NATIONAL QUALITY BOARD

7 February 2022

13:00 – 15:00

Virtual Meeting

MINUTES

PRESENT		
Matthew Style	Chris McCann	Rosie Benneyworth
Viv Bennett	Yvonne Doyle	Ruth May
Hugh McCaughey	Aidan Fowler	Jonathan Benger
Mark Radford	Wendy Reid	Gail Allsopp
Clenton Farquharson	Anna Severwright	
IN ATTENDANCE		
Helen Causley	William Vineall	Lynne Reed
Ann Casey	Jyoti Sumel	Monica Matanda
Cathy Hassell	Kate Lupton	Meera Sookee
Dominique Black	Clare Jameson	Kenny Gibson
APOLOGIES		
Kate Terroni		
AGENDA		
1. Welcome and minutes of previous meeting		
2. National Safeguarding Programme		
3. Refreshing the NQB's Safe and Effective Staffing Improvement Resources		
4. Review of Health and Social Care Leadership in England		
5. Any other business		

1 Welcome and minutes of previous meeting

1.1. STEVE POWIS (chair) welcomed all to the first National Quality Board (NQB) of 2022. Attendees and apologies were noted as above. He noted that:

- Gail Allsopp is the new Chief Medical Officer at NICE and will represent them on NQB. She replaces previous member Kevin Harris.
- Matthew Style, Director General for Acute Care and Workforce at the DHSC, is also joining the NQB. He replaces Lee McDonough.

And that there were additional observers at this meeting:

- Jyoti Sumel and Monica Matanda who are Dental Leadership Fellows at HEE. They are attending as guests of NHSE&I Patient Safety.
- Liam Loftus – Clinical Fellow at NHSEI, invited by Steve Powis
- Lynne Reed – interim Head of Quality for OHID ('shadowing' Viv Bennett).

1.2. The minutes of the previous meeting on 29 November 2021 were approved and agreed as a true and accurate record. They will be published in due course, alongside the associated agenda and papers. Agendas and minutes for the meetings in 2021 have now been uploaded onto the NQB's webpage.

1.3. The NQB's Guidance on System Quality Groups has now been published on the NQB webpage and shared with ICSs. Nearly 400 people joined the virtual launch event in early December, which Steve Powis opened.

2. National Safeguarding Programme (Paper 1)

2.1. KENNY GIBSON updated the NQB about the work of the National Safeguarding Steering Group (NSSG). He set out the:

- Current strategic priorities for safeguarding relating to the NHS Safeguarding Accountability and Assurance Framework (SAAF), Hidden Harms and COVID recovery; and
- Future NHS governance arrangements for safeguarding.

He also outlined the additional Strategic priorities for the NSSG, this including:

- The work being undertaken to take forward the August 2020 recommendations from the Prime Minister; Hidden Harms summit to support victims of domestic abuse, serious violence and child sexual abuse; and
- Work being taken forward on COVID recovery with local practitioners, lived-experience peer advocacy groups, cross Government policy leads and local safeguarding system leaders to become more trauma informed across the whole NHS.

2.2. He described the developing governance structure of the NSSG, notably that it will now report into the NHSEI Executive Quality Group (EQG), with updated to theNQB. An extensive network of community based organisations and networks ensure that peoples' lived-experience of COVID and recovery is feeding into the programme. In addition, he highlighted NSSG assurance processes, including looking at how partners can support them in identifying learning that results in sustainable plans for the future, through undertaking specific reviews including child protection, human slavery and Female Genital Mutilation (FGM).

2.3. He highlighted that many organisations (including CQC) had adopted the SAAF as it contains details of roles, duties of care and accountabilities for delivering effective safeguarding. The bedrock of Safeguarding is the NHS standard contract Schedule 32, developed by royal colleges for all clinicians and carers. As the system moves towards ICSs, the proposal is that overall responsibility for safeguarding will rest with ICS board chief nurses.

2.4. ROSIE BENNEYWORTH and RUTH MAY asked about the proposed responsibilities to be given to directors of nursing at ICS level and how this responsibility could be given to a wider range of professionals across ICS', including Multidisciplinary Teams (MDTs). They also asked how providers who deliver NHS services but are not/will not be part of an ICS could become involved.

2.5. KENNY GIBSON commented that the power of networks and professionalism of other providers should not be under-estimated and that the aim of the work of the NSSG was to create a social movement across the NHS that promoted NHS safeguarding as its core business. He noted some independent providers who have an NHS contract and are subject to the commissioning assurance process. The NSSG would work with these and other organisations (such as social enterprises) to develop a national partnership model. Whilst it belongs to NHSEI, it needs to be flexible so that all organisations can develop their own roadmap for safeguarding every individual.

2.6. CLENTON FARQUHARSON asked how the NSSG defined and used the term 'cultural sensitivity'. KENNY GIBSON commented that, prior to COVID, the NSSG focus was on children but that this has expanded into a range of protected characteristics in response to observing changes during the COVID crisis. He noted that programmes have been funded to look into how the NSSG can better work with local community groups, including peer advocacy services (age, ethnicity, gender) on a sustainable basis.

2.7. VIV BENNETT commented on the importance of safeguarding as being something that should be viewed as a continuum, not just activated when something has gone wrong. She also highlighted the importance of ensuring consistent standards in sectors/places as ICSs establish.

2.8. ANNA SEVERWRIGHT commented that the NSSG approach did not appear to be sufficiently focused on social care. KENNY responded that the Steering Group are working closely with social care bodies, and providing local support to build good relationships.

2.9. TED BAKER welcomed this approach and commented that CQC expect all providers to have the same standards and expectations in respect of safeguarding whether part of the

NHS or not. He closed the discussion stating that the NSSG work has very strong support from the NQB and offered support as the work progresses. It was agreed NQB would be updated at a future meeting.

3. Refreshing the NQB's Safe and Effective Staffing Improvement Resources (Paper 2)

3.1. MARK RADFORD/ANN CASEY gave an update on the refresh of the Safe and Effective Staffing Resources (SEES): They noted that:

- Pending funding decisions, NHSEI are proposing to review and update the existing seven safer staffing improvement resources and to develop and publish at least another four improvement resources.
- Changes in practice, some of which have emerged as a result of the pandemic restrictions and new patterns of care delivery, highlight the need to update, strengthen and align the guidance.

3.2. ANN CASEY gave an update on the success of the development of the Masters level programme and the number of fellows that had completed the programme (to date 7 cohorts involving 70 people with a further 30 due to start). She also noted that many organisations have asked for help to embed the existing guidance to increase their knowledge and skills. The programme was now an accredited by City University and had been positively received.

3.3. MARK RADFORD added that the team need to go back and refresh the guidance with the best available evidence and in the post-COVID context. Adding to what ANN said, he commented that there was now a large cohort of NHS staff who are now able to deliver and promote this work. Noting that most resource was currently directed at nurses, midwives and allied health professionals, he asked NQB if this should be widened out to such as care homes and other community settings.

3.4. ROSIE BENNEYWORTH noted that the current guidance needs to be updated/refreshed as it does not reflect how services are now delivered on new models, for example in respect of virtual wards and certain aspects of general practice.

3.5. TED BAKER welcomed the update and was keen that the learning from the COVID pandemic needed to be built into future guidance, particularly around ensuring there was as much flexibility as possible. He noted that services should be given a pathway and support to go forward but this should be in the context where innovation was encouraged. He added that the resources should be refreshed every few years and not set in stone. MARK agreed that flexibility is key and services should be given supportive advice and support to help them to make the right choices.

3.6. GAIL ALLSOP asked how might concerns over the costs of doing this be addressed. MARK acknowledged this was a challenge. He set out that work was underway to ensure detailed economic analyses would be undertaken to assess the potential impact of initiatives on costs.

3.7. WILLIAM VINEAL also commented of the need to bring learning from the COVID pandemic to bear and of the need for caution in managing staffing ratios going forward, particularly

assumptions that staffing numbers should be inflated. MARK responded by saying the review would test out assumptions of potential impact on staffing and the wage bill.

3.8. CHRIS McCANN asked how patient voice brought to bear on SEES. MARK responded by saying review sub-groups and focus groups had involved service user/patient/family groups and he expected them to be so again when the resources were refreshed.

3.9. STEVE POWIS closed the discussion noting that NQB agree to support this work and use the NQB Banner, although it cannot determine what decisions NHSEI might make. It was agreed an update would be made at a future meeting.

4. Review of Health and Social Care Leadership in England (Paper 3)

4.1. GORDON MESSENGER and LINDA POLLARD gave the NQB an update on the review of Health and Social Care Leadership in England. They noted it was a good opportunity to feed into NQB and get feedback on its proposed implementation plans as part of their task of reporting to Secretary of State for Health soon. They set out that a significant engagement phase has been undertaken with a wide set of stakeholders and that the key themes identified in the review have been:

- **Culture and Behaviours:** the need for collaborative cultures and behaviours throughout health and social care –with a focus on diversity, collaboration rather than competition, and transparency in tackling behavioural and cultural issues

  GORDON noted that it was difficult to identify and recommend interventions that might help the health system nurture/promote/incentivise the styles of collaborative leadership needed to change local culture, to one where system outcomes are seen as being more important than those of particular providers. He commented that this was likely to be difficult given the structure of existing service cultures.

- **Standards and Structures:** The need to improve NHS structures on training, career development and talent management – with a focus on reducing unwarranted variation in opportunities and uptake.

  GORDON noted that it would important to build on the development of ICSs and promote leadership and good practice across the health system and in other key partners (e.g. in social care). Services need to recognise and address internal and external pressures such as targets and regulation and promote a culture of organisational learning and leadership focused on system rather than individual provider success. He also discussed how training/interventions need to be developed to ensure the right behaviours are rewarded and incentivised in appraisal (and wrong behaviours not) and have consistent training standards for clinical and non-clinical staff both at entry and mid-career stages.

4.2. LINDA commented on the work being done on recruitment for non-exec leaders. She noted that there is no quick fix for ensuring a good team of managers and leaders are in place, this particularly the case in challenged areas.

4.3. TED BAKER commented on the issue of cost effectiveness. The health system cannot afford not to do this and there was a need to focus on long-term rather than upfront costs. He also responded to the points made by STEVE on leadership culture, noting this was about organisations not individuals. On the issue of the impact of regulation on culture, he noted that it was really difficult to be an effective regulator as well as supportive and driving effective safety cultures, but essential that CQC does so.

4.4. ANNA SEVERWIGHT commented that it didn't appear that the 'listen and learn sessions' included patients and service users. She added that collaborative leadership was important, that leaders need to do more co-production and was happy for her organisation to provide support/access to social care organisations. GORDON responded noting the review has engaged through national voices and there are patient representatives on the challenge board, but additional help in this area would be welcomed. CHRIS McCANN commented that Healthwatch were also helping ensure that patient voice was heard.

4.5. ROSIE BENNYWORTH said she was delighted to hear about how family care and how primary care leadership could be improved. She noted that all in health and care should have the opportunity to develop into leadership roles. Further, she commented that developing a regulatory approach to systems highlighted that a different set of skills might be needed for leading systems and service providers. She offered the review team a discussion to talk through/share thoughts on this as CQC develop our approach.

4.6. VIV BENNETT commented that it would be a significant gap if Directors of Public Health were not taken into account as part of system leadership teams. She noted that a future approach should engage people in own health before they see themselves as a patient and community groups and DPH's would be important as the system tilts towards prevention. GORDON agreed with this.

4.7. TED BAKER noted that the outcome of the review has to be sustained over time not in short term initiatives. He noted that building an effective leadership cadre is a long-term objective and that getting the right leaders in the right places and changing the safety culture will take time and commitment. He asked what can NQB do to support this. LINDA responded by saying that, unlike previous reviews, this review would work closely with NHS leadership and produce a small number of recommendations with linked implementation plans, such that the system could move forwards. She suggested a follow-up review 2-3 years later might maintain the impetus.

4.8. STEVE POWIS agreed that taking a strong view on implementation was positive. Noting that the issue regularly arises that the NHS needs an injection of leadership from the private sector and internationally, asked whether the review had considered this and the support such new leaders might need. GORDON and LINDA responded by saying that entry from elsewhere wasn't a bad idea but was not necessarily a solution in and of itself - and that, ideally, the NHS should be generating its own talent. They noted that existing schemes need to be developed to help with planning and using expertise in an NHS context to ensure the system can effectively bring in good leaders from elsewhere, particularly in the case of non-executive directors.

4.9. TED BAKER closed the discussion and noted that the NQB was very supportive of the aims of the review. He also noted that the NQB's *Shared Ambition for Compassionate, Inclusive Leadership* (Nov 2021) ties in closely with the emerging findings. It was agreed that findings from the review will be presented to the a future NQB.

5. Any other business

5.1. STEVE POWIS updated on the following points:

- **Quality Accounts** – reporting expectations for Quality Accounts remain the same for this year. Communication has been sent to NHS and non-NHS providers, who are required to submit their Quality Accounts by the end of June. Two key requirements have been stopped – 1) providers are no longer to get their Quality Accounts externally audited; 2) Foundation Trusts no longer have to produce Quality Reports.
- **Mortality work** – an update on the follow-up work to the Learning from Deaths programme has been scheduled for the next meeting in April
- **NQB Forward Look** for 2022 is attached (Paper 4). The Forward Look includes the agenda items suggested by members at the last meeting. Please notify the NQB secretariat if there are any further items that you would like adding.
- The NQB secretariat plan to refresh the **NQB Terms of Reference** later in the year, to reflect the changes in membership

5.2. He added the following:

- There will be a scheduled update from the learning from deaths work at the April meeting.
- Members are asked to review the NQB forward look (paper 4) and contact secretariat if they have comments or additions; and
- NQB secretartiat plan to refresh the Terms of Reference (TOR) to reflect the change of membership.

5.3. STEVE closed the meeting pointing out that it was TED BAKER's last meeting. On behalf of the NQB he acknowledged TED's membership of over 5 years, recognised his contribution and passion for driving forward the NQB's work, particularly on system leadership and safety and that he would be missed.

5.4. TED BAKER thanked STEVE. He commented that it had been a real privilege to sit on NQB, that he would retain a strong interest in the ongoing success of the NHS and NQB and had lots of confidence they would be so. He also thanked the Secretariat.

5.5. The next NQB meeting is 25th April 2022.