NQB (16) 1st Meeting

NATIONAL QUALITY BOARD

MINUTES of a meeting held at Room 140b

Skipton House, LONDON

Wednesday 17th February 2016, 16:00 – 18:00

PRESENT			
Bruce Keogh (Chair)		Mike Richards (Chair)	
Lisa Bayliss-Pratt	Steve Field		Gillian Leng
Hugo Mascie –Taylor	Paul Cosford		Andrea Sutcliffe
Kathy McLean	Jane Cummings		Viv Bennett
IN ATTENDANCE			
William Vineall (Deputy for Charlie Massey)	Malte Gerhold (CQC)		Charlotte Goldman (5YFV)
Kate Eisenstein (CQC)	Lauren Phillips (NHS England)		Lucy Holmes (NHS England)
Mike Durkin (NHS England)	Lyndsey Webb (PDT Consultancy Ltd)		Rebecca Hand (Monitor)
APOLOGIES			
Charlie Massey	Ruth May	Peter Blythin	Wendy Reid

AGENDA

1. Welcome, introductions and minutes of the last meeting
2. Role of the NQB

Quality Strategy

3. NQB's Quality Strategy Workstream

Quality Priorities

4. Safe Staffing

Operational Alignment

5. Regional Quality Surveillance Groups
6. A.O.B

ITEMS 1 & 2: WELCOME, INTRODUCTIONS AND MINUTES OF THE LAST MEETING

MIKE RICHARDS (Chair) welcomed members to the eighth meeting of the re-established National Quality Board (NQB).

Mike congratulated the NQB members who had been recently appointed to NHS Improvement's executive director team: Kathy McLean, Executive Medical Director and Ruth May, Executive Director of Nursing.

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: ROLE OF THE NQB

MIKE RICHARDS (Chair) introduced the discussion, explaining that the purpose was for the NQB to discuss and consider its role, in the context of the current and changing national landscape, including:

- the *NHS Shared Planning Guidance 2016/17 – 2020/21* and the request for local health system five year Sustainability and Transformation Plans (STPs);
- *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Carter Review)* which had clearly demonstrated scope for efficiency; and
- the establishment of NHS Improvement .

Mike suggested some possible areas for the group to consider where it could add value, as follows:

- developing and agreeing the "shared vision of quality";
- the NQB's role in relation to the priorities that have already been identified such as priorities; or

- a potential “troubleshooting role” for new issues arising, where expertise and a co-ordinated / system-wide approach was required, for example in response to the outcome of inquiries or reviews.

The following points were raised in discussion;

a) the outcome of the Sheila Leatherman / Health Foundation work would be of significant interest for the NQB, especially if there was to be a challenge to the coherence of quality across the system. For example the large number of quality improvement initiatives produced in recent years. There could potentially be a role for the NQB to identify and, where necessary, challenge such initiatives where there was a lack of alignment;

b) whilst it was acknowledged that the NQB Secretariat was working closely with the National Leadership Development and Improvement (NLDI) Strategy Team to ensure that key links, interdependencies and overlaps were identified, it would be important for the relationship between the NQB and NLDI Board to be articulated clearly in any reporting on the role of the NQB;

c) the NQB must not only identify areas where it can “add value”, but also consider “what would be different as a consequence of the NQB ?” (i.e. what couldn’t be achieved by the individual member organisations on their own);

d) it would be important to understand what others in the system wanted and needed from the NQB, from the front-line to the FYFV CEO Board;

e) as the senior clinical leaders in the system, the NQB should consider how it could grasp the numerous strategies and initiatives already in the system and provide a uniting vision for quality and ensure the balance between the different types of levers used to pursue the vision. The perception in the system was that the strongest quality lever was regulation and inspection. Yet, arguably if the commissioning and contracting levers worked better, there would be less requirement for inspection;

f) the NQB should be mindful of the language it used to describe its role, not limiting it to just secondary care providers. Primary care should be a core focus, and the links with and importance of health services working with the adult social care sector must be recognised and reinforced; and

g) to understand and define the NQB's role in respect of the current clinical priorities, such as cancer, it would be useful to hold a number of bi-lateral conversations with the relevant leads to understand what they needed from the NQB.

MIKE RICHARDS (Chair) thanked members for their contributions and asked the NQB Secretariat to produce a short paper for circulation and discussion with members, building on the discussion today. This paper would then be refined for consideration at the 5YFV CEO Board meeting.

ITEM 3: NQB's Quality Strategy Workstream

LAUREN HUGHES (NQB Secretariat) introduced *Paper 1: NQB's Quality Strategy Workstream.* Lauren explained that the purpose of the paper and accompanying slide-deck was to update the NQB on the emerging views of the NQB's Quality Strategy Working Group and request feedback on the proposed direction of travel. Lauren explained that the Working Group that had been established to develop this work included representatives from each of the NQB member organisations.

Lauren explained that the NQB was asked to:

- consider and discuss the emerging views of the Quality Strategy Working Group, both in relation to "defining quality" and the "collective approach to improving quality";
- consider and confirm the stated purpose and scope of the "narrative for quality"; and
- note the proposed workstreams and high-level timeline for the development and publication of the "narrative on quality".

The following points were raised in discussion;

h) the narrative would need to have a clear purpose, audience and view of what was intended as a result. It should be helpful to the system, in promoting individual organisations' role in improving quality, and in supporting alignment between organisations;

i) the effective use of resources was critical and should be made explicit in the narrative, linking to the joint letter from Mike Richards (CQC) and Jim Mackey (NHS Improvement) in January 2016, asking Trusts to consider quality and finances on an equal footing in their planning decisions;

j) value would need to be a theme that ran throughout the narrative. Commissioners, providers and national organisations were all wrestling with the challenge of delivering ever improving quality in an ever more constrained financial environment. They needed help to understand how the two objectives could be mutually reinforcing. The narrative should seek to provide this reconciliation if possible.

k) while the narrative was likely to focus mostly on health, it would need to suitably reflect the vital relationships with prevention, public health and adult social care services. In an ideal world it would be a narrative for quality in relation to health, wellbeing and care, although the NQB recognised the need to create a manageable scope and that for a broader scope, the right people might not be involved;

l) the working group could benefit with a more adult social care perspective to ensure the appropriate content in the narrative;

m) the narrative would need to reflect the increasing trend in the system towards integration, between providers, sectors, settings and individual and professional care, all aimed at wrapping services around patients and carers;

n) the narrative should be relevant nationally, regionally and at the front line. To achieve this, it would need to demonstrate both “value” and “values” in a way that resonated with those working at the different levels;

o) while the narrative would not primarily be aimed at the public, it would be important to understand how its development would benefit people who use services;

p) the ethical principles of the individuals were widely recognised as what defined the success of any quality system. This could be extrapolated to the importance of organisational ethics. In developing the narrative, the NQB would need to be mindful of this central importance, and seek to tap into and harness its potential power;

q) the draft of the shared vision for quality was lacking on issues relating to a "quality workforce" (for example the retention of the workforce, the health and well-being of the workforce, how we are creating a quality workforce);

r) in relation to the approach to improving quality, there could be scope to merge the "measure" and "publish" elements given that over the last decade there had been a shift towards a presumption of publication; and

s) for the narrative to be meaningful, the NQB member organisations would need to act differently as a result, i.e. in a way that demonstrated their desire to be aligned. The NQB should identify two or three areas where the NQB could demonstrate a more aligned approach (for example how CQC and NHS Improvement will look at Trusts).

LISA BAYLISS-PRATT (HEE) agreed to produce a short paper for a future NQB meeting considering the NQB's role in respect of workforce.

PAUL COSFORD (PHE) agreed to produce a short paper for a future NQB meeting considering the NQB's role in respect of the health gap, as described in the 5YFV.

WILLIAM VINEALL (DH) agreed to produce a short paper for a future NQB meeting considering the NQB's role in respect of social care.

MIKE RICHARDS (Chair) thanked members for their contributions. He asked that the NQB's Quality Strategy Working Group continue to develop the narrative for quality in the context of the FYFV, taking account of the NQB's steers. He suggested that the NQB dedicate a significant amount of its meeting in June 2016 to discuss a draft of the narrative, which should continue to be developed alongside the NLDI strategy, and take account of the conclusions from the Health Foundation's work.

ITEM 6: SAFE STAFFING

MIKE RICHARDS (CHAIR) welcomed Mike Durkin, Director of Patient Safety, NHS England; Rebecca Hand, Economist at Monitor; and Lindsey Webb, Professional Lead for the staffing guidance programme to the meeting.

MIKE DURKIN (NHS ENGLAND) introduced *Paper 2: Refresh of NQB Guidance: How to ensure the right staff, with the right skills are in the right place at the right time.*

He explained that the national Safe Sustainable Staffing Guidance programme was due to release refreshed and updated safe staffing guidance for the system shortly. The focus of the refreshed guidance was to ensure that it would support NHS decision makers to improve efficiency while also delivering the best possible quality within available resources. The updated guidance included messages on safely and sustainably managing staff and gaps in staff availability, and emphasised the importance of consideration of the multi-disciplinary team in staffing decisions, and ensuring that the system could maximise the benefits of the wider workforce.

NQB members were asked to:

- note the changes that had been made in updating and refreshing the guidance;
- provide feedback on further changes and requests for amendments prior to launch; and
- confirm approval to proceed to prepare document for release in March 2016.

The following points were raised in discussion:

t) Ruth May (Monitor) and the team had done and continued to do a large amount of engagement across the system, currently targeting Directors of Finance both in Trusts and in the ALBs;

u) the team were working closely with the Carter Review Team to ensure alignment, though the guidance should be more explicit about this link and to the joint CQC and NHS Improvement letter to the system on 15 January 2016;

v) the guidance document itself should be edited down to ensure that it was focussed and captured the attention of its intended audience;

w) it would be vital to consider how the communications and media was to be managed when the guidance was published as a consistent and coherent approach would be required. If it were to be NQB branded, communications activity could be jointly led and coordinated across national bodies. Those

involved in the sign off process, which was being determined, would need to be part of any communications;

x) an economic impact assessment was being developed, led by Monitor. It was taking a "test, learn and adapt" approach, based on feedback from Directors of Nursing, Finance and Workforce in Acute Trusts; and

y) discussions were ongoing as to any subsequent guidance on specific service areas. The NQB would be updated in due course.

In summing up, MIKE RICHARDS (Chair) thanked members for their contributions and encouraged members to feedback their comments on the content of the guidance to the safe staffing programme team. The NQB should have an opportunity to comment on the next version of the document and should be kept up to date on developments in this area generally.

ITEM 5: REGIONAL QUALITY SURVEILLENCE GROUPS

LAUREN HUGHES (NQB SECRETARIAT) introduced *Paper 3***:** *Reporting and learning from regional Quality Surveillance Groups.*

Lauren explained that the purpose of the paper was to ask the NQB to consider its relationship and activity in respect of regional Quality Surveillance Groups (QSGs), prompted by a letter to the NQB chairs from the NHS England Regional Director for London (Annex A). The NQB was asked to consider and agree the following proposals:

- that the NQB take a role in extracting themes from QSG discussions and considering what action might need to be taken nationally, regionally or locally; and
- proceed with its planned focus on ensuring that the overall early warning system was fit for purpose given changes to the system and organisations over the last 3 years and should commit to completing this work by the end of 2016/17.

The following points were raised during the discussion:

z) the NQB had always taken an interest in the operation and effectiveness of QSGs and would continue to do so as part of its “Operational alignment: early identification of risks” workstream;

aa) the NQB had previously considered its role in relation to regional QSGs, acting as a pseudo national QSG, but felt that this was not consistent with its role, and was not where the NQB could add most value – this was still felt to be the case. However, it was felt that the NQB should take more of a role in extracting themes from QSG discussions and considering what action might need to be taken nationally, regionally or locally. This would ensure the NQB was sighted on national variation in quality and help to reinforce the role of the NQB in aligning quality and reducing variation;

bb) in practice, there could be a periodic written report to the NQB from the four regional QSG chairs which extracts the key themes. The regional QSG chairs could then attend the NQB meeting to consider those particular themes in more detail with the NQB with a view to agreeing actions for how such learning can be applied at a national and cross-system level; and

cc) members noted that NHS England had recently established a Quality Assurance Group, chaired by Jane Cummings, the purpose of which was to provide assurance to the NHS England Executive Team that mechanisms were in place to identify, manage and escalate quality concerns and issues arising from each region.

MIKE RICHARDS (Chair) thanked members for their contributions and summarised that it was not in line with its constitution or purpose to take an operational role in local / regional quality issues. However, the NQB should take more of a role in extracting themes from QSG discussions and considering what action might need to be taken nationally, regionally or locally.

In addition, the NQB agreed that it would proceed with its planned focus on ensuring that the overall early warning system was fit for purpose given changes to the

system and organisations over the last 3 years and would aim to complete this work by the end of 2016/17.

ITEM 6: ANY OTHER BUSINESS

MIKE RICHARDS (CHAIR) alerted members to two further significant publications since the last meeting of the NQB:

- the "*OECD Review of Health Care Quality: United Kingdom 2016*" that was published on Friday 12 February 2016; and
- the "*Mental Health Taskforce Report*" that was published on Monday 15 February 2016.

MIKE RICHARDS (CHAIR) reminded members that the NQB session with Sheila Leatherman and the Health Foundation was scheduled for 18 March 2016 and advised that the next meeting of the NQB was scheduled for 6 April 2016.