NATIONAL QUALITY BOARD

22 November 2017
10:00 to 13:00

Skipton House (Room: 125A), 80 London Road, London, SE1 6LH

MINUTES

PRESENT		
Bruce Keogh (Chair)	Ted Baker (Chair)	
Jane Cummings	Kathy McLean	Ruth May
Wendy Reid	Liz Fenton (on behalf of Lisa Bayliss-Pratt)	Paul Cosford
Viv Bennett	Gillian Leng	Martin Severs
William Vineall (on behalf of Lee McDonough)		
IN ATTENDANCE		
Jennifer Benjamin (DH)	Jane Rintoul (HSIB)	Charlie Massey (GMC)
Paul Buckley (GMC)	Tim Briggs (NHSI)	Chris Day (CQC)
Neil Lawrence (NHSD)	Luke O'Shea (NHSE)	Richard Owen (Secretariat)
Anne Booth (Secretariat)	Victoria Howes (Secretariat)	Dominique Black(Secretariat)
APOLOGIES		
Steve Field	Andrea Sutcliffe	Lisa Bayliss-Pratt
Lee McDonough		

AGENDA

1. Welcome & Minutes of Previous Meeting
2. Healthcare Safety Investigation Branch & Health Service Safety Investigations Bill: Update
3. General Medical Council: Data & Insight
4. Getting It Right First Time Programme: Update
5. Safe, Sustainable & Productive Staffing: Options for Publication of Data
6. State of Care 2016/17: Findings
7. Establishing the National Clinical Audit & Patient Outcomes Programme Partners Group
8. Any Other Business

1. Welcome & Minutes from Previous Meeting

1.1 BRUCE KEOGH (Chair) welcomed attendees to the sixth meeting of the National Quality Board (NQB) of 2017, following a special meeting held in conjunction with the NHSE Youth Forum at Health and Care Innovation Expo 2017.

1.2 The minutes of the meeting on 06 September 2017 were approved as a true and accurate record and would be published in due course, alongside the associated agenda and papers.

2. Healthcare Safety Investigation Branch & Health Service Safety Investigations Bill: Update

2.1 JANE RINTOUL (Guest) introduced this item and associated paper (Paper 1). The paper described the establishment of the Healthcare Safety Investigation Branch (HSIB), and updated on the draft Health Service Safety Investigation Bill.

2.2 The Chief Investigator had been appointed in summer 2016. Since launching in April 2017, the organisation had officially declared six investigations.

2.3 The NQB was asked to:

- **Note** the role of HSIB;
- **Consider** how it could work closely with HSIB as it begins to make recommendations to the system – as part of this the NQB was asked to consider whether it could have a role in oversight of HSIB's national system-wide recommendations; and
- **Comment** on the draft Health Service Safety Investigations Bill.

2.4 The NQB noted the role of HSIB and welcomed its establishment.

2.5 The NQB advised that the recommendations made by HSIB should be considered and concise so as not to overburden the healthcare system so they are able to have more impact. Jane responded that this was the intention and clarified that HSIB would issue safety actions for local-level organisations as well as national system-wide recommendations.

2.6 In terms of oversight of HSIB's national system-wide recommendations, the NQB stated that they would require sight of the initial recommendations issued in order to discuss whether or not this would be appropriate.

2.7 The NQB noted that HSIB's safety actions and recommendations would add to numerous recommendations issued via other routes, e.g. Coroners Regulation 28 Reports, National Clinical Audits and Public Inquiries. The NQB agreed that although national system-wide implementation had a role to play, local-level implementation was paramount for quality improvement.

2.8 JENNIFER BENJAMIN (Guest) updated on the draft Health Service Safety Investigation Bill. This had been published on 14 September 2017 for parliamentary scrutiny. Whilst the principles of the bill were generally supported, some aspects (e.g. the planned 'safe space' protection for accredited trusts) needed to be debated openly.

2.9 The Secretary of State for Health had asked HSIB to undertake investigations into approximately 1,000 deaths in maternity services (all cases of stillbirths, neonatal deaths and suspected brain injuries meeting the Each Baby Counts criteria, and all direct and indirect maternal deaths). This was in response to the lack of progress on addressing recommendation 23 of the *Morecambe Bay Investigation Report* (published in March 2015) and the findings of *Each Baby Counts*, the Royal College of Obstetricians and Gynaecologist's (RCOG's) national quality improvement programme around term labour incidents. The Secretary of State for Health would announce this development shortly.

2.10 The NQB advised that the amount of resource required to undertake these additional investigations of deaths in maternity services should not be underestimated. Jane responded that the additional work would be resourced appropriately with dedicated expertise.

3. General Medical Council: Data & Insight

3.1 CHARLIE MASSEY (Guest) introduced this item and associated paper (Paper 2). The paper presented the key findings from the General Medical Council (GMC) 2017 National Training Surveys of doctors in training and trainers, providing an insight into a critical part of the healthcare workforce, their experience of working and training in the healthcare system and associated risks, issues and opportunities across both quality and safety.

3.2 PAUL BUCKLEY (Guest) talked through the presentation appended to the paper. He noted that the GMC was looking at how to move beyond monitoring and assurance to better identify and mitigate risks that may arise in the future.

3.3 The numerous data products available from the GMC were outlined, including the 2017 report on *The state of medical education and practice in the UK* providing an analysis of trends over time which would be published in January, and the 2nd release of the GMC Data Explorer allowing anyone to interrogate revalidation and registration data which would be published imminently.

3.4 Data and insights from the 2017 National Training Surveys of doctors in training and trainers were presented. Notable findings included that over 7,000 trainers (almost 30%) felt they did not have enough designated time within their job plan to train, and that approximately 30% of trainees believed that rota design was impacting negatively on their training.

3.5 In terms of training pathways, the percentage of doctors taking a break after Foundation Year 2 was increasing, with more than half taking a break in 2016. However almost all doctors entered Specialist Training or Core Training within 3 years of Foundation Training. The GMC was intending to undertake qualitative work to better understand the reasons for this pattern.

3.6 Data about doctors with a European primary medical qualification was published routinely by the GMC. The most recent dataset showed that the number of licensed European Economic Area graduate doctors remained stable from 2016 to 2017. The GMC would be keeping a close eye on this in light of Brexit. It was noted that the contribution of European Economic Area graduate doctors to the specialist workforce was significant.

3.7 The NQB was asked to:

1) Note:

- The wider range of GMC data available to the public, employing organisations and the wider system; and
- The emerging findings of the training surveys, training pathway research and EEA doctor data.

2) Explore:

- What can we do as a collective to address the issues raised regarding protecting and valuing training and training pathways as part of responding to doctors in training concerns and commitments made after last year's contractual dispute?
- How can GMC data be used to inform the upcoming Department of Health Workforce Strategy consultation?
- More broadly, how GMC data and associated products can contribute to the ongoing work of the NQB, its members and the wider health system?

3.8 The NQB thanked the GMC for these informative insights and noted the wide range of GMC data products available, and emerging findings from the GMC's surveys and research.

3.9 WENDY REID stated that these data were very important and useful to inform the ongoing reform to medical supply, education, training and working lives that would be outlined in the draft Health and Care Workforce Strategy for England to 2027 currently under development.

3.10 The NQB was particularly interested in the increasing numbers of doctors taking a break from training following Foundation Year 2. The NQB welcomed the GMC's planned research to better understand the reasons for this which would inform ways in which doctors who step out of training could be supported to continue to develop their skills and knowledge, and be supported and encouraged to return.

3.11 The NQB advised that the triangulation of GMC data with other quality data and intelligence could prove useful. For example, does information obtained via exception reporting triangulate with information from hospital inspections? It was agreed that the Joint Strategic Oversight Group for Special Measures and Challenged Providers would be the appropriate forum in which to look at triangulated data.

3.12 The NQB agreed that the wealth of data and insight generated by the GMC warranted a fuller discussion at a future meeting.

4. Getting It Right First Time Programme: Update

4.1 TIM BRIGGS (Guest) introduced this item and associated paper (Paper 3). The paper provided an update on the Getting It Right First Time (GIRFT) Programme to enable an exploration of how the NQB member organisations could support this work.

4.2 The GIRFT Programme was a national clinically-led programme designed to improve the quality of care within the NHS by reducing unwarranted variations, bringing efficiencies and improving patient outcomes.

4.3 GIRFT covered 35 workstreams across surgery, medicine, clinical services and cross cutting issues. 25 workstreams were underway with the remaining 10 workstreams planned to start in waves between November and March 2018. A clinical lead had been appointed to each workstream.

4.4 GIRFT was working closely with other NHS bodies and programmes, such as NHS Improvement and RightCare, at both regional and trust level, to ensure a complementary approach and to streamline requests to providers.

4.5 In terms of other upcoming milestones the next national GIRFT reports on vascular, urology, spinal surgery and cranial neurosurgery were due to be released by March 2018. Benchmarked litigation data would also be shared with trusts to help drive patient care improvements leading to a reduction in litigation costs.

4.6 The NQB was asked to:

- **Confirm** its continuing support for the GIRFT Programme;
- **Develop** new data collections as GIRFT identifies deficiencies in some of the data sets for each speciality, in conjunction with NHS Digital;
- **Support** enhanced measurement and management of data compliance as recommended in GIRFT reports, in conjunction with NHS Digital;
- **Issue** guidance on reducing/stopping procedures of low clinical value, via NICE; and
- **Use** GIRFT data and quality outcomes to place trainees in centres where clinical outcomes are best, via HEE.

4.7 The NQB confirmed its continuing support for the GIRFT Programme and commended the work which had already realised tangible benefits.

4.8 MARTIN SEVERS, GILLIAN LENG and WENDY REID offered to work with Tim on the respective areas outlined within the paper under the purpose section. The following points were made:

- As record keeping was a standard component of medical practice, data should be extracted from medical records if possible to avoid duplication of data collection (MARTIN SEVERS);
- It would be useful to explore how the GIRFT Programme could help with the medicine optimisation agenda (GILLIAN LENG and MARTIN SEVERS); and
- The GIRFT data would to inform improvements to the training environment. Health Education England welcomed these data which they would include in their Quality Dashboard (WENDY REID).

4.9 The NQB noted that the GIRFT Programme to date had been very much focussed on the medical profession and praised the excellent medical engagement. It was felt that the success of the work could be broadened by involving other staff groups, particularly the nursing profession. JANE CUMMINGS and RUTH MAY offered to work with Tim to explore ways in which to harness the expertise of non-medical professions within the GIRFT Programme.

4.10 The NQB queried whether information and data from GIRFT was being utilised within the commissioning environment to drive change at the local level. Tim responded that GIRFT aimed to drive change at all levels (e.g. clinician, trust, commissioner and STP levels) and accordingly the data could be split in a number of different ways. Work was underway to identify how to link into CCGs.

6. State of Care 2016/17: Findings

6.1 CHRIS DAY (Guest) introduced this item and associated paper (Paper 5) and talked through the presentation appended to the paper which outlined the key findings from the CQC's annual assessment of health and social care in England in 2016/17.

6.2 The CQC had now completed a baseline assessment of the quality of health and social care in England across each of its 5 domains giving a full picture of quality within individual providers and across local areas.

6.3 Much improvement in quality had had been observed, however there had been some deterioration. It was clear that the increased complexity of demand required different types of interactions between health and social care and an increased focus on collaboration beyond traditional boundaries.

6.4 The NQB was asked to:

- **Note** the key findings from the CQC's State of Care report 2016/17; and

- **Discuss** the challenges highlighted and how the NQB member organisations could work together to support the system to meet these challenges.

6.5 The NQB noted the key findings from the CQC's State of Care report 2016/17, particularly the precariousness of future quality due to fragile systems. The NQB commented that whilst it was encouraging that improvement was outpacing deterioration, a significant number of providers were rated below a 'Good' (e.g. 45% of acute hospital core services).

6.6 Within the discussion on the challenges and opportunities the NQB felt that strong leadership with a shared vision for collaboration rather than competition across local systems was key to improving quality. The evolution of Sustainability and Transformation Partnerships (STPs) into

Accountable Care Systems (ACSs) was encouraging this shift from competition to collaboration. In particular, the NQB recognised the need for strong clinical leadership and clinical collaboration within the STPs/ACSs.

7. Establishing the National Clinical Audit & Patient Outcomes Programme Partners Group

7.1 LUKE O'SHEA introduced this item and associated paper (Paper 5). The paper outlined a proposal for the establishment of an NQB sub-group which would bring together NQB member organisations to advise on the content of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and consider ways of implementing national clinical audit recommendations to improve the quality of patient care.

7.2 The NCAPOP consisted of up to 40 independent, academic and clinically led audits and outcome reviews (also known as national confidential enquiries) on the most commonly occurring conditions. Each of these audits was currently commissioned and managed, on behalf of NHS England, by the Healthcare Quality Improvement Partnership (HQIP) with the contract presently out to tender.

7.3 The NQB was asked to:

- **Endorse** the establishment of a NCAPOP Partners Group which would both ensure the NCAPOP portfolio best supports the collective aims of the NQB's members; and consider national clinical audit recommendations on a regular basis, to maximise opportunities to improve the quality of patient care; and

- **Approve** the establishment of the NCAPOP Partners Group as a sub-group of the NQB in order to strengthen the links to the national quality agenda and ensure the work has strong leadership from arm's length bodies and others.

7.4 The NQB recognised the rationale and purpose for establishing a NCAPOP Partners Group and for making this a sub-group of the NQB. However it was felt that it would be the wrong time to take this forward as the contract was currently out to tender. It was agreed that the proposal should be brought back to the NQB for a decision following award of the new contract (due at the end of March).

8. Any Other Business

8.1 No other business was raised.

8.2 TED BAKER (Chair) noted that BRUCE KEOGH (Chair) would be leaving the National Medical Director post at NHS England in the New Year and concluded the meeting by thanking Bruce for his commitment to the NQB as Joint-Chair since the board was re-established in March 2015.
Next NQB meeting: January or February 2018 depending on availability of the new Joint-Chair.