

NATIONAL QUALITY BOARD

14 September 2021

13:00-15:00

Virtual meeting

MINUTES

PRESENT		
Ted Baker (Chair)	Stephen Powis (Chair)	Imelda Redmond
Kate Terroni	Viv Bennett	Clenton Farquharson
Aidan Fowler	Jonathan Bengner	Hugh McCaughey
Anna Severwright	Mark Radford	Kevin Harris
William Vineall		
IN ATTENDANCE		
Helen Causley	Habib Naqvi	Cathy Hassell
Clare Stone	Brigid Stacey	Jacqueline Davies
Kate Lupton	Meera Sookee	Pete Scott
Alison Tariq	Dominique Black	Clair Prince-Simms
Caitlin Locker	Lauren Young	Julie Das-Thompson
APOLOGIES		
Ruth May	Wendy Reid	Matt Neligan
AGENDA		
1. Welcome & Minutes of Previous Meeting		
2. Update on Mortality Policy Implementation Board		
3. NHS Race & Health Observatory		
4. Update on Development of ICSs		
5. NQB Leadership Statement		
6. Any Other Business		

1. Welcome & Minutes from Previous Meeting.

1.1 TED BAKER (chair) welcomed all to the fourth National Quality Board (NQB) of 2021. Attendees and apologies were noted as above.

1.2 The minutes of the previous meeting on 28 June 2021 were approved and agreed as a true and accurate record and would be published in due course, alongside the associated agenda and papers.

1.3 There were no additional Matters Arising to table before progressing to the meeting agenda.

2. Update on Mortality Policy Implementation Board

2.1 HELEN CAUSLEY and AIDAN FOWLER were invited to present an update to NQB on the creation of a new Mortality Policy Implementation Board, as requested by NQB at its June 2021 meeting.

2.2 This presentation aimed to provide an update on proposals to take the work forward, notably development of national guidance on how deaths are scrutinised and learning shared in the health system; and a review of the Quality Accounts legislation on learning from deaths to improve what is reported to ensure learning.

2.3 It is clear that issues around mortality policy are complex, particularly surrounding engagement. WILLIAM VINEALL highlighted that the current process and channels for family to raise concerns is fragmented.

2.4 The proposal presented to the NQB by HELEN CAUSLEY was a Steering Group/ Task and Finish Group on mortality to develop the national guidance and Quality Accounts legislation. The steering group would report back to the NQB.

2.5 AIDAN FOWLER spoke to the point on assurance. It was decided that a review would be a sensible approach, with medical examiners taking the lead on this.

2.6 AIDAN FOWLER acknowledged that involving Medical Examiners in this process will lead to better referral to coroners and likely more inquests.

2.7 TED BAKER queried how the governance for a steering group would be resourced. WILLIAM VINEALL stated that the DHSC should contribute to this as policy lead, but they would also require support from partners. TED BAKER highlighted that the CQC would want to be involved and STEPHEN POWIS also expressed support.

2.8 HELEN CAUSLEY reiterated the importance of family involvement in this process. IMELDA REDMOND emphasised the importance of this and offered support from Healthwatch to the process.

HELEN CAUSLEY also highlighted that Health Safety Investigation Branch (HSIB) has a role in this and the board needs to determine and explain how this fits into the system.

3. NHS Race & Health Observatory

3.1 HABIB NAQVI presented an update on the progress and deliverables of the NHS Race & Health Observatory, since its inception.

3.2 The NQB was asked to discuss this paper and consider how the board can support the work of the Observatory.

3.3 HABIB NAQVI discussed the five workstreams being utilised by the Observatory which will allow some of the deep-seated problems around maternity and mental health services, as well as responsiveness to issues such as Covid, to be brought to the forefront of leaders' minds.

3.4 NQB heard the key outputs of the observatory to date, including twinning with the US Centre for Disease Control's Office of Minority Health and Health Equity, a collaboration with the Nuffield Trust on a research report on ethnicity coding, and a collaboration report with the King's Fund on healthcare leaders' responsibility for tackling ethnic health inequalities.

3.5 TED BAKER offered congratulations to the Observatory for the work they have undertaken thus far.

3.6 HABIB NAQVI clarified that whilst the Observatory have a contractual relationship with NHS England, they are nonetheless independent, and the research and recommendations made are entirely objective.

3.7 WILLIAM VINEALL commented that there needs to be the data used within DHSC to highlight disparities in health and care might be improved and offered to discuss further with HABIB NAQVI outside of the NQB.

3.8 STEPHEN POWIS invited HABIB NAQVI to come back to the NQB at the same time in 2022 to update the board on the work of the Observatory and also offered ongoing support if needed.

4. Update on Development of ICSs

4.1 KATE LUPTON presented an update on the development on ICSs.

4.2 This paper provides the NQB with a progress update relating to the establishment of quality oversight in ICSs, including management of risks to quality during the transition, the development of guidance and support for ICSs on quality and the development of wider guidance and support for ICSs.

4.3 The NQB was asked to note the update, including risks and issues, provide feedback on key priorities and opportunities for alignment across health and social care and consider the key priorities with the work and how the NQB can support the work

4.4 Following the Shared Commitment and Position Statement a couple of key deliverables emerged, including updating the 2012 CCG handover note for ICSs and updating QSG guidance for System Quality Groups.

4.5 KATE LUPTON highlighted that in spite of pressures, ICSs were making good progress. Many have put in Shared Commitment and are identifying an Executive Quality Lead and setting up System Quality Groups. There is a risk however that quality is not high profile enough in ICS development, and that the cultural shift required to enable the new structures and ways of working for quality cannot be underestimated.

4.6 JULIE DAS-THOMPSON highlighted that the focus for the remainder of the year will be on implementation and supporting transition. Guidance has been issued to support this.

4.7 CLARE STONE from Surrey Heartlands ICSs confirmed that the System Quality Group is well established. She queried that Executive Quality Leads in ICSs will be asked to sign off strategic development plans when they have not reviewed them in full. She also updated that the ICS are piloting a Quality Toolkit.

4.9 BRIGID STACEY from Derby and Derbyshire ICS also reported positive engagement in the System Quality Group, and that a Quality Assurance Committee has been subsequently created which the System Quality Group reports in to. There are still some challenges with this approach however, i.e. providers requesting their own System Quality and Performance report, however the vision is that by April 2022, organisations will be standing down their independent quality groups and having one system quality architecture.

4.10 TED BAKER commented that the current guidance does not consistently focus on quality and the concept of quality may therefore be getting somewhat lost. ICSs must resist this as they will only succeed if they deliver high quality care. There needs to be a consistent message from NQB on this.

4.11 BRIGID STACEY gave an example of where the System Quality Group had addressed quality risks relating to children attending emergency departments. The SQG established weekly escalation meetings in response to this and there is now a Children in Crisis investment plan to unblock areas where problems have been identified. This will be written up as a case study for the Board to review. SQG are influencing the financial and operational workings of this system to improve quality.

4.12 MARK RADFORD expressed an interest in the Quality Toolkit as more data will enable more scrutiny. Areas where there is less data is where questioning should be focused.

4.13 HUGH MCCAUGHEY highlighted the importance of the health and care approach, and quality management systems that integrate both. ICSs will have to learn and develop this to prevent health inequalities.

4.14 MARK RADFORD mentioned that culture would also add leadership commitment to quality. Pre-Covid, providers worked on a best practice improvement framework to introduce a robust quality management system. The presentation for the Board however highlights the journey we have been on and this needs to be captured and shared with others.

4.15 STEPHEN POWIS reflected on the importance of clinicians being at the heart of ICS Boards and for Medical and Nursing Directors to champion quality.

4.16 TED BAKER invited any further feedback be directed to KATE LUPTON and JULIE DAS-THOMPSON.

5. NQB Leadership Statement

5.1 JACQUELINE DAVIES presented the NQB Leadership statement.

5.2 In July, the national Joint Strategic Oversight Group meeting of the key regulators (NHSEI/CQC/HEE/GMC/NMC) discussed the need to align approaches and documentation on good leadership across regulators and arms-length bodies. The statement has been drafted in response.

5.3 The statement supports the importance of compassionate leadership in delivering high-quality care across health and care and sets out how it will be delivered. It highlights the alignment between the work of the National People Plan Advisory Board and its forthcoming Ambition for Leadership and sets out four key next steps which the NQB is asked to endorse.

5.5 STEPHEN POWIS confirmed the NQB will put their weight behind the statement.

5.6 MEERA SOOKEE questioned if it was possible to weave ICS guidance into the guidance on leadership in the statement. TED BAKER supported this initiative and wanted to pick up some minor wording changes outside the meeting. He also reiterated that this needs to be about leadership at all levels, not just at the Board.

5.7 ANNA SEVERWRIGHT posited that compassion in this context may need to be defined as it can mean different things to different people. The statement also discusses being responsive and accountable to the public and learning from the best leaders. ANNA SEVERWRIGHT queried if it was possible to pull those two points together.

5.8 CLENTON FARQUHARSON commented that if the NQB is serious about a culture shift, 'doing to and doing for' needed to be moved to 'alongside people and patients' to reflect this commitment.

5.9 HUGH MCCAUGHEY requested that there be more reference to ICSs and references to lifelong learning as a way of improving wider services.

5.10 JACQUELINE DAVIES was happy to accept the feedback and comments given by the NQB and joined up communications are to follow.

5.11 TED BAKER requested that JACQUELINE DAVIES move ahead with this outside of the NQB meetings and for the statement to be signed out via correspondence over the next few weeks.

6. Any Other Business

6.1 Review of **Quality Accounts** and an update on the work so far to provide reassurance that this is progressing, with the aim of sign off early 2022.

6.2 With regards to Quality Accounts, option four is supported by NQB which outlines that updating the content and purpose of Quality Accounts will require legislative change. There is some work to be done around clarifying the purpose of these accounts, specifically who and that they measure. There is also some work required around the production of the accounts, such as tweaking dates and providing clarity on scrutiny.

6.3 NHSE&I are in communication with the Department of Health and Social Care to discuss how to best progress of the Quality Accounts, however it was felt that this is unlikely to happen until the Health and Care Bill is passed.

6.4 **Beneficial Changes Programme**- onto the second round of submissions for transformative, innovative, improvement projects. It is now open until Friday 22 October. There will be a paper towards the end of September on the 10 highest impact case studies from the last set of submissions and how we can scale that.

6.5 HUGH MCCAUGHEY highlighted that Local Government Networks had been given advise, but he will connect them to ANNA SEVERWRIGHT and DAWN CHAMERLAIN.