

NQB (15) 3rd Meeting

NATIONAL QUALITY BOARD

MINUTES of a meeting held at Room 128A

NHS England, Skipton House, 80 London Road, London, SE1 6LH

Monday 1 June 2015, 16:00 – 18:00

PRESENT				
Bruce Keogh (Chair)		Mike Richards (Chair)		
Jane Cummings	Peter Blythin	Gillian Leng	Paul Cosford	
Hugo Mascie –Taylor	William Vineall (for Charlie Massey)	Lisa Bayliss-Pratt		
IN ATTENDANCE				
John Stewart (NHS England)	Lauren Hughes (NHS England)	Malte Gerhold (CQC)	Christina Cornwell (CQC)	
Charlotte Goldman (Strategic Programme Office of the 5YFV)		Lauren Phillips (Secretariat)	Deborah Wheeler (NHS England)	
APOLOGIES				
Steve Field	Charlie Massey	Andrea Sutcliffe	Wendy Reid	Kathy McLean
Agenda				
1. Welcome and introductions				
2. Minutes of the last meeting				
3. The NQB's work programme for 2015/16				
4. Engagement				
5. NQB role in the context of the Leadership Development and Improvement review				
6. Any other business				

ITEMS 1 & 2: WELCOME, INTRODUCTIONS AND MINUTES

BRUCE KEOGH (Chair) welcomed members to the third meeting of the re-established National Quality Board (NQB). The new NQB had met for the second time on 27 April 2015 and each member organisation had provided a paper outlining their individual roles, activities and priorities in respect of quality.

It was explained that the purpose of the meeting today was to build on the discussions from the last meeting, on individual organisations' roles and responsibilities in respect of quality, and where the NQB might focus its efforts on mutual priorities.

Members were reminded that at the last NQB meeting, the intention had been to provide a proposed work programme to the NHS Five Year Forward View CEO's meeting for their meeting in May 2015. However, as a result of subsequent discussions with the new Coordinating Office of the Arm's Length Bodies, it had been agreed that the NQB should take the time to further develop their proposals and present them to the CEOs for their 15 June 2015 meeting. Therefore this meeting would be critical in agreeing the broad scope of the work programme which would form the content of that update to the CEOs.

MIKE RICHARDS (CHAIR) reminded members that they had previously agreed that it was important for NQB agendas, papers and minutes to be published on the NQB webpages.

MIKE RICHARDS (CHAIR) asked the NQB to agree / approve the minutes of the last meeting and to note that once agreed they would be published in due course, alongside the agenda and papers from the last meeting. The NQB agreed the minutes of the last meeting.

ITEM 2: THE NQB'S WORK PROGRAMME FOR 2105/16

BRUCE KEOGH (Chair) introduced *Paper 1: NQB Work Programme – closing the quality gap by 2020* explaining that the paper was divided into two sections:

- A) Delivering the Five Year Forward View - an overview of the governance arrangements and how the NQB fits within the structure (slides 3 to 7); and
- B) NQB's role in closing the 'quality gap proposals the NQB's work programme going forward (slides 8 to 14).

The following points were raised in discussion:

- a) slide 6 detailing the Five Year Forward View governance arrangements was potentially subject to change and such arrangements were due to be considered by the ALB CEOs meeting on 15 June 2015;
- b) the oversight of the governance arrangements and work of the programme specific Boards, such as the NQB would be very important to ensure that any overlap and interdependencies were flagged up. For example the Finance Board was doing some work on unwarranted variation in quality;
- c) it might be useful in future for a representative of the NQB to attend a meeting of the Finance Board to update members on the work of the NQB in respect of unwarranted variation, and equally to invite a member of the Finance Board to attend an NQB meeting; and
- d) as a minimum, each programme specific Board should share its objectives and priorities with all other Boards.

BRUCE KEOGH (CHAIR) directed the group to slides 8 – 14 which considered four questions in respect of the challenge to define, measure and support the system to close the ‘quality gap’:

1. The ‘quality gap’ – (a) how do we define ‘quality’, and (b) what basket of metrics do we want to use to measure the ‘gap’ and whether it is closing?
2. What are the existing quality priorities for NQB members?
3. Therefore, what should be the NQB’s strategic quality priorities?
4. How should we go about taking forward our work programme?

The following points were raised in discussion:

- e) in relation to defining quality, there were various definitions for quality currently in use by different organisations, however, as the paper demonstrated they followed a common structure throughout. The differences reflected the different perspectives from which organisations considered quality. It would be important to be able to understand and explain these differences where they were needed, and to align where there was more potential for commonality. The objective should be to ensure simplicity and to aid utility wherever possible;
- f) the CQC’s 5 questions gave one perspective on quality. It was important to understand that the “Caring” question related to human-to-human interaction, but that the “responsive” question was about the organisation. Together, the encapsulated

- the patient experience domain of the definition of quality. The “Well-led” question was the only one of the five which looked ahead and could potentially predict quality problems. The others took a more retrospective approach to measuring quality;
- g) the current definitions did not explicitly recognise the experience and views of staff, which was known to be linked to overall quality of care. This should be considered as part of the NQB’s work on defining quality; the NHS Outcomes Framework took a population perspective on quality, although for some of the specific measures, it was possible to look at the data from a patient or provider perspective;
 - h) the Health Education Outcomes Framework and the Public Health England Outcomes Framework should be included within the NQB’s work considering the definition of quality;
 - i) in relation to measuring quality, there were potentially two ways of perceiving the “quality gap”. Firstly the “vertical gap” – where you are versus where you want to be; and the “horizontal gap” which was concerned with variation, both nationally and internationally. Our ambition should be to close the quality gap by reducing variation, both bringing everyone up to the best, and reducing the variation between us and the best in the world;
 - j) another potential perspective was in relation to deprivation and demographics which provided an inequalities lens to the quality gap;
 - k) in considering variation, however, it was important not to close down innovation. Some variation was warranted and it was only through innovation and spread could quality overall improve;
 - l) the distinction between the quality gap at a provider and at a population level needed to be reflected in the NQB’s measurement workstream, and whatever basket of measures that was developed would need to be able to be used at both levels;
 - m) as a start, member organisation could pull together a list of the various different metrics within their organisation. These metrics should then be correlated and a comparison done.
 - n) In relation to NQB potential workstream, the work on reducing the burden should consider the differences and potential synergies between requests from different organisations to provider and commissioner organisations, and seek out consistency in data and simplicity of capture. Organisations should be willing to sacrifice breadth of data for quality and consistency;
 - o) the suggestion that the NQB might have a role in signing-off targets was a good one and should be discussed further at the next meeting. One area for NQB consideration could be urgent and emergency care. There was potential a joint role for the NQB with the finance board in this area;

- p) the “early identification of risk” workstream should involve taking stock of the current Quality Surveillance Group and Risk Summit arrangements to ensure that they are fit for purpose. This would need to link into the work on measurement, and if it was successful, would contribute to the objective of “reducing the burden”; and
- q) the workstreams on defining quality, measurement and prioritisation should be brought together under the overall “Quality Strategy” workstream as they were all interlinked and could not be done in isolation. Added within this should be a specific sub-stream on “roles and responsibilities”.

BRUCE KEOGH (CHAIR) thanked everyone for their contributions. He reminded members that a paper would be presented to the Forward View Chief Executives meeting on 15 June 2015, and he asked the Secretariat to reflect the discussion in that paper. The paper would be circulated to members prior to it being submitted to the Chief Executives and the chairs would report back to the next NQB meeting. It would be important to signal timeframes wherever possible – the NQB should consider initial milestones at its next meeting.

ITEM 3: ENGAGEMENT

MIKE RICHARDS (CHAIR) introduced *Paper 2: NQB stakeholder engagement proposals*, reminding members that at its previous two meetings, the NQB had discussed how it might best engage with stakeholders. The paper for consideration suggested that the NQB should engage with stakeholders in two ways: on an on-going basis, to guide its strategy and work programme; and on specific elements of its work programme.

The paper focussed primarily on the “ongoing basis” element of the engagement, as the second element would be largely contingent on the work programme and workstreams that were agreed as part of the previous agenda item. Members’ views were sought on the proposal to establish a Stakeholder Forum, and if this was supported, some of the practicalities in terms of frequency of meetings and membership.

The following points were raised in discussion:

- a) there was strong support for the establishment of a Stakeholder Forum. The NQB should meet with the Stakeholder Forum at least twice a year and, ideally, on a quarterly basis;
- b) the NHS Health Innovation Expo on 2 and 3 September 2015 would be an ideal opportunity to host the first engagement session for the NQB with its Stakeholder

Forum, and would enable the NQB to progress the shaping of its quality strategy and work programme;

- c) in addition to the proposed membership of the Stakeholder Forum, specific engagement from carers should be sought. alongside patients and the public / citizens;
- d) representation from NHS managers would be important. This could be sought through the NHS Confederation;
- e) social care groups should be included, as well as independent health care providers;
- f) given that the professional regulators were not NQB member organisations, it would be important to ensure that they were part of the Stakeholder Forum;
- g) further consideration was needed on how to involve Royal Colleges. One member from the Academy of Medical Royal Colleges would not be able to represent the range of perspective;
- h) alongside the larger charities and representative groups, it may be valuable to include smaller voluntary sector organisations to gain the breadth of perspective; and
- i) more generally on the engagement plan, the views of the People and Communities Board, which also reported to the Forward View Chief Executives, could be sought given their expertise and membership;
- j) members of the Stakeholder Forum could be involved in the various workstreams that the NQB was planning on taking forward. However, it would be important to be able to involve other individuals and experts in the work of the NQB, beyond members of the Forum;
- k) it would be important for the NQB to be clear about how it would use the feedback and outputs from its engagement, either from the Stakeholder Forum or from other engagement processes. Members would want to be reassured that their input had been of value and so the NQB should routinely feedback what action it took as a result of views that it heard; and
- l) patient and public/citizen members would be critical to the success of the NQB. There was agreement that these members of the Stakeholder Forum should be invited to attend NQB meetings. Individuals would need to be willing and able to constructively challenge colleagues and peers within the NQB environment, and so the NQB should undertake a recruitment exercise as soon as possible;
- m) the NQB would need a protocol for responding to requests and correspondence. The Secretariat should develop this as part of a wider communications and engagement plan.

Summing up the discussion, MIKE RICHARDS (CHAIR) thanked members for their contributions. He asked that Secretariat to proceed with setting up the Stakeholder Forum, inviting members and proceeding with the recruitment process for patient and public/citizen members. He also asked that this activity be brought together as part of a wider communications and engagement plan for discussion at the next NQB meeting. The plan should seek to make the appropriate links with engagement activity by other Boards taking forward the work of the Five Year Forward View.

ITEM 4: NQB ROLE IN THE CONTEXT OF THE LEADERSHIP DEVELOPMENT AND IMPROVEMENT REVIEW

BRUCE KEOGH (CHAIR) introduced *Paper 3: NQB role in the context of the Improvement and Leadership Review*. He reminded members that at the previous meeting, the NQB agreed that the emerging findings of the and Leadership Development and Improvement Review (Smith Review) were relevant to the NQB's work, and that it would be important to ensure that there was no duplication in the remit of the NQB with that of the recommended Improvement Governing Body.

Since the last meeting, the NQB secretariat had met with the Leadership Development and Improvement Review Implementation Team and the Department of Health (DH) to agree how the respective roles and responsibilities of the NQB and the Improvement Governing Body might be aligned.

As such NQB members were asked to agree that the division of responsibilities could see the NQB setting the strategy and direction in respect of quality, including quality improvement (in the context of value), and the Improvement Governing Board being responsible for overseeing the roll out of the new improvement architecture nationally and locally, in such a way as is consistent with the strategic direction (definition, framework, priorities) set out by the NQB.

The following points were raised in discussion:

- a) the division of responsibilities seemed sensible. The NQB did not see itself as needing to oversee the roll out or operation of the improvement landscape, however it was important that it had a line of sight to what that improvement landscape was focussing on and being commissioned to do;

- b) many of the same people would be involved in the discussions and support of both groups' work and so ensuring alignment and avoiding duplication should be possible;
- c) the description of the NQB's role was consistent with the NQB's agreed Terms of Reference;
- d) the Improvement Governing Board did not yet have terms of reference, and so the high-level description could be used to guide their development; and
- e) the NQB would also wish to consider how it could work with the Leadership Governing Board once it was established.

Summing up the discussion BRUCE KEOGH (CHAIR) confirmed that the NQB was content with the division of responsibilities between itself and the soon to be established Improvement Governing Body. It would be important that once it was established, the Improvement Governing Body was asked to also agree the division of responsibilities.

ITEM 5: ANY OTHER BUSINESS

The next meeting was to be on 8 July 2015 in Skipton House London. Thereafter, meetings had been scheduled for 14 October and 17 December 2015.