

**NATIONAL QUALITY BOARD****10 September 2020****13.00 to 15.10**

Virtual meeting

MINUTES

PRESENT		
Kate Terroni		Rosie Benneyworth
William Vineall	Jonathan Bengner	Imelda Redmond
Kevin Harris	Ruth May	Hugh McCaughey
Mark Radford	Imelda Redmond	
IN ATTENDANCE		
Tamara Millard	Samantha Illingworth	Graeme Dewhurst
Lucy Firth (Secretariat)	Victoria Watkins	Jane Docherty (secretariat)
Dominique Black	Sheona MacLeod	Zoe Fyffe
Rebecca Chaloner	Cathy Hassell	Ian Diamond
Mark Boocock	Lauren Young	Miranda Heneghan
Matt Neligan	Alan Fletcher	
APOLOGIES		
Wendy Reid	Yvonne Doyle	Lee McDonough
Aidan Fowler	Ted Baker (Chair)	Viv Bennett
AGENDA		
<ol style="list-style-type: none">1. Welcome & Minutes of Previous Meeting2. <u>THEME: PATIENT SAFETY</u><ol style="list-style-type: none">a) Covid-19's Impact on Quality of Careb) Capturing clinical innovations from the Covid-19 pandemic;3. <u>THEME: SYSTEM TRANSFORMATION</u><ol style="list-style-type: none">a) System Transformation4. <u>THEME: PATIENT SAFETY</u><ol style="list-style-type: none">a) Update on the Medical Examiner System		



5. AOB



1. Welcome & Minutes from Previous Meeting

- 1.1 STEVE POWIS (Chair) welcomed all to the fourth meeting of the National Quality Board (NQB) in 2020. Attendees and apologies were noted as above.
- 1.2 The minutes of the previous meeting on 18 June 2020 were approved and 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 the Williams Review into Gross Negligence Manslaughter in Healthcare;
 - b) An item on the Healthcare Quality Improvement Partnership (HQIP);
 - c) A further update on the Medical Examiner System;
 - d) An update from the ONS on Health Inequalities.

2. THEME: PATIENT SAFETY

a) Covid 19's Impact on Quality of Care

- 2.1 IAN DIAMOND (ONS) was invited to introduce this item with the associated paper (paper 1).
- 2.2 An update was given on excess deaths, particularly whether delays in care have led to excess deaths. The discussion focused on the on some of the key impacts of Covid-19 on health outcomes and mortality, and the factors underlying it including reduced attendance at A&E departments and GP practices.
- 2.3 The presentation included the following points:



- a) The need to revisit primary care data to get a better understanding of causes of deaths in the home.
- b) The number of predicted excess deaths due to the Covid-19 pandemic are a reasonable worst-case scenario.
- c) Several factors might affect the actual number of excess deaths i.e. society's ability to maintain social distancing and how quickly the country recovers from recession.
- d) The pandemic has exacerbated gradients in health inequalities.

The NQB was asked to:

- a) **Note** the update.

2.4 The NQB raised the following points:

- a) Some of the data around asthma, diabetes and cancer treatment is surprising; long-term conditions haven't been followed up as usual during Covid-19. There is a need to consider whether the data around primary care is robust.

b) Capturing clinical innovations from the Covid-19 pandemic

2.5 CATHY HASSELL was invited to introduce her item with the associated paper (paper 2).

2.6 The purpose of the work is to identify the beneficial changes in specialities and patient pathways that should be locked into the recovery phase and beyond.

2.7 The NQB was asked to:

- a) **Consider** the work – providing feedback on the approach taken;
- b) **Identify** interlinkages with similar work being undertaken;



- c) **Identify** ways in which the NQB could support or showcase the work.

2.8 The presentation included the following points:

- a) Patient workshops have identified that whilst patients can see the benefits of the changes made with regards to provision of healthcare services, communication of these changes could be improved i.e. GP practices appeared to be shutting down in some places.

2.9 The NQB were very supportive of the work and raised the following points:

- a) The need to consider how we roll out the innovations i.e. digital transformation in primary care when we don't have the evidence base to support it.
- b) The importance of interconnectedness and sectors working together to achieve innovation.
- c) The need to consider the language used and inclusion when thinking about embedding the innovations.
- d) The work needs to have a clinical as well as a medical approach. Nurses need to co-lead this work.
- e) Effective communication is key to ensuring the innovations are adopted.
- f) The innovations should be embedded via education and training (HEE).

3.0 The NQB agreed the following:

- a) CQC to discuss how the work might align with provider collaboration reviews.
- b) HEE to consider how some of the innovations might be funnelled into their education and training materials.
- c) To provide an update on the work at a future meeting.
- c) **Covid-19 provider collaboration reviews**



- 3.1 VICTORIA WATKINS and ROSIE BENNEYWORTH were invited to introduce the item and associated paper (paper 3).
- 3.2 The objective of the work is to support providers across systems by sharing learning from the Covid-19 period and how providers are preparing to re-establish services and pathways in local areas.

The NQB was asked to:

- a) **Note** the findings from the first 11 PCRs, the approach to undertaking the next phase of reviews and the timeline for publication.
- b) **Consider** the Provider Collaboration Reviews, and comment on any relevant areas of work in other Arms Lengths Bodies that CQC should consider.

3.3 The presentation included the following point:

- a) The findings will be published in a detailed report in October. Maternity will not be included in the first instance.

3.4 The NQB group were highly supportive of the work and agreed to:

- a) Send CQC any recent information or documentation on Emergency Care.
- b) Continue to ensure that NHSE-I are joined up with CQC on this work.

4. **System Transformation**

4.1 CATHY HASSELL was invited to introduce the item as a verbal update.

4.2 The item summarised the work being done to establish a quality workstream within NHS England's programme of work for system transformation.

4.3 The update included the following points:

- a) The workstream will be a channel for NQB work around the Shared Commitment to Quality and wider quality governance, including Quality Surveillance.



- b) The workstream will work closely with regional colleagues and local systems.
- c) Updates will be brought to future NQB meetings.

4.4 The NQB was supportive of the work and raised the following points:

- a) The importance of having provider level engagement with this work.
- b) Healthwatch can provide information on the views of providers and the public.

5. **Medical Examiners**

5.1 ALAN FLETCHER was invited to introduce the item as a verbal update.

5.2 The item provided an update on the status of the Medical Examiner system following the slight disruption caused by the pandemic.

The NQB was asked to:

- a) **Note** the update.
- b) **Support** with the next stage of the implementation of the Medical Examiner system.

5.3 The update included the following points:

- a) There is now a fully established national and regional structure and agreement with DHSC about the financial model.
- b) All medical examiner offices have resumed implementation and several medical examiners have been redeployed.
- c) Medical examiners are supporting the Secretary of State on research regarding the deaths of healthcare workers in England.
- d) Efforts are being made to extend the work of medical examiners into acute sector settings.



6. AOB

- 6.1 An item was raised by William Vineall on public enquiries. There is a growing number of enquiries being made on PPE, deaths and equality impact assessments. Tim Jones at DHSC is leading on these.

The next meeting will take place on 19th November.