

## NQB (16) 3rd Meeting

### NATIONAL QUALITY BOARD

MINUTES of a meeting held at Room T.206/207

CQC offices, 151 Buckingham Palace Road, London SW1W 9SZ

Wednesday 8 June 2016, 14:30 – 18:00

<b>PRESENT</b>		
Bruce Keogh (Chair)		Mike Richards (Chair)
Wendy Reid	Ruth May	Gillian Leng
Jane Cummings	Charlie Massey	Andrea Sutcliffe
Kathy McLean	Viv Bennett ( <i>via telephone</i> )	Lisa Bayliss-Pratt
Steve Field	Paul Cosford	
<b>IN ATTENDANCE</b>		
Malte Gerhold (CQC)	Jo Lenaghan (FYFV)	Charlotte Goldman (FYFV)
Lauren Hughes (NHS England)	Jeremy Taylor (People and Communities Board)	Kate Eisenstein (CQC)
Mike Durkin (NHS Improvement)	Jason Yiannikou (DH)	Vicky Reed (NHS England)
Lucy Holmes (NHS E)	Christina Cornwell (CQC)	Neil Townley (DH)
<b>AGENDA</b>		
1. Welcome, introductions and minutes of the last meeting		
2. People and Communities Board		
3. NQB Staffing Guidance		
4. Five Year Forward View (FYFV) governance and Sustainability and Transformation Plans (STPs)		
5. The role and purpose of NQB in respect of:		
<ul style="list-style-type: none"><li>• Public Health and Prevention</li><li>• Workforce, Education and Training</li></ul>		
6. A.O.B		

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

MIKE RICHARDS (Chair) welcomed members to the tenth 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: PEOPLE AND COMMUNITIES BOARD**

BRUCE KEOGH (Chair) welcomed JEREMY TAYLOR, Chair of the People and Communities Board (PCB), to the meeting. Bruce explained that the NQB was interested in exploring how it could forge a partnership with the People and Communities Board in a way that promoted patient-centeredness, and that ensured that the needs of people and communities were intrinsic to the work of the NQB.

Jeremy Taylor introduced the work of the PCB, also one of the Five Year Forward View Programme Boards, which had been established to support the transformation of the relationship that the NHS, including Social Care, had with patients and communities. The PCB looked at how it could 'hold a mirror up to the system' to ensure that it could realise the ambitions set out in Chapter 2 of the Five Year Forward View (FYFV), '*A new relationship with patients and communities*'.

Jeremy explained that to achieve this, the PCB was focusing on the following three areas;

- developing a narrative about why involving people and communities was important;
- helping the system with alignment nationally around this agenda; and
- helping to make this a reality at the front line, working with the NHS and its partners to deliver person centred care.

Jeremy explained that in relation to the NQB, the PCB was interested in exploring how people-powered approaches to health and care could best be reflected, both in how quality was defined and measured, and in how quality improvement was realised.

BRUCE KEOGH (Chair) invited a discussion on how the NQB could work with the People and Communities Board.

The following points were raised in discussion;

- a) the person who defined quality was, in most sectors, the person using the service. Patient experience was central to how we defined quality and the NQB was working towards a place where experience was increasingly evident in quality. New models of care and vanguards were examples of how the system was evolving in this way. For example, social prescribing and recognising the value of non-medical forms of support in the community;
- b) creating the conditions for a culture of engagement would be essential. It was important that the NQB supported a shift from a top-down performance culture, to embedding a culture of leadership and engagement to allow quality to flourish;
- c) the importance of involving patients and the public as early as possible in the planning and development of services was raised. Leadership from the NQB would be essential, but this must permeate throughout the system for it to become a reality, and to overcome existing fragmentation to make things more coherent on the front line;
- d) there were already good examples at both a local and national level of engagement with and involvement of people, for example the “*experts by experience*” programme led by the CQC. It would be important to take stock of and build upon these areas of good practice in further developing and embedding a system wide approach to engaging people and communities;
- e) the health system should look to adult social care for examples of good practice, where this approach was sometimes more advanced. For example care planning, and a focus on people centred outcomes. These models could demonstrate that even people with very complex needs could be engaged effectively;

- f) in relation to the role of people in defining quality, it was highlighted that there had been a widespread engagement of people in developing CQC's five key questions / lines of enquiry, and these had helped provide a meaningful lens from which the CQC could assess quality in the context of peoples lived experiences of care.

BRUCE KEOGH (Chair) thanked Jeremy for attending the meeting and thanked members for their contributions. He stated that this should be the start of an ongoing relationship between the two Boards and the NQB welcomed the PCB as a potential partner in areas of its work. He advised that the NQB was committed to holding joint sessions with the PCB in the future to solidify relationships and it was agreed that the secretariat of the two boards would work together to coordinate alignment of the respective work programmes, both in design and delivery.

### **ITEM 3: NQB STAFFING GUIDANCE**

MIKE RICHARDS (Chair) introduced the item and highlighted to members that the refreshed NQB guidance would be the first publication of the re-established NQB and would demonstrate to the system a "united voice" in respect of safe staffing. Mike urged members to recognise their collective role in signing off the document, and invited RUTH MAY (NHS IMPROVEMENT) to introduce *Paper 3: National Safe Sustainable Staffing Guidance programme – update*.

Ruth advised that as of the 1 April 2016, along with the patient safety function, the national programme of work to deliver staffing guidance had formally moved into NHS Improvement (NHS I). During April 2016, NHS Improvement had drafted its organisational objectives to 2020, and its 2016/17 business plan, both of which included an objective to 'enable safe staffing', and a specific deliverable in the 2016/17 business plan to develop and deliver setting-specific staffing improvement resources for NHS providers.

Ruth reminded members that an update on the refresh of the NQB guidance had been presented and discussed at the NQB meeting on 6 April 2016 and at the end of April 2016, a revised draft had been circulated to NQB members for their review and feedback. The guidance was subsequently due to be independently reviewed by Sir

Robert Francis, CQC and NICE, and a final set of revisions agreed ahead of publication.

NQB members were asked to:

- review the final draft of the NQB staffing guidance (including the proposed recommendations for wider measures to support monitoring the impact of staffing on quality, which had been developed by the NQB Measuring Quality Working Group) and cover letter;
- consider the lessons to be learned from phase 1 of the programme, and identify any follow on actions; and
- review and agree a process for managing review and approvals of the subsequent setting-specific guidance/ improvement resources.

The following points were raised in discussion:

- g) whilst the document was not prescriptive to local areas, it did provide leaders in organisations with the flexibility to balance the needs of patients with the contexts of their organisations. Whilst the document was not aimed directly at front line staff, the guidance would have a significant impact on them and their work environment;
- h) the need to ensure adequate reflection of the patient voice was highlighted and it was agreed that the context of improving outcomes and experience for staff, families, patients and carers should be set from the outset of the document;
- i) linked to the earlier discussions about the work of the people and communities board, it was agreed that the foreword should be amended to enhance the message that the guidance was ultimately about improving the experience of patients;
- j) there was no one single metric for to judge whether staffing was 'safe', as this required a triangulated and multi-faceted approach. In recognition of this, the NQB's Measuring Quality Working Group had developed a set of balancing measures to go alongside the new Care Hours Per Patient Day (CHPPD) metric introduced in the guidance;

- k) there was a need to make sure that the document adequately highlighted the need to balance both the maintenance and improvement of quality with considerations around efficiency and sustainable use of resources; and
- l) it was suggested that the document should make clear throughout, the distinction between *nurse hours* and *healthcare hours* and the fact that the guidance supported the demonstration of both.

MIKE RICHARDS (Chair) thanked members for their contributions and summarised the next steps as follows:

- the guidance was to be updated to reflect the points raised in the discussions and then circulated to NQB members in advance of publication, which would be in July; and
- there would be an item on the agenda at the next NQB meeting (13 July 2016) to look specifically at the progress of the seven setting-specific workstreams and the subsequent guidance, including agreement of the governance arrangements for signing off this next set of documents.

#### **ITEM 4: FIVE YEAR FORWARD VIEW (FYFV) GOVERNANCE AND SUSTAINABILITY AND TRANSFORMATION PLANS (STPs)**

BRUCE KEOGH (Chair) welcomed JO LENAGHAN (FYFV Strategic Programme Office) to the meeting to provide a verbal update on the emerging view of how the NQB would be positioned in respect of the FYFV CEO Board and how the NQB might support and input into the development of STPs.

Jo provided an update on the STP process which had been established in response to the need to close the three gaps highlighted in the FYFV (health, quality and finance). The need for STPs had arisen in response to the recognition that no single organisation could close the three gaps on its own through traditional organisational based plans and siloed structures. Therefore a broader, more population based approach was required. STPs had emerged as a multi-faceted placed-based plan, on behalf of a population, over five years to address simultaneously the three gaps.

Jo explained that 44 footprints had been established and these were being led by locally appointed leads, with national support and leadership. Interim STP plans had been submitted in April 2016, and all the footprints would be submitting the next iteration of their plans by the 30 June 2016. All footprints were being asked to consider what the three to five big issues that they needed to address would be so that a collective decision could be made about whether their STP would close the three gaps, was feasible, and what support they would require from the centre.

Following this submission, meetings would be scheduled to take place with each of the 44 footprint areas throughout July 2016 to interrogate the plans. It would be important that a focus on quality and outcomes was embedded within each STP, as a counterbalance to the inevitable focus on the financial position. These meetings would be followed by a one day national event to bring together learning and assess the national picture.

These plans would certainly not be “final”, and it was expected that the STPs would evolve based on the feedback from regional panels and would be signed off in ‘waves’.

Jo urged members of the NQB to champion quality both with regional and local colleagues who were part of the process to encourage discussions about what should be taking place to effectively address the quality gap and welcomed the advice of the NQB about how quality would be kept at the heart of the process.

The following points were raised in discussion;

- m) the NQB would need to consider how the system should respond to the STPs submitted at the end of June 2016, and what tools and levers were available to ensure that a focus on quality was significant and central;
- n) there might be opportunities to use the STPs as a vehicle for addressing broader national themes, for example urgent and emergency care, as well as local population based issues;
- o) quality leads for each of the ALBs and from the NQB should be involved in the regional assessment sessions to champion quality; and

- p) it would be important for the NQB to agree how it could ensure continuing input and involvement on an ongoing basis to local transformation, as well as specifically through the STPs themselves.

In respect of governance, Jo explained that the NHS Five Year Forward View set out in 2014 had, since the election, been mandated and was being put into action. 18 months into the programme, the FYFV CEO Board was revisiting the roles of and requirements of the programme boards which sit beneath it, to ensure that they were appropriately positioned and equipped to lead delivery. The NQB was being positioned as the forum to provide oversight and assurance in respect of the quality gap, on behalf of the FYFV CEO Board.

The following points were raised in discussion:

- q) the NQB provided oversight and strategic stewardship to the system and could guide and facilitate a collective contribution to reducing the quality gap. No one single organisation alone could reduce the quality gap, and therefore the leadership of the NQB was key to bringing together partners to align and amplify their efforts;
- r) the NQB could increasingly have a role in providing assurance and challenge to other parts of the system to ensure that quality was fully embedded and intrinsic to all national action and across the system; and
- s) articulating the strategic oversight role of the NQB in the system more clearly would be essential, to secure the leverage for the NQB to more effectively influence and challenge other areas. With a clearer mandate, the NQB could work more effectively across the system and make better use of the available resources.

BRUCE KEOGH thanked Jo Lenaghan for joining the meeting. He summarised that the NQB was absolutely committed to playing its part both in supporting the STP process, particularly in respect of the quality gap, and in providing oversight and assurance in respect of the delivery of the FYFV nationally. He asked Jo to come back to the next meeting to provide an overview of the content of the STPs that would be submitted on 30 June 2016.



**ITEM 5: THE ROLE AND PURPOSE OF THE NQB IN RESPECT OF:**

- **PUBLIC HEALTH; AND**
- **WORKFORCE, EDUCATION AND TRAINING**

MIKE RICHARDS (CHAIR) invited PAUL COSFORD (PHE) to present *Paper 3: Quality in the NHS: beyond individual patient care*. Paul explained that the paper examined how the NQB could contribute to the prevention / public health space and whether the NQB should look to expand the aspects of quality which NHS organisations should focus on, to include influencing behaviours.

The paper recognised the far reaching role and activities undertaken by the NHS that were above and beyond high quality care, but that still formed part of the quality discussion and proposed key areas that could have an impact on quality;

- procurement of goods and services;
- access to broad populations through the workforce;
- research and innovation; and
- the estates function.

The NQB was asked to consider whether it agreed that the NHS should focus on these wider aspects of a “high quality organisation” in addition to the threefold approach of safety, clinical effectiveness and patient experience.

The following points were raised in discussion:

- t) some of the themes discussed in the paper mapped quite closely to Lord Carter’s final report, [Operational productivity and performance in English acute hospitals: Unwarranted variation](#) and were therefore of greater interest to the NQB than others; and
- u) the NQB must consider how it could use these themes to progress its existing aims and fulfil its priorities as a Board. It had to necessarily prioritise given its finite resources and ability to exert influence and so would need to consider whether any of the broader areas merited a specific effort.

MIKE RICHARDS (CHAIR) invited WENDY REED (HEE) to introduce *Paper 4: Role of the NQB in quality of the workforce, education and training*.

Wendy explained that the paper proposed what the NQB's role might be in ensuring quality in health and care workforce, education and training and how this could be developed as part of the emerging NQB's "*A Shared Commitment to Quality*" work including, including what system levers were available to support this.

Wendy reported that that HEE had recently published the "[HEE quality framework 2016/17](#)" and that this set out to remind system partners of the value that the workforce could bring to the delivery of quality.

NQB members agreed that the workforce was potentially the most important determinant of quality of care received by patients, and that it must always consider the levers available in respect of the workforce, and the constraints and concerns, in all that it sought to do.

MIKE RICHARDS (Chair) thanked PAUL COSFORD (PHE) and WENDY REED (HEE) for their papers which had provided much material for consideration for NQB members.

**ITEM 6: ANY OTHER BUSINESS**

BRUCE KEOGH (CHAIR) confirmed that there was no further business and concluded the meeting.

The next meeting of the NQB would take place on Wednesday 13 July 2016.