NATIONAL QUALITY BOARD MINUTES

11 October 2023 15:00 – 17:00

Virtual Meeting

PRESENT:

- Stephen Powis - National Medical Director, NHS England
- Amanda Pritchard – Chief Executive, NHS England
- Allison Streetly – Head National Public Health Team, NHS England (until 4pm)
- Deborah Sturdy - Chief Nurse for Social Care, DHSC
- James Bullion – Interim Chief Inspector of Adult Social Care and Integrated Care, CQC
- Jamie Waterall - Deputy Chief Public Health Nurse, OHID
- Jayne Chidgey-Clark – National Guardian, National Guardian's Office
- Lorna Squires – Deputy Director Quality Governance and FTSU champion, NHS England
- Lynne Reed – National Lead for FNP and Parenting, Quality Strategy, OHID
- Lyn Romeo – Chief Social Worker for Adults, DHSC
- Matt Fogarty – Deputy Director of Patient Safety (Policy and Strategy), NHS England
- Matthew Style – Director General for NHS Policy and Performance, DHSC
- Mark Radford – National Director of Intensive Support, NHS England
- Nicola Wise – Head of Hospital Inspection, CQC
- Rosie Benneyworth – Chief Investigator, HSIB
- Sue Ibbotson – Head of Clinical Excellence and Quality, UKHSA
- Stella Vig – Medical Director for Secondary Care and Quality, NHS England
- Susan Hopkins – Chief Medical Advisor, UKHSA
- Wendy Reid - Acting Chief Executive, HEE
- William Vineall – Director, Acute Care and Quality, DHSC

IN ATTENDANCE:

- Daniel McDonnell – Quality Strategy Lead, NHS England
- Dominique Black – Strategy Manager, CQC (Secretariat)
- Fiona Butterfield – Quality Policy Manager, NHS England (Secretariat)
- Kate Lupton – Quality Strategy Lead, NHS England
- Meera Sookee – Head of Quality Strategy, NHS England

APOLOGIES:

- Aidan Fowler - National Director of Patient Safety, NHS England
- Anna Severwright - Lived Experience Expert
- Charlotte McArdle - Deputy Chief Nursing Officer, NHS England
- Clenton Farquharson - Lived Experience Expert
- Ruth May - Chief Nursing Officer, NHS England
- Sean O'Kelly - Chief Inspector of Hospitals, CQC
- Vinod Diwakar - Medical Director for Transformation, NHS England

AGENDA
1. Welcome and introduction to Amanda Pritchard
2. NQB Quality Stocktake and Review
3. Minutes of the previous meeting
4. State of Care Report
5. Listening to staff – Freedom to Speak Up
6. Any other business

1 Welcome and Introduction to Amanda Pritchard

1.1. STEPHEN POWIS (chair) welcomed all to the third National Quality Board (NQB) of 2023. Attendees and apologies were noted as above.

1.2. Chair outlined the role of the NQB and introduced Amanda Pritchard to NQB members and asked for the views of Amanda on the further work NQB can do to fulfill quality governance.

1.3. Amanda addressed NQB, in terms of the NQB Quality Stocktake and Review and to support the conversation on this. Quality is the access, quality, performance triangle the NHS is trying to get right and getting the right support for colleagues in the health and care system. Front of mind is how we join up what we know is most effective, to anticipate and get ahead rather than waiting to respond when things go wrong, quality in the round with a balanced scorecard approach. Separate the signals from the noise. ICBs provide a great opportunity to do this but we also nationally have to maintain oversight of this. What are we asking of ICBs and how we equip them with the skills and tools to drive the quality agenda locally. What is the ask at national, regional, ICB and local level. How do we remain consistent in terms of assessment? We are a national NHS which is a great opportunity to learn, we don't want to be 42 NHS's. Local leadership and ownership is essential but nationally we can do the thematic work.

1.4. How do we ensure we are having joined up conversations across all our organisations effectively. We should use this opportunity to get the right headline messages out, and to get the right support in place to ensure quality is the golden thread in everything we do and in the planning guidance. Quality of access, experience, safety and outcomes, listening to people with a big culture piece.

2. NQB Quality Stocktake and Review

2.1. Chair introduced the item and invited NQB to discuss the following points:

Is quality appropriately prioritised across the health and care system, what more can NQB do to make sure it is?

2.2. CQC are assessing ICSs to understand how much of a priority quality is. Two pilots are ongoing at the moment, there is tension between quality, performance and access. We need a balance of performance, finance and quality.

2.3. NQB discussed a lack of a common language across health and care and the notion of safety and risk as a corner of quality and the impact they have. There is a safety lens to think about when prioritising quality.

2.4. NQB acknowledged that poor quality care and poor safety leads to increased cost and lower productivity. We need to do more to demonstrate the productivity gains and positive financial impact of improving quality and safety across the system. p. HSSIB publish their Safety Management Systems report next week looking at industries outside of health, with more proactive approaches to safety. This has lots of learning on a systematic approach to safety that gets clear accountability.

2.5. There are a lot of investigations, reviews and reports that generate numerous recommendations for organisations, often duplicative, conflicting, not costed, evidence based and without clear delivery accountabilities across pathways for health

and social care. Work is needed here to make sure that they do deliver on quality. A cross ALB group is looking at this to develop a common set of principles for making recommendations for all sectors. NQB agreed to receive an update on this work.

2.6. NQB to consider the language in the position statement to be stronger on quality and patient safety, performance and costs, not having them separately.

2.7. NQB heard there feels to be an imbalance on voice across health and social care, this is more developed across health than social care and other sectors. At system level NQB can promote the voice of all care workers and bring that to the forefront.

2.8. Challenged providers still get repeated issues, common themes are important. NQB has a convening power to bring in people from the system to explore this further. People are focused and passionate about improving quality and safety, but few can practically deliver on this. NQB should shape and drive a greater set of consensus views on how to improve quality at system level, shape to become meaningful, and implement in a structured way.

2.9. NQB agreed to look at improving the coherence of message, working to the same set of principles, aligning guidance, and narrative to align the case for quality, finance and access measures.

Are there any policy gaps, areas that need further work, and would NQB value further thematic discussions in future meetings?

2.10. NQB discussed a number of areas for consideration. These include:

- The need to look at **implementation of existing guidance and quality governance**. NQB has a role in terms of seeing what is going on and discussing implementation.

- NQB has not recently discussed the **digital agenda** (investigations show interoperability impacts on patient safety), procurement and supply chains. Innovation can be blocked due to safety issues.

- The **quality forum** (for policy leads) should be revisited as a separate piece to understand if it is the right set of constructs for ICBs and national organisations.

- NQB agreed **common language** is really important. Aligning our internal and external messaging for quality and to talk about risk. It is easy to stifle innovation because of risk, risk is important as long as quality is not impacted.

- **Culture** re patient safety and quality and the ability to speak up and be acted on appropriately is important. In high profile cases too often, people speak up and are negatively impacted. NQB could have a key role in collective messaging to ensure that the work of voice in patient safety and worker wellbeing is recognised. A good Quality Improvement culture is more likely to improve speaking up culture. Where there is good culture and leadership organisations find it easier to attract staff, play this into the agenda and build on and emphasis positivity on that.

- **Population health outcomes** mean getting procurement right, a high-risk area for high quality.

- **Prioritisation** is important, GPs and trusts receive more requests than they can manage and end up culling some activities to make the remaining ones effective.

- use of **safety signs, digital culture, leadership**, all predicated on the people doing the work understanding the importance of those processes to drive quality and safety in general, including understanding human factors. The safety strategy has a big push on safety signs.

2.11. NQB work in pipeline includes producing **system risk management guidance** across health and social care, and a framework for quality accountabilities.

2.12. **Independent providers** have not been discussed at NQB recently and are an increasing concern and risk.

2.13. NQB discussed working together on quality of **population health pathways**, more strategic work needs to be done across broader public health pathway. ICB development of the population health management function gives us opportunity. How does NQB work together to ensure the input we make is the best possible input to gain the outcomes the NHS is seeking and learn together when things go wrong across the wider pathway?

2.14. Ensure clarity in terms of **roles and responsibilities of all our organisations** and effective collaboration to maximise impact, think about priorities and being aligned. Ensure visibility of what everyone is doing and why and clearly communicating that out to system.

2.15. NQB agreed to bring the output of the discussion into a paper at the next meeting and discuss the final point *How can we improve the quality governance interface between organisations?*

3. Minutes of the previous meeting

3.1 The minutes of the previous meeting on 7 June 2023 were not discussed. Members received the minutes, and any requested amends were made by secretariat via correspondence.

4. State of Care Report

4.1. The Board received an update on the CQC State of Care Report, an annual report to parliament objectively setting out any concerns CQC has and identifying problems and successes across HSC landscape. The report will be laid before parliament and published in October 2023.

4.2. Last year the report stated that the health and care system is gridlocked, workforce depleted and struggling to recruit and retain with vacancy rates high, inequalities in care remain.

4.3. This year 4 main themes are included in the report, quality of care, inequalities, workforce and local systems.

4.4. Quality of care concerns exist around access to care, and the gridlock issues remain. Increased demand and pressure on the health and care system, and maternity care are profiled this year.

4.5. Inequalities in health and care are experienced by people from ethnic minority groups, autistic people and people with a learning disability. Health and wellbeing of children and young people is featured, and inequalities faced by health and care staff.

4.6. Workforce pressures and impact on staff health and wellbeing and satisfaction is escalating, concerns persist with industrial action, vacancy and turnover rates. Impact

of workforce issues on people who receive services, and the response from providers and staff to workforce pressures.

4.7. Many challenges observed in the report relating to local systems are to some degree caused by lack of joined up planning, with unwarranted variation in population health, access to care and outcomes. The report references people's experiences of care, and the need to address gaps and planning for the future.

4.8. NQB were asked to note the information and discuss implications and NQB members were asked to signpost this report.

4.9. NQB mentioned an emphasis in terms of deprivation would be helpful, and queried in terms of access whether CQC will analyse the integrity of pathways from home to interface, to hospital, and back.

4.10. NQB asked if there will be an index of maturity, capability and capacity for CQC inspections going forward and how to bring ICS to a level in a nurturing way? CQC are not trying to tackle variation but acknowledging it, there is no regulation to test ICSs against.

4.11. Social care workforce is critical, there is a call for a dedicated piece of work on social care workforce.

4.12. NQB were made aware of an interim report published on children and young people with mental health concerns being cared for in pediatric wards.

4.13. The cost-of-living impact on providers, staff and health is a feature of the report.

4.14. NQB were interested to see the focus on unwarranted variations on population health as an underlying driver of poor-quality care. Deprived communities suffer as they struggle to get access to the health and care system.

4.15. One of CQCs key strategic themes is how to ensure there is a platform to improve, using CQC responsibilities to best effect. Local authority colleagues can provide useful insights about what is happening at place level. CQC quality statements include public health, this is a fantastic opportunity for CQC to shine a light on what is happening across the system as not done before.

5. Listening to staff – Freedom to Speak Up

5.1. NQB were addressed by National Guardian, Dr Jayne Chidgey-Clark. NQB need to champion the role of voice. FTSU month is about representing the voice of workers through all routes not just through FTSU guardians. Patient voice, family voice and public voice are key in this - all voices are important.

5.2. We know what stops people from speaking up and breaking barriers is key, the biggest barriers are fear and futility. Is there a role for NQB in preventing detriment as a result of speaking up? Understanding barriers and hierarchy – is there an open-door policy? Minority ethnic colleagues and those with other protected characteristics have a harder time speaking up and being heard, are we doing enough to overcome that?

5.3. There is a need for more focus in the social care arena on speaking up.

5.4. FTSU is more than having a guardian, it requires trust that organisations will do the right thing when given the gift of information. Leaders must be supported to feel comfortable with the uncomfortable. Some facilitators to a good speaking up culture include supportive boards, partnership work, legal framework, policy.

5.5. The role of leaders - are members doing enough to ensure there is a good FTSU culture, a voice is missing if someone has spoken up and no action is taken. What more can we do around detriment? We need to overcome and have appropriate learning.

5.6. NQB have a role in promoting this work, including:

- Individual organisational commitment to improving speaking up culture
- NQB visible commitment to improvements
- Speaking up could be explicit in the terms or reference and future agenda items
- Making the explicit link to FTSU and quality improvement
- Promoting speak up culture in social care and the voluntary sector
- Promoting and embedding better speaking up practices
- Role modelling importance.

5.7. Education is important, not training but education, and the rewards of educating personnel are invaluable. NQB discussed whether the lived experience of people speaking up has impacted on would give clinicians more confidence in speaking out.

5.8. Social Work England is a key regulator, with educational responsibilities and accountabilities for safeguarding and addressing concerns included. There is lots to be done to build on that and the cultural change in the social sector.

5.9. NQB secretariat to consider how FTSU will become a core part of the work of the board and for the National Guardian to be a full member of NQB.

6. Any Other Business

6.1. NQB chair asked if members had any other business to raise.

6.2. NQB members agreed for Rosie Benneyworth from HSSIB to become a formal member of the NQB, secretariat to amend the terms of reference.

6.3. The next NQB meeting is 8th November 2023.