Paper 01

National Quality Board NCAPOP Partners Sub Group meeting notes
17 September 2019 14:00 – 16:00
Room 137B, Skipton House, London SE1 6LH and via Teleconference

Attendees:

███████████ *(Co-chair, NHSE&I)*	████████ *(NHSE&I)*
████████ *(Co-chair, NICE)*	██████████ *(NQICAN) – by phone*
██████ *(CQC)*	███████ *(HEE)*
███████ *(NHSE&I)*	███████ *(NHSE&I)*
██████ *(NHSE&I)*	███████ *(HQIP)*
████████ *(NHSE&I)*	█████████████ *(HQIP)*
█████████ *(NHSE&I) – representing* ██	██████ *(NHSE&I)*
	███████ *(GIRFT)*
██████ *(HQIP)*	███████ *(NHSE&I)*
█████ *(NICE)*	

Apologies:

█████████ *(NICE)*	████████ *(AoMRC)*
███████ *(HEE)*	██████ *(AoMRC)*
██████ *(Welsh Govt)*	██████ *(RCP)*
█████ *(NHSE&I)*	███████ *(NHSE&I)*
██████ *(NHSE&I)*	███████ *(NHSE&I)*
███████ *(Welsh Govt)*	██████ *(HQIP)*
██████ *(NHSE&I)*	██████ *(CQC)*
█████ *(NHSD)*	████████ *(PHE)*
██████ *(PHE)*	█████ *(NHSD)*
██████ *(Healthwatch)*	██████ *(NHSD)*
█████ *(NHSP)*	

Item	Minutes
1	**Welcome, introductions and purpose** • ▉ opened the meeting, welcomed attendees and invited round the table introductions. Apologies received as noted above. Due to unforeseen circumstances, ▉ joined the meeting for agenda Item
2	**Previous minutes and matters arising** • The minutes of the previous meeting (18 July 2019) were approved. • The Group reviewed the open actions. Below is the summary: ○ ACTION 9: Cancer audit portfolio – A meeting with NHSE/I Cancer Policy Team will take place in October to map across all cancer-related clinical audits and discuss the most appropriate approach to align them to the NHS Long Term Plan ○ ACTION 15: Two-stage consent – A meeting has taken place between CQC and the cosmetic industry. A recommendation report has been drafted by CQC, awaiting final clearance. ○ ACTION 28: Quality Accounts List ○ ACTION 34: Multiple datasets – Ongoing. ▉ is working with ▉ to extract relevant learning point for NCAPOP ○ ACTION 47: Community-focused approach – Ongoing. A meeting with NHSE/I Director of Community Services and other relevant stakeholders is being set up. ○ ACTION 50: NCAPOP alignment – Ongoing and on track. RA has asked NHS X / Data Coordination lead to present at a future NQB PSG ○ ACTION 53: Meeting with NHSE/I National Director of Improvement – This has taken place and approach to maximise NCAPOP's quality improvement potential was discussed. ○ ACTION 63: VTE Feasibility Report – ▉ shared the feasibility report with the Group and explained the rationale behind HQIP's recommendation of not commissioning a VTE clinical audit. The Group agreed to publish the feasibility report in the public domain after relevant stakeholders have been advised. • ▉ presented a summary of responses in Paper 3, national recommendations, from the relevant healthcare organisations and NHSE/I Policy Leads in relations to addressing some of the national recommendations that came out of the recently-published clinical audit reports. The Group acknowledged the receipt of the summary but had asked for more time to consider it in greater detail. From Jan 20, ▉ will select the recommendations and send them to ▉, ▉ will advise on whether they are already being addressed or should be brought to the attention of the subgroup for action. • ▉ gave a brief feedback on the Group's scorings of the National Neonatal Audit Programme (NNAP) and the Paediatric Intensive Care Audit Network (PICANet) against the eligibility criteria for recommissioning. Both programmes achieve a high compliance and HQIP recommends to the Group and NHS E/I (as the accountable body) that these two topic areas should be recommissioned on the condition that both topics must take account of the NCAPOP Children and Young People alignment work. ▉ added that a discussion has begun with NHSE/I Specialised Commissioning about the additional level 2 reporting requirement for PICANet.

	ACTION 64: ▮ to circulate the finalised CQC recommendation report, which covers two-stage consent when this becomes available. **ACTION 65:** HQIP to publish VTE Feasibility Report after stakeholders have been updated. **Note:** • ▮▮▮▮ asked to have a summary of the audits in terms of their commissioning cycle (e.g. where they are in the cycle) for each meeting • ▮▮▮▮ also asked that it we need to be clearer on the paper about what we want from the NQB PSG (e.g. any action we need to take/consider etc). ▮ recommends we use the NBQ format which asks what the groups are being asked e.g. discuss, approve, etc
3	**Review recommendations from published NCAPOP reports** • ▮ informed the Group that 10 clinical audit reports were published since the last meeting in July. There is only one national recommendation, which comes from the National Maternal and Perinatal Audit Organisational Report. The Group asked ▮ to conduct a background research on any actions and plans that are already in place within the healthcare sector to address this recommendation. This will be brought back to the next meeting for discussion. **ACTION 66:** ▮ to conduct a background research on the national recommendation that comes from the National Maternal and Perinatal Audit Organisational Report.
4	**Learning Disability Mortality Review (LeDeR) Programme** • ▮▮▮▮, NHSE/I National Learning Disability Director, was invited to give a presentation on the LeDeR Programme. He covered the programme's objectives, recent key findings and future direction. Further details can be found in the presentation slides. • The Group thanked RJ for his presentation and invited him to future meetings to provide progress updates on the programme. **ACTION 67: Secretariat to invite** ▮▮▮▮ **to future meetings to provide an update about LeDeR Programme in 6 months.**
5	**NICE impact reports and national clinical audit** • ▮▮▮▮▮, Associate Director - Quality and Leadership, NICE, gave a presentation on NICE impact reports and the positive impacts they bring to quality improvement. He also talked about the opportunities and challenges faced by these reports. Further details can be found in the presentation slides. • The Group gave feedback and suggestions on how these reports can be utilised more widely within the health and social care system. DC added that new NHSE/I local improvement teams are expected to be set up (subject to NHSE/I Phase 3 Consultation) and they would be well-placed to work with clinical networks to drive regional quality improvement.

	ACTION 68: ▮ to give a presentation on the functions and operating model of the new proposed local improvement teams to a subsequent NQB PSG.
6	**Audits of the future** • ▮ gave a presentation on her vision of how future clinical audits should look like. She invited the Group to feed back and share any other ideas. Further details can be found in the presentation slides attached • ▮ talked about the importance of routine data collection and explored the possibility of turning collected data into meaningful real-time performance dashboard. He also mentioned that HQIP had done a review, a few years ago, of the proportion of the National Clinical Audit Patient Outcome Programme (NCAPOP) data that was routinely collected. • The Group discussed the role NHSD and NHSX can play in supporting the NCAPOP. ▮ shared that the Improvement Directorate of NHSE/I is planning to create a single portal to hold all benchmarking data (such as Model Hospital, clinical audits and other data from CQC, GIRFT etc). It is also their intention to expand access of the portal to all NHS employees. **ACTION 69: HQIP to find out the current proportion of NCAPOP data that is routinely collected.** **ACTION 70:** ▮ to set up a meeting between NHSE/I Director of Model Hospital and Analytics (▮▮▮), and invite ▮▮▮▮ to give a presentation on Model Hospital to the NQB PSG
7	**GIRFT and alignment to national clinical audits** • ▮▮▮▮▮ (Senior Policy Lead, GIRFT) was invited to give a verbal overview of the GIRFT Programme and how it can align with national clinical audits. • There was a NHSE/I oversight meeting and it talked about the possibility of putting all national recommendations into a central depository. ▮ is happy to discuss this further with ▮ offline. **Post meeting note:** ▮ has discussed GIRFT and national clinical audit alignment with ▮▮
8	**Any other business** • ▮ and ▮ reminded the Group about the NHSE/I Quality Accounts List. They explained what QA List does and described the steps that take place each year in the lead up to NHS England confirming the QA List and HQIP making it available to trusts. Further details about the QA List can be found in Paper 7. • ▮ feels that the current way of producing the QA List is too rigid and she wants it to move to a more agile and fit-for-purpose approach to reflect the needs of not just the trusts but also the needs of the integrated care systems. She thinks this Group is well-placed to offer improvement suggestions to the National Quality Board to consider. **ACTION 71:** ▮ to speak to ▮▮▮▮ (Programme Lead for the National Quality Board) to see if NQB would like to receive feedback from NQBPSG on the QA List.

9	**Next meeting: 19 November 2019, 10:30 – 12:30pm** **Room 124A first floor Skipton House, London, SE1 6LH + teleconference**