NATIONAL QUALITY BOARD

18 June 2020
14:00 to 15.00

Virtual meeting

MINUTES

PRESENT		
Ted Baker (Chair)	Rosie Benneyworth	
William Vineall	Jonathan Benger	Imelda Redmond
Aidan Fowler	Kate Terroni	Viv Bennett
Kevin Harris	Ruth May	Hugh McCaughey
IN ATTENDANCE		
Cathy Hassell	Jane Docherty	Graeme Dewhurst
Lucy Firth (Secretariat)	Victoria Watkins	Richard Owen (Secretariat)
Dominique Black	Sheona MacLeod	Sue Tranka
Rebecca Chaloner		
APOLOGIES		
Wendy Reid	Yvonne Doyle	Lee McDonough
Mark Radford	Steve Powis	

AGENDA

1. Welcome & Minutes of Previous Meeting
2. THEME: PATIENT SAFETY
   a) Update from the patient safety team;
   b) Capturing clinical innovations from the Covid-19 pandemic;
   c) Covid-19 provider collaboration reviews;
   d) Excess deaths.
3. AOB

1. Welcome & Minutes from Previous Meeting

1.1 TED BAKER (Chair) welcomed all to the third 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 16 April 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) Update from the Patient Safety team

2.1 AIDAN FOWLER was invited to introduce this item with the associated paper (paper 1).

2.2 During the Covid-19 pandemic, the patient safety team have adapted ways of working and refocussed programmes to support the response.

2.3 The impact on patient safety during the Covid-19 pandemic has been profound and there is a higher risk of patient safety incidents occurring.

2.4 There is a need to get the medical examiner system working as it should again, as their role is crucial to patient care.

2.5 The patient safety team has published five bulletins to date to share key safety messages during Covid-19 with providers.

The NQB was asked to:

a) **Provide** feedback on these processes, and suggestions for further improvement;

b) **Note** the team's gratitude for the extraordinary levels of support and expert advice received to progress patient safety issues from colleagues and partner organisations who were already operating under intense pressure.

2.6 The NQB gave positive feedback on the recent work of the patient safety team, in particular the publication of the bulletins.

2.7 The NQB noted the need for a single programme or task force to link up the work on patient safety in care homes and social care.

b) Capturing clinical innovations from the Covid-19 pandemic

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

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

3.0 The purpose of the presentation is:

a) **To raise awareness** of the work with the NQB group;

b) For the NQB to **advise** on how we ensure information is embedded and operationalised.

3.1 The NQB raised the following points:

a) The need to consider how health inequalities will be addressed and taken forward i.e. potentially through the set up of advisory panels.

b) The work also provides an opportunity to consider what hasn't worked well.

c) There is an opportunity to achieve greater consistency and to remove variation.

c) Covid-19 provider collaboration reviews

3.2 VICTORIA WATKINS was invited to introduce her item and associated paper (paper 3).

3.3 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 approach to undertaking the Provider Collaboration 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.

3.4 The NQB members were supportive of the work and noted the importance of it being a learning exercise across all health and social care providers e.g. care homes etc.

c) Excess Deaths

a) There is a need to investigate the deaths of staff in Health and Social Care, to examine them in the usual way, and to make a recommendation to employers.

b) It is important to understand excess deaths so that they can be better managed in non-Covid circumstances.

3.5 The NQB were supportive of this work providing that NHSE-I have been granted permission from the families to use the data/name of the family member who has died.

4. AOB

4.1 The following points were raised:

a) Jennifer Benjamin (DHSC) is leaving next week and will be replaced by Rebecca Chaloner.

b) The NQB is keen to extend the length of future meetings and reintroduce BAU items.