NATIONAL QUALITY BOARD MINUTES

21 February 2024 15:00 - 17:00

Microsoft Teams Virtual Meeting

PRESENT:

- Stephen Powis National Medical Director, NHS England, CHAIR
- Prem Premachandran Medical Director, Care Quality Commission, CHAIR
- Aidan Fowler National Director of Patient Safety, NHS England
- Jamie Waterall, Interim Chief Nurse, OHID
- Allison Streetly, Deputy National lead for Health Care, UKHSA
- James Bullion Interim Chief Inspector of Adult Social Care and Integrated Care, Care Quality Commission
- Sarah Price Director of Public Health, NHS England
- Sue Ibbotson Head of Clinical Excellence and Quality, UK Health Security Agency
- Wendy Reid Acting Chief Executive, Health Education England
- Nicola Wise Head of Hospital Inspection, Care Quality Commission
- Rosie Benneyworth Interim CEO, HSSIB
- William Vineall Director, Acute Care and Quality, DHSC
- Clenton Farquharson Lived Experience Expert
- Mark Radford Chief Nurse of HEE and Deputy Chief Nursing Officer, NHS England

IN ATTENDANCE:

- Daniel McDonnell Quality Strategy Lead, NHS England
- Dominique Black Strategy Manager, Care Quality Commission
- Fiona Butterfield Quality Policy Manager, NHS England
- Meera Sookee Head of Quality Strategy, NHS England
- Matthew Inada-Kim, National Clinical Director for AMR and IPC, NHS England
- Claire Marshall Experience of Care Lead, NHS England
- Lorna Squires Head of Quality Governance, NHS England
- Nicola Thomas Deputy Director of Quality, NHS Cornwall and the Isle of Scilly ICB
- Vanessa Whatley Interim Chief Nursing Officer NHS Shropshire, Telford and Wrekin ICB
- Neil Churchill Director, People and Communities Division, NHS England
- Emma Easton Head of Voluntary Partnerships, NHS England
- Erika Denton National Medical Director for Transformation (Interim), NHS England
- Mary Hill Head of Policy National Healthcare Inequalities Improvement Programme, NHS England

APOLOGIES:

- Anna Severwright Lived Experience Expert
- Sean O'Kelly Chief Inspector of Hospitals, CQC
- Jonathan Benger, Chief Medical Officer and Interim Director of the Centre for Guidelines, NICE
- Charlotte McArdle, Deputy Chief Nursing Officer, NHS England

AGENDA

| 1. \ | Velcome and introductions | |
|------|---------------------------|--|
| | | |

- 2. The new UKHSA Health Protection Governance and Quality Strategy
- 3. Improving Experience of Care using NQB guidance
- 4. Healthcare Inequalities Improvement Programme update
- 5. Any other business

1 Welcome and Introductions

- 1.1 STEPHEN POWIS (chair) welcomed all to the first National Quality Board (NQB) of 2024. Attendees and apologies were noted as above.
- 1.2 The minutes of the previous meetings on 8 November were agreed as an accurate record and will be published in due course.

2 The new UKHSA Health Protection Governance and Quality Strategy

- 2.1SUE IBBOTSON shared an update on UKHSA's recently launched new 'Health Protection Governance and Quality Strategy' (HPG&Q), a supporting strategy for UKHSA's Strategic Plan.
- 2.2The strategy focuses on quality improvement and assurance of the 'end-to-end' service that UKHSA's groups, directorates and divisions deliver for and with clinicians; local, national and international health partners; national government; and directly to members of the public and populations.
- 2.3 The NQB were asked to consider the relevance of the new UKHSA Health Protection Governance and Quality Strategy to the partnership work of the NQB.
- 2.4 The NQB were delighted to see the strategy had used NQB guidance to inform the approach. They agreed this strategy presents a shared opportunity for quality and we need to collaborate on this.
- 2.5 WILLIAM VINEALL highlighted that from a DHSC perspective, the OHID structure is being absorbed in the public health and primary care directorate. This is because public health comes together across a range of things and is not a discrete element of work.
- 2.6 It was acknowledged that there are specific existing relationships regarding immunisations, but more work could be done on the health protection aspect. In this context, working with integrated care boards will be critical on the health protection element.
- 2.7 The NQB agreed that collaboration presents a great opportunity to build on data and ensure we share data equitably and responsibly.
- 2.8SUE IBBOTSON emphasised that there are already a set of metrics and there is a desire to develop specific quality metrics using the CQC assessment framework.

3 Improving Experience of Care using NQB guidance

- 3.1 NEIL CHURCHILL and CLAIRE MARSHALL introduced this item and invited NIKKI THOMAS and VANESSA WHATLEY to share their experiences from their local systems.
- 3.2 It was highlighted to the NQB that experience of care is one element of quality alongside safety and effectiveness. This should be given equal parity by NHS England and integrated care systems.
- 3.3 Integrated Care Boards (ICBs) are in a unique position strategically to learn from and respond to people's experiences of care. It was emphasised that there had been a downturn in experience of care since the pandemic, there is a need for ICBs to focus

on people's experience of care as part of recovery and they have a very important role in terms of complaint handling.

- 3.4 The paper provided an update to the NQB on the work being done within NHSE to implement and operationalise the published guidance relating to improving experience of care through a pilot undertaken in 2022-23.
- 3.5 The NQB were asked to consider what more can be done to elevate the experience of care agenda of parity within quality and performance and note the learning from the case studies.
- 3.6 The NQB emphasised the importance of how we use complaints to drive improvement and how one function across a system could improve the overall approach.
- 3.7 It was highlighted to the NQB that people with protected characteristics are represented to aid decision making.
- 3.8 A question was raised about how we collect information at scale, with an unselected unbiased population. Whilst there are processes in place to support this, digital solutions could exclude the older population, and this must be factored in.

4 Healthcare Inequalities Improvement Programme update

- 4.1 MARY HILL introduced this item.
- 4.2 Reducing healthcare inequalities is a stated NHSE priority, underpinned with statutory obligations. The Healthcare Inequalities Improvement Programme has made substantial progress against its targeted five clinical conditions, and also broadened out the Core20PLUS5 framework to children and young people.
- 4.3 This item updated the NQB on the range of innovative activities ongoing and impact on mainstreaming healthcare inequalities through collaboration with NHS England programme teams and with external partners and Arm's Length Bodies (ALBs).
- 4.4 The NQB were asked to review and note the progress of the programme and discuss how they champion this work currently and how they can support the programme going forwards.
- 4.5 The NQB emphasised how things are feeling different within systems. Health inequalities are now a starting point and there are lots of tools and frameworks to support this. This then raises questions about:
 - How do we know what impact we're having?
 - How do we know we're making a difference?
 - Is there a national evaluation?
 - Are we seeing hard metrics improving?
- 4.6 The NQB asked how we best incentivise staff to work in areas of deprivation. Globally there are different solutions, and we need to learn from these.
- 4.7 Access remains a prevalent issue and this raises questions about how we continue to address this.
- 4.8By using digital approaches, we create capacity to help the worried well and to focus more attention on those in greater need who aren't digitally enabled.
- 4.9AIDAN FOWLER highlighted the importance of seeing safety mentioned in the space of inequalities. Martha's Law has to be implemented well to avoid an increase in inequalities.

4.10 It was agreed that quality, safety, finance and productivity are key areas to focus on. Supporting measures need to be in place to support this.

5 Any Other Business

- 5.1NQB members confirmed they would like to invite Claire Fuller, NHS England Medical Director for Primary Care to be a member of the NQB going forwards.
- 5.2NQB members were asked to support the policy leads call, which brings together constituent NQB organisations to identify joint opportunities for collaboration.
- 5.3No further business was raised. The next NQB meeting is scheduled on 17 April 2024.