

**NATIONAL QUALITY BOARD****07 June 2017
15:30 to 17:30**Care Quality Commission (Room: T.206/207, 2nd Floor), 151 Buckingham Palace
Road, London, SW1W 9SZ**MINUTES**

PRESENT		
Mike Richards (Chair)		Bruce Keogh (Chair)
Andrea Sutcliffe	Ruth Rankine (on behalf of Steve Field)	Kathy McLean
Ruth May	Wendy Reid	Paul Cosford
Viv Bennett	Gillian Leng	Martin Severs
William Vineall (on behalf of Lee McDonough)		
IN ATTENDANCE		
Lauren Hughes (NHSE)	Luke O'Shea (Secretariat)	Richard Owen (Secretariat)
Anne Booth (Secretariat)	Victoria Howes (Secretariat)	Lucy Ellis (NHSE)
Bryan Williams (UCL)	Celia Ingham-Clark (NHSE)	James Clemence (CQC)
Sophie Stevens (CQC)	Isaac Hung (Harvard)	
APOLOGIES		
Jane Cummings	Steve Field	Lisa Bayliss-Pratt
Lee McDonough		
AGENDA		
<ol style="list-style-type: none">1. Welcome & Minutes of Previous Meeting2. NQB Review of Quality Surveillance Groups & Risk Summits3. A) National Early Warning Score for the Detection of the Deteriorating Patient B) Sepsis Programme4. NQB Shared Commitment to Quality: Progress5. NQB Workshop on Online Providers of Primary Care Services: Next Steps6. Any Other Business		



1. Welcome & Minutes of Previous Meeting

- 1.1 MIKE RICHARDS (Chair) welcomed attendees to the third meeting of the National Quality Board (NQB) of 2017. Deputies, apologies and guests were noted as above.
- 1.2 The minutes of the previous meeting on 01 March 2017 were approved as a true and accurate record of that meeting for publication in due course, alongside the associated agenda and papers.

2. NQB Review of Quality Surveillance Groups & Risk Summits

- 2.1 LUCY ELLIS (Guest) introduced this item and associated paper (Paper 1). The paper set out the findings of the NQB review of Quality Surveillance Groups (QSGs) and Risk Summits (RSs), and presented the final draft revised guidance documents for the two processes.
- 2.2 The NQB was asked to:
 - **Approve** the findings of the review; and
 - **Approve** the revised guidance documents for publication.
- 2.3 The NQB approved the findings of the review, noting that:
 - a) It was supportive of the recommendation that the QSG model should adapt pragmatically as Sustainability and Transformation Partnerships (STPs) develop; and
 - b) Members should be mindful of parallel meetings within Arms-Length Bodies (ALBs) concerning the quality of providers and systems to ensure alignment and synergy with QSG and RS discussions and actions. One such meeting was the new NHSI/CQC group at which “challenged” trusts were discussed. This group had recently extended its membership to



include HEE and GMC, and consideration was being given to expanding it further to include NHSE.

- 2.4 The NQB approved the revised guidance documents for publication upon reflection of the following changes:
- a) The number of regional and local QSGs should be stated early on in the guidance;
 - b) A list should be included of those who undertook the review and developed the guidance; and
 - c) The guidance should place stronger emphasis on the involvement of local government, as a commissioner of health services, in QSGs and RSs.
- 2.5 MEMBERS agreed to promote and cascade the guidance documents within their organisations following publication.

3. A) National Early Warning Score for the Detection of the Deteriorating Patient

- 3.1 BRYAN WILLIAMS (Guest) introduced this item and associated paper (Paper 2). The paper described the background and context to the work led by the RCP to update the National Early Warning Score (NEWS) and presented the draft executive summary of the NEWS update which emphasised the importance of considering sepsis in patients with known or suspected, or at risk of, infection.
- 3.2 The NQB was asked to:



- **Endorse** the use of the updated NEWS for even wider deployment across the NHS, including in out-of-hospital and pre-hospital care, as well as in hospitals; and
- **Endorse** the updated NEWS as part of mandatory training across the NHS; HEE to consider hosting the NEWS training module in future (current hosting of the module was by the RCP).

3.3 The following points were raised during the discussion:

- a) The NQB agreed that a standardised Early Warning Score/System (EWS) used across the system nationally would be helpful to provide clarity and consistency for healthcare professionals, and to improve, and reduce variation in, the detection and management of deteriorating patients;
- b) CQC inspections of NHS hospitals had found a correlation between poor inspection results and the lack of an embedded and standardised EWS;
- c) The NEWS had been widely adopted by NHS hospitals and its use by ambulance services was increasing;
- d) In June 2016, the Royal College of Emergency Medicine issued a position statement recommending that all Emergency Departments use the NEWS;
- e) Whilst there was a body of evidence supporting validation of the NEWS for use in secondary care and growing evidence of its value to ambulance services, evidence for its validation for use by GPs in primary care was required;
- f) NICE had not specifically recommended the use of the NEWS in relevant guidelines but GILLIAN LENG offered to see what NICE could do from an implementation perspective to help clarify the position;



- g) The NEWS App, which was expected to be available at the time of the launch of the NEWS update, should be considered a medical device and therefore subject to regulation by the MHRA; and
- h) The NEWS was not intended for use in children (i.e. aged <16 years) or pregnant woman. The RCPCH was considering the development of a single Paediatric Early Warning System (PEWS) in England.

3.4 In conclusion, the following decisions, recommendations and commitments were made:

- a) The NQB endorsed the use of the NEWS in all acute hospital settings as the standard measure;
- b) The NQB strongly encouraged the evaluation (prospective ideally) of the use of NEWS in primary care, community settings and ambulance services;
- c) The NQB stressed that the NEWS App, currently under development, should be registered as a medical device with the MHRA and should comply with all relevant requirements to ensure safety, including robust version control;
- d) WENDY REID agreed to work with Bryan to explore inclusion of the NEWS in education and training programmes for relevant healthcare professionals, involving relevant bodies such as the Royal Colleges, GMC and NMC; and
- e) RUTH MAY and KATHY MCLEAN offered their support to help improve the uptake of the NEWS across the system.



3. B) Sepsis Programme

3.5 CELIA INGHAM-CLARK (Guest) introduced this item and associated paper (Paper 3). The paper provided an update on the cross-system work on sepsis, and presented the proposed new cross-system Sepsis Action Plan for 2017-9. The paper also raised similarities with other work programmes across ALBs and highlighted the importance of a coordinated approach.

3.6 The NQB was asked to:

- **Acknowledge** the cross-system work to date on sepsis;
- **Provide feedback** on the proposed new cross-system Sepsis Action Plan for 2017/19; and
- **Consider** how to enhance existing alignment across ALBs to ensure successful delivery of the Sepsis Programme and related work, for example work on Antimicrobial Resistance (AMR), Healthcare-Associated Infections (HCAI) including Gram-negative bloodstream infections, and Infection Prevention and Control (IPC).

3.7 Celia noted that the new international definition for sepsis was *“a life-threatening organ dysfunction due to a dysregulated host response to infection”*. A new international definition for septic shock had also been determined.

3.8 The NQB acknowledged the cross-system work to date on sepsis and praised the breadth of the work which was aimed at preventing avoidable cases of sepsis, increasing awareness of sepsis amongst the public and professionals, improving the identification and treatment of sepsis across the whole care pathway, and improving the consistency of standards and reporting on sepsis.



3.9 With regards to the proposed new cross-system Sepsis Action Plan for 2017/19, the NQB discussed the importance of the work on safety netting, especially within primary care.

3.10 The NQB agreed to explore opportunities to enhance existing alignment across ALBs of the Sepsis Programme and related work. In particular:

- a) PAUL COSFORD, RUTH MAY and KATHY MCLEAN offered to work with Celia to explore how to improve links between the Sepsis Programme and related work (e.g. on AMR, HCAI and IPC) on behalf of PHE, NHSE and NHSI, respectively; and
- b) GILLIAN LENG offered to work with Celia on the operational definition of sepsis.

4. Shared Commitment to Quality: Progress

4.1 LUKE O'SHEA (Secretariat) introduced this item and associated paper (Paper 4). This paper provided an update on progress made since the launch of the Shared Commitment to Quality on 21 December 2016, described communications activities to date, and offered a communications slide deck to aid further dissemination.

4.2 The NQB was asked to:

- **Note** the progress made to date on delivering the Shared Commitment to Quality;
- **Provide** any other examples of work under the 'seven steps to improve quality'; and
- **Note** the communications activities to date and materials available to support messaging on the Shared Commitment to Quality.



- 4.3 The NQB noted the progress made to date on delivering the Shared Commitment to Quality.
- 4.4 The NQB noted the communications activities to date and welcomed the materials available to support messaging on the Shared Commitment to Quality, which should be updated to reference the related document Quality Matters (Adult Social Care) – see Any Other Business.
- 4.5 Following discussion on the intended reach of communications activities, the NQB agreed that the document was worthwhile in that it provided NQB member organisations with a framework to work within to achieve common goals for quality in the NHS.
- 4.6 MEMBERS agreed to utilise the document when setting priorities and planning work on quality and to use it as a back-drop to communications about their work programmes to provide background and context for audiences.

5. **NQB Workshop on Online Providers of Primary Care Services: Next Steps**

- 5.1 RUTH RANKINE (on behalf of Steve Field) and JAMES CLEMENCE (Guest) introduced this item and associated paper (Paper 5). The paper provided feedback from the NQB Workshop on Online Providers of Primary Care Services held on 11 April 2017, and set out proposed next steps for the NQB on digital healthcare in general.
- 5.2 The NQB was asked to:
- **Note** the feedback from the NQB Workshop on Online Providers of Primary Care Services; and



- **Advise** on the proposed next steps to establish a cross-system working group, and to give further consideration (at a future meeting) to the relationship between the NQB and National Information Board (NIB).

5.3 The NQB noted the feedback from the NQB Workshop on Online Providers of Primary Care Services which explored four main areas which could be used to frame NQB action: 1) Regulatory oversight; 2) Standard setting; 3) System collaboration; and 4) International considerations. The workshop had identified a number of wide-ranging challenges reaching further than the examples of online prescribing highlighted. The general consensus at the workshop was that the NQB should provide cross-system leadership in order to bring the system together to tackle the challenges.

5.4 The NQB was supportive of the proposed next step to establish a cross-system working group, with NHSE and the CQC leading on two main work areas, and collaboration with the DH on international components. NHSE would define high quality in digital healthcare provision, and the CQC would develop a proposal for changes to legislation for a more robust regulatory framework.

5.5 The NQB was supportive of the proposed next step to give further consideration (at a future meeting) to the relationship between the NQB and NIB which works to put data and technology safely to work for patients.

6. Any Other Business

6.1 Cyber-Attack – The NQB agreed that the clinical impact of the cyber-attack in May 2017 should be considered at a future meeting. MARTIN SEVERS offered to prepare a paper which would bring together the outputs of reviews undertaken across NHSE to inform a full NQB discussion.



- 6.2 Learning from Deaths – WILLIAM VINEALL (on behalf of Lee McDonough) provided a short verbal update on the Learning from Deaths Programme. The launch event (for the national guidance for trusts) had taken place on 21 March 2017 and had been well attended by trust executive and non-executive directors. Trusts were now working to implement the new requirements including publication of an updated trust policy on learning from deaths by September 2017.
- 6.3 Quality Matters (Adult Social Care) – ANDREA SUTCLIFFE provided a short verbal update on the upcoming launch of Quality Matters (Adult Social Care). The document was created to provide a shared vision for, and commitment to, quality in adult social care. It followed the same framework as the NQB Shared Commitment to Quality published in December 2016, notably on the single shared view of quality and seven steps to improve quality. Members were encouraged to attend the launch event due to take place on 12 July 2017.
- 6.4 BRUCE KEOGH (Chair) noted that MIKE RICHARDS (Chair) would be retiring at the end of July 2017 and concluded the meeting by thanking Mike for his commitment to the NQB as Joint-Chair since the board was re-established in March 2015.
- 6.5 The next meeting of the NQB was due to take place on Wednesday 9 August 2017 [ADDENDUM: This meeting was re-scheduled to Wednesday 6 September 2017].