NATIONAL QUALITY BOARD MINUTES 24 February 2025

Via Microsoft Teams

NQB MEMBERS PRESENT:

- Prem Premachandran - Interim Medical Director, CQC, CO-CHAIR
- Stephen Powis - National Medical Director, NHSE, CO-CHAIR
- Aidan Fowler - National Director of Patient Safety, NHSE
- [redacted]
- Deborah Sturdy – Chief Nurse for Social Care, DHSC
- Duncan Burton - Chief Nursing Officer for England, NHSE
- Erika Denton - National Medical Director for Transformation, NHSE
- James Bullion - Interim Chief Inspector of Adult Social Care and Integrated Care, CQC
- Jamie Waterall - Interim Chief Nurse, OHID
- Joyce Frederick - Director of Policy and Strategy, CQC
- Judith Richardson - Deputy Chief Medical Officer, NICE
- Rosie Benneyworth - Interim Chief Executive Officer, HSSIB
- Sarah Price - Director of Public Health, NHSE
- Sue Ibbotson - Head of Clinical Excellence and Quality, UKHSA
- William Vineall - Director, Acute Care and Quality, DHSC

IN ATTENDANCE:

- [redacted]
- Andrea Lewis - Regional Chief Nurse, South East, NHSE
- Chris McCann – Deputy Chief Executive, Healthwatch England
- [redacted]
- Jason Yiannikkou – Director of System Oversight, DHSC
- [redacted]
- Neil Churchill - Director for People and Communities, NHSE
- Penny Dash - Chair, North West London Integrated Care Board
- Rebecca Curtayne - Healthwatch England

SECRETARIAT:

- [redacted]

APOLOGIES:

- Chris Dzikiti - Director of Mental Health, CQC
- Jayne Chidgey-Clark - National Guardian, National Guardians Office

- Jonathan Benger - Chief Medical Officer and Interim Director of the Centre for Guidelines, NICE
- Mark Radford - National Director Long Term Workforce Plan and Deputy Chief Nursing Officer for England, NHSE
- Susan Hopkins – Chief Medical Advisor, UKHSA

AGENDA
1. Welcome, introductions and apologies
2. Healthwatch report – A pain to complain
3. Update on 'review of patient safety across the health and care landscape'
4. Quality Strategy for the NHS
5. 10 Year Plan – Accountability and oversight
6. Any other business

1 Welcome and Introductions

1.1 STEPHEN POWIS (co-chair) welcomed all to the first National Quality Board (NQB) of 2025. Attendees and apologies were noted as above.

1.2 The minutes of the previous meetings on 18 November 2024 were agreed as an accurate record and will be published in due course.

2 Healthwatch report – A pain to complain – Chris McCann

2.1 Chris McCann introduced the Healthwatch report: A pain to complain. The NHS is receiving an ever-increasing number of complaints, showing patient satisfaction at its lowest. The Dash review is considering complaints as part of the wider review of patient safety. Since the previous Healthwatch report in 2014, this review looked at inequalities and who feels most able to complain, satisfaction, what the NHS learns from complaints, and how ICBs are delegating complaints in primary care.

2.2 Information was gathered through polling, asking if people had experienced poor care since 2023 and their general confidence in making a complaint. From a sample of those who complained, it was then asked about the resulting action taken and their experience of complaining. FOIs were sent to all trusts and ICBs about their resourcing of complaints, and Healthwatch spoke to NHS staff as well.

2.3 Some of the report findings included:

- The percentage of those experiencing poor care had doubled since 2014. There was a drop off in terms of people who took action after experiencing poor care and the percentage of people raising a formal complaint dropped from 39% down to 9%.
- Reasons people didn't complain included:
    - People didn't think the NHS would use their complaint to improve service
    - Not being confident the NHS would respond
    - Not feeling it was serious enough to complain
    - Concern that making a complaint would affect ongoing care, and
    - Not being sure who to contact to complain.
- Support and resources are important to allow people to make complaints, particularly for those groups underserved / more marginalised, or who lack the confidence / communication means to complain. One fifth of people who sought help received it from an NHS complaints advocate.
- Complaints handling teams are often under resourced.
- There is a delay in length of time ICBs take to respond to complaints.
- About a quarter of people were satisfied with the outcome of their complaint, 56% were dissatisfied.
- No requirement to collect the demographics of those making complaints is a barrier to addressing the inequalities of the complaints process.

The report makes 12 recommendations, 6 for DHSC, 4 for NHSE, one for CQC and one for NHS providers.

2.4 NQB discussed:

- The stark experiences of people trying to complain highlighted in the report.

- The whole spectrum of complexity, crossing multiple providers, not always in NHS. No one size fits all solution. Opportunity to learn from good models in use that we should emulate – Plymouth and Torbay worked with the local ICB and providers on how the complaints process works for the public in their area, co-produced with local Healthwatch.
- Teams that fully involve the complainant at the beginning and understand the want of the complainant, set clear expectations re time, and understand the real motivation are more successful. Upfront conversation is so important.
- Advocacy is important and can help set expectations about what the complaints process is for or not for. People need to understand the complaints process.
- Supporting the system to look at complaints, incidents and other data sources, at provider and ICB level, as an early warning system / support to identify key issues.
- Use of AI to deal with complaints more timely way. AI could help get ahead of issues for earlier intervention.
- Transparency of information, earlier intervention into these issues rather than leave it until it is too late.
- Whether complaints are reported to board on a regular basis, staff may not want to complain but may want to give feedback, need to differentiate the two.
- People need confidence that this will lead to real change. Stronger enforcement is needed to avoid losing trust. How to build a system that works for the people it serves? These are the things that matter to people about quality of care.
- How to serve underrepresented populations, with different provision for different populations based on need.
- A lot of complaints aren't about clinical issues, admin and comms are the main focus of complaints. Patient experience in general, including complaints, is an area of the quality agenda that needs focus. NQB expressed thanks to colleagues at Healthwatch for this work.

2.5 NQB agreed to receive a future item on complaints and patient experience.

3 Update on 'Review of patient safety across the health and care landscape' – Dr Penny Dash

3.1 Penny Dash shared a verbal update on the review which is in draft and not yet published. The review looks at the wider quality landscape with a focus on safety, looking at 6 organisations including CQC, HSSIB, Healthwatch, NHS Resolution, National Guardians Office and the Patient Safety Commissioner. High level observations included:

- Defining quality and where safety sits within that, quality includes safety, effectiveness, user experience, and well-led.
- For safety what are the elements of unsafe care, using data on issues raised and the impact of different initiatives inc. covid.
- Effectiveness looking at long term conditions, delays in cancer care, variations in care.
- User experience correlating poor experience with poor outcomes.
- The impact of leadership, use of resources, the productivity gap.

- This is a very busy landscapes with a lot of organisations. The impact of that busy landscape makes it very confusing for users and families.
- Investigations – lots in NHSE, HSSIB and other independent inquiries, all generating recommendations which is confusing for frontline staff. Recommendations often lack robust cost benefit analysis, which should be prioritised.
- The report is in line with the 10 Year Plan (10YP) accountability and oversight workstream looking at what needs to happen re quality of care overall, inc. safety.
- The review is looking at organisations that DHSC has scope over, it is a balance of what is in scope and what can't be in scope for many reasons. For example, Royal Colleges are not in scope.
- Key recommendations are included in the report to be published in March 2025.
- The NQB aims to do its periodic refresh of Terms of Reference and items to cover. Penny Dash confirmed the report will include views on NQB. NQB agreed to pause the refresh until the review is published.

4 Quality Strategy for the NHS – Aidan Fowler and Andrea Lewis

4.1 Aidan Fowler and Andrea Lewis updated NQB on the work in progress to develop a Quality Strategy for the NHS, a request from Amanda Pritchard, and follows several high-profile quality issues. The strategy will sit alongside the 10YP to improve quality governance and ensure quality is at the heart of the NHS. Work so far has considered what each part of the system from national teams to service lines play in quality, and aims to bring that into a cohesive narrative that makes sense to people, brings something new, and is accessible and not confusing. It will be based on work already ongoing. A draft outline was presented for discussion. There is dedicated advisory group to oversee this work and help shape the content. Documents sitting underneath the strategy will include the refreshed patient safety strategy.

4.2 This is a real opportunity to get things right, the first advisory board has been held and was high energy and high engagement. There are interdependencies and risks, the team are working closely with the 10YP team to ensure this adds value.

4.3 In terms of creating structure and chapters, work is ongoing on those before drafting. Publication will align with that of the 10YP. Want to spend significant time to engage, develop and test out content, including cases that will flow through the document, real life examples.

4.4 Agreed to land this using the NQB definition of quality, alongside well-led and sustainability, and possibly adding in equity as a sixth component. Should outcomes be included to show this is not just about clinical facing teams as all teams impact on outcomes. Measurement will be important.

4.5 NQB Discussed:

- Draft structure will be shared for NQB involvement. Following the initial advisory group, further clarity needed on setting out a compelling vision on why we should do this and ensure it makes everyone want to support this agenda. This is about the whole breadth of quality; how does this strategy make things easier for people in the system to improve quality every day?

- Considerations needed on how we consider public health and how we link to the Local Authority and Public Health agenda. It was acknowledged that teams pay close attention to NHS quality guidance, but wider social care and Public Health services are done very differently, re sector led improvement, need to ensure good join up between the NHS and local government.
- Consideration needed on how we consider social care. There are lots of similarities and differences in health and social care, however social care doesn't always receive NHS led things well.
- Rather than just having strategies in such dynamic changing times, we should focus on a strategic direction for quality with the ability to adapt over time. The strategy could be refreshed over time to keep it active.
- The NHS has a great deal of complexity, the strategy will set out ways to do quality governance for the health system as a whole.
- Service users are involved in the development of the strategy.
- The need for a clear vision and purpose, learning on what has gone before.

4.6 NQB agreed to receive future updates as work develops and to input, review and share feedback on a more formed version of the strategy.

5 10 Year Plan – Accountability and Oversight – Jason Yiannikkou

5.1 Jason Yiannikkou shared a verbal update on accountability and oversight for the 10 Year Plan and informed members that patient perspectives are included in this work. The current accountability and oversight system should be improved for the future. Some clarity has been lost, and it has become apparent that we have what we need in place but not where we need it to be.

5.2 Started to pull together recommendations but some things need more definition. This could include organising the system around provider boards, commissioner led systems, overseen and accountable to national bodies. Need to shift power out to providers in a way that allows national bodies to do their jobs. There is a need for clarity of roles for organisations in the system, with emphasis on boards and board governance, and focus on board capability.

5.3 NQB discussed:

- Trying to get prioritisation that flows into plans, national must dos, and local prioritisation. Developing accountability from national bodies into local bodies, are things that systems and providers have decided are needed. Set of clear incentives around consequences for success, as well as failure. Greater freedoms for those that do well.
- Measurement and metrics with a shift towards outcomes, particularly individual healthcare and community healthcare. Penny Dash is fed into the work. Health gain and outcomes, and experience are important.
- In all HSSIB investigations accountability is flagged, e.g. discharge which also involves voluntary sector and social care and health. How brave will we be learning from other industries about how they do this well, with clear lines of accountability.
- It is a big challenge for boards to get integrated care right, boards should be gripping quality and safety of care. Some do it better than others. Integrated care

must be part of that, a trust board can't deliver integrated care by itself and needs to be aware of other areas of the system.

- Consider how to bring into the plan the issue of social care, local government, health and the NHS. Looking at the complex world now, with more interdependencies, one principle, where there is complexity that is inherent, we need organisation and system oversight arrangements that recognise that. Balance between responsibility and accountability more locally and regulation on top of that, is the challenge.
- How people drawing on health systems can hold organisations to account to ensure public voices are heard within that structure. Legal advocacy, disability rights. Accountability of transparency of public data on services. Sense now that there is a distance between what we measure, and the experiences people have.
- Looking at the Healthwatch report on complaints is a complaint still viewed singularly as a sole complaint. There are many more ways for people to give opinions and need to make the NHS fit for purpose going forward, hence the focus on experience.

6 Any other business

6.1 [redacted] informed members of the plan to put out a position statement on maintaining a focus on quality at times of change and in a challenging financial and economic landscape. This would be similar to that NQB put out in 2021 at a time of change owing to the creation of ICBs. The statement could signpost to existing NQB documentation to support organisations and systems and share work NQB is currently undertaking such as an updated Quality Impact Assessment and Cost Improvement Plan guidance. NQB secretariat will share draft text by correspondence for approval. Expected publication April onwards.

6.2 No further business was raised and the meeting closed.

6.3 The next meeting is scheduled for Wednesday 10 April 2025.