



NATIONAL QUALITY BOARD

**16 April 2020
14:00 to 15.00**

Virtual meeting

MINUTES

PRESENT		
Steve Powis (Chair)		Ted Baker (Chair)
William Vineall		Imelda Redmond
Aidan Fowler	Hugh McCaughey	Viv Bennett
Kevin Harris	Rosie Benneyworth	Jonathan Benger
Mark Radford	Ruth May	
IN ATTENDANCE		
Cathy Hassell	Jennifer Smith	Jennifer Benjamin
Lucy Firth (Secretariat)	Joseph Skelton	Richard Owen (Secretariat)
Sheona MacLeod		
APOLOGIES		
Wendy Reid	Kate Terroni	Lee McDonough
Yvonne Doyle		
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) Maintaining patient safety during the pandemic & sharing of quality issues and concernsb) Maintaining quality of care for non-Covid patientsc) Next steps following Covid-193. <u>AOB</u>		



1. Welcome & Minutes from Previous Meeting

- 1.1 STEVE POWIS (Chair) welcomed all to the second 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 20 February 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).

2. THEME: PATIENT SAFETY

a) Maintaining patient safety during the pandemic and sharing of quality issues and concerns

- 2.1 AIDAN FOWLER was invited to introduce this item as a verbal update.
- 2.2 It is crucial that patient safety is maintained during the pandemic and that there is an opportunity to share any key concerns with regards to quality and safety;
- 2.3 The National Patient Safety Team (with input from, CQC, DHSC and other NHSE-I teams) have collaborated to produce a guidance document to advise the NHS about our expectations in relation to the handling of business as usual patient safety activities during the Covid-19 pandemic;
- 2.4 The guidance on proposed changes to quality governance and patient safety arrangements in response to Covid-19 is currently awaiting approval prior to being shared across NHS systems.



The NQB was asked to:

- a) **Note** the update;
- b) **Promote** and **support** the implementation of the new guidance;
- c) **Raise** any key concerns with regards to maintaining quality and safety.

2.5 The NQB noted the update and agreed to support the implementation of the new guidance.

2.6 The NQB made the additional following points:

- a) It is likely there will be an increase in the number of patient safety issues due to staff dealing with new situations; the guidance is needed to support increased vigilance, staff safety and pressures on staff;
- b) Regular two-way communication with the public e.g. a bulletin, is needed to ensure we respond quickly to the rapidly changing environment and are addressing patient safety concerns;
- c) This period of time should be used to fasttrack the implementation of some elements of the patient safety strategy.

2.7 The NQB agreed to:

- a) Support the patient safety team with the development of a bulletin to assure the public that we are addressing any new patient safety concerns during the Covid-19 pandemic.

3. Maintaining quality of care for non-Covid patients

3.1 It is essential that we ensure quality of care is maintained for non-Covid patients during the pandemic.

3.2 The NQB was asked to:

- a) **Consider** the potential disruption to care for non-Covid patients during the pandemic;
- b) **Advise** as to how we can ensure quality of care for these patients is not compromised.

3.3 The NQB made the following points:

- a) The concern around the reduction in the number of patients accessing emergency services;
- b) NHSE-I teams are working on gathering data sources to assess which services could be stepped back up in the next couple of weeks;
- c) HEE require support from NHSE-I in terms of looking at how to deal with rotations and the deployment of junior doctors in August;
- d) The need to improve communication from primary care outlets to make patients aware that their services can and should be accessed as normal;
- e) Any learning we have taken from the Covid-19 pandemic should be incorporated into the restoration and recovery piece in terms of improving the way services are delivered;
- f) The need to consider the major impact that the pandemic will have on population health possibly causing increased pressures on CAMHS, immunisation and screening;
- g) The increased risk of the pandemic to the BME population and healthcare workers.

3.4 The NQB agreed to take the following actions:

- a) Support HEE with the rotations and deployment of junior doctors by providing essential data collected through the STPs;

- b) Bring an item to the next NQB meeting on the strategy for managing Covid-19 when more data is available to inform the discussion.

4. Next steps following Covid-19

- 4.1 Changes to the patient safety and quality landscape will be inevitable as we move into the recovery phase of the pandemic. There may be alterations we need to make to monitoring quality and patient safety as a result of this.

The NQB was asked to:

- a) **Consider** the changes we could make to monitoring quality and patient safety following the pandemic;
 - b) **Note** the changes we need to make to existing guidance/any new guidance we will need to create.
- 4.2 The NQB discussed the impact of the pandemic on monitoring quality and patient safety and made the following points:
- a) The opportunity to note examples of systems working more efficiently and using this as an opportunity to push patient safety forwards;
 - b) The importance of services being integrated;
 - c) The recognition that clinical teams are multidisciplinary and flexible and that this is reflected in the People Plan;

5. AOB

- 5.1 The next meeting will take place on 18 June 2020.