

**NATIONAL QUALITY BOARD MINUTES 17 April 2024**

Microsoft Teams Virtual Meeting

**PRESENT:**

- Prem Dramachandran – Medical Director, Care Quality Commission, CHAID
- Stephen Bowie – National Medical Director, NHS England, CHAID
- Jamie Waterall – Interim Chief Nurse, QHID
- Allison Streetly – Deputy National lead for Health Care, UKHSA
- James Bullion – Interim Chief Inspector of Adult Social Care and Integrated Care, CQC
- Sarah Price – Director of Public Health, NHS England
- Sue Ibhateon – Head of Clinical Excellence and Quality, UKHSA
- Wendy Reid – Acting Chief Executive, HEE
- Nicole Wise – Head of Hospital Inspection, CQC
- Rosie Bennetworth – Interim CEO, HSSIB
- William Vineall – Director, Acute Care and Quality, DHSC
- Mark Bedford – Chief Nurse of HEE and Deputy Chief Nursing Officer, NHS England
- Jonathan Benger – Chief Medical Officer and Interim Director of the Centre for Guidelines, NICE
- Jayne Chidgey-Clark – National Guardian, National Guardians Office

**IN ATTENDANCE:**

- Daniel McDonnell – Quality Strategy Lead, NHS England
- Dominique Black – Strategy Manager, Care Quality Commission
- Meera Sookee – Head of Quality Strategy, NHS England
- Ann Casey – Professional Lead, Safer Staffing

**APOLOGIES:**

- Ruth May – Chief Nursing Officer, NHS England
- Aiden Fowler – National Director of Patient Safety, NHS England
- Clenton Ferguson – Lived Experience Expert
- Anna Sevenwright – Lived Experience Expert
- Charlotte McArdle – Deputy Chief Nursing Officer, NHS England
- Fiona Butterfield - Quality Policy Manager, NHS England

<b>AGENDA</b>
1. Welcome and introductions
2. Freedom To Speak Up Strategy
3. NHS Long Term Workforce Plan
4. NQB Safer Staffing Update
5. Any other business

## **1 Welcome and Introductions**

- 1.1 PREM PREMACHANDRAN (chair) welcomed all the National Quality Board (NQB) of 2024. Attendees and apologies were noted as above.
- 1.2 The minutes of the previous meetings on 21 February 2024 were agreed as an accurate record and will be published in due course.

## **2 Freedom to Speak Up Strategy – Dr Jayne Chidgey Clark, National Guardian.**

- 2.1 Jayne Chidgey Clark introduced the Freedom to Speak Up Strategy which has been finalised and signed off by the NGO board, additional details ahead of launch are currently being worked out.
- 2.2 At the centre of the strategy is improving the support offer for guardians who face a number of challenges. Some leadership teams aren't as receptive as they should be to what guardians are saying when raising issues. Support in handling those situations is really important.
- 2.3 Strategy proposes more streamlined work with leaders in healthcare, NEDs, Execs and Exec leads, enhancing the offer to them, developing the skills and mindset for hearing what workers are telling them.
- 2.4 There are a number of strategic goals with a supporting business plan for the next 3-5 years.
  - Continue to improve guardians support offer.
  - Additional support and guidance for leaders.
  - Using our independent voice to champion workers who are not being heard.
  - Methodology for speak up reviews.
  - Improving partnership working.
- 2.5 EDI training for guardians, something to improve upon. Next speak up review agreed to include the experience of overseas trained workers. Latest refresher training for guardians is on EDI.
- 2.6 What is the gap between leadership and guardians? Where do colleagues go if their organisational leadership is not listening? Escalations route work for external escalation should be clearer. Routes exist through CQC, NHS England and NGO.
- 2.7 Guardians are employed directly by organisations or a third party, NGO do not have oversight. FTSU should be open, transparent, fair and robust. Expectation isn't that everything should go through the guardian route, this is reliant on trust.
- 2.8 Recommendations to impact work –all mindful of being more impactful with how we evidence base our recommendations, not duplicate.
- 2.9 Looking at response to the Health and Select Committee on leadership, keen to make sure NGO are part of this.
- 2.10 NQB members welcomed to feedback or discussion the strategy directly with the National Guardian.

## **3 NHS Long Term Workforce Plan – Mark Radford**

- 3.1 Mark Radford shared an update with members on the NHS Long Term Workforce Plan which includes a focus on clinical expansion, including medical and dental.

- 3.2 Building a workforce plan is a complex product involving a great depth of modelling. Constrained by factors including finance and support from government. Reverse engineering some of the drivers, demand signals, tranche of support funding, additional £2.4bn extra funding to kick start expansion.
- 3.3 First and foremost, looking after the staff we have, aiming to lose less staff over next 15 years. New staff need supervision. Real shifts in approaches to clinical models. The aim is to increase from 1.4m to 2.2 million staff, an additional 180,000 nurses by 2038.
- 3.4 Expansion across medics, AHPs and all sectors. We still have an acute dominated system and need to focus growth in mental health and community based settings.
- 3.5 Doubling of medical school places to become domestically secure, highly competitive to attract people to work in these professions. 1 in 4 students at university in 2038 will be studying to join the NHS.
- 3.6 Views have been gathered on the reform element. Medical degree apprentice model offers an opportunity to maximise routes into jobs. Looking in future to expand medical schools, four-year undergrad programme, start working in latter part of decade.
- 3.7 Dental is a real priority, MDT within dental practice.
- 3.8 Slight challenge where we produce our key professionals, enormous change in preferences, more people wanting to stay where they are and not move around for training/work. How do we open up opportunities within areas that have had to import workforce.
- 3.9 NQB discussed historic disease patterns, how to train digital skills, especially in population health.
- 3.10 On the social care side, current workforce needs to grow to 2.2 million.
- 3.11 70% of nurses we train end up in the NHS, some go into social care. Need a wider perspective in social care, expanding placement opportunities. Students will make connections; rules will be designed in the future to join up health and care. Drug and alcohol services are a prime example where this is needed.
- 3.12 NQB discussed how to retain doctors in areas of deprivation, Japan was leading the way. Economics perspective, weighting of salary. Influence of politics, speaking up with civility.
- 3.13 NQB agreed to ask for a future agenda item on retention which has economic evaluation, safety and quality issues.
- 3.14 For social care, Tim Surrey will be providing workforce experience. In our own healthcare, hours of our time is spent in the NHS, yet months and years of our life are supported by primary care and social care. People must understand how the system works, not just NHS.

#### **4 NQB Safer Staffing Update – Mark Radford, Ann Casey**

- 4.1 Ann Casey updated NQM members post the Robert Francis, Safe and Effective Review of Staffing. NHS England were asked to lead the work with NQB as the commissioning organisation. Eight sector specific guides were agreed to be developed, which is now nine, since 2017.
- 4.2 How do we support organisations making difficult decisions in the face of recruitment and retention? Safeguarding is an important factor, contractual lever. Mirrored NICE

approach, economic analysis etc. NQB asked Safer Staffing to undertake further work and a refresh of sector specific guides.

- 4.3 Two elements to bring to NQB members attention: The Secretary of State agreed a non-pay element to AfC, working with staff side councils. Legislation is government responsibility; further work may be needed from DHSC colleagues.
- 4.4 Safer staffing guidance for the ambulance sector is to be considered and NQB approval was given to re-ignite this work.
- 4.5 How can we use the bare minimum standards and enforce? Yearly assessment, linked to outcome. Care hours per patient day. Opportunity to start thinking on an outcome basis. Professional judgement is really important as well as data.
- 4.6 For maternity services, the guidance document is with DHSC for approval to take to external stakeholders. Mental health and critical care guidance work is making good progress. Great engagement with group on this, UEC detail ongoing, for children and young people guidance large scale workshops commenced with work in detail late May early June. Adult inpatient and Learning Disability evidence review being conducted, procurement contracts.
- 4.7 Groups are chaired by independent leaders, not working for NHS England. Chief nurses in large organisations with extensive leadership experience.

## **5 Any Other Business**

- 5.1 NQB agreed to schedule a future update on Social Care workforce and the DHSC perspective on this.
- 5.2 NQB membership will be reviewed as part of the Terms of Reference refresh, considering which new members to include.