaningful if endorsed by the NQB, demonstrating a system-wide approach.

Members were informed that emphasis on nurse staffing levels had been gathering pace over the last few months and it was now proposed that a series of expectations were published in the 'How to' guide.

The following points were raised in discussion:

n) an assessment should be made of providers' current position and the likely financial impact of meeting these expectations;
o) the guidance should incorporate information on workforce planning, aligned to HEE's workforce planning cycle and its first Workforce Plan for England, as this would provide a helpful bridge between the current vacuum and the evidence and economic analysis NICE was to produce on nursing, midwifery and care staffing in due course;
p) caution should be applied to use of the term 'expectation' as this could imply contractual obligation;
q) the 'precautionary' expectation should be reframed so that the guide emphasises the judgment that would need to be taken when deciding whether a ward or service should be closed due to lack of staffing. If it were framed in too absolute a manner, it could risk encouraging the wrong decisions being made;
r) the 'How to' guide should include a clear summary of the roles and responsibilities of the different professionals involved, whilst making clear the requirement for collective responsibility;
s) the guide signposted the available evidence on ratios, but it should not specifically recommend any specific ratios, as this would imply that getting staffing right was solely about numbers;
t) the document should clarify that numbers were not the only factor and that skills, culture, behaviour, leadership and permanency of staff should be taken into account when considering staffing levels;
u) consideration should be given to amending the title to be more consistent with other 'How to' guides;
v) clarification was required as to whether the expectations and / or guide were aimed at acute services only, or whether they were more widely applicable to community, mental health and learning disability services – an over focus on acute settings was to be avoided;

w) consideration should be given to the timing and presentation of the guidance given the ambitious efficiency expectations due to be published by NHS England and Monitor, for example the new tariff for 2014/15; and
x) CQC was to incorporate / align the expectations with their new inspection process, although considerable thought would be required as to how this would be taken forward in practice.

BRUCE KEOGH (Chair) thanked members for their comments and asked that these be reflected in further drafts of the 'How to' guide. He confirmed that NQB members were content that a NQB 'How to' guide should be published in November alongside the DH response to the Mid Staffordshire NHS Foundation Trust Public Inquiry and to sign-off further drafts by correspondence.

ITEM 5: QUALITY ACCOUNTS EVALUATION

BRUCE KEOGH (Chair) set out that Quality Accounts were established in the aim of trying to ensure boards of provider organisations gave the same weight to quality as to finance. At the July meeting it was requested that the scope of the planned review of Quality Accounts be brought back to the October meeting for consideration.

BRUCE KEOGH (Chair) invited JOHN STEWART (NHS England) to update members on the proposed review of Quality Accounts. JOHN STEWART (NQB secretariat) drew attention to the approach set out at paragraph 5 of the paper, NQB(13)(04)(06), and asked members to approve the definition of Quality Accounts at paragraph 4.

The following points were raised in discussion:

x) the Board agreed the definition at paragraph 4 of the paper (NQB(13)(04)(06), however it was highlighted that Quality Accounts should not relate only to openness and honesty, but should also provide the reader with the right information upon which to make a judgement about the quality of care in that provider;
y) consideration should be given to whether Quality Accounts were required now that quality was a prominent consideration for all NHS organisations;
z) clarity was required as to how Quality Accounts would be distinct from the CQC surveillance system (which would provide a rich source of comparative data once in place). For example, should Quality Accounts be used more as a tool to drive and measure improvement?

aa) there were questions as to whether Quality Accounts should be in a form that supports conversations with the local community as well as at Board level;
bb) there was the potential for Quality Accounts to be used to raise the profile of specific areas, demonstrating what work was being undertaken and the level of achievement;
cc) the impact of the mandatory indicators and commentary introduced from 2012/13 should be factored into considerations around the future requirement of Quality Accounts;
dd) the format of the Quality Accounts should be amended so they are accessible for comparative purposes, rather than by PDF; and
ee) the industry surrounding the production of Quality Accounts, associated costs and how to reduce these should be considered as part of the review process.

In summing up, BRUCE KEOGH (Chair) noted that there was still further work to be undertaken to complete the scoping for the review. It should be taken forward with the aim of maximising the benefit of Quality Accounts and seeking to reduce burdens on NHS organisations as far as possible. The review should explicitly address the counterfactual questions as to whether there continues to be a need for Quality Accounts going forward.

ITEM 6: OECD QUALITY REVIEW

BRUCE KEOGH (Chair) reminded members that when the NQB was first constituted, it was envisaged that it would have a key role in relation to international comparators of quality. Although the NQB had done some work in this area over the years, this could be pursued further.

BRUCE KEOGH (Chair) invited Anna Dixon (DH) to set out the proposal to DH from the Organisation for Economic Co-operation and Development (OECD) to conduct a Healthcare Quality Review of England.

ANNA DIXON (DH) set out the proposal for the review which would be undertaken by international experts and would include examination of:

- one system issue (such as care co-ordination, health inequalities),
- one health care sector (such as primary care, hospital care)
- one disease area (such as diabetes, stroke).

If the NQB was supportive of the review, it was proposed that a paper on potential topics be brought back to the NQB for discussion.

The following points were raised in discussion:

ee) the cost of the Review would be €200k, of which DH would be asked to contribute half, with the other half paid by the OECD;

ff) concerns were raised over the timing of the review (starting late 2014) given the stage the NHS would be at in implementing the reforms and whether the review would reflect the final picture, although it was acknowledged that external reflection may prove valuable at this stage;

gg)there could potentially be negative implications as a consequence of a further review of the NHS in respect of its impact on resource, focus and morale;

hh) several areas were suggested as potential topics for the review: primary care, in particular early diagnosis; diabetes, as prevention of diabetes could have considerable impact on the incidence of stroke and heart attack, long term conditions and morbidity; and care coordination; and

ii) NHS England volunteered support to help identify potential topics for the review.

BRUCE KEOGH (Chair) thanked Anna Dixon (DH) for bringing this proposal to the Board. If the NQB were to support the review, the topics would require careful consideration. The proposal should be brought back to a future meeting once further scoping work had been undertaken.

ANY OTHER BUSINESS

BRUCE KEOGH (Chair) thanked members for their contributions to the meeting and invited members to raise any other business for consideration by the Board.

It was requested that the minutes of the previous meeting were included on the agenda for future meetings. It was also suggested that there could be a regular update paper at each meeting setting out the current position in relation to the NQB's work streams and what had been agreed to-date. This could be an extension to the regular 'general update' papers received by the NQB. This should be considered by the secretariat.

The next meeting would be held on 3 December in London. The Secretariat would secure meeting dates in 2014.