

**NATIONAL QUALITY BOARD****14 February 2018****15:00 to 17:30**

Care Quality Commission Offices (Room: 206/207, 2nd Floor), 151 Buckingham
Palace Road, London, SW1W 9SZ

MINUTES

PRESENT		
Steve Powis (Chair)	Ted Baker (Chair)	
Andrea Sutcliffe Kathy McLean	Lisa Bayliss-Pratt	
Paul Cosford Gillian Leng	Mark Radford (on behalf of Ruth May)	
William Vineall (on behalf of Lee McDonough)		
IN ATTENDANCE		
Pauline Philip (NHSI)	Keith Willet (NHSE)	Caroline Hacker (CQC)
Luke O'Shea (NHSE)	Richard Owen (Secretariat)	Anne Booth (Secretariat)
Victoria Howes (Secretariat)	Dominique Black(Secretariat)	Laura O'Sullivan (HEE)
Rayna Patel (CQC)		
APOLOGIES		
Jane Cummings	Steve Field	Ruth May
Wendy Reid	Viv Bennett	Martin Severs
Lee McDonough		
AGENDA		
1. Welcome & Minutes of Previous Meeting		
2. Draft Health & Care Workforce Strategy for England to 2027		
3. Winter Pressures		



4. Care Quality Commission's Thematic Review of Children & Young People's Mental Health
 5. Any Other Business
- DISCUSSION SESSION: National Quality Board Reflections & Future Focus

1. Welcome & Minutes from Previous Meeting

- 1.1 TED BAKER (Chair) welcomed attendees to the first meeting of the National Quality Board (NQB) of 2018. Ted introduced STEVE POWIS, new National Medical Director for England and co-Chair of the NQB. Attendees and apologies were noted as above.
- 1.2 Ted relayed apologies from the NQB Secretariat that this meeting was within half-term following re-scheduling at short notice; this would be avoided in future.
- 1.3 The minutes of the meeting on 22 November 2018 were approved as a true and accurate record and would be published in due course, alongside the associated agenda and papers.
- 1.4 Matters arising since the previous meeting were noted in relation to:
 - a) Getting It Right First Time – GILLIAN LENG noted that pilot work was being initiated in the area of medicine optimisation; and
 - b) Safe, Sustainable & Productive Staffing – MARK RADFORD (on behalf of RUTH MAY) noted that final versions of the improvement resources for Learning Disability, Mental Health, District Nursing, Adult Inpatient, and Maternity had been published in January 2018, following approval by the NQB Safe Staffing Steering Group. The engagement period for three more resources (Urgent and Emergency Care, Children and Young People, and Neonatal) had now closed and these were being reviewed in light of engagement feedback prior to their publication. Draft Health & Care Workforce Strategy for England to 2027



- 1.5 LISA BAYLISS-PRATT introduced this item and associated paper (Paper 1). She provided background to and an overview of – *Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027* – which was out for consultation (closing date: 23 March 2018). The final version was due for publication in June/July 2018 to coincide with NHS 70.
- 1.6 The draft workforce strategy was the first system-wide workforce strategy for 25 years. It had been produced by HEE in collaboration with NHSE, NHSI, PHE, DHSC and other partners. It included information about the past, present and future. It also included facts and figures about social care, recognising the importance of the social care workforce. It set out six principles for future NHS workforce decisions:
- 1) Securing the supply of staff;
 - 2) Enabling a flexible and adaptable workforce through our investment in educating and training new and current staff;
 - 3) Providing broad pathways for careers in the NHS;
 - 4) Widening participation in NHS jobs so that people from all backgrounds have the opportunity to contribute and benefit from public investment in our healthcare;
 - 5) Ensuring the NHS and other employers in the system are inclusive modern model employers; and
 - 6) Ensuring that service, financial and workforce planning are intertwined, so that every significant policy change has workforce implications thought through and tested.
- 1.7 The NQB was asked to:
- **Note** the draft workforce strategy (Annex B) which was out for consultation;



- **Provide** initial comments on the draft workforce strategy, referring to the consultation questions (slides 16 and 17 of Annex A);
and
 - **Consider** how it as a collective might support implementation of the workforce strategy.
- 1.8 The NQB welcomed the draft workforce strategy and was encouraged by the chapter on the adult social care workforce, recognising the critical importance of this workforce in supporting elderly and vulnerable people in society and the wider impact on the health system.
- 1.9 The recently published National Audit Office report on *The adult social care workforce in England* (published on 8 February 2018) had highlighted the major challenges facing the adult social care workforce and had recommended that the Department of Health and Social Care produce a robust national adult social care workforce strategy to address these challenges. The NQB supported this recommendation and the increasing attention being given to this sector by national government.
- 1.10 The NQB made the following initial comments on the draft workforce strategy:
- a) The NQB supported the six principles outlined in the draft strategy;
 - b) The NQB felt that a greater emphasis should be placed on ensuring the workforce was able to meet the requirements of the new models of care;
 - c) The NQB was encouraged by the chapter on adult social care and agreed that a robust national workforce strategy for this sector was needed (see above);
 - d) Members highlighted the importance of ensuring the workforce was able to maintain and improve patient safety and harness the benefits of technology and innovation, including digital technology and genomics;
and



e) Members supported the intention to review data requirements across the system and the collections needed to support them.

1.11 The NQB agreed that it would consider how it as a collective might support implementation of the workforce strategy during the discussion session. It was highlighted that this issue may become a priority area of future focus for the NQB.

2. Winter Pressures

2.1 PAULINE PHILIP (Guest) gave a verbal update on the latest position regarding winter including current performance and the priorities for next winter.

2.2 There had clearly been challenges this winter with workforce challenges and significant pressures on beds from patients with flu and norovirus. However when looking at year-to-date figures, A&E performance this year was about the same as last year. Also, more patients had been seen within 4 hours than ever before and record call volumes had been managed through NHS111.

2.3 Learning was being collated to inform planning for next winter. The aim for next year was an integrated capacity plan covering elective and non-elective care and underpinned by an understanding of bed numbers and workforce requirements. In addition, work would continue to drive transformation in urgent and emergency care through the new models of care.

2.4 KEITH WILLET (Guest) added that that historically A&E performance had declined significantly year-on-year but this year that declined seemed to have halted. However, there had been a plateau in the average length of stay which was a cause of concern as historically this had reduced year-on-year. This had impacted on ambulance handover times and indicated a blockage in the system.



2.5 With regards to next winter, the re-profiling of NHS activity by clinical area across the seasons was being considered so that it better matches seasonal patterns of demand.

2.6 The NQB was asked to:

- **Note** the update provided; and
- **Consider** what it could do as a collective to support and enable the system to respond effectively to winter pressures now and in the future.

2.7 In the following discussion the NQB raised the following points:

- a) The NQB was encouraged to hear of the halt in decline of A&E performance and that more patients had been seen within 4 hours than ever before; however it acknowledged that this was in the context of the recommendations made by the National Emergency Pressures Panel. [Postscript: After stabilising A&E performance in January the NHS was confronted with persistently high flu hospitalisations, a renewed spike in norovirus and prolonged cold weather which led to an increase in hospital admissions.]
- b) Members noted positive feedback from across the system that winter planning this year had been helpful, working across traditional boundaries had improved compared to previous years, and targeted support for challenged organisations had been appreciated;
- c) The NQB commented that workforce shortages, particularly in nursing and adult social care, were a critical issue impacting on the capacity of the NHS to cope with increased demand over winter;
- d) The NQB commented that adult social care needed to be as equally prepared for winter as the NHS and more needed to be done to help people to maintain their health and well-being in their normal place of residence, including care homes; and



e) Members noted anecdotal reports from across the system that there had been greater patient acuity this year compared to previous years and commented that this could have contributed to the increased average length of stay.

2.8 The NQB offered its support to PAULINE PHILIP and KEITH WILLET to enable the system to respond effectively to winter pressures. Pauline and Keith would be welcomed back to the NQB to further explore NQB levers if they felt this would be beneficial.

3. Care Quality Commission's Thematic Review of Children & Young People's Mental Health

3.1 CAROLINE HACKER (Guest) introduced this item and associated paper (Paper 2). She provided an update on the CQC's thematic review of quality across the system of mental health services for children and young people which had been commissioned by the Prime Minister last.

3.2 The review was being delivered in three phases. Phase 1 (report published in October 2017) had set out the issues based on existing evidence. Phase 2 (expected publication March 2018) would draw on new evidence to set out recommendations for local and national bodies. Phase 3 would then look at how the recommendations had been implemented.

3.3 Phase 1 of the review found that the system as a whole was complex and fragmented, and that the quality and accessibility of care was marked by variation, with poor collaboration and communication between agencies.

3.4 Phase 2 of the review was expected to make national recommendations around cross-system action, National Audit Office intentions in this area, training in mental health awareness for those working with or caring for children and young people, and Ofsted's role in assessing schools' support for children and young people's mental health.

3.5 The NQB was asked to:



- **Consider** the draft review findings and theme areas of the recommendations;
 - **Agree** how it as a collective, and as individual organisations, will work to ensure that the issues the review highlights are fully addressed;
 - **Consider** what role it can play in helping CQC and other bodies to implement the recommendations; and
 - **Agree** for CQC to attend the next NQB meeting with the finalised phase two report and further detail on the recommendations.
- 3.6 The NQB noted the findings of Phase 1 of the review and expected areas of the national recommendations.
- 3.7 The NQB considered the most significant issues to be related to access to mental health services, timeliness of diagnosis and intervention – particularly for children and young people with psychosis, and transition from children’s to adults’ mental health services for young people.
- 3.8 The NQB recommended that the review should consider the needs of the population and how to ensure resources are targeted to reduce health inequalities and maximise health benefits.
- 3.9 In considering its role as a collective and as individual organisations in supporting implementation of the recommendations the NQB raised the following points:
- a) The NQB recommended that the CQC work closely with the Programme Team responsible for delivering the Five Year Forward View in this area. Children and young people’s mental health was a core element of the Mental Health Five Year Forward View Implementation Plan with significant investment allocated to CCGs and national programmes to support delivery of the objectives for transformation; and
 - b) GILLIAN LENG noted that NICE had issued guidelines and quality standards in this area and recommended that the review consider



implementation of this across the system and make recommendations accordingly.

4. Any Other Business

- 4.1 PAUL COSFORD drew the NQB's attention to the initiation of a piece of cross-system work being led by the MHRA to improve the impact of safety messaging issued by national bodies. This work would be brought to a future NQB meeting.
- 4.2 VICKY HOWES (Secretariat) noted that at the end of last year the Secretary of State had commissioned the CQC to undertake a thematic review of Never Events. This review was now being taken forward by the CQC in collaboration with the NHSI Patient Safety Team and would be brought to a future NQB meeting.
- 4.3 GILLIAN LENG informed the NQB that NICE had agreed to hold a round table to bring together key organisations involved in quality improvement in health to identify roles, share work programmes, share intelligence and consider collaboration on quality improvement. This was expected to take place in early April and NQB members would be invited reflecting the commitment made in the *NQB Shared Commitment to Quality* (published in December 2016) that national bodies would provide more consistency, reduce duplication and enable the system to work together more effectively.

Next NQB meeting: 05 April 2018.