

**NATIONAL QUALITY BOARD****19 November 2020****13.00 to 15.00**

Virtual meeting

**MINUTES**

<b>PRESENT</b>		
Ted Baker (Chair)		Rosie Benneyworth
William Vineall	Jonathan Bengner	Imelda Redmond
Kevin Harris	Ruth May	Hugh McCaughey
Mark Radford	Imelda Redmond	Viv Bennett
<b>IN ATTENDANCE</b>		
Graeme Dewhurst	Chris Moran	Jennifer Smith
Lucy Firth (Secretariat)	Meera Sookee	Kate Lupton
Dominique Black	Lauren Hughes	Zoe Fyffe
Kevin Harris	Cathy Hassell	Ian Diamond (ONS)
Ben Jupp	Kathryn Lupton (Secretariat)	Catherine Swann
Matt Whitty	Lauren Young (Secretariat)	Dawn Chamberlain
Habib Naqi (NHS Race and Health Observatory)		
<b>APOLOGIES</b>		
Wendy Reid	Aidan Fowler	Lee McDonough
Yvonne Doyle	Stephen Powis (Chair)	Kate Terroni
<b>AGENDA</b>		
1. Welcome & Minutes of Previous Meeting		
2. <u>THEME: Unwarranted Variation</u>		
a) Ethnicity, Inequality and Covid-19		
b) NHS Race and Health Observatory		



- c) Elective Care
- 3. THEME: System Transformation**
- a) Capturing clinical innovations from Covid-19
- b) Innovation
- c) Quality in ICS Development

**4. AOB**

CQC strategy

Public and Patient Voice (PPV) Partners

Revised NQB Thematic Priorities



## **1. Welcome & Minutes from Previous Meeting**

- 1.1 TED BAKER (Chair) welcomed all to the fifth 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 10 September 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 from the ONS on other key areas of work including analyses into 'Long Covid' and the Mental Health impacts of the pandemic on society;
  - b) An update on the work of the NHS Race and Health Observatory;
  - c) An update on the ongoing work to prioritise the backlog of Elective Care operations;
  - d) An update on the outcomes from the work to capture clinical changes and innovation during COVID19;
  - e) An update on the work to develop Quality Oversight in Integrated Care Systems;
  - f) An update on PPV Recruitment.

## **2. THEME: UNWARRANTED VARIATION**

- 2.1 **Exploring the relationship between Ethnicity, Inequality and Covid-19.**  
IAN DIAMOND from the ONS was invited to introduce this item with the associated paper (paper 1).
- 2.2 The presentation included the following points:
- 2.3 There is pronounced inequality in COVID-19 mortality between White & BAME groups. In particular, COVID-19 death rates are significantly higher (more than



2 times higher) amongst Black African males and Black Caribbean females than White males and females

- 2.4 Factors to consider when looking at disparity include household circumstances (relatively crowded households, multi-family households, deprived neighborhoods), geography (local authorities and population density), socioeconomic factors such as occupation, and pre-existing conditions and self-reported health. There are ethnic dimensions that underlie all of these factors.
- 2.5 The data shows that COVID-19 has exacerbated gradients in health inequalities, although significant gaps in the data remain unexplained.
- 2.6 Future work of the ONS includes analyses into 'Long COVID and evaluating the impact of the pandemic on people's mental health.
- 2.7 An update will be brought to a future NQB meeting on these areas of work.

The NQB was asked to:

- a) **Note** the update.

2.8 The NQB raised the following points:

- a) The need to focus on the mental health impacts of COVID-19 on children and young people. This will be factored into the work being done by the ONS, focused on the role of schools and universities in the transmission of COVID-19.
- b) The need to cross-reference the work of the Medical Examiner System in looking at the deaths of NHS Staff with the ONS findings.
- c) The findings of a recent study showing that the genomic testing expression is different in BAME groups to other ethnicities. It would be useful to link with the ONS to explore this further.



2.9 The NQB agreed to:

- a) Invite the ONS to a future meeting to provide an update on analyses into 'Long COVID' and evaluation of the impact of the pandemic on people's mental health.
- b) Link with the ONS on work on genomic testing and looking at deaths of NHS staff.

### 3. The NHS Race Observatory

3.1 Dr HABIB NAQVI was invited to introduce his item with the associated paper (Paper 2).

3.2 The NQB was asked to:

- a) **Note** the progress on the NHS Race and Health Observatory and the high-level priority areas for its initial remit of work.
- b) **Discuss** potential input/future collaboration.
- c) **Agree** to receive an update in early 2021.

The presentation included the following points:

- a) Dr Habib Naqvi from the NHS Confederation attended to introduce the work of NHS Race and Health Observatory, its purpose and its priorities.
- b) The Observatory was launched in May 2020 with the aim of identifying and tackling specific health challenges facing people from BAME backgrounds.
- c) The Observatory is being hosted by the NHS Confederation. It will involve experts from the UK and internationally and will offer analysis and policy recommendations to improve health outcomes for NHS patients, communities and staff.



- d) As an independent body, the Observatory is able to oversee work of the wider NHS on addressing health inequalities and provide independent scrutiny.
- e) Key objectives include addressing some of the disparities in access to services i.e. digital, and focusing on the disproportionate impacts of cancer, diabetes, and mental health issues on BAME groups.
- f) In the coming months, the Observatory will focus on addressing some of the issues around mis-information causing low confidence levels in the COVID-19 vaccine amongst BAME groups.
- g) Further updates on the work of the Observatory will be brought to future meetings.

3.3 Members were supportive of this work and raised following points:

- a) The opportunity to use the NHS Race and Health Observatory to provide independent scrutiny to the NHS with regards to the progress made in addressing Health Inequalities.
- b) The need to focus on the restoration and recovery of services post-COVID.
- c) The need to focus on engagement, collaboration with key stakeholders and gathering insight around the patient experience.
- d) The importance of ensuring digital pathways are consistently embedded across the system and incorporate best practice.
- e) The opportunity for inequalities to be addressed via local systems i.e. ICSs.

3.4 The NQB agreed to:

- a) Invite the NHS Race and Health Observatory to a future meeting as required.

#### **4. Elective Care**

4.1 CHRIS MORAN was invited to give a verbal update on Elective Care.



4.2 The update included the following points:

- a) The recognition of the remarkable efforts of staff across the NHS to restore elective care services. Despite these efforts, the waiting list for services across the NHS is rapidly increasing.
- b) In September 2020 the waiting for services across the NHS reached in excess of 4 million people. Orthopaedics, ENT and Ophthalmology are the most adversely affected services. These delays are having significant impacts on the quality of life of patients.
- c) Work is currently underway to restore elective care services through a validation of the surgical waiting list. Each patient will be assessed individually and prioritised according to their needs. There will be a focus on improving communication with patients to achieve better outcomes and improved patient experience.
- d) There is a recognition of the importance of taking a multi-professional approach, wherein healthcare professionals from across the NHS (nurses, physios, consultants) work collaboratively to tackle the waiting list.
- e) Regular updates will be provided at future NQB meetings.

4.3 Members were supportive of the work and raised the following points:

- a) There are reports about patients potentially not being added to waiting lists. There was clear agreement that this is not acceptable if founded.
- b) The need to focus on engagement with patients and taking a multi-professional, systematic approach to tackling issues with the waiting list i.e. nurses, physios and consultants working together to find a solution.

4.4 The NQB agreed to:

- a) Schedule regular updates on this at future meetings.



## 5. THEME: SYSTEM TRANSFORMATION

### 5.1 Capturing of clinical changes and innovation during Covid-19.

5.2 HUGH MCCAUGHEY and DAWN CHAMBERLAIN were invited to introduce the item with the associated paper (paper 3).

5.3 The item summarised the work of the Beneficial Changes Programme in identifying the most impactful innovations arising during the COVID-19, that have resulted in improvements to care, safety, patient experience, staff health and wellbeing, and efficiency.

5.4 The presentation included the following points:

- a) Delivered as part of the wider Beneficial Changes Network, insights from frontline healthcare professionals have been captured and reviewed to identify the most promising innovations.
- b) Work has been done to identify how best to embed key innovations, including embedding them into Long Term Plan programmes, sharing them directly with clinicians and professionals, showcasing through case studies, developing them with ICSs through the System Transformation Team and collaborating with AHSNs to further test and evaluate the delivery, impact and cost-effectiveness of innovations.
- c) The key findings will be shared through a multi-agency report co-authored by NHSE-I, NHSX, AHSNs, Confed, Kings Fund and the Nuffield Trust. This report will be published early in 2021.
- d) An update on the outcomes of the report will be brought to an NQB meeting early in the new year.

5.5 The NQB members were supportive of the work and raised the following points:

- a) The importance of recognising patient experience and having a strong patient voice.





## 6. Innovation

6.1 MATT WHITTY was invited to introduce the item and associated paper (paper 3).

6.2 The update provided an overview of the work of the Accelerated Access Collaborative (AAC). As the CQC moves towards formal consultation in January 2021, the Accelerated Access Collaborative (AAC) facilitated by NHSE-I's Innovation, Research and Life Sciences Unit (IRLU) proposes that closer joint working would enhance the innovation component of the improvement theme outlined in their strategy.

6.3 The NQB was asked to:

- a) Acknowledge the common focus and joint working of the ACC/NHSEI and CQC.
- b) Begin a discussion of how this work fits with other initiatives in other parts of the system to support providers to innovate well.

6.4 The update included the following points:

- a) This work links closely with the Beneficial Changes Programme. The AAC is working with the Beneficial Changes Programme to capture the rapid changes and innovations seen across the health and care system in response to COVID-19 and have jointly commissioned a review entitled Innovation, research and collaboration in response to Covid-19: distilling recommendations for implementation, partnerships and policy, due December 2020.
- b) The IRLU is also working with Regional teams to commission the evaluation of beneficial changes and innovations, through the AHSN network and NIHR Applied Research Collaboratives.
- c) An update will be brought to an NQB meeting early in the new year.

6.5 The NQB were supportive of the work and noted the following points:



- a) The importance of taking a multi-professional approach to this, involving health professionals from across the NHS.

## **7. Development of Quality Oversight in Integrated Care Systems:**

7.1 CATHY HASSELL was asked to introduce this item and associated paper (paper 4)

7.2 The presentation provided an update on work being undertaken to embed quality in ICSs, as part of the national ICS Development Programme being led by the System Transformation Team.

7.3 This work is being delivered by the Quality Strategy team in consultation with a Task and Finish Group set up as part of the NHSEI ICS Development programmes. The group is comprised of national NHSEI teams & CQC, Regional Clinical Quality Directors, and ICS/ LA representatives.

7.4 The NQB was asked to:

- a) Note the work undertaken to date on the 1) Shared Commitment, 2) revised model of quality governance, and 3) support to ICSs on quality.
- b) Provide feedback on the three elements of work.
- c) Identify a contact point within each ALB for the Quality Strategy team to work with in finalising the Shared Commitment and updating the quality governance model.

7.5 The presentation included the following points:

- a) The work being done to refresh the Shared Commitment to Quality, which will be completed by the end of December 2020.
- b) The work being done to update the Quality governance model highlighting key issues and the proposed direction of travel.



- c) The progress made in terms of supporting systems to manage quality. ICS's are now forming, and we can demonstrate how the work of the NQB is being translated into operational management of Quality in the NHS.

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

- a) The need for Health Inequalities to be central to ICSs and their management of Quality.
- b) The need to be clear on how ICSs are embedding Improvement into their approach.

7.7 The NQB agreed to:

- a) Bring an update to the February meeting on the progress of this work.

## **8. AOB**

8.1 The CQC Strategy is going out to consultation in January and an update will be brought to the meeting in February 2021.

8.2 Recruitment is underway with a view to recruit 2x Patient and Public Voice Expert Advisers to join as members of the NQB for 12 months from February 2021 - February 2022. The NQB is asked to provide support by volunteering to sit on the panel as part of the interview process.

8.3 The NQB Thematic Priorities and Terms of Reference are being reviewed early in 2021 and will be discussed at the February meeting.

8.4 The next meeting will take place on 8<sup>th</sup> February 2021.