Minutes of the 1st Meeting of the Patient-led Inspection Project Steering Group
15th March 2012
Richmond House, London

Attendees:

Christine Beasley	CNO – Chair
Liz Jones	DH – Project Director
Andrew Larter	DH – HealthWatch
Amanda Hutchinson	Care Quality Commission
Annette Shannon	Independent Healthcare Advisory Services
Janet Davies	Royal College of Nursing
Katherine Murphy	Patient's Association
Kevin O'Regan	Sheffield Teaching Hospital NHS FT
Laura Pelling	Business Services Association
Malcolm Alexander	National Association of LINks Members
Margaret Goose	National Quality Board
Mike Farrar	NHS Confederation
Mike Hewins	Cambridgeshire LINk
Nigel Myhill	Healthcare Estates & Facilities Management Association
Philip King	Care Quality Commission
Rachel Allsop	Health & Social Care Information Centre
Ruthe Isden	Age UK
Sally Brearley	National Quality Board
Toby Lambert	Monitor
Rachael Whitaker	DH – Secretariat

Apologies:

Alison Cobb	Mental Health Alliance
Peter Sellars	DH – Programme Head
Tim Litherland	Healthcare Estates & Facilities Management Association

		Action
1.	**Welcome and Introductions** The Chair welcomed everyone to the first meeting of the Patient-led Inspection Project Steering Group, and introductions were made.	
2.	**Introduction to the Patient-led Inspections Project (Papers P2b & P2c)** On the 6th January 2012, the Prime Minister announced the intention to introduce new patient-led inspections of the NHS. This coincided with the Department's own review of the current Patient Environment Action Team (PEAT) inspections. PEAT was developed in 2000 and is no longer fit for purpose in the new NHS system. The PEAT standards set in 2000 were challenging, and galvanised Trusts into making improvements. PEAT is now used by Trusts as a monitoring tool, and is unable to distinguish between the good and genuinely excellent. The new inspections should again be a force for change and improvement, and deliver what really matters to patients, their families and carers. We must also take into account the views of those who use the information that the inspections generate, such as the Care Quality Commission (CQC), DH and NHS Commissioning Board. Sir David Nicholson (Project Sponsor) requested that the National Quality Board (NQB) be consulted on their views, to take account of their expertise. The Steering	

	Group is a sub-group of the NQB, and will advise the Delivery Group (DG). The launch date for the new patient-led inspections is 1st April 2013. A general discussion followed the introduction to the project, giving Steering Group members the opportunity to ask questions and raise any issues. The key messages and themes included: • **Patient-led** – it needs to be made explicitly clear what is meant by this, does this simply mean patient engagement in the development, or patient-led inspection teams. The DG should also be ambitious in terms of how involved we want patients to be, several members noted that their stakeholders often suggest they could do more. The definition of a "patient" should also be made clear, with family members and carers being taken into account. • **System alignment** – all members agreed this was an important issue, and that it was essential the new inspections be positioned correctly so that there is not a mismatch of standards, or duplication of effort. The DG will need to ensure that the new inspections continue to provide CQC with vital information, and that they meet national and local expectations. Clear communications will also be required to ensure, patients and organisations such as Local HealthWatch understand that the new inspections do not take away from anything they currently do. • **Success** – it should be clear what hospitals will be expected to achieve. Measures of success will need to be developed, and a mechanism for looking at whether this has been achieved. The new inspections should include a commitment to improvement. • **Scope** – it should be very clear what areas the new inspections will cover, and who has responsibility for this. Several members felt that a narrow scope would ensure better results. A note of caution was added that patients will have a wide view on the scope, so it should be explicit as to where aspects not covered will be picked up, and by whom. • **Training** – members felt that training for those who will be undertaking the inspections is key to ensuring a consistent approach. • **Communication** – of results and improvement plans will be important to ensure patients that action has been taken, as currently some patients feel nothing is taken forward. • **Real-time patient reporting** – several members raised this point, noting that this is becoming more popular on the internet, but is only individual opinion and experiences. It should be made clear that the new inspections are inspecting against standards, and offer a national and local picture of what is happening. • **Results presentation and validation** – it was suggested a summary statement for patients to say yes we are comfortable the score is accurate is developed, the patient could then "sign-off" the score to provide assurance that it genuinely reflects what was seen during the inspection. This would also ensure that the Trust staff judgements were in-line with those of the patients. It was agreed that papers on 1) the scope, 2) what success looks like and 3) what is meant by patient-led will be developed by the DG. The papers will be circulated to members for comment by the Secretariat. **Specific questions from the briefing paper** <u>SG4 – scoring mechanisms and presentation of results</u> Several members agreed that a top / bottom way of rating hospitals was good in principle, but that care should be taken to set standards that are achievable (if only by some) or this could be de-motivating to others. Members added that standards should be easily measured, and that as standards change quickly, this would need regular review. Other members agreed with the principle, but added that we must be careful not to say you can't achieve excellent because of one element.	**Action 1: LJ / DG**

	It was agreed that a paper on what excellent looks like, and what the showstoppers might be will be produced for members to comment on. Members agreed that a patient summary statement would be useful; this would enable patients to easily find results without having to go through all the detail. It was also noted that comparison of results was important, and that a ward-by-ward comparison could help to drive up standards. Members felt that visual representation of results should be compatible with other ratings, e.g. if CQC used star ratings then so should the new inspections. It was also seen as advisable to engage with NHS Choices who have already produced work in this area. <u>SG5 – ensuring hospitals participate</u> It was felt that as long as the link with CQC for assurance purposes remains, hospitals will carry out the new inspections, and that on this basis it may not be necessary to make the inspections mandatory (although this is still an option). It was added that whilst the independent sector currently supports the use of PEAT, it may not be relevant for all to complete. It was also noted that overall scores for independent hospitals are lower than those for the NHS in some categories. The reasons for this are unknown, although it may be due to higher expectations in the independent sector.	**Action 2: LJ / DG** **Action 3: LJ**
3.	**Terms of Reference (Papers P3a & P3b)** Two changes to the TOR were requested: 1) Purpose – a further line should be added to say "To provide advice and guidance on what success looks like". 2) Reference to the patient voice should be amended to say "patient, family and carers voice". Members are to send any further comments to Rachael Whittaker before the next meeting.	**Action 4: RW** **Action 5: ALL**
4.	**Progress Update (Paper P4)** The governance structure is now in place, and funding has been secured for the project. The set-up phase is nearing completion. Key stakeholders have been identified, including working with Leonard Cheshire Disability to use their TEAM initiative contacts for direct patient engagement, and the Department's Strategic Partners Group. The pilot exercise is scheduled for October 2012 with many trusts already registering an interest in taking part. Members suggested that the pilots should test the patient-led aspect, examine how Local HealthWatch will be involved using the current pathfinders, use various types of hospital and service types, and consider including hospitals / services with less than 10 beds.	
5.	**Forward Look (Paper P5)** This was covered under other agenda items.	
6.	**Any Other Business** No items were raised.	
7.	**Date of Next Meeting and Close** The next meeting will be held in June 2012, Secretariat to circulate the date.	**Action 6: RW**