

**NATIONAL QUALITY BOARD****9 October 2019****14:00 to 17:00**

Skipton House (Room: 137B), 80 London Road, London, SE1 6LH

MINUTES

PRESENT		
Steve Powis (Chair)		Ted Baker (Chair)
Rosie Benneyworth	Mark Radford	Aidan Fowler
Kate Terroni	Rosie Benneyworth	Catherine Swann (for Viv Bennett)
William Vineall (for Lee McDonough)	Nicola Bent (for Gill Leng)	
IN ATTENDANCE		
Niomie Warner (NHSE-I)	Celia Ingham-Clark (NHSE-I)	Richard Owen (Secretariat)
Lucy Firth (Secretariat)	Cathy Cawston (NHSE-I)	Dominique Black (Secretariat)
Kate Lupton (Secretariat)	Danielle Eddy (PHE)	Radhika Dube (NHSE-I)
Lauren Hughes (NHSE-I)		
APOLOGIES		
Wendy Reid	Gill Leng	Imelda Redmond
Viv Bennett	Lee McDonough	Yvonne Doyle
Kate Terroni	Ruth May	Hugh McCaughey
Amir Merkhar	Gina Naguib-Roberts	
AGENDA		
1. Welcome & Minutes of Previous Meeting		
2. <u>THEME: SYSTEM TRANSFORMATION</u>		
a) Review of the NQB's Shared Commitment and National Guidance on Quality Surveillance Groups		
3. <u>THEME: WORKFORCE</u>		
a) Interim NHS People Plan		



- b) Reducing Stress and Building Resilience in the Workforce
- 4. THEME: VARIATION
 - a) NCAPOP Partners SG Update
- 5. THEME: PATIENT SAFETY
 - a) NaPSAC Update
- 6. Any Other Business
 - a) Paterson Enquiry Reports



1. Welcome & Minutes from Previous Meeting

- 1.1 STEVE POWIS (Chair) welcomed all to the fourth meeting of the National Quality Board (NQB) 2019. MARK RADFORD, Director of Nursing at HEE, was introduced and welcomed as an NQB member. Attendees and apologies were noted as above.
- 1.2 The minutes of the previous meeting on 12 June 2019 were approved. There was an amendment to the previous minutes; GILL LENG gave her apologies. The rest of the minutes were agreed as a true and accurate record and would be published in due course, alongside the associated agenda and papers.
- 1.3 The NQB agreed to bring back the following items to a future NQB meeting:
- a) An update on delivery of the Long Term Plan;
 - b) An update on the Learning from Deaths Programme;
 - c) An update on delivery of the Patient Safety Strategy;
 - d) An update on the Williams Review into Gross Negligence Manslaughter in Healthcare.

2. THEME: SYSTEM TRANSFORMATION

Review of the NQB's Shared Commitment and National Guidance on Quality Surveillance Groups.

- 2.1 KATE LUPTON was invited to present this item and the associated paper (Paper 1). Work to refresh the Shared Commitment was agreed at the June 2019 Board meeting. The work commenced in August 2019 and highlighted the need to align the refresh with separate policy work to update the national model of quality surveillance (through Quality Surveillance Groups).



- 2.2 The Review is being carried out in consultation with regional and national stakeholders across the system, including ALB representatives, regional NHSE-I teams, STPs/ ICSs and those working on quality surveillance locally.
- 2.3 Efforts are being focused on ensuring alignment with other key national policies (Quality Matters, the Public Health Quality framework, Improvement Framework) and looking broadly at governance around quality surveillance nationally (e.g. coverage of the Emerging Concerns Protocol, Joint Strategic Oversight Groups).

The NQB was asked to:

- a) **Note** the policy work being undertaken to review the Shared Commitment and the national model of quality surveillance (QSGs);
 - b) **Provide feedback** on the emerging findings and methodology taken so far in the review, including identifying any further key contacts to be consulted and giving specific feedback on how the refreshed Shared Commitment needs to be aligned with the forthcoming Improvement Framework;
 - c) **Agree** to the timetable proposed for the work – with a revised Shared Commitment and National Guidance to be tabled for discussion at the NQB in December 2019.
- 2.4 The NQB noted the update and made the following points:
- a) We need to build on the existing Shared Commitment document to ensure it reflects the direction of travel of services as they develop;
 - b) The importance of having a system-wide perspective when looking at Quality, including common language that all stakeholders across the system can adopt;
 - c) The need to consider how Quality is measured, building on work already underway at NHSE-I to develop system metrics. The “I Statements” developed by Think Local Act Personal (TLAP) were considered helpful here;



- d) It is important that providers are engaged in discussions on Quality in STPs/ ICSs – this is already happening well in some places;
- e) The importance of linking this work with Quality Matters.

2.5 Members of the NQB were supportive of the work and asked that an update is presented at the next meeting in December 2019.

3. THEME: WORKFORCE

a) The Interim NHS People Plan

3.1 CATHY CAWSTON (Guest) was invited to present this item with the associated paper (Paper 2). An update was provided on the development of the Interim NHS People Plan, including a timetable of work and core priorities of the new Operating Model in local systems. The full plan is expected to be published before Christmas.

3.2 The presentation included the following key points:

- a) The People Plan is the delivery vehicle for the workforce elements of the Long Term Plan;
- b) There is a strong focus on strengthening leadership across the NHS - aligning with work by the CQC on the Oversight Framework and identifying a unified way of thinking about what successful leadership looks like (defined in a new Leadership Compact);
- c) Consideration is being given to how 21st century care is being delivered, and what role each professional group should play in this;
- d) There is a need to be focused and targeted on what is realistically deliverable in the timeframe i.e. working towards publishing the plan prior to Christmas.

The NQB was asked to:



- a) Receive the *Interim NHS People Plan* slides and **consider** what opportunities there are for the NQB to support the People Plan agenda through its organisations, teams and personally;
- b) **Consider** whether there are any conversations or pieces of work that the NQB could be more closely involved in as work progresses;
- c) **Advise** as to whether there are any key messages that the NQB would like to see reflected in the next People Plan about how we work together across health and care.

3.3 During the discussion, the NQB provided the following views:

- a) It is important that new workforce models are not developed in isolation from new models of care;
- b) We need to be realistic in terms of what is achievable with the workforce we currently have. There is a need to plan both long and short term to tackle workforce issues;
- c) The current workforce needs to be flexible in terms of having a mix of core skills that can be utilised in a transferable way. At the same time, there is a need to ensure that staff do not work outside of professional competencies;
- d) The need to have a thorough look at roles to ensure that they are future-proofed.

3.4 The NQB offered their support by ensuring that the CQC 'Better Place to Work' programme is aligned with the work, and by ensuring that CQC regulations do not constrain innovation around development of the workforce strategy.

b) Reducing Stress and Building Resilience in the Workforce:

- a) MARK RADFORD (Member) introduced this item and the associated paper (Paper 3). Mark outlined the Reducing Stress and Building Resilience in the Workforce framework (published April 2019) aimed at helping health and



social care employers improve the mental wellbeing of their employees. The presentation highlighted some key challenges the NHS faces with regards to workforce including resilience, capacity and wellbeing and the issues of recruitment and retention of staff. It is an area of work that the Secretary of State has taken great interest in it.

3.5 The NQB was asked to:

- a) **Note** the work done to develop the *Workforce Stress and Supportive Organisation – a framework for improvement through reflection, curiosity and change*;
- b) **Consider** what could be done to help test out and promote the Framework within the system.

3.6 The NQB noted the work done and raised the following points:

- a) Need to communicate a clear, consistent and positive message – with leaders living the values and behaviours;
- b) Importance of measuring the delivery of the Framework;
- c) The work needs to align with other Quality Improvement initiatives, such as the GMC's work on leadership;
- d) The importance of focussing on the basics in the workplace such as ensuring employees have adequate breaks and their IT equipment works properly;
- e) The Framework may be of value in the context of EU Exit, in terms of steps required to mitigate the potential impact on the workforce.

3.7 The following NQB support offer was made:

- a) Nicola Bent agreed to follow up with HEE to discuss the NICE national guidelines on workplace health. NICE would also be willing to test out the Framework;



- b) Mark Radford suggested that Simon Gregory may be invited to attend a future NQB meeting to discuss the support being given to junior medical students in terms of measuring workforce morale.

4. THEME: VARIATION

NCAPOP Partners Sub Group update

4.1 CELIA INGHAM CLARK introduced this item and the associated paper (Paper 4). The presentation gave a summary of the progress of the National Quality Board Partners Sub Group over the last year that it has been operating.

4.2 The presentation included the following points:

- a) The need to move towards real time reporting and streamlining of audits; the ambition is for data to be collected only once and via patient records;
- b) Work undertaken to map the NCAPOP against Long Term Plan priority areas – including autism;
- c) The aim is to link with NHSE/I and the model health system.

4.3 The NQB was asked to:

- a) **Note** the purpose of the NQB PSG; to ensure recommendations from national clinical audits (NCA)s are picked up and acted on; and to help decide prioritisation of topics for NCAs;
- b) **Note** the partner organisations engaged in the NQB PSG and the role of National Quality Improvement Clinical Audit Network (N-QI-CAN);
- c) **Note** the high level 1-year summary (from November 18) of the NQB PSG work, including the number of reports produced and reviewed, the number of national recommendations discussed with relevant organisational, clinical and



policy leads, as well as highlighting Long Term plan areas that have no NCAPOP aligned to them;

- d) **Provide** recommendations to the NQB PSG in relation to the strategic approach of reviewing the national clinical audits (NCA's); including agreed principles and highlighting examples of where working together with Model Hospital, GIRFT, NHS Digital and other partners is already happening or could be improved.

4.4 The NQB noted the progress made and highlighted:

- a) The value of having a robust governance process in place for the audits;
- b) The need to ensure that outlier organisations are maximising the use of audit data to improve service delivery;
- c) The need for audit data to be shared within local systems – through Quality Surveillance Groups, for example;
- d) The value of evaluating the Clinical Audit programme to identify what difference it is making and how it could be improved going forward;
- e) The value of the Board having visibility of clinical audits and recommendations in the future.

4.5 The following NQB support offer was made:

- a) Ensure linkages are made with relevant CQC work;
- b) Help work through how audit data could be used within local systems through QSGs.

5. **THEME: PATIENT SAFETY**

NaPSAC Update



- 5.1 Aidan Fowler (Member) introduced this item on the agenda and associated paper (Paper 5). He introduced NIOMIE WARNER – Head of Programme, National Patient Safety Committee.
- 5.2 Aidan updated the NQB on the progress made towards development of the National Patient Safety Alert template and summarised the timetable for completion of this work.
- 5.3 The NQB were asked to:
 - a) **Note** the progress made on the National Patient Safety Alert template and the credentialing process for alert issuers;
 - b) **Note** the anticipated timetable for completing the credentialing process;
 - c) **Agree** to receive an update on progress in Spring 2020.
- 5.4 The NQB noted the progress made and highlighted:
 - a) The need to reset the culture around patient safety alerts, with a firmer expectation that alerts will be acted on;
 - b) The need to ensure a minimum number of alerts in the system whilst managing the communications beneath them carefully;
 - c) The importance of ensuring rapidity and timeliness of alerts, including enabling patients to be notified quickly of patient safety threats.
- 5.5 The NQB agreed for this item to be brought back in the Spring time for an update on progress, at which point the first few alerts will have been issued. It was also agreed that CQC would follow up with the Patient Safety Team with regards to supporting communications on the first alert.
6. **AOB**
- 6.1 WILLIAM VINEALL raised the item of Paterson Enquiry reports.



6.2 The NQB made the following points:

- a) Independent acute hospitals are keen to be making substantial progress, however there are still concerns over some providers;
- b) A challenge amongst providers is that they do not always have the IT systems available to make the progress required.

6.3 The NQB noted that the Queen's Speech is due to be published on Monday 14 October in which an announcement is to be expected; HSIP will be set up as a statutory organisation. Depending on the content of the report, the NQB may wish to bring it to a meeting in the new year.

6.4 The next NQB meeting will be held on 9th December 2019.