

**NATIONAL QUALITY BOARD MINUTES 18 November 2024**

CQC Offices, Stratford, London

**PRESENT:**

- Prem Premachandran - Interim Medical Director, CQC, CO-CHAIR
- Stephen Powis - National Medical Director, NHSE, CO-CHAIR
- Anita Bennett - Clinical Fellow for Susan Hopkins, UKHSA
- [REDACTED]
- Chris Dzikiti - Director of Mental Health, CQC
- Duncan Burton - Chief Nursing Officer for England, 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
- William Vineall - Director, Acute Care and Quality, DHSC

**SPEAKERS IN ATTENDANCE:**

- Lauren Hughes - Programme Director, 10 Year Plan, NHSE
- Penny Dash - Chair, North West London Integrated Care Board

**SECRETARIAT:**

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**APOLOGIES:**

- Aidan Fowler - National Director of Patient Safety, NHSE
- [REDACTED]
- Erika Denton - National Medical Director for Transformation, NHSE
- 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
- Sarah Price - Director of Public Health, NHSE
- Sue Ibbotson - Head of Clinical Excellence and Quality, UKHSA

<b>AGENDA</b>
1. Welcome, introductions and apologies
2. 10-Year Plan
3. Update on findings of independent reports
4. Quality discussion
5. Any other business

## **1 Welcome and Introductions**

- 1.1 PREM PREMACHANDRAN and STEPHEN POWIS (co-chairs) welcomed all to the fifth and final National Quality Board (NQB) of 2024. Attendees and apologies were noted as above.
- 1.2 The minutes of the previous meetings on 7 October 2024 were agreed as an accurate record and will be published in due course.

## **2 10-Year Health Plan – Lauren Hughes**

- 2.1 Lauren Hughes introduced NQB to the work on development of the 10-Year Health Plan (10YP), jointly led by DHSC and NHSE, building on the findings of Lord Ara Darzi's investigation. Quality will be a thread running throughout the development.
- 2.2 The 10YP will deliver on the governments mission to make the NHS fit for the future and on the 3 big shifts to move healthcare from hospital to the community, analogue to digital, and sickness to prevention. It will be co-developed with public, patients and staff.
- 2.3 Launch of the engagement activity commenced in October, the key vehicle being the [Change.nhs.uk](https://change.nhs.uk) portal. Deliberative activity will see events in each region with the public over the next 4 weeks and staff early 2025. Stakeholder/ partner engagement is ongoing.
- 2.4 The policy approach includes 4 vision workstreams with key lines of enquiry (KLOE). Each workstream KLOE includes a focus on quality and improvement.
- 2.5 NQB discussed the following points:
  - NHSE is developing a quality strategy, this is linked to the 10YP and focusses on quality for the NHS.
  - Interdependencies with primary and community and social care need to be considered. 10YP scope includes interaction between social care provision and NHS.
  - Patient safety should be mentioned in the 10-YP, safety is a big part of quality.
  - The 10YP will span several funding settlements, some aspects will be shorter term ambitions. The plan is over 10 years with some ambitions over shorter time horizons.
  - 10YP does not replace previous quality work, e.g. the shared commitment to quality, it is the next phase post the 5 year forward view and the long term plan. A vision for the shape of care.
  - The value of a person-centred approach and a holistic view is important as well as supporting prevention.
  - Learning from other countries is included in the development of the plan.
  - Need for ambition in mental health, including children and young people's mental health care.
  - To do deal with the trade offs of scale of ambition versus resources and managing the hard discussions, this is part of the engagement process which will help with an evidence base for decisions.
  - The need for effort to go into transition from planning to delivery of the 10YP.
  - Ensuring all members of the population are involved and equity in engagement.
  - Clarity re messaging particularly around the prevention agenda which is not always as valued by members of the public.

- Harnessing the invaluable data gained through the engagement process and how this can be fed across ALB communities as a valuable intelligence source.
- 2.6 NQB agreed to receive a further update in early 2025.

### **3 Update on findings of the independent reports – Dr Penny Dash**

3.1 Penny Dash shared a verbal update on the independent report, firstly the report into the operational effectiveness of CQC has been published and seen by all members. Following this a review considering the wider landscape for quality of care has commenced thinking about safety, effectiveness, user experience, caring and responsiveness as well as well-led. It will map the wider landscape of all bodies involved in quality of care, but the main focus of the review will include CQC, NGO, HWE, HSSIB, Patient Safety Commissioner, and NHS Resolution. The review will work closely with NHSE, PHSO, and the local government and social care ombudsman.

3.2 Penny Dash is linked into the 10YP working group on accountability and governance.

3.3 Initial observations from the review are considering:

- Definition of quality of care needs to be agreed, the NQB definition via the Shared Commitment to quality is being considered.
- User experience – not enough research on this, engagement improves compliance and outcomes.
- Good leadership and management leads to better outcomes.
- Use of resources, spending in the most impactful way, and ‘who’ is distributing resources.
- Defining elements of a high-quality health and care system, strategy delivery, assurance and improvement.
- Clear governance structures in all providers with clear accountability, responsibilities and rewards systems.
- Significant overlaps seen in reviews, measurements and investigations, as well as the voice of the user. Conflicting frameworks and numbers of recommendations.
- Voice of the user – lots of organisations involved, lots of surveys done in many ways without codesign, complaints not meeting standards and responses with poor outcomes for patients.
- Value in using more technology rather than adding more initiatives.

3.4 NQB discussed:

- Openness to revision of the shared commitment to quality and NQB guidance for ICBs.
- The vastly changed landscape NQB sits in since its inception pre-2012. NQB has no authority to act in relation to resource allocation.
- The ‘value’ of the inquiries that serve to look back when things have gone wrong, they can cause loss of confidence in our organisations, are costly, question whether they provide new conclusions, and do not do restoration required by our patients or staff.

- Safety management systems and their difference to dynamic risk assessment which works across the system. Is risk going in the right direction and whether the balance of risk in health is right. There is no risk-free path.
- 3.5 Penny Dash confirmed that the draft of this report is expected in the new few weeks, with publication in the new year.

#### **4 Quality Discussion – all members**

4.1 Stephen POWIS opened discussion to all members of the NQB based on the updates received in items 2 and 3 of the agenda (see above) and in the coming months the need to consider the evolution of NQB and what it should do in the future.

4.2 NQB discussed:

- NQB does not have authority to respond to use of resources or spending, however some clarity is needed around this, outside of the NQB remit. There is opportunity to feed in and start to bring the quality and safety agenda tighter to the use of resources agenda.
- Consideration of opportunities for NQB if it had more decision-making powers.
- To start to think strategically around what NQB can do, this group of ALBs do not meet in any other fora. NQB has acted in recent years as a sounding board, often providing a 'home' or 'brand' for work of other member organisations.
- Review of membership and terms of reference.
- Future discussion will need to be relative to the publication of reviews and the 10YP.

#### **5 Any Other Business**

5.1 [REDACTED] informed members that NHS England are scoping an evaluation of the NQBs system quality group guidance to review how the guidance has been embedded and groups are operating.

5.2 No other business was raised. The next meeting of the NQB is 24 February 2025.