



**NATIONAL QUALITY BOARD**

**21<sup>st</sup> June 2022**

**15:00 – 17:00**

Virtual Meeting MINUTES

<b>PRESENT</b>		
Clenton Farquharson	Chris McCann	Rosie Benneyworth
Viv Bennett	Deborah Sturdy	Steve Powis
Lyn Romeo	Sean O'Kelly	Kate Terroni
Mark Radford	Wendy Reid	
<b>IN ATTENDANCE</b>		
Nazneen Chowdhury	William Vineall	Jamie Waterall
Lynette Graver	Kathryn Perera	Hester Wain
Cathy Hassell	Kate Lupton	Charlotte McCardle
Dominique Black	Danny McDonnell	
<b>APOLOGIES</b>		
Aidan Fowler	Louise Ansari	Ruth May
Matthew Style	Yvonne Doyle	Shera Chok
<b>AGENDA</b>		
1. Welcome and minutes of previous meeting		
2. NHS Continuous Delivery and Improvement Review		
3. Development of Safety Cultures		
4. Policy Review of Privacy and Dignity		
5. Any other business		



## 1 Welcome and minutes of previous meeting

1.1. ROSIE BENNEYWORTH (chair) welcomed all to the third National Quality Board (NQB) of 2022. Attendees and apologies were noted as above. She welcomed three new NQB members, including:

- Deborah Sturdy – Chief Nurse for Social Care
- Lyn Romeo – Chief Social Worker for adults
- Sean O’Kelly, Chief Inspector of Hospital, CQC

Vin Diwakar, NHSE Medical Director for Transformation, has also been invited to join the Board.

The changes to membership have been incorporated in the NQB’s updated ToR, circulated as Paper 1.

Viv Bennett is retiring and she welcomed Professor Jamie Waterall, Deputy Chief Nurse at the Office for Health Improvement & Disparities and lead for quality. Rosie Benneyworth thanked Viv for her contribution to the NQB.

1.2. The minutes of the previous meeting on 25<sup>th</sup> April 2022 were approved and agreed as a true and accurate record. They will be published in due course, alongside the associated agenda and papers.

1.3. Since the last meeting the NQB Recall Framework and Guidance on Quality Risk Response and Escalation in ICSs have been published.

## 2. NHS Continuous Delivery and Improvement Review

2.1. ROSIE BENNEYWORTH welcomed KATHRYN PERERA, Programme Director, NHS Horizons and CHARLOTTE MCARDLE, Deputy Chief Nursing Officer for Patient Safety and Improvement NHSEI, to introduce the item.

2.2. In May 2022, NHSE agreed to undertake a review of improvement support. The review is being led by Anne Eden, Regional Director for the NHSE East of England, and Kathryn Perera, Director in the NHS Horizons team.

2.3. The Delivery and Continuous Improvement Review will ensure that:

- a. We understand what improvement resource and skills we have, and



how we are currently working to address those challenges.

- b. We establish a clear set of priorities, at which to direct our improvement resource.
- c. We have a clear and fit-for-purpose improvement approach that supports our organisations and systems to meet challenges, now and into the future.

2.4 The NQB was asked to:

- 1) **Note** the work undertaken and **provide feedback** on the early findings
- 2) **Consider what role** NQB wish to have and how and when we engage with the group (and constituent partners)
- 3) **Discuss/endorse** and support the findings.

2.5 ROSIE BENNEYWORTH said improvement support is often provided late, rather than proactive. She emphasised the importance of doing the latter.

2.6 KATE LUPTON asked for clarification on what was meant by system.

2.7 VIV BENNETT highlighted the next item on quality in the public health system She asked what can we do to better align to have a better reach across the system. Having health inequality as a foundation is really important. Public health is not explicit and there may be an opportunity to join up thinking.

2.8 KATHRYN PERERA said we need more work on feasibility, scope and implementation and welcome further work on this.

2.9 KATE LUPTON talked about the role of ICSs in driving improvement in their local area. It is important not to build as a universal improvement offer, if it isn't that.

2.10 CHRIS MCCANN asked what the mechanism is to make sure public voice is fed into this piece of work.

2.11 WENDY REID talked about the importance of spreading this work into the education system from the beginning. This is a great way of raising the profile of this message.



2.12 CLENTON FARQUHARSON asked what is the vision for people in the communities? How do you enable me to live a better life? People are not always on a pathway.

2.13 KATHRYN PERERA will be in touch with Wendy to look at how this message can be used in an education setting.

2.14 CLENTON FARQUHARSON raised the issue of how this work would intentionally get the most marginalised voices to drive change.

2.15 CHARLOTTE MCARDLE addressed the points that were raised:

- Universal offer - there are still discussions about the scope and size. For example, with the discharge pathway we need to smooth the pathways, so that patients can live in communities. It means helping people live in social care better.
- Communities engagement / networks – people are feeding back as part of this work. They are using the nursing network as a way of talking.

### 3. Quality and Health Inequalities in the new Public Health System

3.1. STEVE POWIS invited VIV BENNETT to speak to this item.

3.2. In this item VIV BENNETT led a discussion on what quality and health inequalities means in the new public health system, building on the NQB's Shared Commitment to Quality published last year.

3.3. Key questions for discussion:

- How can we take forward the commitment statement: *everybody should have access to high-quality care and outcomes?*
- How can NQB support and enable leaders across new organisations and systems?
- Does NQB support the approach of the separate Public Health Quality Framework being superseded by an integrated approach to reducing unwarranted variation, inequalities and improving outcomes?
- How can NQB promote a shared understanding across people working in all parts of the system of equity as part of high quality?

The NQB was asked to discuss and provide a view on the suggested



discussion points.

3.4 KATE TERRONI talked about the desire for a single quality framework through the National Quality Board. One Board, one framework across all parts of the health and care landscape.

3.5 KATE LUPTON talked about examples from North East London and Surrey Heartlands. How can we use System Quality Groups from a prevention perspective?

3.6 STEVE POWIS highlighted the importance of the health inequalities team and prevention team needing to join up

3.7 VIV BENNETT emphasised that the nearer we get to acute the more challenging this becomes.

3.8 JAMIE WATERALL said there is an opportunity in terms of workforce to have the knowledge and skills to act around the inequalities agenda. Most people haven't had training in this area.

3.9 WENDY REID referenced the Health and Disparities white paper and how this might be an opportunity. HEE's generalist programme does include population health and prevention.

3.10 VIV BENNETT highlighted how this work requires us to think differently.

3.11 STEVE POWIS thanked VIV BENNETT for her contribution.

#### **4 Development of Safety Cultures**

4.1 ROSIE BENNEYWORTH invited HESTER WAIN to cover this item. HESTER WAIN talked to a paper which provided an update on Patient Safety Culture and the work of the Safety culture programme group to co-design with patient safety partners eight recommendations and agree a definition of patient safety culture.

4.2 Further work is underway to completely link patient and staff safety in the development of the workforce strategy, in particular with the Health and Wellbeing offer.



**4.3 The NQB was asked to:**

- 1) Note the update
- 2) Provide feedback on the programme of work.

4.4 CHARLOTTE MCARDLE asked if leadership development was part of the programme

4.5 DEBORAH STURDY asked how we can take some of this learning into social care.

4.6 JAMIE WATERALL asked how we weave in health inequalities across everything we're doing.

4.7 CLENTON FARQUHARSON emphasised how language is really important and sets the culture. References to patients and service user might be better framed as people who draw on care and support. Clenton highlighted how you frame language is important because of the power dynamics.

4.8 HESTER WAIN replied to the points raised. They are looking at leadership. They are also looking at demographic data from surveys with reference to inequalities. Patient safety partners have also had sessions on language and communication.

4.9 MARK RADFORD asked how we include this as part of our graduate programmes.

4.10 HESTER WAIN said clinical and non-clinical staff have to cover patient safety as part of their training, including what we mean by a just culture.

**5 Policy Review of Privacy and Dignity**

5.1 STEVE POWIS invited CHARLOTTE MCARDLE, Deputy Chief Nursing Officer for Patient Safety and Improvement NHSEI, to introduce this item.

Summary:

- NHS England has been reviewing the current *Delivering Same Sex Accommodation* guidance to ensure it is focused on providing care which maintains privacy, dignity and safety, aligned with the relevant regulatory framework.
- The work is nearing completion and revised guidance is due to be published



this summer.

Clinical need will be the main priority. Maintaining single sex accommodation is challenging.

5.2 The NQB was asked to:

- 1) Note the ongoing review and proposed timescale for publication of the revised guidance
- 2) Agree to share and support the guidance when it is published.

5.3 MARK RADFORD complimented CHARLOTTE MCARDLE for handling such a complex, area with sensitivity.

5.4 CHARLOTTE MCARDLE asked for key messages to be shared among partner organisations of the NQB.

## **6 Any other business**

6.1 ROSIE BENNEYWORTH has been appointed as Chief Exec as HSIB, this is her last meeting. STEVE POWIS thanked ROSIE for her contribution.

6.2 SEAN O'KELLY will take over from ROSIE BENNEYWORTH as co-chair from the CQC.

6.3 This was also VIV BENNETT's last NQB. STEVE POWIS wished her well for her retirement.