NQB (16) 2nd Meeting

NATIONAL QUALITY BOARD

MINUTES of a meeting held at Room 128a

Skipton House, LONDON

Wednesday 6 April 2016, 14:00 – 16:00

PRESENT		
Bruce Keogh (Chair)	Mike Richards (Chair)	
Wendy Reid	Ruth May	Gillian Leng
Jane Cummings	Charlie Massey	Andrea Sutcliffe
Kathy McLean	Viv Bennett *(via telephone)*	
IN ATTENDANCE		
Neil Townley (DH)	Julia Maier-McAlpine (5YFV)	Jo Vigor (NHS Improvement)
Lauren Hughes (NHS England)	Lauren Phillips (NHS England)	Kate Eisenstein (CQC)
Mike Durkin (NHS England)	Christina Cornwell (CQC)	Tom Rafferty (5YFV)
APOLOGIES		
Paul Cosford	Lisa Bayliss-Pratt	Steve Field

AGENDA

1. Welcome, introductions and minutes of the last meeting
2. Quality, efficiency and value: the need for a coherent narrative
3. National Improvement and Leadership Development Strategy
4. Clinical support offer to Success Regime Sites
5. Paper for the FYFV CEO Board
6. A.O.B

ITEM 1: WELCOME, INTRODUCTIONS AND MINUTES OF THE LAST MEETING

BRUCE KEOGH (Chair) welcomed members to the ninth meeting of the re-established National Quality Board (NQB).

He 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: QUALITY, EFFICIENCY AND VALUE: THE NEED FOR A COHERENT NARRATIVE

MIKE RICHARDS (CHAIR) explained that at recent Ministerial meetings, there had been discussions about how the system could ensure that quality and efficiency could co-exist and that there was a narrative which could bring both together, resonating with the challenges providers and commissioners were facing on the ground. It had been suggested that the NQB could be a good forum in which to develop this narrative, getting ownership from across the national bodies and system.

The following points were raised in discussion:

a) there was a strong commitment from Ministers and the ALB CEOs in ensuring that quality remained at the heart of the core narrative and purpose of the health and social care system, and that the financial challenges should be tackled in a way that did not harm and ideally improved quality;
b) NQB had been asked by Ministers to help to shape the quality case for sustainability, and to help understand from a quality perspective the benefits of measures to increase sustainability; and to suggest how the risks to quality of such measures could be managed;
c) Lord Carter's final report, *Operational productivity and performance in English acute hospitals: Unwarranted variations*, recommended that all trusts start recording Care Hours Per Patient Day (CHPPD) – a single, consistent

metric of nursing and healthcare support workers deployment on inpatient wards and units. CHPPD would be the key metric for understanding staffing.

d) Voluntary CHPPD data collection / testing in 27 Trusts was underway and would continue over the Summer 2016;

e) it had been agreed that all Trusts could, and should be encouraged to start to adopt the new approach from June 2016, and reporting of fill rates would cease as a consequence;

f) the NQB's safe staffing guidance, which was in the process of being refreshed, would need to support the implementation of CHPPD;

g) there was concern, that CHPPD alone would not enable consideration locally, or nationally, as to whether staffing was appropriate to ensure quality. The NQB could identify a small number of measures which were felt to be useful indicators of staffing impact on quality, which could be promoted alongside the implementation of the CHPPD measure;

h) further guidance would be needed for trusts in the implementation of CHPPD. This could be usefully developed by the Carter Team at DH;

i) UNIFY would need to be amended in order to support the collection of CHPPD, and there would need to be an assessment of the collection burden undertaken; and

j) further work was needed to ensure that 'contact' or 'productive' time within CHPPD could be identified.

BRUCE KEOGH (Chair) thanked members for their contributions and summarised that the following actions had been agreed:

- The refresh of the NQB Safe Staffing Guidance to signal a shift to a 'measure and improve' approach and to provide support to providers when implementing and using CHPPD.
- NHS Improvement to make amendment to UNIFY to support the collection of CHPPD.
- The Health and Social Care Information Centre (HSCIC) to complete an assessment of burden for the proposed CHPPD data collection.

- The Finance and Efficiency Team (Carter Team) at DH to develop a Care Hours per Patient Day (CHPPD) Implementation Guide for Trusts, including a section re: frequently asked questions, which would be published alongside the NQB's staffing guidance.
- The NQB's Measuring Quality Working Group should be asked to develop some guidance for local providers on using other measures of quality, alongside Care Hours per Patient Day (CHPPD), to understand how staff capacity might be impacting upon the quality of care being provided in that setting.

ITEM 3: NATIONAL IMPROVEMENT LEADERSHIP DEVELOPMENT STRATEGY (including an update on the World's Largest Learning Organisation)

KATHY MCLEAN (NHS Improvement) introduced *Paper 1: Update on the National Improvement and Leadership Development Strategy (NILDS)*. Kathy explained that the purpose of the paper was to provide a short update for the NQB on the development of the national strategy, which was being jointly led by NHS Improvement and Health Education England on behalf of the National improvement and leadership Development (NILD) Board. Kathy reminded members that this had been discussed at previous NQB meetings and there were important links between this work and that of the NQB.

JO VIGOR (NHS Improvement) clarified that the purpose of the strategy was to communicate and provide support at the following three levels: to national bodies; to "place" (systems leadership); and to individual organisations. The ambition summary had been developed in collaboration with all ALBs and DH through its Working Group. The intention was to submit the final draft to NILD Board members in April 2016.

The following points were raised in discussion:

k) the document should make clearer what problem(s) the strategy was seeking to solve;

l) success criteria for the strategy should be made more explicit, to support the system to know what good / success would look like;

m) the document could be viewed by some as quite "inward" looking to the NHS and to be drawing from an evidence base that is similarly quite restricted. It should be made more explicit that that the was learning available from other sectors and industry in terms of both leadership development and improvement;

n) the document referenced "working with partners". This would need to be wide ranging, and go beyond local government. It would be important to understand from all the partners, what they wanted and needed from this strategy;

o) though the ambition made numerous references to "engagement", there was nothing explicit about "co-production". This would be vital if it were to harness the power of the sector, and ensure stakeholders were bought in;

p) the term "patient value" might have potential to be misinterpreted by both the public and staff as being solely about money, which was not the intent. It should be reconsidered;

q) the document should make reference to the importance of "diversity" in leadership, as it was recognised that a lack diversity in senior leadership roles and throughout organisations can negatively impact quality;

r) there seemed to be a strong focus on executive directors, but less on chairs and non-executive directors of Boards. They had a vital role to play in the leadership of organisations, and merited a particular focus in the strategy;

s) the reference on page 4 to *"developing improvement and leadership capability in the social care sector is also highly desirable*" should be redrafted to make it more definitive. Social care had a significant impact on the quality and availability of healthcare services, and also of the health and experience of individuals. It should not be overlooked, and measures that emerged from this strategy could be applicable to the social care sector;

t) the document should re-inforce that public health was not separate / different to the health and the NHS. The strategy should be equally applicable to public health services and leaders wherever possible;

u) it would be useful to inject more reference to the nature of the evolving and future landscape, such as New Models of Care, success regime,

Sustainability and Transformation Planning. The strategy would need to be relevant in these contexts if it were to help people in facing the real challenges they were dealing with; and

v) as the strategy itself was developed, it would be very important to be clear about what is “in” and “out” of scope.

MIKE RICHARDS (Chair) thanked members for their contributions and asked that any further comments were sent via email to Jo Vigor by 15 April 2016 for inclusion in the final draft document.

NEIL TONWLEY (DH) introduced *Paper 2: World’s Largest Learning Organisation (WLLO).* He explained that the purpose of the paper was to provide an update to NQB members on what had happened since the election, what work was currently underway; and the proposed next steps.

The following points were raised in discussion;

w) there were clear links from this work to the National Improvement and Leadership Development Strategy;
x) “duty of candour” was now being incorporated into CQC’s inspections;
y) more inclusive language should be used to describe engaging with social care and mental health services;
z) changing culture would be critical to achieving the ambition of the NHS becoming the world’s largest learning organisation and the NQB could be a good forum to develop the thinking on this; and
aa) the proposed next steps should be more ambitious.

MIKE RICHARDS (Chair) thanked members for their contributions and asked members to send any further comments to Neil Townley via email. He reflected that the NQB should consider the issue of creating a learning culture in more depth at a future meeting with a view to drawing on the collective knowledge and experience of members and organisations for the benefit of the system.

ITEM 4: CLINICAL SUPPORT OFFER TO SUCCESS REGIME SITES

TOM RAFFERTY introduced *Paper 3: Clinical Support Offer to Success Regime Sites.* Tom explained that the purpose of the paper was to provide an update to the National Quality Board as to progress in each of the three Success Regime areas and to highlight emerging thinking as to the areas in which support relating to clinical matters might be required.

ANDREA SUTCLIFFE (CQC) declared a potential conflict of interest in respect of the West, North and East Cumbria success regime area due to her husband's current role in supporting that site.

Tom explained that the first phase of work in all three areas had been "diagnostic" and had been largely about bringing the relevant people together to accept what the challenges were within their area. This work had been completed at different paces, but all three areas had now published the findings from this phase of work. All three sites were now at various points in the second phase of "solutions development", which would include consideration of significant clinical service reconfiguration in areas such as urgent and emergency care, stroke, vascular, maternity and paediatrics services.

In respect of the clinical support offer to the sites, TOM RAFFERTY explained that an NQB Working Group had met in December 2015 to discuss the work underway in the three areas and the clinical support that national bodies might be able to provide. He advised that this group had not met since, but a further meeting was scheduled now that the solution development phase was underway.

The following points were raised in discussion:

bb) there was alignment between the success regime areas and the Sustainability and Transformation Planning (STP) footprints, apart from in Devon;

cc) there was a potential role for clinical senates in other geographies (to avoid any potential / perceived conflicts of interest) in providing support and advice to the three areas;

dd) there was a potential role for NICE in providing advice and support in specific topic areas in terms of guidance or standards;
ee) though Postgraduate Deans were already involved in the process, it would be important when developing the "how" that Health Education England were engaged to advise on both timelines for clinical workforce planning and potential alternative structures and workforce mix solutions; and
ff) metrics were being developed to measure the "success" of the three sites (not just financial).

MIKE RICHARDS (Chair) thanked both TOM RAFFERTY for the update and members for their contributions.

ITEM 5: NQB PAPER FOR THE FYFV CEO BOARD

LAUREN HUGHES (NQB Secretariat) introduced *Paper 5: NQB paper for the FYFV CEO Board.* Lauren explained the purpose of the paper was to set out the role and proposed focus of the NQB for 2016/17 and beyond, in the context of the delivery of the FYFV and the development and implementation of Sustainability and Transformation Plans (STPs). Lauren explained that the NQB was asked to consider and provide feedback on the paper, specifically the four-fold description of the NQB's role (paragraph 9), and the proposed actions and products for 2016/17 and beyond (pages 4-6).

The following points were raised during the discussion:

gg) a list of NQB Chairs and Members should be added as an Annex to the document;
hh) both the context of the current financial challenge facing the system and the need for financial sustainability should be made more explicit throughout the paper;
ii) currently at paragraph 9a, when describing the NQB's role in respect of providing collective leadership, a reference to "culture of learning and improvement" should be made;

jj) whilst acknowledging that the scope of the NQB's focus was primarily the NHS, the paper should also make clear the important interdependencies with both public health and adult social care sectors;

kk) in the table of proposed products, the context for the "shared view of quality" should be updated to make links with the CQC's new strategy; and

ll) in the table of proposed products, the context for the "NQB Staffing Guidance" section should be updated to reflect the roll out of 'CHPPD', as part of a wider set of quality measures which are useful locally.

BRUCE KEOGH (Chair) thanked members for their contributions and requested that members send any further detailed drafting comments to NQB Secretariat by email.

ITEM 6: ANY OTHER BUSINESS

BRUCE KEOGH (CHAIR) reminded members that the next meeting of the NQB was scheduled for 8 June 2016, and would be an extended session.