NATIONAL QUALITY BOARD

04 April 2019
14:00 to 17:00

Skipton House (Room: 102A, 1st Floor), 80 London Road, London, SE1 6LH

MINUTES

PRESENT		
Steve Powis (Chair)		Ted Baker (Chair)
Rosie Benneyworth	Hilary Garratt (for Ruth May)	Aidan Fowler
Lisa Bayliss-Pratt	Paul Cosford	Viv Bennett
Gill Leng	Arjun Dhillon (for Amir Mehrkar)	Jason Yiannikkou (for Lee McDonough)
Imelda Redmond		
IN ATTENDANCE		
Hugh McCaughey (NHSE-I)	Simon Eccles (NHSE-I)	Tom Foley (NHSD)
Donna Forsyth (NHSE-I)	Lauren Mosely (NHSE-I)	Michael Watson (NHSE-I)
Lauren Hughes (NHSE-I)	Anne Booth (Secretariat)	Dominique Black(Secretariat)
APOLOGIES		
Ruth May	Kathy McLean	Wendy Reid
Amir Mehrkar	Lee McDonough	

AGENDA

1. Welcome & Minutes of Previous Meeting
2. *THEME: DIGITAL AND TECHNOLOGY*
    a) NHSX & Quality
    b) NHS Digital Data & Innovation Update
3. NICE Pathways Pilot
4. *THEME: PATIENT SAFETY*
    a) Redeveloping & Replacing the Serious Incident Framework
5. *THEME: SYSTEM TRANSFORMATION*
    a) Progress on Refresh of Developing People, Improving Care
    b) Proposal for Review of NQB Shared Commitment to Quality
6. Any Other Business

1. Welcome & Minutes from Previous Meeting

1.1 STEVE POWIS (Chair) welcomed to the second meeting of the National Quality Board (NQB) of 2019. ROSIE BENNEYWORTH, Chief Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission, was introduced and welcomed as an NQB member. Attendees and apologies were noted as above.

1.2 The minutes of the previous meeting on 07 February 2019 were approved as a true and accurate record and would be published in due course, alongside the associated agenda and papers.

2. THEME: DIGITAL AND TECHNOLOGY

a) NHSX & Quality

2.1 SIMON ECCLES (Guest) introduced this item and associated paper (Paper 1). Matt Hancock, Secretary of State for Health and Social Care, had asked for NHSX to be created to drive digital transformation in the NHS.

2.2 NHSX, which would launch in July, would sit under NHS England / NHS Improvement and the Department of Health and Social Care and would bring together for the first time all the levers of digital strategy, policy, governance and implementation.

2.3 The key goals and responsibilities of NHSX were outlined as per the paper. To ensure technology and data played a key role in driving up quality within the NHS, NHSX's operating model would involve co-production and co-design ensuring the involvement of users early in design stages.

2.4 The NQB was asked to:

- **Note** the information; and

- **Suggest** how best the NQB could support NHSX.

2.5   The NQB noted the update and made the following suggestions for potential NHSX priorities:

a) Ensuring the mitigation of safety risks associated with new technology, e.g. algorithms; and

b) Ensuring the active involvement of patients in the use of digital health and social care services and breaking down patient barriers to digital solutions.

2.6   The following NQB support offers were made:

a) ROSIE BENNEYWORTH (Member) offered to share the work underway at the Care Quality Commission on the regulation of online prescribing;

b) IMELDA REDMOND (Member) offered Healthwatch England support on patient involvement and communications activities if required; and

c) The NQB as a collective offered to support the workstream on setting standards for the use of digital technology in the NHS if required.

b)   NHS Digital Data & Innovation Update

2.7   TOM FOLEY (Guest) introduced this item and associated paper (Paper 2). He noted that NHS Digital managed over 100 data sets, national audits, registries, population surveys and other data collections. These were used to support research, policy making, commissioning, and clinical and management decision making, as well as supporting patient choice.

2.8   The different uses of NHS Digital data were outlined including uses for the direct benefit of patients and secondary uses such as health surveillance, conducting medical research, planning care nationally or locally, determining

effective treatments, developing policy and creating payment systems to reward best practice. New research was presented on the impact NHS Digital data has had on the system. An analysis of data access requests had identified that CCGs, local authorities and academics were the most frequent users of the data.

2.9   NHS Digital's transformation plans were outlined, including plans to merge existing data sets into a single Data Services Platform (DSP) which would provide a web-based portal for users, improving both access to data and data security.

2.10   The NQB was asked to:

- **Note** the transformation within NHS Digital, Data Insights and Statistics;

- **Consider** ways in which NHS Digital could support NQB member organisations or the wider system; and

- **Describe** how the NQB might influence the transformation within NHS Digital.

2.11   The NQB noted NHS Digital's transformation plans and welcomed this work to improve data access, quality and timeliness and increase clinical benefits and value for the health and social care system. It was highlighted that a substantial amount of public health data was collected and managed by Public Health England.

2.12   In considering ways in which NHS Digital could support NQB member organisations or the wider system, GILLIAN LENG (Member) asked how access to NHS Digital data could be improved for NICE colleagues, for example to address gaps in evidence or investigate safety issues. It was reiterated that NHS Digital planned to build a single data architecture which would give users with the right permissions secure access to all the data.

2.13   In describing how the NQB might influence the transformation within NHS Digital, discussions centred around how to improve the identification of early warning signs and how to ensure appropriate action as a result. The Paterson Inquiry, which was due to publish at the end of 2019, was referred to. It was agreed that improving the identification of and response to early warning signs should be brought to a future meeting for exploration.

3.   NICE Pathways Pilot

3.1   GILLIAN LENG (Member) introduced this item and associated paper (Paper 3). She outlined work underway on NICE Pathways which aimed to make NICE products more accessible and easier to use by altering their presentation and structure. The need for this work had been identified via stakeholder feedback over a number of years.

3.2   The vision was that all NICE products would be grouped into 'Pathways' reflecting the organisation and delivery of prevention, treatment and care. The 'Pathways' would enable links to be made across topics and within topics and would allow users to access underpinning evidence and practical support.

3.3   The challenges associated with 'Pathways' or algorithms were outlined as per the paper, as were the future aims of this work to transform how NICE operates for the benefit of patients and the public.

3.4   The NQB was asked to:

- **Consider** the NICE Pathways Pilot, and **comment** on any relevant areas of work in other arms-length bodies that NICE should consider.

3.5   The NQB considered the NICE Pathways Pilot and recommended that work is focussed on social care, primary care and complex comorbidities.

3.6   A member highlighted opportunities associated with the Clinical Practice Research Datalink (CPRD) which collects anonymised patient data from a network of GP practices across the UK and links these data to a range of other health related data to support retrospective and prospective public health and clinical studies.

4.   *THEME: PATIENT SAFETY*

Redeveloping & Replacing the Serious Incident Framework

4.1   LAUREN MOSLEY and DONNA FORSYTH (Guests) introduced this item and associated paper (Paper 4). The paper presented a fundamentally different approach to the management of patient safety incidents following an extensive engagement exercise on the 2015 Serious Incident Framework. The engagement feedback was outlined as per the paper.

4.2   The existing framework had given the impression of a relatively linear and rigid process with prescriptive thresholds for entry, and timeframes for specific phases which had been used as inappropriate markers of performance. The aim of the proposed new framework was to describe systems, processes, skills and behaviours for incident management as part of a broader system for learning and improvement.

4.3   Plans for implementation were outlined including the local setting of 12-18 month implementation timescales, the alignment of the new framework with the new Patient Safety Strategy under development and new NHS England and NHS Improvement regional patient safety functions, and the development of an investigation supplier procurement framework, expert regional leads and resources for boards.

4.4   The NQB was asked to:

- **Note** feedback from the engagement exercise and how this had been used to inform the development of a new framework, and plans for implementation;

- **Provide** views on the ambition of the new framework and proposed changes, and timeframes within which these changes should be implemented; and

- **Confirm** areas where the NQB required further information or action to be taken.

4.5 The NQB noted the engagement feedback and commented that there was a clear rationale for the fundamental shift in approach. The plans for implementation and timeframes were noted.

4.6 Regarding the ambition of the new framework and proposed changes, the NQB broadly supported this, particularly the intention to provide guidance to support the coordination of cross-system incidents involving different sectors and/or settings.

4.7 In considering areas where the NQB required further information or action to be taken, the following points were raised:

a) The new framework should describe the role of Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) leadership in implementation.

b) The new framework should outline the interface between it and the public health incident management response process led by Public Health England.

c) Careful consideration should be given to any implications and unintended consequences of the proposal to shift responsibility for sign-off of investigations from commissioners to provider boards.

d) Careful consideration should be given to the impact on patients, families and carers as well as the timeliness of implementing learning associated with the proposal to accommodate different timeframes for the completion of investigations. Appropriate and meaningful patient, family and carer involvement in and update on the investigation process would be crucial.

e) It would be helpful to include case studies in the new framework to help bring it to life for staff, patients, families and carers.

4.8   Lauren and Donna thanked the NQB members for their comments which would be considered in the next stages of development of the new framework.

4.9   It was agreed that the NQB should be given sight of the new framework and an opportunity to make final comments prior to publication which was expected in the summer.

5.   *THEME: SYSTEM TRANSFORMATION*

a)   Progress on Refresh of Developing People, Improving Care

5.1   MICHAEL WATSON (Guest) introduced this item and associated paper (Paper 5). This paper updated the NQB on the approach to refreshing *Developing People – Improving Care*, the national framework for action on improvement and leadership development in NHS funded services.

5.2   The original framework had been published in December 2016 by the National Improvement and Leadership Development (NILD) Board which comprised thirteen organisations, including national bodies and member organisations representing providers, commissioners, social care and local government. The framework outlined the five 'conditions' needed for continuous improvement and the proposed actions for the bodies to achieve

the conditions. In addition, it included three pledges from the bodies that would help create the right culture for and enable continuous improvement.

5.3 The refreshed framework would update the conditions and pledges based on feedback and to ensure alignment with the proposals outlined in the NHS Long Term Plan published in January 2019, including plans to develop a Workforce Implementation Plan. Publication of the refreshed framework was expected in the summer.

5.4 The NQB was asked to:

- **Note** the current approach to refreshing *Developing People – Improving Care* and the timeline for publication; and

- **Provide views** on the approach to future joint working between the NILD Board and the NQB.

5.5 The NQB noted the current approach to refreshing the framework and the timeline for publication which members felt was appropriate.

5.6 It was asked whether work on the refresh could be subsumed into development of the Workforce Implementation Plan. HUGH MCCAUGHEY (Member) responded that delivering the same message via the two routes would reinforce the message. The group undertaking the refresh would keep abreast of development of the Workforce Implementation Plan to ensure alignment.

5.7 In considering the approach to future joint working between the NILD Board and NQB it was agreed that the two secretariats should continue explore links on an ongoing basis.

5.8 It was agreed that the NQB should be given sight of the refreshed framework and an opportunity to make final comments prior to publication which was expected in the summer.

b) **Proposal for Review of NQB Shared Commitment to Quality**

5.9   LAUREN HUGHES introduced this item and associated paper (Paper 6).
        The paper outlined a proposal for a review of the NQB S*hared Commitment
        to Quality*, the national framework signed up to by the NQB bodies which
        provided a shared definition of quality and outlined the seven steps the
        bodies agreed to take to maintain and improve quality within the NHS.

5.10   The original framework, published in December 2016, had helped the NQB
        bodies align around a single shared vision of success and provided a
        structure to date for national and strategic cross-system work on quality.
        However, since its publication there had been a number of important
        developments, notably the move towards integrated care, publication of
        three aligned quality frameworks, publication of the NHS Long Term Plan
        and cross-system work on quality improvement and leadership development.

5.11   A review of the framework was now proposed in order to reflect these
        developments and other work in the pipeline to ensure the framework
        remained up-to-date and fit-for-purpose in the new landscape. A key aspect
        of the review would be to consider how the framework could be revised to
        enable its translation at local level.

5.12   The NQB was asked to:

- **Note** the developments that had taken place since publication of the
  NQB *Shared Commitment to Quality* in December 2016;

- **Consider** the proposal for a review to ensure it remained up-to-date and
  fit-for-purpose in the new landscape, and enable its translation at local
  level; and

- **Advise** on the approach that should be taken to the review, if agreed.

5.13   The NQB noted the developments that had taken place since publication of the original framework in December 2016, particularly the move toward integrated care which represented a fundamental shift in how the NHS worked across different services and organisations and with external partners.

5.14   The NQB supported the proposal for a review of the framework as outlined in the paper.

5.15   The NQB agreed to the approach to the review as outlined in the paper.

6.   Any Other Business

6.1   LISA BAYLISS-PRATT (Member) informed the NQB of a new framework commissioned by Health Education England, published in April, which aimed to help employers reduce stress and build resilience in the NHS workforce. She offered to bring this framework to a future NQB meeting.

6.2   STEVE POWIS (Chair) informed the NQB of a proposal for the cross-system Sepsis Board to take on a broader remit covering acute deterioration in general. NQB views on this proposal would be sought via correspondence in late April / early May. The NQB would also be provided with a progress update on the roll-out the National Early Warning Score 2 (NEWS2).

Next NQB meeting: 12 June 2019