



**To:** National Quality Board

**For meeting on:** 17 February 2016

**Report author:** NQB Secretariat

**Report for:**

Decision	Discussion	Information
X		

**TITLE:** Reporting and Learning from regional Quality Surveillance Groups

**Summary:**



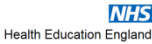



The purpose of this paper is to ask the NQB to consider the NQB's relationship and activity in respect of regional Quality Surveillance Groups, prompted by a letter to the chairmen from the NHS England Regional Director for London (Annex A).

**Recommendations / Action(s) requested:**

The NQB is asked to consider and agree the following proposals:

- a) 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
- b) proceed with its planning focus on ensuring that the overall early warning system is 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.

**ALB Involvement in development and sign-off of paper:**

			<b>NHS Improvement</b>			
	X					

**ADDENDUM**

Links to the *National Guidance on Quality Surveillance Groups and Risk Summits* will be provided here once these documents have been published by the National Quality Board.

## Reporting and Learning from regional Quality Surveillance Groups

### Purpose

1. The purpose of this paper is to ask the NQB to consider the NQB's relationship and activity in respect of regional Quality Surveillance Groups, prompted by a letter to the chairmen from the NHS England Regional Director for London (Annex A).

### Background

2. Quality Surveillance Groups (QSGs) were established in advance of the new health and care system going live on 1 April 2013. They were introduced following the publication of the National Quality Board's (NQB's) report *Quality in the New Health System: Maintaining and Improving Quality from April 2013*.
3. Quality Surveillance Groups (QSGs) operate at two levels:
  - **locally**, on the footprint of NHS England's area teams; and
  - **regionally**, on the footprint of NHS England, Care Quality Commission (CQC), Monitor, Public Health England (PHE) and the NHS Trust Development Authority's (NHS TDA's) four regional teams.
4. The aim of QSGs is to identify risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role. Having identified any potential risks or concerns, the QSG should ensure that action is taken to mitigate these risks and drive improvement in quality in an aligned and coordinated way and to resolve issues locally.

### Consideration

5. The NQB has always taken an interest in the operation and effectiveness of QSGs. It was the NQB that introduced the concept to the system in its 2012 report; it published guidance on their establishment in 2013, and updated this in 2014 to support them being as effective as possible and learning from each other.
6. The NQB's current work plan indicates that it will continue to take an interest in their effectiveness, as part of its "Operational alignment: early identification of risks" workstream. The NQB has committed to further developing and enhancing the 'early warning system', building on the existing arrangements which include data monitoring, Quality Surveillance Groups, and Risk Summits. When the NQB was re-

establishing its terms of reference in March 2015, it previously discussed whether it should take reports from 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.

7. As co-chairs of the National Quality Board, Mike Richards and Bruce Keogh have recently received a letter from the Regional Director (London) at NHS England to ask for clarity on this issue. The letter is attached at Annex A. Given discussions on the role of the NQB, and changes to the system over the last year, this letter provides an opportunity for the NQB to consider whether the position should remain the same in respect of QSGs.
8. It should be noted that NHS England has recently established a national Quality Assurance Group, chaired by Jane Cummings, Chief Nursing Officer at NHS England (Terms of Reference attached at Annex B). The purpose of this group is to provide assurance to the NHS England Executive Team that mechanisms are in place to identify, manage and escalate quality concerns/issues arising from commissioned services. It will take reports from each region, including any issues for escalation emerging from regional QSGs.

## **Recommendation**

9. The NQB has already considered this issue and concluded that it was not in line with its constitution or purpose to take an operational role in local quality issues. This position seems to still stand. However, the NQB could 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 could be through a periodic session (for example, bi-annually) with chairs of the regional QSGs to consider particular themes in more detail and then, agree actions for how such learning can be applied at a national and cross-system level.
10. In addition, the NQB would proceed with its planning focus on ensuring that the overall early warning system is fit for purpose given changes to the system and organisations over the last 3 years. It should commit to completing this work by the end of 2016/17.
11. **The NQB is asked to consider and agree this proposal.**

**NQB Secretariat**  
**February 2016**

13 January 2016

Professor Sir Bruce Keogh  
Medical Director NHS England

Professor Sir Mike Richards  
Chief Inspector of Hospitals  
Care Quality Commission

Dear Bruce and Mike,

**Reporting from Regional Quality Surveillance Groups (RQSGs) to the National Quality Board (NQB)**

At the London Region Quality Surveillance Group, we have shared the terms of reference of the recently reformed NQB for information. Members of the group have highlighted that it is unclear how RQSGs formally report to the NQB and we are keen that themes and issues are formally shared with the NQB to support quality improvement and system effectiveness.

As co-chairs of the NQB, I would be grateful if you could confirm your plans on this so that I can share with members of the group.

Looking forward to hearing from you.

With best wishes.



**Anne Rainsberry**  
Regional Director (London)

**Regional Director: Dr Anne Rainsberry**

***"High quality care for all, for now and for future generations"***

# QUALITY ASSURANCE GROUP (QAG)

## TERMS OF REFERENCE

<b>PURPOSE:</b>	The purpose of the Quality Assurance Group is to provide assurance to the NHS England Executive Group Meeting that mechanisms are in place to identify, manage and escalate quality concerns/issues arising from commissioned services
<b>OBJECTIVES</b>	<p>The Quality Assurance Group will provide a forum to:</p> <ul style="list-style-type: none"> <li>• discuss live, topical quality issues raised where these fall within NHS England's remit and require universal or national action, considering reports from each region based on outputs from Quality Surveillance Groups, risk summits, patient complaints, safety incidents, CCG assurance conversations, and routine interactions with commissioners and providers;</li> <li>• share intelligence between regional and national teams related to quality risks/issues;</li> <li>• take decisions and coordinate the actions required to mitigate or manage quality risks/issues; and</li> <li>• escalate issues to other parts of the NHS England governance structure where appropriate.</li> </ul>
<b>ACCOUNTABILITY:</b>	The Quality Assurance Group is accountable to the Executive Group Meeting.
<b>CHAIRMAN:</b>	Chief Nursing Officer
<b>MEMBERSHIP:</b>	<p>The following will comprise membership of the Quality Assurance Group:</p> <ul style="list-style-type: none"> <li>• Chief Nursing Officer</li> <li>• National Medical Director</li> <li>• Regional Director - North</li> <li>• Regional Director – South</li> <li>• Regional Director – Midlands &amp; East</li> <li>• Regional Director – London</li> <li>• Regional Medical Director – North</li> <li>• Regional Medical Director – South</li> <li>• Regional Medical Director – Midlands &amp; East</li> <li>• Regional Medical Director – London</li> <li>• Regional Nursing Director – North</li> <li>• Regional Nursing Director – South</li> <li>• Regional Nursing Director – Midlands &amp; East</li> <li>• Regional Nursing Director – London</li> <li>• Director – Clinical Policy and Quality Strategy</li> <li>• Director of NHS Operations and Delivery</li> </ul> <p>Deputies can attend with the permission of the Chairman though they must be suitably briefed and be approved by the Chairman in advance.</p> <p>Members are expected to make every effort to attend all meetings and an attendance register shall be taken at each meeting.</p>

<b>QUORUM:</b>	The quorum for any meeting of the Quality Assurance Group shall be the attendance of one third of total membership, including one member from each of the regional teams.
<b>DECLARATION OF INTERESTS:</b>	Everyone in attendance at the Quality Assurance Group must declare any actual or potential conflicts of interest; these shall be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration must be excluded from the discussion; this shall also be recorded in the minutes.
<b>MEETING FREQUENCY:</b>	Meetings shall be held every two months, or at such other times as the Chairman requires.
<b>MEETING ORGANISATION:</b>	<ul style="list-style-type: none"> <li>i. Meetings of the Quality Assurance Group shall be set before the start of the financial year;</li> <li>ii. Meeting administration and secretariat support will be provided by the Quality Strategy Team (Nursing / Medical Directorate);</li> <li>iii. The draft agenda shall be compiled by the meeting administrator and the Chairman in advance of the meeting;</li> <li>iv. All final papers/reports must be submitted to the meeting administrator by at least ten days in advance of the meeting;</li> <li>v. The agenda and supporting papers shall be forwarded to each member of the Group and planned attendees or invitees seven days in advance of the meeting;</li> <li>vi. The meeting administrator will prepare an attendance register for each meeting and ensure that the attendance/non-attendance of all individuals is correctly recorded at each meeting.</li> </ul>
<b>REPORTING:</b>	<p>The Quality Assurance Group will submit a summary report after every meeting to the Executive Group Meeting which provides:</p> <ul style="list-style-type: none"> <li>i. Highlights and exceptions;</li> <li>ii. Summary of topics discussed;</li> <li>iii. Progress against Work Plan;</li> <li>iv. Decisions made;</li> <li>v. Items for escalation, why and what action is required by the Executive Group Meeting;</li> <li>vi. Any new risks and/or issues and actions being taken.</li> </ul>
<b>STANDING AGENDA ITEMS:</b>	<ul style="list-style-type: none"> <li>i. Apologies;</li> <li>ii. Minutes/Action Notes of the Previous Meeting;</li> <li>iii. Matters Arising and Action Log;</li> <li>iv. Declarations of Interest;</li> <li>v. Review of Risk;</li> <li>vi. Items for Escalation and Why;</li> <li>vii. Items for the Chairman's Report to the Executive Group Meeting;</li> <li>viii. Reflection on Meeting</li> </ul>
<b>REVIEW OF TERMS OF REFERENCE &amp; ANNUAL WORK PLAN:</b>	Every year, the Quality Assurance Group will conduct a review of its performance, including its purpose, compliance with its Terms of Reference and progress against its Annual Work Plan, and propose any adjustments which may be required. These will be set out in an annual review of effectiveness report to the Executive Group Meeting.