



NATIONAL QUALITY BOARD

For meeting on: 05 December 2018

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Paper for:

Decision	Discussion	Information
X	X	

NQB NATIONAL CLINICAL AUDIT AND PATIENT OUTCOMES PROGRAMME (NCAPOP) PARTNERS SUB-GROUP

SUMMARY

This paper follows discussion at the National Quality Board's (NQB) September 2018 meeting where the proposal to establish an NQB NCAPOP Partners Sub-Group was agreed.

The NQB requested a Terms of Reference and Work Plan (referred to as a Commissioning Plan in this paper) were brought back to the NQB after the first Sub-Group meeting.

This paper includes the Terms of Reference and Commissioning Plan for the NQB NCAPOP Partners Sub-Group as requested.









PURPOSE

The NQB is asked to:

- 1) **Agree** the Terms of Reference for the NQB NCAPOP Partners Sub-Group (**ANNEX A, from page 3**) and;
- 2) **Note** the Commissioning Plan for the NQB NCAPOP Partners Sub-Group (**ANNEX B, from page 11**).



ALB involvement in development and sign-off of paper:

			
X	X	X	X
			
X	X	X	



ANNEX A

NATIONAL QUALITY BOARD NCAPOP PARTNERS SUB GROUP

Terms of Reference [DRAFT]

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1. Purpose

1.1 The purpose of the National Quality Board's (NQB) National Clinical Audit and Patient Outcomes Programme (NCAPOP) Partners Sub group will be to bring together NQB member organisations to:

1.1.1 Approve the introduction, removal and significant scope change of topics in the NCAPOP portfolio' and;

1.1.2 Develop an approach for responding to NCAPOP recommendations to improve care quality for patients.

2. Approach

2.1 The NCAPOP Partners Sub group will operate in the context of delivery of NHS priorities, for example the 'Next Steps on the Five Year Forward View' (2017)¹ and the forthcoming NHS Long-Term Plan (see Annex A for a list of the Long-Term Plan workstreams). It will also follow the quality framework set out in the NQB's 'Shared commitment to quality' (2016)² and take account of NHS policy in devolved administrations such as the Welsh Government's long-term plan for health and

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>



social services 'A Healthier Wales: our Plan for Health and Social Care'³ (See summary at Annex B)

- 2.2 The NQB NCAPOP Partners Sub Group will help to shape the NCAPOP portfolio where there is opportunity to do so. It will also review the ways in which NCAPOP recommendations can sustainably support delivery of the objectives of the NQB members, to improve patient care.
- 2.3 The NQB NCAPOP Partners Sub group will ensure NCAPOP outputs are more appropriately aligned with the objectives of the NQB's member organisations and the forthcoming NHS Long-Term Plan.
- 2.4 The NQB NCAPOP Partner's Sub Group will help to target key messages from national clinical audits to those who are able to effect improvement.

3. Membership

- 3.1 Core membership of the NQB NCAPOP Partner's Sub Group will comprise senior clinical and policy leads across health care, social care and public health:
 - a) Joint chairs: Medical Director for Clinical Effectiveness, NHS England and Deputy Chief Executive and Director of Health and Social Care, NICE
 - b) Representatives from partner organisations as follows: NHS England (NHSE); Care Quality Commission (CQC); NHS Improvement (NHSI including GIRFT); Health Education England (HEE); National Institute of Health and Care Excellence (NICE); Public Health England (PHE); the Welsh Government (WG); Healthcare Quality Improvement Partnership (HQIP); NHS Digital; Department of Health and Social Care; Healthwatch and National Quality Improvement Clinical Audit Network (N-QI-CAN)
- 3.2 Appropriate deputies will be permitted to attend meetings. The NQB NCAPOP Partner Sub Group meeting will be quorate with 50 per cent of members present.
- 3.3 "Key contributors" comprising other relevant senior clinical and policy leads will attend according to relevance of items on the agenda.

³ <https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>



- 3.4 The attendance of relevant experts and NCAPOP providers will be dynamic according to the topic being discussed.
- 3.5 The NQB NCAPOP Partners Sub Group will not be responsible for approving any audit outputs prior to publication
- 3.6 The NQB NCAPOP Partners sub group membership list is provided at Annex C.

4. Meeting frequency

- 4.1 The NQB NCAPOP Partners Sub Group will meet five to six times per year.
- 4.2 Meetings will be held face to face in Central London with video conference / teleconference facilities made available as appropriate.

5. Governance

The NQB NCAPOP Partners Sub Group itself will have no executive authority or statutory responsibilities. However, it will have delegated authority to make recommendations as a unified clinical and policy voice on quality matters, and to make relevant recommendations to the system. Constituent organisational member ALBs will continue to act independently within their statutory responsibilities.

The NQB NCAPOP Partners Sub Group will report progress to the NQB twice yearly.

6. Resource

- 6.1 The NQB NCAPOP Partners Sub Group will have a Secretariat, resourced jointly by the Clinical Programmes Unit, NHS England and HQIP who will coordinate the agenda and production of relevant papers by attendees.
- 6.2 The NQB NCAPOP Partners Sub group will not have significant programme, project or delivery resource, beyond what is needed to support its meetings and development of its work plan.

7. Roles and expectations of members

- 7.1 Each member should be able to contribute their organisation's expectations and ambitions in relation to the NCAPOP programme.



- 7.2 Each member to form and contribute to the meetings an organisational view of their host organisation in relation to a topic or proposed topic taking into account views of their organisation's clinical, policy leads and corporate objectives.
- 7.3 Each member should have the appropriate delegated authority to provide advice or make recommendations on behalf of their host organisation.
- 7.4 Each member should understand how NCAPOP fits into their organisational strategy in the short, medium and long term and be able to work with partners to ensure a cohesive input over the longer term.
- 7.5 Each member to act as an ambassador for the NCAPOP programme within their organisation.
- 7.6 Each member to ensure that NCAPOP outputs support and add value to existing programmes of work within their host organisations and across organisational boundaries.
- 7.7 Each member should be able to identify the appropriate level of specialist expertise for each topic under discussion and generally of NCAPOP principles and practical application.



Annex A [of NQB NCAPOP Partners Sub-Group Terms of Reference] – NHS Long Term Plan Workstreams

Life course programmes

1. Prevention and personal responsibility – driving reductions in demand caused by smoking, obesity and specific reductions in inequalities across England.
2. Healthy childhood and maternal health – deliver a 50% reduction in stillbirths, neonatal mortality and maternal deaths by 2025, further improvements to infant mortality, reductions in childhood obesity, and improved care for children with long term conditions.
3. Integrated and personalised care for people with long-term conditions and the frail elderly (including dementia) - better support for people to live well with LTCs and frailty and reductions in demand for bed based care through proactive support.

Clinical priorities

4. Cancer - specific improvements in cancer survival rates including faster and earlier diagnosis.
5. Cardiovascular and Respiratory - improve outcomes for respiratory disease, reduce deaths from heart disease and stroke, reduce variation, and improve hyper acute care and rehabilitation.
6. Learning Disability and Autism - improve diagnosis, early intervention and personalised support for children and young people
7. Mental Health - improve access to appropriate mental health care for children and young people, crisis care for all ages, and perinatal MH care. They are also looking at how we might improve community MH care for adults with a severe mental illness and complex needs.

Enablers of improvement

8. Workforce, training and leadership - setting out the future size and shape of the workforce, and what can be done in the short, medium and long term to deliver this.
9. Digital and technology - setting out a vision for the future of healthcare supported by high quality digital, data and technology through the lenses of individuals, frontline staff, health and care systems and research and industry
10. Primary care - a more networked model of care that increases resilience, expands the range of services for patients closer to home and supports increased MDT working in primary care.
11. Research and innovation - improvements in uptake and spread of innovations, increased volumes of people participating in research and expansion of genomic testing.
12. Clinical review of standards - put forward alternative options for standards which better reflect the needs and priorities of patients and staff.
13. System Architecture – Further developing Integrated Care Systems and considering models that better support integration and collaboration.
14. Engagement – ensuring that the long term plan for the NHS is based on the expertise and insights of staff, patients and stakeholder groups, and considering what role an ‘NHS Assembly’ can play in overseeing its delivery.



Annex B [of NQB NCAPOP Partners Sub-Group Terms of Reference] – NHS Long Term Plan for Wales

Executive Summary

The plan sets out a long term future vision of a ‘whole system approach to health and social care’ in Wales, which is focused on health and wellbeing, and on preventing illness. The plan describes how the Welsh Government will drive transformation through core values that underpin the NHS in Wales. It is shaped around a quadruple aim (an idea of four interlocking aims) and proposes to use these aims to develop a shared understanding of how systems are to be developed and how change will be prioritised. These ideas will be translated into reality by using 10 design principles to help the public and staff to understand how the quadruple aim and the Welsh Government’s wider philosophy of prudent healthcare will be applied to drive change.

NHS Core Values

1. Putting Quality and Safety above all else
2. Integrating Improvement
3. Focusing on prevention, health improvement and inequality
4. Working in true partnerships
5. Investing in our staff

Proposed Whole System Values

1. Co-ordinating health and social care services seamlessly
2. Measuring the health and wellbeing outcomes which matter
3. Proactively supporting people
4. Driving transformative change
5. Promoting distinctive values and culture

Quadruple Aim

1. Improved population health and wellbeing
2. Better quality and more accessible health and social care services
3. Higher value health and social care; and
4. A motivated and sustainable workforce



Annex C [of NQB NCAPOP Partners Sub-Group Terms of Reference] – NQB NCAPOP Sub Group Core Membership

NAME	TITLE	ORGANISATION
Celia Ingham-Clark	Medical Director for Clinical Effectiveness	NHS England
Gillian Leng	Deputy Chief Executive & Director of Health & Social Care	National Institute for Health and Care Excellence (NICE)
Mark Minchin	Associate Director, Quality	National Institute for Health and Care Excellence (NICE)
Judith Richardson	Programme Director-Quality & Leadership	National Institute for Health and Care Excellence (NICE)
Nigel Sparrow	Senior National GP Adviser	Care Quality Commission (CQC)
Mike Zeiderman	National Professional Advisor	Care Quality Commission (CQC)
Alaina Macdonald	Deputy Head of Public Affairs & Stakeholder Engagement	NHS England
Cathy Hassell	Head of Professional Leadership & Chief of Staff	NHS England
Richard Arnold	Programme Manager	NHS England
Paul Smollen	Deputy Head of Quality – London	Health Education England (HEE)
Kathryn Jones	Dean of Healthcare Professions – London	Health Education England (HEE)
Aidan Fowler	National Director of Patient Safety	NHS Improvement
Emma Whicher	Regional Medical Director – London	NHS Improvement
Sean O’Kelly	Medical Director, Professional Leadership	NHS Improvement
Mark Radford	Director of Nursing for Improvement	NHS Improvement
Rhydian Phillips	Policy & Implementation Director	NHS Improvement (GIRFT)
Tom Foley	Senior Clinical Lead for Data	NHS Digital



Jill Stoddart	Director of Operations	Healthcare Quality Improvement Partnership (HQIP)
Danny Keenan	Medical Director	Healthcare Quality Improvement Partnership (HQIP)
Jane Ingham	Chief Executive	Healthcare Quality Improvement Partnership (HQIP)
Imogen Stephens	Deputy Medical Director	Public Health England (PHE)
Catherine Swann	Deputy Director Quality Governance	Public Health England (PHE)
Heather Payne	Senior Medical Officer	Welsh Government
Gareth Hewitt	Head of Older People's Health & Clinical Audit	Welsh Government
Alastair Henderson	Chief Executive	Academy of the Medical Royal Colleges (AoMRC)
Carl Walker	Chair	National – Quality Improvement – Clinical Audit Network (N-QI-CAN)
Neil Tester	Deputy Director	Healthwatch
TBC	TBC	Department of Health and Social Care



ANNEX B

NQB NCAPOP PARTNERS SUB-GROUP COMMISSIONING PLAN

NCAPOP is following the commissioning plan set out below:

- NCAPOP extensions and recommissions (commissioning decision points) are set out below. It is envisaged the NQB NCAPOP Partners Sub Group will be actively involved in ensuring the NCAPOP portfolio best supports the collective aims of the NQB's members to maximise opportunities to improve the quality of patient care.
- In the new year (early 2019), the Partners Sub Group will consider how the range of organisations can be represented in the commissioning decision points below.
- New topics, following a 3 year contract, the first 2 year extension has always been exempt from the process unless HQIP notifies NHSE of suboptimal outputs, although we may want extensions of new topics to come to the NQB NCAPOP Partners Sub Group.
- It is suggested the NQB NCAPOP Partners Sub Group begin their involvement in NCAPOP commissioning starting with the extension of: Paediatric Diabetes, Psychosis and Anxiety & Depression.

	NCAPOP Contract Extensions	NCAPOP Renewals
NCAPOP year 1 (2018-2019) Quarters 3 and 4		
Q3 2018 – Oct / Nov / Dec		<ul style="list-style-type: none"> • Medical & Surgical CORP • Lung Cancer Audit • Learning Disability Mortality Review Programme (NHSI / NHSE)
Q4 2018-19 – Jan / Feb / March	<ul style="list-style-type: none"> • Perinatal Mortality Review Programme (Tool) (PMRT) – (DH not NHSE) 	
NCAPOP year 2 (2019-2020)		
Q1 2019 – April / May / June	<ul style="list-style-type: none"> • Paediatric Diabetes Audit • Psychosis Audit • Anxiety and Depression Audit 	
Q2 2019 – July / Aug / Sept	<ul style="list-style-type: none"> • Cardiac Portfolio x7 Audits 	<ul style="list-style-type: none"> • National Neonatal Audit Programme • Paediatric Intensive Care Audit • Breast Cancer in Older Patients Audit
Q3 2019 – Oct / Nov / Dec	<ul style="list-style-type: none"> • Rheumatoid Arthritis Audit • Emergency Laparotomy Audit 	<ul style="list-style-type: none"> • Epilepsy 12 and Seizures in Young People Audit
Q4 – 2019-2020 – Jan / Feb / March	<ul style="list-style-type: none"> • National Vascular Registry • Chronic Obstructive Pulmonary 	<ul style="list-style-type: none"> • National Maternal & Perinatal Audit



	Disease with Asthma Audit <ul style="list-style-type: none"> • Sentinel Stroke Audit & ambulance data 	
NCAPOP year 3 (2020 – 2021)		
Q1 – April / May / June 2020	<ul style="list-style-type: none"> • Falls & Fragility Fracture Audit • Gastro-intestinal (GI) Cancer Audit 	<ul style="list-style-type: none"> • Maternal and Newborn Infant CORP
Q2 – July / Aug / Sept 2020	<ul style="list-style-type: none"> • Prostate Cancer Audit 	<ul style="list-style-type: none"> • Perinatal Mortality Review Programme (Tool) (PMRT) (DH not NHSE)
Q3 – Oct / Nov / Dec 2020		<ul style="list-style-type: none"> • Paediatric Diabetes Audit • Psychosis Audit • Anxiety & Depression Audit
Q4 – Jan / Feb / March (2020-2021)		<ul style="list-style-type: none"> • Cardiac Portfolio x7 Audits
NCAPOP year 4 (2021-2022)		
Q1 – April / May / June 2021	<ul style="list-style-type: none"> • National Child Mortality Database (*exemption as first contract) • Mental Health CORP 	<ul style="list-style-type: none"> • Care at the End of Life Audit • Rheumatoid & Early Inflammatory Arthritis Audit
Q2 – July / Aug / Sept 2021		<ul style="list-style-type: none"> • Emergency Laparotomy Audit • National Vascular Registry • Chronic Obstructive Pulmonary Disease with Asthma Audit
Q3 – Oct / Nov / Dec 2021		<ul style="list-style-type: none"> • National Child Mortality Database
Q4 – Jan / Feb / March 2021-2022	<ul style="list-style-type: none"> • Child Health CORP • Dementia Audit 	