

Kark Reference Group Meeting Notes

21 August 2019

In attendance:

Andrew Foster
Sam Allen
Nicola Easton
Dean Fathers
Chris Hopson
Dame Dierdre Hutton
Kelley Ireland
Matthew Kershaw
Paula Lavis
[NAME]
Gina Naguib-Roberts
Loretta Outhwaite
Russell Parkinson
[NAME]
Charles Rendell
[NAME]
Julie Screaton
Joe Smith
Matthew Tait

Title:

Chair, Improving Leadership Culture Workstream
Chief Executive, Sussex Partnership NHS Foundation Trust
Legal, Parliamentary & Health Service Ombudsman
Chair, Nottinghamshire Healthcare NHS FT
Chief Executive, NHS Providers
Chair, Civil Aviation Authority
Special Advisor to Niall Dickson, Chief Executive of NHS Confederation
Interim Chief Executive, Croydon Health Services NHS Trust
Member Network and Policy Manager, NHS Clinical Commissioners
Oxleas NHS Foundation Trust
Programme Director, NHS People Plan
Interim Chief Executive, Institute of Healthcare Management
Head of National Guardian's Office, National Guardian's Office
Queen's Nurse
Strategy Manager, CQC
Care NHS Foundation Trust
Chief People Officer, Guy's & St Thomas' NHS Foundation Trust
Policy Advisor, NHS England & Improvement
Head of Acute Sector Policy, CQC

Apologies:

Rob Behrens	Chair, Parliamentary & Health Service Ombudsman
[NAME]	Section Head: Priority Projects, Professional Regulation, Department of Health
Steve Hart	Managing Director, NHS Leadership Academy
Henrietta Hughes	National Guardian
Danny Mortimer	Chief Executive, NHS Employers
Michael Pantlin	Group Director of People, Barts Health NHS Trust
[NAME]	Head of Executive Search, NHS Leadership Academy
Julie Wood	Chair, NHS Clinical Commissioners

Introductory remarks

1. The Chair welcomed members to the first of three planned reference groups on implementing the recommendations of the Kark Review. Andrew invited feedback on the proposed terms of reference for and membership of the group. The following points were agreed:
 - The group was broadly content with the terms of reference
 - The membership of the group needed to be opened up so there is appropriate representation from: whistle-blowers, patients, a company secretary and a wider range of professional representative groups for managers.
 - That consideration should be given to how to improve the diversity of the range of people represented on the group.

Action: The secretariat would seek representation from each of the suggested groups in advance of the second meeting.

Discussion

2. The following points of clarification were raised before a substantive discussion on the paper tabled by the Chair:
 - That the department had accepted, in principle, three recommendations from the Kark review (recommendations 1, 2 & 3). The remaining recommendations are the subject of the engagement exercise the group will steer over the next three months. In practice, the department would be keen to understand the implementation challenges and approach associated with all seven recommendations.
 - For the purpose of implementing the Kark Review, senior manager refers to those managers and non-executives who hold a position on the board of a relevant NHS organisation. It was recognised, however, that this definition may have to be adapted, depending on the implementation approach we agree (to, for example, take account of people working in management positions just below board).
 - There are a number of important interfaces between this work and other aspects of the Leadership Culture workstream. Most notably, the Compact and talent management. In practice, this means that it will be critically important to ensure that the overall approach to transforming leadership culture centres around improving culture, supporting leaders and ensuring leadership practices are values based.
 - That any regulatory system needed to be live to the fact that NHS leadership roles are changing (i.e. to take account of wider system responsibilities) and that a portion of NHS services are delivered by non-NHS providers.
3. A discussion on the draft guiding principles followed and members broadly agreed with the current exposition. The Chair agreed to update the principles to include:
 - That implementing the review is done in service of ensuring high quality patient care and ensuring public confidence in the leadership of the NHS.
 - An assessment of burden and proportionality should be considered before action is taken.
 - Fairness alongside rational, transparent, consistent and proportionate.
 - That any regulatory system should also not introduce unnecessary barriers for people already working in the NHS.
4. Taking each recommendation in turn, the group contributed a number of thoughts and asked that these be taken account of in a more developed set of options to be tested in upcoming engagement events and at the second reference group meeting.
 - *Recommendation 1 (standards of competence)*: The group was broadly content with the direction of travel and agreed that the process of developing a framework for NHS Chairs was robust.
 - *Recommendation 2 (central database)*: We would need to have a firm, shared understanding as a group of the purpose of the database; a clear rationale and legal basis for the chosen approach would need to be established; a database could also include contextual information about an individual's employment record (e.g. whether there is a high rate of bullying in a service they have managed); we need to consider the extent to which it will be possible to include certain categories of information and inclusion of such information would mean about the use of the database; a database would need to sit comfortably alongside the NHS aspiration that people should be open and honest about mistakes.
 - *Recommendation 3 (standardised references)*: It would be important to make an assessment of why the current system of references is perceived to be ineffective and what the likely impact would be of a more robust set of criteria would be; similarly, a future system would need to ensure that people are not prevented from working as a result of an inaccurate reference provided by a previous employer.
 - *Recommendation 4 (extend to commissioners and ALBs)*: There was strong support for this proposal.
 - *Recommendation 5 (the power to disbar)*: Members agreed, broadly, that disbaring was not an ideal regulatory model. However, there was no clear consensus about which model, if any, would be desirable. The group asked

that all options be kept open through the next phase of engagement and that the model that's presented at the second reference group is informed by a comprehensive set of legal advice.

- *Recommendation 6 ('privy too')*: Members agreed with this recommendation.
- *Recommendation 7 (social care)*: The group agreed with the proposed steer that the department consider this recommendation, alongside its work to develop the social care workforce more generally.

Action: The policy team will develop a more detailed set of options, taking account of these steers, to inform the discussion at engagement events and for discussion at the second reference group.

5. During the session, several members of the group shared their experience of having been subject to some of the sorts of behaviours that the Kark Review aimed to address. There was a collective sense across the membership of the reference group that these experiences should continue to inform this work, going in to implementation.
6. The Chair asked members whether the tricky issues identified at the end of the paper were the right ones. The group agreed that they were.
7. The final point in discussion was that the most important driver for improving employment practices is a change in the culture of an employing organisation. Dame Deidre highlighted that the example of the aviation industry was instructive in this regard.

Communications and next steps

8. The group asked what plans were in place to communicate details of this workstream and highlighted that it would be important for the credibility of the programme to demonstrate to people working across the NHS that the response to Kark has been developed transparently.

Action: The People Plan communications team would consider how best to achieve this.

9. The next phase of activity would serve to further develop a working model that sets out how each Kark recommendation could be implemented, in advance of the next reference group.